

# Female Genital Mutilation and Cutting: Knowledge and Attitudes of Pediatricians in the United States

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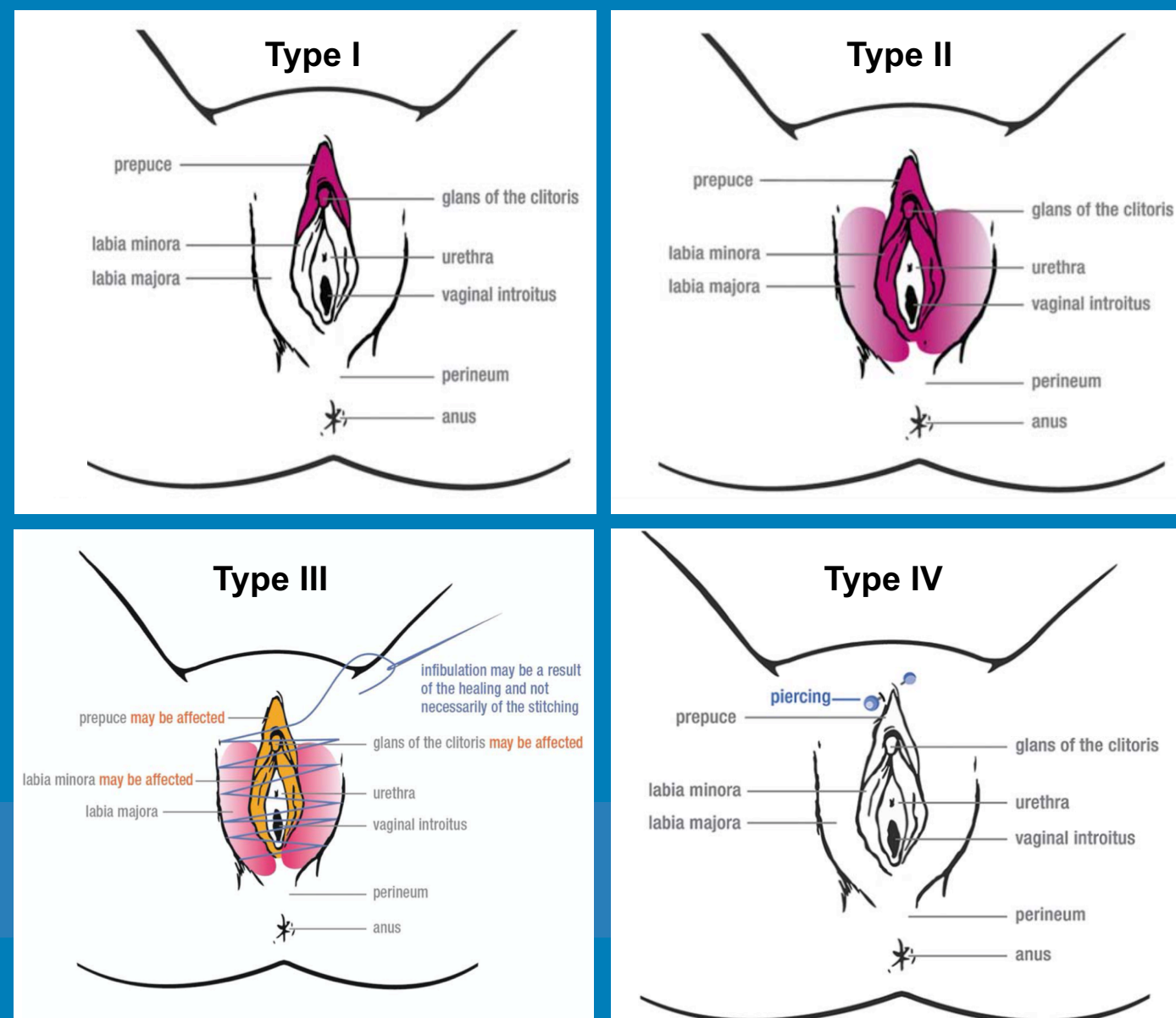
**RESEARCH QUESTION:** A survey-based study that aims to develop a questionnaire to measure knowledge, attitudes, and practices of pediatricians nationally in the United States surrounding female genital mutilation and cutting (FGM/C).

