

Optimizing Care of Women and Girls Affected by Female Genital Cutting: An Interdisciplinary Workshop

MARA G . EVANS

SCHOOL OF NURSING, JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD

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Introduction

Women and girls affected by female genital cutting (FGC) are at risk for adverse health outcomes and require specialized care. FGC training is rarely a part of provider education. Knowledge gaps exist for providers and students in the US.

Objectives

To determine the effect of a one day educational intervention on FGC care and its impact on participant knowledge, attitudes, and practice confidence.

Methods

Sample

Convenience sampling of medical, social, and mental health providers and students throughout the Baltimore/DC/PA area. Participants included 76 matched pairs of nurses, midwives and nurse practitioners, physicians, social workers, mental health professionals and students. The majority of participants were nursing students (60.5%).

Evidence Translation

Workshop curriculum was based on the World Health Organization 2016 FGC Care Guidelines, and leading US FGC expert input. Content included ethical and legal concerns and promoted culturally sensitive care. Lectures and small group breakout sessions and surgical simulation promoted active learning strategies.

Study Design

In this pretest/posttest, participants completed an FGC specific Knowledge, Attitudes and Confidence (KAC) tool at workshop registration and 2 weeks post-intervention.

Statistical Analysis

Participant changes in FGC-related knowledge, attitudes, and confidence were analyzed using descriptive statistics and depending on distribution of data; the Wilcoxon signed rank test or a paired t-test. All analyses performed using SPSS version 25.

Results

Workshop participants numbered 101 persons including midwives, nurse practitioners, nursing students, physicians, residents, medical students, social workers, and other professionals. The majority of participants were nursing students (60.5%) and 73.7% had little to no FGC training (0-4 hours). After attrition and matching of data sets, matched pairs for each section of the survey resulted in the following sample sizes: Knowledge N=76, Attitudes: N=67, Confidence N=54.

The workshop had a significant impact on participant knowledge and confidence of practice ($p < 0.05$). There were no significant changes in participant attitude.

Participant Profession (N = 76)

Profession, n (%)	
Nurse Midwife	5 (6.5)
Nurse Practitioner	3 (3.9)
Nurse	10 (13.1)
Student	46 (60.5)
Physician/Resident	3 (3.9)
Medical Student	2 (2.6)
Social Worker	2 (2.6)
Mental Health	2 (2.6)
Other	11 (14.4)

Notes: n > 76 as participants may identify as more than 1 selection.

Demographic Characteristics of Participants (N = 76)

Sex, n (%)	
Female	74 (97.4)
Male	2 (2.6)
Race, n (%)	
Black	11 (14.5)
Caucasian	51 (67.1)
Latinx	8 (10.5)
Asian American	9 (11.8)
Native American	1 (1.3)
Other	2 (2.6)
Foreign Born	4 (5.3)
Years in Practice, n (%)	
0	54 (71.1)
< 5	11 (14.5)
5-10	5 (6.6)
11-20	3 (3.9)
>20	3 (3.9)

Notes: Race n > 76 as participants may identify as more than 1 selection. *Religion missing data n=1.

Summary

This educational intervention significantly impacted participant knowledge and confidence. This finding is consistent to other studies in high-income countries where providers are unaware of FGC clinical guidelines reporting difficulties diagnosing FGC, managing complications associated with FGC, and lack an understanding of the timing or procedure of defibulation in an obstetrical setting. Participants in this workshop also demonstrated more confidence following the intervention, another finding consistent with other similar interventions.

Participant attitude scores were not significantly affected by the workshop. Students from the hosting institution made up a majority of participants, this skewed composition may have affected "Attitude" results as these students are bachelor's educated,

	N	Pre	Post	Distribution	Analysis	P-value
Knowledge	76	20.776	25.697	Not Normal	Wilcoxon Signed Rank	0.002
Attitude	67	2.136	2.117	Normal	Paired t-test	0.629
Confidence	54	2.948	1.969	Normal	Paired t-test	0.000

many with global health experience. The students may already have a high level of cultural competence and be hesitant to condemn the practices of another culture. Alternatively as the KAC tool is further refined some "attitude" items may be discarded or modified which may increase the sensitivity of the tool and reveal minute changes in attitudes.

This sample does not accurately reflect providers within the US. It is likely the sample is skewed due to a self-selection bias: a baseline personal/professional interest or experience in FGC care may have motivated these participants to register for the workshop.

The care of FGC affected women and girls requires a multidisciplinary approach from all members of the healthcare team. Future studies are needed to examine the relationships between a participant's professional specialty and experience, and how these factors affect change in knowledge and skills. Active learning techniques in simulation and small group work appear superior to didactic-only learning, however an additional study of optimal learning strategies needs to be explored.

Conclusions

After attending the FGC workshop, participant knowledge and confidence in practice is improved. No change resulted in participant attitudes towards FGC. In the future the utilization of evidence-based clinical guidelines will be paramount to guiding care for this vulnerable population.

Female genital cutting, mutilation, FGC, FGM, FGM/C continuing education, simulated learning, defibulation



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