

## **WHO G3:**

**Title:** Development and Evaluation of an Evidence-Based Training Workshop for Health Care Providers Caring for Women and Girls Affected by Female Genital Cutting (FGC)

**Authors:** <sup>1</sup>Christina Fleming, MA, MSN, CNM, <sup>1</sup>Mara Evans, MSN, CNM, <sup>1</sup>Nicole Warren, PhD, MPH, CNM, <sup>2</sup>Crista Johnson-Agbakwu, MD, MSc, FACOG

Christina Fleming (Corresponding Author), MA, MSN, CNM,

[Cflemi10@jhu.edu](mailto:Cflemi10@jhu.edu)

Mara Evans, MSN, CNM, Doctor of Nursing Practice, Student

[Mara.Gronli.Evans@gmail.com](mailto:Mara.Gronli.Evans@gmail.com)

Nicole Warren, PhD, MPH, CNM,

[Nwarren3@jhu.edu](mailto:Nwarren3@jhu.edu)

Crista Johnson-Agbakwu, MD, MSc, FACOG

[Cejohn11@asu.edu](mailto:Cejohn11@asu.edu)

<sup>1</sup>Johns Hopkins University, School of Nursing

525 N. Wolfe St.

Baltimore MD 21205

<sup>2</sup>Arizona State University,

Southwest Center for Interdisciplinary Research

[201 N. Central Avenue](#), 33<sup>rd</sup> Floor

Phoenix, AZ 85004

## ABSTRACT

Background: Women and girls affected by FGC have health care needs related to their FGC-status.<sup>1-3</sup> Health care provider knowledge, attitudes, and practices (KAP) for the care of women and girls affected by FGC vary widely both between and within countries.<sup>4,5</sup> Few health care providers receive training in FGC-care, and those that do often report it was inadequate.<sup>6-11</sup>

Aim: The aim of this study is 1) to identify gaps in health care provider knowledge, attitudes and practices caring for FGC-affected populations, 2) design and implement a focused training workshop to address these gaps, and 3) evaluate the effectiveness of the training workshop.

Methods: Utilizing a web-based platform, health care providers at 12 sites in Arizona were surveyed to assess baseline knowledge, attitudes, and practices (KAP) caring for women affected by FGC. Gaps in provider KAP will be identified and inform the objectives and curriculum development for a one-day FGC workshop for healthcare providers. Post-test survey and qualitative interviews will assess the effectiveness of the workshop. *This project received ethical review and approval from the Arizona State University Institutional Review Board.*

Key Findings: Curriculum development will address medical management, culturally sensitive care, and ethical or legal considerations. Workshop participants will engage in didactic, interactive, and simulation learning.

Implications for Education: Health care providers are not routinely trained in the skills needed to care for FGC-affected patients. The refinement of existing educational materials and the creation of an effective intensive workshop will enable health care providers to improve quality of care, and empower them as agents of change to prevent FGC.

Relevance to the Audience: Midwives and nurses care for women affected by FGC, but are not routinely trained in the health care needs of this population. This study addresses this gap by developing and testing an innovative education model.

