

Review of: "Discussing Female Genital Mutilation by youth health care professionals in the Netherlands: facilitators and barriers"

Sualeha Shekhani

Potential competing interests: The author(s) declared that no potential competing interests exist.

This is an important study conducted in a high-income country. However, it presupposes that FGM/C is a form of child abuse (the first line of the abstract mentions it a such), and does not consider the socio-cultural and religious significance of this practice. Exploring this at the outset would have been useful. The word “migrant” population is also vague- it would have been useful to actually name some of the migrant communities that practice FGM/C without the fear of stigma. It is important to at least mention the migrant population by some common names, for example, those who belong to the Asian diaspora, or for instance, the Dawoodi Bohra community in India/Pakistan. This is because the reasons for this practice vary across different cultures, and the “extent” of the cut may also be different.

While it can be presupposed eventually that this practice is a form of child abuse, an important aspect that appears to be coming out from this study but which is not explicitly mentioned is that there are no “trainings” given to YHCPs to actually counsel young girls and their mothers against this practice. This may lead to disregarding of cultural sensitivities which is something that YHCPs actually state that they struggle with. Since this is a particularly stigmatizing topic for migrant populations, it perhaps may have been useful to get perspectives from the community for triangulation purposes. Since there is resistance from within communities against this practice, such viewpoints could have easily been found.

As far as the methodology is concerned, it is vague. It does not mention which form of qualitative study was utilized, for example, exploratory, grounded theory etc.

In Results, it states that “Two nurses worked in an asylum seeker center, which led to being more familiar with the topic of FGM/C.” Why is that so? The paper offers no explanation and does not provide the context as to why these participants may demonstrate more familiarity.

The themes are not organized well, with significant overlap. Using the protocol is mentioned in three different times. While there is always overlap and interconnectedness among themes, this reflects that a thought/idea has not been fully developed. In addition, some quotes have no relevance to the theme title, for instance, *‘Of course I am against FGM/C. It is horrible that someone’s body is maltreated in that way. Also, there are severe physical and emotional implications of that unnecessary practice’.* (participant 5, a nurse) . This does not in any way connect to the theme being discussed, which is the use of protocol. These are actually perceptions of the YHCPs towards this practice which in itself could have

been a separate theme if sufficient data was available. Another example of this is that under the very same theme, the following is written:

"According to the YHCPs, mothers react to the discussion of this topic by saying that they will not carry out the procedure. *'Especially when the mothers are mutilated, they really do not want that to happen to their daughters.'* (participant 6, a nurse)" This is actually a facilitator and could be helpful for the YHCPs- to work on the mothers. However, the way this quote is connected to the theme title is unclear.

In the Discussion section, it's written:

Studies describe a cultural change after migration to Western countries: migrant groups from risk countries give up the tradition once arrived in the host country. While references are provided, it is also important to consider that sometimes diaspora populations cling to their socio-religious norms even more fiercely.

The study overall lacks nuance, and provides a very basic analysis of a largely complicated issue.