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Female genital mutilation: knowledge, attitudes and beliefs of obstetrics and gynaecology doctors in South Africa

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Female Genital Mutilation: Knowledge, attitudes and beliefs of Obstetrics and Gynaecology doctors in South Africa.

ABSTRACT

Background

The United Nations Children's Fund (UNICEF) estimates that at least 200 million women and girls have been subjected to the dangerous cultural practice of female genital mutilation (FGM). High prevalence rates occur in Africa, the Middle East and South East Asia. FGM has become a domestic health issue due to mass migration of communities to South Africa.

Objectives

This study aims to assess the knowledge, attitudes and beliefs of FGM by Obstetrics and Gynaecology (O&G) doctors in South Africa.

Methods

A descriptive, cross-sectional study design was used. A self-administered, anonymous, online questionnaire assessing medical knowledge, attitudes and beliefs regarding FGM, was distributed to the members of the South African Society of Obstetricians and Gynaecologists (SASOG).

Results

Out of 80 participants who volunteered, 50 completed the questionnaire.

The majority of the doctors (78.4%) had a Knowledge Score of more than 50% (Knowledge Score higher than 26). Most doctors (60.8%) scored between 26 and 38 while only 17.6% of doctors scored more than 39. The median Knowledge Score was 33 (IQR: 26 – 37).

There were significant associations between Knowledge Score and gender (p=0.02), prior training in FGM (p=0.002), prior training received by video/seminar/pamphlet (p=0.003) and prior management of a patient who had undergone FGM (p=0.04). There was no significant association between Knowledge Score and age, level of

O&G training, country of undergraduate medical training or the doctors' self-reported level of knowledge on FGM.

While assessing attitudes and beliefs of O&G doctors about FGM, common themes that emerged were: shock and anger, empathy and sadness, violation of human rights, sub-optimal training in FGM, concerns about obstetric complications and concerns for the patient's welfare.

In gauging difficulties experienced by O&G doctors while managing FGM, common themes comprised of emotional and psychological trauma for doctors, difficulty in understanding cultural beliefs, difficulty in vaginal examinations and obstetric complications.

Conclusion

When compared to other studies, the majority of our participants exceeded the knowledge about FGM but had similar beliefs, attitudes and experienced the same practical challenges.

Further research and additional training is recommended to improve healthcare services to women affected by FGM.