## References

1. Berg RC, Underland V, Odgaard-Jensen J, Fretheim A, Vist GE. Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis. *BMJ Open*. 2014;4(11):e006316. doi:10.1136/bmjopen-2014-006316.
2. Berg RC, Odgaard-Jensen J, Fretheim A, Underland V, Vist G. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. *Obstet Gynecol Int*. 2014;2014:1-8. doi:10.1155/2014/542859.
3. Berg RC, Denison E, Fretheim A. *Psychological, Social and Sexual Consequences of Female Genital Mutilation/cutting (FGM/C): A Systematic Review of Quantitative Studies.*; 2010. <http://www.google.com.eg/url?sa=t&source=web&cd=2&ved=0CCEQFjAB&url=http://www.kunnskapsenteret.no/binary?download=true&id=14258&rct=j&q=Psychological, social, and sexual consequences of female genital mutilation/ cutting: a systematic review of quantitative>.
4. Reig-Alcaraz M, Siles-González J, Solano-Ruiz C. A mixed-method synthesis of knowledge, experiences and attitudes of health professionals to Female Genital Mutilation. *J Adv Nurs*. 2016;72(2):245-260. doi:10.1111/jan.12823.
5. Zurynski Y, Sureshkumar P, Phu A, Elliott E. Female genital mutilation and cutting: a systematic literature review of health professionals' knowledge, attitudes and clinical practice. *BMC Int Health Hum Rights*. 2015;15:32. doi:10.1186/s12914-015-0070-y.
6. Cappon S, L'Ecluse C, Clays E, Tency I, Leye E. Female genital mutilation: Knowledge, attitude and practices of Flemish midwives. *Midwifery*. 2015;31(3):e29-e35. doi:10.1016/j.midw.2014.11.012.
7. Leye E, Deblonde J, García-Añón J, et al. *An Analysis of the Implementation of Laws with Regard to Female Genital Mutilation in Europe*. Vol 47.; 2007. doi:10.1007/s10611-007-9055-7.
8. Relph S, Inamdar R, Singh H, Yoong W. Female genital mutilation/cutting: Knowledge, attitude and training of health professionals in inner city London. *Eur J Obstet Gynecol Reprod Biol*. 2013;168(2):195-198. doi:10.1016/j.ejogrb.2013.01.004.
9. Purchase TCD, Lamoudi M, Colman S, Allen S, Latthe P, Jolly K. Female genital cutting: a survey among healthcare professionals in Italy. *Acta Obstet Gynecol Scand*. 2013;92(7):858-861. doi:10.3109/01443615.2014.960826.
10. Sureshkumar P, Zurynski Y, Moloney S, Raman S, Varol N, Elliott EJ. Female genital mutilation: Survey of paediatricians' knowledge, attitudes and practice. *Child Abuse Negl*. 2016;55(April):1-9. doi:10.1016/j.chiabu.2016.03.005.
11. Surico D, Amadori R, Gastaldo LB, Tinelli R, Surico N. Female genital cutting: a survey among healthcare professionals in Italy. *J Obstet Gynaecol*. 2015;35(4):393-396. doi:10.3109/01443615.2014.960826.

**Name:** Crista Johnson-Agbakwu MD, MSc; Nicole Warren PhD, CNM; Kate Fox, PhD

**Institution:** Arizona State University

**Country:** United States

**Email:** [Crista.Johnson@asu.edu](mailto:Crista.Johnson@asu.edu)

**Conference Title:**

Understanding Cultural Perspectives and the Health Care Needs of Somali Women with Female Genital Cutting: Results from a Community-Based Survey

**Summary:**

**Background:** Arizona is among the top U.S. states for Somali refugee resettlement. Somali women suffer poorer reproductive health outcomes than other groups. Research efforts are underway to identify the gaps, barriers and/or assets in FGC-related care, build community knowledge, and enhance the provision of health care and social services for FGC-affected women in Arizona.

**Methods:** We conducted the largest community-based survey of Somali women in the US. Using tablet-based data collection efforts involving respondent driven, purposive sampling, trained community mobilizers assessed women's knowledge, attitudes and behavior about FGC-related health issues.

**Results:** A total of 879 surveys were completed among women age > 15. Preliminary quantitative analyses will examine legal and religious perspectives on FGC, experiences with care, reproductive health outcomes, and FGC status among daughters, including identification of stakeholders influencing FGC-related decision-making among women and daughters in the context of acculturation and migration to the US.

**Conclusion:** Our findings will clarify constructs that shape Somali women's perspectives on FGC and their experiences in the U.S. health care system. These data will guide future community engagement, health care provider, and policy initiatives to address the disparities in reproductive health outcomes among Somali women with FGC in the U.S.

