

Female Genital Mutilation and Cutting: Pediatricians' Comfort and Experience

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Research Question: What are general pediatricians' comfort levels with female genital mutilation and cutting (FGM/C), including discussing FGM/C with patients and families and performing external genital exams?

BACKGROUND

Female genital mutilation/cutting (FGM/C) is the partial or total removal of the external genitalia or other injuries to the external female genital organs for non-medical reasons. FGM/C has been recognized as a violation of human rights but still occurs in over 30 countries from infancy to age 15. Worldwide, an estimated 200 million girls and women have experienced FGM/C. Due to global migration, many at-risk and FGM/C affected girls live in the United States (U.S.).

As key front-line clinicians to whom girls at risk for FGM are most likely to present, pediatricians are uniquely positioned to identify those who are at-risk of or have been affected by FGM/C. As such, they are well positioned to provide culturally competent and trauma-informed care to those who have been cut, and education and guidance to families of those at risk. However, no standard pediatric training exists, and most pediatricians do not discuss FGM/C with patients and families or routinely conduct external genital examinations (EGEs). Few studies focus on pediatricians and there are no qualitative research studies that explore pediatricians' comfort in discussing FGM/C and performing EGEs. A 2020 study by Young et al concluded that pediatric physicians in the U.S. are not trained to diagnose or manage FGM/C and do not routinely conduct EGEs on their female patients, such that FGM/C is often missed, as exemplified a 2019 case in which a U.S.-licensed physician was accused of performing FGM/C on 9 girls in Michigan. Our study (Pipes and Brown, 2020) found that most child abuse pediatricians never or rarely ask about FGM/C and do not feel comfortable discussing FGM/C with families.

OBJECTIVES

To understand general pediatricians' experiences and comfort with FGM/C, including discussing FGM/C with patients and families and performing EGEs on female patients during well child visits (WCVs). Data from this study will help inform educational and training strategies and resources to better support pediatricians to protect and care for those at risk for or affected by FGM/C.

INTERVIEW PROTOCOL DESIGN

Step 1: Identifying Research Question

Literature review Consultation with FGM/C and pediatrics experts

Step 2: Interview Protocol Preparation

Literature review American Academy of Pediatrics Clinical Report & Guidelines
Consultation with experts in pediatrics, FGM/C and medical anthropology
European Network of Care & Share against FGM annual meeting in Paris, France

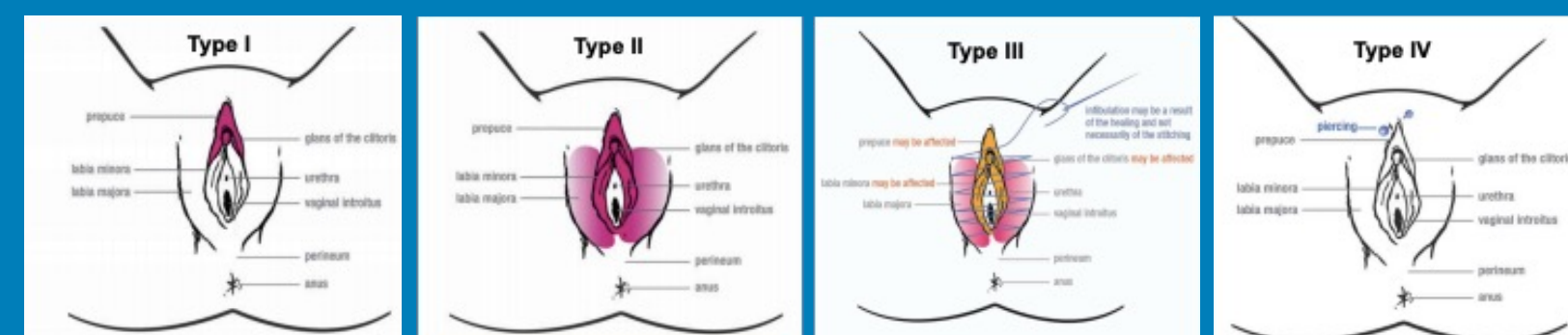
Step 3: Interview Protocol Development

Expert review Evaluation and adjustment of content

Step 4: Interview Protocol Revision

Step 5: Final Version of Questionnaire

Submission to IRB for approval



METHODS

Extensive literature review was conducted to identify existing research studies that examined pediatricians' comfort with FGM/C, including discussing FGM/C with patients and families and performing EGEs. The American Academy of Pediatrics Clinical Report served as the base for our semi-structured interview guide. The interview guide was reviewed by a medical anthropologist and input was obtained from the European Network of Care & Share against FGM annual meeting in Paris, France.

Qualitative data will be collected in the form of semi-structured qualitative individual interviews with 8 general pediatricians within the New York Presbyterian Ambulatory Care Network. Interviews will be transcribed verbatim and coded by the research team. Codes will be grouped into categories and themes will be derived from categories using grounded theory qualitative research methodology.

RESULTS PENDING...

WHAT WE EXPECT TO FIND

We expect to find that most general pediatricians are uncomfortable approaching FGM/C in the clinical setting, and do not typically discuss FGM/C with patients and families or routinely conduct EGEs. This study's goal is to understand general pediatricians' current comfort level addressing FGM/C as well as factors that may contribute to reluctance or resistance to incorporate EGEs into WCVs. Understanding potential difficulties pediatricians face in approaching and discussing FGM/C, as well as any educational and training needs, may help to better support pediatricians to care for those affected by or at-risk of FGM/C.

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