## BACKGROUND

The World Health Organization (WHO) defines female genital mutilation and cutting (FGM/C) as “all procedures that involve partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical reasons.” FGM/C is recognized as a violation of human rights, however, more than 200 million girls and women alive today in over 30 countries have experienced FGM/C. It is typically performed on girls between the ages 0-15.

Global immigration has resulted in significant growth of immigrant populations in the United States (US), including those from countries that practice FGM/C. It is estimated that approximately 545,000 girls and women living in the US are at risk or have been cut, with approximately 200,000 being those under 18 years of age. In the US, the practice of FGM/C within the United States and the travel out of the country for FGM/C procedures is illegal.

Despite the increasing pertinence of FGM/C risk to young children in western countries, there are few studies that focus on pediatricians. Pediatricians are uniquely positioned to identify risk in children and therefore prevent the practice. Sureshkumar et al in Australia were the first to conduct a national survey of pediatricians' knowledge, attitudes, and clinical experience with FGM/C, which highlighted that a majority of pediatricians in Australia have little to no experience with FGM/C. In the US, there is only one small regional study, by Young et al, that concluded that pediatric physicians in the US are not trained to diagnose or manage FGM/C and are not conducting routine external genital examinations on their female patients, such that FGM/C is often missed.



## QUESTIONNAIRE DESIGN

### Step 1: Identifying questionnaire domains

Demographics      Knowledge      Training/Education  
Attitudes/Awareness      Clinical Practice

### Step 2: Questionnaire Preparation

Literature Review      Questionnaire Examples  
Cultural Competency Research      Researching Reporting Laws/Guidelines

### Step 3: Question development

Existing Questionnaire Comparison      Evaluation and Adjustment of Content  
Hypotheses Consideration

### Step 4: Qualitative evaluation of content

Expert Review      European Network Care & Share against FGM  
Pre-testing      Statistician Review

### Step 5: Questionnaire Revision

### Step 6: Final Version of Questionnaire

Submission to IRB for approval

## OBJECTIVES

This study's goal is to document US pediatricians' knowledge, attitudes and clinical practices surrounding female genital mutilation and cutting (FGM/C) in order to identify knowledge gaps. Our questionnaire is designed to determine the training needs of pediatricians in the US in regard to identifying girls at risk of FGM/C and to educating parents against the practice of FGM/C. Multiple specialties—general, adolescent health, and child abuse pediatricians—are surveyed in order to better identify and compare educational needs between groups. Finally, we will determine what clinical presentations pediatricians believe are reportable, what clinical presentations have pediatricians encountered, and what factors affect reporting FGM/C.

## METHODS

Literature review was conducted to identify existing questionnaires that surveyed physicians about FGM/C. Sureshkumar et al's national survey of Australian pediatricians served as the base for our survey. Questions were edited, added, and removed based on what we found relevant to expanding the research in this subject field and country. The questionnaire was pretested by individuals who are experts in FGM/C and public health. Adjustments per their recommendations were made.

Our cross-sectional survey was created on SurveyMonkey and will be sent via email to members of the Helfer Society of child abuse pediatricians and to general and adolescent health pediatricians on the American Medical Association master list. After the initial email is sent, three additional follow up emails will be sent out to each listserv approximately two weeks apart.

Survey responses will be statistically analyzed and summarized using descriptive statistics. The subgroups will be compared statistically by chi-squared tests with respect to these response frequencies. Response rates will be determined and compared to similar survey-based studies about FGM/C.

## RESULTS PENDING...

## WHAT WE EXPECT TO FIND

We expect to find a general lack of knowledge of FGM/C, especially among general pediatricians in comparison to child abuse pediatricians. The study's ultimate goal is to fill the gap in the literature about pediatricians' knowledge, attitudes, and practices surrounding FGM/C in order to inform the development and distribution of training materials on FGM/C. Our results will define the populations of pediatricians that need more extensive training. Our data will guide training development such that pediatricians are educated and comfortable identifying risk, providing culturally competent care, and reporting cases.

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