**Name:** Cynthia Mackey, MSW; Crista Johnson-Agbakwu MD, MSc

**Institution:** Arizona State University

**Country:** United States

**Email:** [Cynthia.M.Mackey@asu.edu](mailto:Cynthia.M.Mackey@asu.edu)

**Conference Title:**

Using Community-Based Participatory Research (CBPR) to identify health needs and improve FGC-related healthcare to Somali patients

**Summary:**

**Background:** Somali community perspectives are essential to inform and improve FGC-related healthcare. CBPR is a proven approach to building meaningful partnerships, sustainable trust, and collaborative relationships within underserved communities.

**Methods:** Somali community expertise informed every stage of our research including development of our Community Health Needs Assessment Survey for accurate reflection of cultural beliefs, practices, and language; assistance with recruitment of trusted members of the community; survey administration by trained community members; community forum recruitment and facilitation; and respectful dissemination of data to the Somali community.

**Results:** CBPR efforts led to partnerships with 12 community stakeholders, a sample size of 879 survey participants, input from 160 Somali community forum participants, and relationships with over 60 trusted community liaisons linking research team and Somali community efforts. Challenges during data collection included limited health and financial literacy of participants and language barriers heightened by extreme fear of detainment, deportation and/or arrest post-inauguration, resulting in cautious skepticism and, sometimes, refusal to participate in the study.

**Summary:** CBPR helped us combat many unforeseen challenges throughout each step of the project, allowing us to obtain rich and meaningful data. Our insights may help others improve approaches to research development with the Somali community.

Words: 198

**Name:** Fatima Sharifmohamed, MD; Georgia Michlig; Crista Johnson-Agbakwu, MD, MSc, FACOG, IF; Jasmine Abdulcadir, MD PD

**Institution:** Arizona State University

**Country:** United States

**Email:** [Fatima.SharifMohamed@mihs.org](mailto:Fatima.SharifMohamed@mihs.org)

**Conference Title:**

Qualitative Review of Experiences and Preferences of Somali Women Affected by FGC

**Summary:**

**Background:** Arizona has a longstanding history of resettling Somali refugees in the United States affected by FGC. Critical gaps and barriers exist in health care related to caring for women and girls affected by FGC. This study seeks to understand community perceptions about FGC, defibulation and general perceptions of receiving healthcare in the United States.

**Methods:** Six focus groups were conducted in Arizona, USA, using trained community mobilizers. Focus groups were comprised of seven women, divided by generational status. The study included both ethnic and Bantu Somali women aged 15 and older. A semi-structured guide facilitated discussions. Qualitative data was analyzed deductively for descriptive themes related to FGC, defibulation, and provider patient relations.

**Results:** Forty-two women participated. Women expressed concerns about discussing scar management with their primary doctor, citing a perceived lack of provider knowledge. Self-image intersected with the appearance of genitalia before and after defibulation, and strong preferences were voiced. The importance of health advocates when navigating patient-provider communication was highlighted.

**Discussion:** Results of this study underscore the importance of defibulation in the lives of this study population. Potential community and provider-level interventions to improve services to FGC-affected communities are recommended.

**Name:** Georgia J. Michlig, MA, PhD Candidate; Crista Johnson-Agbakwu, MD, MSc

**Institution:** Arizona State University

**Country:** United States

**Email:** [gjmichlig@asu.edu](mailto:gjmichlig@asu.edu)

**Conference Title:**

“A thing that cannot be said aloud” Psychological Distress in a Circumcised Community

**Summary:**

**Background:** Somalis experience FGC Type III and multiple risk factors for mental distress. The exact influence of FGC on mental health requires further evidence. At the community level, discussions surrounding FGC-related healthcare and mental distress are stigmatized. Mental health services are rarely sought. This analysis sought to explore the statistical and qualitative relationship between FGC and mental distress in this context of low care seeking.

