

Improving care for women and girls who have undergone female genital mutilation/cutting: qualitative systematic reviews

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Plain English summary

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Plain English summary

Due to migration, there are increasing numbers of women and girls living in the UK who have experienced female genital mutilation/cutting. It is important to meet their health-care needs. Culturally appropriate service development for female genital mutilation/cutting needs to be informed by the best available research evidence.

This project aimed to find and analyse all the relevant research in the UK and similar countries around the world in order to understand the experiences, needs, barriers and facilitators around seeking and providing female genital mutilation-/cutting-related health care from the perspectives of (1) women and girls and (2) health professionals.

We found 78 research papers (23 from the UK). We found that female genital mutilation/cutting is a sensitive topic that was hard to talk about. This meant that women, especially younger or non-pregnant women, may not know where to go for help or how to ask for help. Likewise, professionals were sometimes unsure about what to say or how to provide the right support. Some professionals lacked knowledge and skills for important clinical procedures. They wanted more training, clear guidelines and help to address language barriers. Women reported many experiences of disrespectful care, poorly managed clinical procedures and emotional distress. Both women and professionals emphasised that good care is based on being able to form a trusting relationship with a skilled provider and includes attention to psychological needs. The research suggested that good care was more likely in situations where there was continuity of care, specialist services, supportive organisational processes and involvement of communities.

Much of the existing research focused on maternity settings. It is important that female genital mutilation/cutting is routinely discussed in other settings as well, and that services are supported by staff training, clear care pathways, good communication and ongoing community involvement. Future research should evaluate different models of care.

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