ISSN: 2576-2842

Research Article

Journal of Gynecology & Reproductive Medicine

Living With FGM: Improving Knowledge and Skills of Health Care Providers in Iraqi Kurdistan

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Submitted: 09 May 2022; **Accepted:** 09 Jun 2022; **Published:** 01 Jul 2022

Citation: *Osman Mahmoudi. (2022). Living With FGM: Improving Knowledge and Skills of Health Care Providers in Iraqi Kurdistan, J Gynecol Reprod Med, 6(3), 100-105.*

Abstract

The aim of this study is to determine the effectiveness of TOT workshops on knowledge and skills of social workers working with girls and women affected by FGM. To demonstrate the findings, a quasi-experimental study was conducted with a pre- and post-assessment. There were 44 participants who worked with FGM victims across Iraqi Kurdistan. Socio-demographic details of the participants who have collected knowledge on psychosexual and physical care, psychosexual skills, and referral programs were assessed using a continuum scale of 0 to 4. Descriptive and inferential statistics were carried out for the analysis. The results showed that participants' knowledge and skills improved in relation to psychosexual and physical care for girls and women living with FGM and referral programs for them. The paired sample t-test carried showed a significant increase in knowledge among participants in psychosexual and physical care for girls and women living with FGM (t=11.01, df=43, P=.000), Psychosexual skills (t=-21.28, df=43, P=.000), and FGM victims referral Programs (t=14.02, df=43, P=.000). Preparing the social workers on the integration of physical and psychosocial care for girls and women living with FGM in their existing activities would equip them in providing holistic care for them in addressing the emerging psychosexual problems.

Keywords: Psychosexual care, physical care, referral program, girls and women living with FGM, TOT workshop

Introduction

Female genital mutilation (FGM), also called female genital cutting, involves the partial or total removal of external female genitalia or another injury to the female genital organs for non-medical reasons [1]. FGM is usually performed with a blade or a shard of glass by an elderly person or a midwife with limited training and often in unsanitary conditions [2]. FGM is associated with various health consequences and even death. The practice can result in pain, bleeding, infection, and urinating problems as immediate health consequences. Chronic infections, cysts, chronic pain, birth complications, and sexual and emotional suffering are examples of long-term consequences of FGM [2-9].

FGM is a common practice in Iraqi Kurdistan, an independent region in northern Iraq that includes the three provinces of Erbil, Suleimaniya, and Duhok. In the early 2010s, the prevalence was found to be 40%, varying by geographic location and governorate from 4% in Dohuk to 58% in Erbil.

FGM/C provides no health benefits and causes serious immediate and long-term physical, psychological and sexual harm, including chronic pain, recurrent urinary and vaginal infections, post-traumatic stress, and severe pain during sexual intercourse [10]. The immediate effects of FGM (significant pain and heavy bleeding) recur and are often exacerbated during and after childbirth, especially in women with type III FGM [10]. Girls and women who are living with FGM shared the difficulties they had physically with childbirth, enjoying sexual relations, with menstruation, but also the many emotional difficulties [11]. The negative effects of FGM also affect men, many complain of their wives being unable to enjoy sex and the strain this puts on a marriage [12].

The girls and women who live with FGM need care and protection, especially in a crisis-stricken country like Iraq, which is facing various problems where due to cultural and religious diversity social problems are high and varied in nature [13-15]. The girls and women who live with FGM have the right to live a life without pain and health, to live without stress, to enjoy sex, ensure physical, psychological, and sexual health will lead to care and protection. Mental health and sexual health are also two of the major aspects similar to physical care and protection. Therefore, the need to promote and practice knowledge and skill-based psychosexual care to girls and women who live with FGM is essential.

In the current study, an 18 days TOT workshop was conducted for the social workers working with FGM victims through the NGOs at Iraqi Kurdistan and reach out to social workers in these towns and villages to discuss and give them tools on how

to live with the emotional and physical consequences of FGM. The module was divided into six sections: Understanding female genital mutilation (FGM) and FGM in Iraqi Kurdistan, communicating with girls & women living with FGM, Immediate & short-term physical complications arising from FGM, Mental health & FGM, Sexual health & FGM and Additional considerations for work with girls and women living with FGM. The module was divided into six sections:

1. Understanding female genital mutilation (FGM) and FGM in Iraqi Kurdistan,
2. Communicating with girls & women living with FGM,
3. Immediate & short-term physical complications arising from FGM,
4. Mental health & FGM,
5. Sexual health & FGM and
6. Additional considerations for work with girls and women living with FGM. These models look at the care of girls & women living with FGM by addressing their issues at individual, family, and community levels towards making it a clinical care and support model. The current training focused on understanding and addressing issues of FGM victims at the individual level through physical and psychosexual care for FGM victims, rehabilitation intervention, and promoting intervention through clinical care programs and referral programs.