**Methods:** A sequential, explanatory mixed methods research strategy was used. Surveys (N=879) were conducted with Somali women in Arizona, USA. Focus groups (N=160) included both genders. Multivariate modeling explored FGC-related experiences as independent predictors of distress. Focus group data was used to contextualize and enrich quantitative findings.

**Results:** Prevalence of positive screens is reported. Positive screens were sensitive to reports of re-circumcision and perceived discrimination regarding FGC-status. Qualitative findings uncovered strong emotions, vivid memories and closely held personal beliefs regarding FGC-status and mental health.

**Discussion:** This study’s findings suggest that FGC not be operationalized as a point event in future psychiatric epidemiology studies. Rather, specific aspects of the circumcision experience during or following the event, and throughout the woman’s lifetime, may contribute to distress. Modalities of service delivery are recommended.

Word Count: 195

**Name:** Georgia J. Michlig, MA, PhD Candidate; Crista Johnson-Agbakwu, MD, MSc

**Institution:** Arizona State University

**Country:** United States

**Email:** [gjmichlig@asu.edu](mailto:gjmichlig@asu.edu)

**Conference Title:**

Intergenerational Differences in FGC-related Attitudes and Behaviors: A Mixed Methods Exploration in a Population of Vast Acculturative Variation

**Summary:**

**Background:** Among the Somali population, Type III FGC is often considered a cultural, rather than religious, practice. Prior evidence has shown that as populations acculturate to countries of resettlement, FGC-related attitudes and behaviors may change. This analysis explores how acculturation and generational status affect FGC-related attitudes and behaviors. It further considered how these differences play a role in the relationship between the generations.

**Methods:** A sequential, explanatory mixed methods research strategy was used. Surveys (N=879) were conducted with Somali women in Arizona, USA. Focus groups (N=160) included both genders. Acculturation was assessed using a bi-dimensional scale. Focus group data was used to contextualize and enrich quantitative findings.

**Results:** The association between generational status and acculturation was explored quantitatively, as well as how each variable correlated to differences in FGC-related knowledge, attitudes and behaviors. Specific discourses existed between the generations, sometimes built on feelings of dismissal, fear, indignation, or regret.

**Discussion:** Culture is not a constant, but a malleable variable that shifts over time, particularly in the context of migration. As younger generations emerge from the Somali community, the cultural meaning of FGC may change, and tensions may exist between the generations as they negotiate a new cultural identity.

Word Count: 198

**Name:** Dr. Lubayna Fawcett; Crista Johnson-Agbakwu, MD, MSc

**Institution:** Arizona State University

**Country:** United States

**Email:** [luhfawcett@gmail.com](mailto:luhfawcett@gmail.com)

**Conference Title:**

Challenges and Resiliency of Somali Women: Doing Research under Hostile Political Climate

**Summary:**

**Background:** At onset of Trump presidency, his administration unleashed harsh migration security restrictions for Somalis and other mostly Muslim nations; proclaiming Somalis potential terrorist threats. Anti-Female Genital Cutting (FGC) legislation has placed the Somali community under further scrutiny. Given the current hostile socio-political climate, the Somali communities in the US feel disempowerment and vulnerable. This analysis explores how conducting research among Somali women with FGC living in the US may present heightened ethical challenges.

**Methods:** Using respondent-driven sampling, 880 women ages 15-68 years old participated in a 75-item questionnaire on topics of FGC health related beliefs and behaviors administered by trained Somali and Somali Bantu community mobilizers, matching Somali ethnicities and language preferences.

**Results:** Participants' enthusiasm in this research was prompted by the desire to be agents of change regarding the practice of FGC and support of improved training to healthcare providers. Conversely, participants were intensely hesitant and fearful throughout data collection. Fears included being reported to authorities based on daughters' FGC status, losing child custody, and deportation. The community was intensely sensitive to anti-Muslim-Black-African-Refugee-FGC rhetoric and government surveillance.

**Conclusion:** Participant protections provided by the Internal Review Board were insufficient to reassure participants. A more nuanced approach is suggested.