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Experiences of Healthcare Practitioners Who Care for Genitally Mutilated Females

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Background:

Despite concerted efforts to curb Female Genital Mutilation/cutting (FGM/C), it is still a contributor to the high morbidity and mortality rates among females in Africa. However, the rise in international migration has increased the number of girls and women living in the various diaspora populations, including in Europe, North America and Australia, who have undergone or may undergo this practice (UNICEF, 2016; Davis & Jellins 2019). Several studies have reported on the consequences of FGM/C, which included keloids formation, painful urination, menstrual problems, obstetric fistula, perinatal risks, risk for infections, prolonged childbirth, need for later surgeries such as de-infiibulation, and psychological problems (Kaplan, et al., 2013; Bogale, Markos & Kaso, 2014; WHO, 2017). Hence, placing much burden on the health system and the healthcare practitioners caring for these females. According to UNFPA and UNICEF (2016), about 21.6 million women of child bearing age have undergone the procedure; this accounts for 24.5% of the practice globally (Nigeria Demographic Health Survey, [NDHS] 2013). In Nigeria, health care practitioners include Registered nurses, midwives, medical doctors, community health extension workers (CHEWs) and voluntary village health care workers (VVHW). According to available literature, the experiences of healthcare practitioners who care for the genitally mutilated women in Nigeria have not been investigated, hindering efforts towards ending this procedure by means of evidence-based, community-led interventions. This study was therefore aimed at describing the experiences of health care practitioners caring for genitally mutilated females in Nigeria.

Purpose:

To describe the experiences of healthcare practitioners caring for genitally mutilated females in Nigeria.

Methods:

A descriptive qualitative descriptive study was conducted in South Eastern Nigeria where UNICEF and UNFPA (2016) reported a steady rise in the prevalence of Female genital mutilation/cutting (FGM/C). Purposive sampling method was used to recruit the study participants until data saturation was attained. Also, a sample grid was developed to ensure fair recruitment of the healthcare practitioners. Seventeen (17) healthcare practitioners in two states reported to have the highest prevalence of FGM/C in South

Eastern Nigeria participated in the study. Trustworthiness and ethical considerations were ensured. A semi-structured interview guide was used to carry out an in-depth interview with each of the participants at their preferred venue. Qualitative content analysis was used for data analysis.

Results:

Two themes emerged from the data: FGM/C is an ancient tradition and providing health care for circumcised females. Most of the participants were indigenes of the study communities and had undergone FGM/C. They reported that FGM/C had been a revered practice in the communities, and that much skill is needed to be able to render efficient health care to genitally mutilated females especially during childbirth. Cases of childhood mortality due to FGM/C were reported, while some of the participants indicated support for various forms of FGM/C.

Conclusion: The need for more professional nurses and midwives in communities where FGM/C is prevalent cannot be over-emphasized. Also, inclusion of FGM/C courses in the curriculum for nurses and midwives-in-training was recommended.

Title:

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Keywords:

Female Circumcision, Female Genital Mutilation/Cutting and Healthcare practitioners

Abstract Summary:

This study was a qualitative insight into the experiences of healthcare practitioners who work in communities where Female Genital Mutilation/Cutting is persistent. The challenges, ethical dilemma experienced, and possible recommendations were also discussed.

References:

- Bogale, D., Markos, D. & Kaso, M., 2014. Prevalence of female genital mutilation and its effect on women's health in Bale zone, Ethiopia: a cross-sectional study. *BMC Public Health* 14, 1076. doi:10.1186/1471-2458-14-1076
- Davis, G., & Jellins, J. 2019. Female genital mutilation: Obstetric outcomes in metropolitan Sydney. *Australian and New Zealand Journal of Obstetrics and Gynaecology*.
- Kaplan, A., Forbes, M., Bonhoure, I., Utzet, M., Martín, M., Manneh, M., & Ceesay, H., 2013a. Female genital mutilation/cutting in The Gambia: long-term health consequences and complications during delivery and for the newborn. *Int J Womens Health* 5, 323–331. doi:10.2147/IJWH.S42064
- Nigeria Demographic Health Survey Program (NDHS), 2013 - Final Report (English) URL <http://dhsprogram.com/publications/publication-fr293-dhs-final-reports.cfm> [accessed 6.29.17].
- UNICEF. 2016. Indonesia: statistical profile on female genital mutilation/cutting. Division of Data, Research and Policy. UNICEF, New York,10017.

http://data.unicef.org/wp-content/uploads/country_profiles/indonesia/FGMC_IDN.pdf [accessed 6.20.18].

- UNFPA and UNICEF Nigeria, 2016. Real people, real stories. Join us to end FGM in Nigeria! [online] Available: <https://nigeria.unfpa.org/sites/default/files/pub-pdf/FGM%20for%20web%20human%20stories.pdf> [accessed 1.5.19].
- WHO, 2017. Female Genital Mutilation: Fact sheet. <http://www.who.int/mediacentre/factsheets/fs241/en/>. [accessed 6.29.17].

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Author Summary: Oluchukwu Loveth Obiora is a maternal and child health lecturer at the Department of Nursing Sciences, Nnamdi Azikiwe University, Awka. She conducts researches in different aspects of health, but with a special interest in Maternal and child health Nursing and Public Health. She uses quantitative, qualitative and mixed methods in her research inquiry. This presentation is an extract from the findings of her PhD research at the University of the Witwatersrand, Johannesburg, South Africa.

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