Methodology

Hamraz counseling center associated with Wadi an association for crisis assistance and development co-operation working with FGM victims across Iraqi Kurdistan through sponsorship and education programs to train the social workers in physical and psychosexual care for FGM victims. The NGO is directly working with 300 villages and cities in Dohuk, Erbil and Solaimaniya through social workers mobile teams. The aim of the program is to incorporate care for FGM victims in their regular activities as well as in the villages and cities, thereby enhancing the psychosexual health of FGM victims through social workers.

The present research was a Quasi-experimental study with a pretest/post-test control group design. The statistical population included all social workers who worked with violence victims in Iraqi Kurdistan, for the year 2021.

Population, Sample, and Sampling Procedure

The study sample was selected based on the random sampling method. Inclusion criteria were willingness to participate in the study and history of work with FGM victims as a social worker. Exclusion criteria were unwilling to participate in the study. According to the research methodology, the statistical sample consisted of 44 social workers, selected using the Morgan table by convenience sampling among eligible social workers who had willing to participate in the study. Then they were randomly assigned to the intervention and control groups (22 per group). The Ethical Review Board of the Regional Welfare Organization approved the research.

Living with FGM scale (LWFGM)

The tools used to collect data were LWFGM Continuum scale developed by the researcher was used to assess the knowledge level of the participants on care of girls and women living with female genital mutilation. The scale can be used by teachers, volunteers, social workers, health workers etc. 21 Items of this scale were designed on a 5-point Likert-type scale, from 0, indicating that the participant had lower level of Knowledge about the care of girls and women living with FGM, to 4, indicating that the participant had higher level of Knowledge about the care of girls and women living with FGM. The questionnaire requires participants to go through all the ten statements in each set (psychosexual and physical care, psychosexual skills and referral programs) given in it and mark their knowledge. Pilot implement of this scale reported Cronbach's alpha coefficients of .72, .77, and .70 for the subscales of Psychosexual and physical care, psychosexual skills, and referral Programs. They also found the test–retest reliability of .77, .89, and .85 for the subscales of Psychosexual and physical care, psychosexual skills, and referral Programs, respectively. Descriptive and inferential statistics were carried out for the analysis.

Procedure for Care of girls and women living with FGM

Care of girls and women living with FGM program consists of six components: Understanding female genital mutilation (FGM), Communicating with girls & women living with FGM, Immediate & short-term physical complications arising from FGM, Gynecological & urogynaecological care, Mental health & FGM, Sexual health & FGM, and Referral program. To implement the six aforementioned programs, the selected participants were randomly assigned to the experimental and control groups, first. The LWFGM scale was administered to both groups as a pretest. Next, the experimental group was given CBT during eight 120-min sessions (two sessions per month, for a total duration of 9 months). The control group, however, received no intervention. After eighteen sessions, the LWFGM scale was administered to both groups, as a post-test this time. Furthermore, the two groups received third administration of the test, as a follow-up measurement to examine the sustainability of changes in behaviors, 1 month later. The obtained data were then statistically analyzed using the SPSS.18 statistical software. It should be noted here that, in an attempt to adhere to ethical principles, the control group also received the treatment after the completion of this study. It is also noteworthy that the intervention program was run by the present researchers. Table 1 presents summaries of the training sessions.

Table 1: Summary of care of girls and women living with FGM Sessions

Sessions	Contents
Session 1-2	Introduction, FGM in Iraqi Kurdistan and Understanding female genital mutilation (FGM)
Session 3-5	Communicating with girls & women living with FGM
Session 6-7	Immediate & short-term physical complications arising from FGM
Session 8-11	Gynaecological & urogynaecological care, Caring for women with FGM during pregnancy, labour, childbirth & postpartum and Deinfibulation
12-14	Mental health & FGM
15-17	Sexual health & FGM
18	Referral program and Additional considerations

Results

The results of the assessment on socio demographic variables and the knowledge gain the areas of psychosexual care, physical care and FGM victims and rehabilitation programs and student enrichment program was assessed. Results are given in Table-2.

Table 2: Socio demographic details of participants.

