NARHC

Secondary Subgroup Analysis: Obstetric-Gynecologic Resident Knowledge, Attitudes, and Practices in the Care of Women Who Have Experienced Female Genital Cutting

Maricopa Integrated Health System

Department of Obstetrics and Gynecology

Kelsey Hvidsten, MD, Crista Johnson-Agbakwu, MD, MSc, Christina Fleming, MSN, CNM, PhD(c)

Background:

Recent increases in immigration to the United States from Female Genital Cutting (FGC)-prevalent countries has highlighted many areas of insufficient provider competency on the care of FGC-affected women. Prior studies have identified gaps in provider FGC knowledge, attitudes, and practice (KAP) among obstetrician/gynecologists, pediatricians and midwives across Europe. Such gaps may be closed with specialized training. Standardized measurement tools are in need of development to evaluate healthcare provider KAP.

Methods:

A secondary data analysis was performed on a Qualtrics electronic survey designed to capture baseline KAP of OB/GYN resident providers prior to formal training on the culturally competent care of FGC-affected women. Descriptive statistics elucidated provider self-identified areas for further training.

Results:

23 residents met inclusion criteria of which 19 completed the survey; responding to all eleven likert response items assessing their confidence in health care provision. Of the 19 residents, 78.95% felt confident in identifying FGC on exam, conducting an effective sexual history interview with an interpreter, responding to health concerns by engaging in non-judgmental listening and creating a positive therapeutic relationship with a patient who refuses a recommended procedure. However, >50% respondents were not confident in FGC WHO type classification, ICD-10 and CPT code documentation. Providers expressed the greatest need for surgical skills training on performing defibulation, including defibulation during the second stage of labor and counseling guidance on how to respond to patient requests for postpartum reinfibulation.

Conclusion:

Resident physicians identified surgical skills training on performing defibulation as their greatest need for further training on FGC.

Properties of the Refugee Mental Health Screen (RHS-13) and Predictors of Distress among Somali Women in the United States

Georgia J. Michlig, MA, PhD Candidate
Johns Hopkins Bloomberg School of Public Health
Department of International Health

Background: Somali women possess multiple risk factors for depression, anxiety and PTSD, which span the domains of pre-resettlement histories and post-migration living difficulties. In the US, the Refugee Mental Health Screener (RHS-15/13) is widely used to identify probable psychological distress and inform referrals for care. However, this instrument has not been validated among Somali women. This research explores the validity of the RHS-13 among Somali women and how its properties interact with predictors of distress.

Methods: This quantitative study is based on data from Somali women in Arizona, age 15+ (N=879). Validation procedures included external construct validity and confirmatory factor analysis. Multivariate modeling highlights predictors of positive screens; including poverty, histories of trauma, perceived discrimination, immigration status, and acculturative stress. The relationship between validity, predictors of distress, and cutoff scores is explored using sensitivity analyses.

Results: The prevalence of positive screens, results of the validation study, and predictors of distress will be discussed. Furthermore, the relationship between validity and known predictors will be used to inform a discussion around scale items given the cultural and contextual experiences of distress in the Somali population.

Conclusion: The development of the RHS-15/13 signifies a major advancement in the ability to identify probable psychological distress among refugees. The screen's convenience and power lies in both its brevity, as well as its apparent ability to screen across a myriad of cultural groups. As its use becomes ever more widespread, it is vital that evidence of its validity and association to known predictors also mounts.

Submission for: Presentation

Category: Mental Health