	Socio demographic details	N	%
Education	Under graduate	24	54.5
	Post graduate	16	36.3
	Diploma	4	9.09
Occupation	Social worker	20	45.5
	Counselor/Psychologist	24	54.5

Out of 44 participants from Wadi (NGO), 44 participants who completed the pre and post assessment were included in analysis. All the participants were female and the mean age was 34.05. The average year of work experience with children was 8.55. Educational qualification of the participants showed that majority were under graduate (54.5%) who had different background in social worker and psychology and 38.5% had Post graduate degree in social work (n = 18) whereas 9.09% had diploma degree (n = 2) Table-2.

Table 3: Knowledge of social workers on Psychosexual and physical care for girls and women living with FGM

Knowledge	Pre-N (%)	Post N (%)
I don't know anything about Psychosexual and physical care for of girls and women living with FGM	18 (40.8)	00 (0)
Providing first aid services to the girls and women living with FGM is more important than Psychosexual and physical care	2(04.5)	00 (0)
Psychosexual care is not crucial in helping girls and women living with FGM	00 (0)	00 (0)
Psychosexual and physical care is only for girls and women living without FGM	10(22.7)	00 (0)
I know the need of Psychosexual and physical care for women but know very little of how to provide it	14 (31.7)	00 (0)
I know the importance of Psychosexual and physical care and how to provide the same to the girls and women in the community	00 (0)	16(36.3)
I know the importance of Psychosexual and physical care and how to provide the same to the girls and women living with FGM and vulnerable group in the community	00 (0)	10(22.7)
I know about the Psychosexual and physical care and how to help the social workers in hand holding the activities on the field	00 (0)	8(18.16)
I understand the importance of holistic care and will able to provide same to victims	00 (0)	14(31.7)
I am confident that I understand the concepts dealing with Psychosexual and physical care for girls and women living with FGM and will be able to train others on the same	00 (0)	12(27.24)

Table-3. In the post assessment all the participants reported knowledge above average ranging from being aware on the importance of on Psychosexual and physical care for girls and women living with FGM and how to provide the same to the vulnerable group in the community (36.3%).

Capacity to provide Psychosexual and physical care for FGM victims and vulnerable group of girls and women (22.7), supporting social workers in provision of Psychosexual and physical care for FGM victims and vulnerable group of girls and women (18.16%) to understand the concepts dealing with Psychosexual and physical care for girls and women living with FGM and will be able to train others on the same (27.24%).

Table 4: Knowledge of social workers on psychosexual skills education for girls and women living with FGM

Knowledge	Pre-N (%)	Post N (%)
I don't know anything about psychosexual skills education for girls and women living with FGM	20 (45.4)	00 (0)
I have read about psychosexual skills education but I don't know about it	12 (27.4)	00 (0)
I have seen others doing psychosexual skills education program but I don't know about it	16 (36.3)	00 (0)
I know very little about psychosexual skills education program	8 (18.1)	00 (0)
I have read about psychosexual skills education program	6(13.6)	00 (0)
I know the Importance of psychosexual skills education and know how to impart it	00 (0)	18 (40.8)
I can do general lecture based on knowledge about psychosexual skills education	00 (0)	22 (49.9)
I can provide psychosexual skills education to girls and women in general community	00 (0)	20 (45.4)
I can do psychosexual skills education for special group of girls and women	00 (0)	12 (27.4)
I am sure that I understand the concepts dealing with psychosexual skills education for FGM victims and will be able to train others on the same	00 (0)	14 (31.7)

The post assessment results show a positive result where all the respondents reported above average score in the knowledge level ranging from doing general lecture on psychosexual skills (49.9%), providing psychosexual skills education to children (45.4%), Importance of psychosexual skills education and know how to impart it (40.8%), and psychosexual skills education for special group of girls and women (27.4%) in Table-4.

Table 5: Knowledge of social workers on referral Program among FGM victims.

Knowledge	Pre-N (%)	Post N (%)
I don't know anything on referral Program	18 (40.4)	00 (0)
I have heard about referral program but I don't know about it	14 (31.7)	00 (0)
I have seen others conducting programs on referral victims but I don't know about it	16 (36.3)	00 (0)
I know very little about FGM victim's referral program	18 (40.4)	00 (0)
I have read about FGM victims referral program	20 (45.4)	00 (0)
I know anything on referral Program	00 (0)	22 (45.4)
I can speak generally about referral program	00 (0)	22(45.4)
I can provide referral program to FGM victims	00 (0)	18 (40.4)
I can do referral program for special group of girls and women living with FGM	00 (0)	20 (45.4)
I am sure that I understand the concepts dealing with referral program for FGM victims and will be able to train others on the same	00 (0)	12 (27.2)

Though 39% of participants reported average level of information about the program. All participants reported above average in their knowledge after the training that ranged between knowing importance of the program (45.4%) can speak generally the program (45.4%) can provide referral program to FGM victims (40.4%), providing referral program to special group of girls and women living with FGM (45.4%) and understand the concepts dealing with referral program for FGM victims and train others in the topic (27.2%) in Table-5.

Table 6: Comparison between pre and post assessment of the social workers on the scores of knowledge level questionnaire on each section of care of girls and women living with FGM

Knowledge level questionnaire	Pre assessment		Post assessment		t value	df	P value
	Mean	SD	Mean	SD			
Psychosexual and physical care	2.62	1.31	8.93	1.42	-12.03	43	.000**
Psychosexual skills education	2.11	1.06	9.64	0.96	-17.14	43	.000**
Referral Program	2.79	1.85	8.06	1.07	-13.02	43	.000**
N=44; SD=Standard Deviation; **highly significant							

Comparison of level of knowledge among participants on three modules were Psychosexual and physical care of girls and women living with FGM, Psychosexual skills education for girls and women living with FGM and Referral Program for girls and women living with FGM was assessed though paired sample t-test Table-6.

The results exposed that there were significant improvement in knowledge level among the participants in all the three topics., psychosexual and physical care of girls and women living with FGM (t=--12.03, df=43, P=.000), psychosexual skills education for girls and women living with FGM (t=-17.14, df=43,P=.000) and Referral Program for girls and women living with FGM (t=-13.02, df=43, P=.000). This indicates that the social worker's knowledge level increased, it will help them to care of girls and women living with FGM.

Discussion

The current training focused on online methodology to ensure the knowledge and skill gain towards transferring the same in training the fellow workers by the social workers and providing services for girls and women living with FGM.

Training methodology included lectures, group discussion, activity, show videos, case analysis, etc. The methodology will be beneficial to retain participants' attention and break the monotony of sessions thereby capturing the attention of participants and ensuring their interest to gain knowledge through different activities and practice the same in their work.

The 18 days' workshop was divided into three parts, first and second training focused on psychosexual and physical care for girls and women living with FGM. The topics covered were bio-psycho-sexual health, the impact of FGM on girls and women, techniques for physical and psychosexual care for girls and women, working with girls and women living with FGM using psychological services, and spectrum of psychosocial support. These sessions aimed to educate the participants on the curative aspects of psychosexual and physical care that will help to reduce the vulnerability of victims in different conditions.

The third and fourth training focused on the psychosexual skills education for girls and women living with FGM are essentials for the day and nightlife and individual psychosexual ability to adaptive and positive behavior [17-19]. The core psychosexual skills education for girls and women living with FGM were addressed in the Third and fourth training (6 sessions) as its importance and significance in overall development of children is well explained by Cottingham et al. and the preventive intervention will further support girls and women to address the various FGM complications positively [20].

The FGM victim's referral program covered areas such as study-related referral problems, factors affecting referral, good refer, motivating victims to go near others, eliminating referral barriers, assertiveness, group study, the exam for a talk with other experts, were included in the fifth and sixth training sessions (six sessions) aiming at the developing services and achievement in social worker's work. The need for holistic care for girls and women living with FGM is well reported in various studies carried out in similar areas [21-24].

The study revealed that enrich knowledge among social workers who would further train the community level workers and directly impart physical and psychosexual services for girls and women living with FGM and effective in reaching out to them in various accepts to improve the bio-psycho-sexual development and bringing in positive changes in personal, interpersonal, family, and community through the direct intervention by community-level social workers by similar studies [25-28]. Imparting knowledge to the grass-root social workers and reaching out to the unreached FGM population is the focus of the stop FGM project that will be achieved by training the social workers through this program.

Conclusion

The current study on the efficacy of training of trainers to impart knowledge for social workers working with girls and women living with FGM showed positive results in improving knowledge among the master trainers in major three areas of curative, preventive, and referral services in care for girls and women living with FGM. The knowledge and skills gained by the social workers from Wadi will be transferred to other community-level workers at the grass-root level with girls and women living with FGM. That will enable the services reaching to the unreached population thereby supporting FGM victims to ensure and enhance their health.

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