

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

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The study is a noble study that will assist in the identification of the impediment to the global effort in eradicating the obnoxious culture of Female Genital Mutilation. Apart from some grammatical issues, below are my observations for the authors' consideration.

Title

Discussing Female Genital Mutilation (FGM) by youth health care professionals in the Netherlands: facilitators and barriers

The title is deceptive. The study is aimed at evaluating the efforts of YHCP in reducing the number of women that are subjected to FGM vis-a-vis the factors affecting their ability to achieve their aim of FGM prevention. One might think that the YCP is discussing FGM which might connote their knowledge, attitude and perception of FGM. Consider revising the title.

Example - Assessment of the challenges of Youth Health Care Professionals in the prevention of female genital mutilation in the Netherlands

Abstract

Introduction

Consider deleting "In order to prevent child abuse" and replacing it with "In order to prevent FGM" It will be nice to highlight in a single sentence the burden of FGM in the Netherlands. Before YHCP and after the introduction of YHCP what was the burden of FGM? What indices were used to show the ineffectiveness of YHCP? A YHCP I want to believe must think like a Lawyer and work like a Detective in addition to the act of Medicine if he or she can function effectively in reducing the prevalence of FGM.

Methods

How was the study population recruited? What informed the choice of 15 YHCPs? Was it random or by convenience? I want to believe the study is aimed at evaluating the challenges being faced by YHCP in reducing the prevalence of FGM in the country, 15 YHCP might not be requisite enough in giving answers to the aim of the study. Were the 15 YHCP from one region or not? The introduction seems to have an element of bias. The authors seem to have concluded that the YHCP is not working which I would not know if it cut across the whole country. I want to believe that some states might be more effective than others. This perceives bias might influence the authors in limiting their sample population to an area to

prove their point. How was this issue taken care? What is the total number of YHCPs in the country? If the sample size is not representative it might be difficult to make a general statement about the group.

Results

Okay. Consider adding some information on the participant. A reader might be interested in knowing the category of health workers that were interviewed.

Conclusion

Not proper. The conclusion tries to highlight the main finding from the study before making recommendations.

Introduction

Okay

Methods

This section should provide a background narrative of YHCP, its activities, their distribution, their work, what is expected of them, are they state employed, is it a voluntary service, their organization, any form of training, or the organogram etc. Mention should be made of the study design, study population and their unbiased selection, study area etc. Are all the study population Dutch?

Is it a focused group discussion? What informed the choice interview chosen for the interviewee? The instrument that was used for the interview – the interview guide- was it validated before its application? Why was a focused group discussion held for health care managers and not for the 15 YHCPs who are the principal participants? How were the health care managers selected? It is important that the above are properly explained to avoid bias.

Who conducted the interview? Is it the principal investigator? Why? The principal investigator "All recordings were transcribed verbatim by the main researcher" did the translation, why? How was the possible conflict of interest handled? How was desirability bias handled? What language was employed for the interview? Who effected quality control on her translation? Is it Dutch or English? This should be clear.

There are some issues that need to be cleared about the TOPIC GUIDE. For example, how was "knowledge and awareness" of FGM assessed? What constitutes adequate knowledge or awareness? How was it defined? Which criteria were used? The same applies also to "attitude"? How was item four (4) assessed? Was the Likert chart used?

Data analysis

Data analysis is shrouded in mystery. A layperson or another researcher might be confused. The coding and recoding should be explicit for easy understanding.

Results

All are females, why? What informed the choice of females only? Is there no YHCP who is a male? The number of years as YHCP is needed in the table. The study population cares for a different group of children, some discussing issues of FGM with the parents while others interact with the children; this is a heterogonous group which is a confounder. How was it handled as the themes were developed?

Knowledge and awareness of FGM/C

It is not quite clear how this theme was developed. How come some are "not familiar with the topic of FGM/C" but yet "All

YHCPs showed having basic knowledge about FGM/C" it is contradictory. As I stated earlier the criteria used in the qualitative interview need to be clear. Is "Knowledge and awareness" synonymous? It is confusing.

The use of the protocol in the conversation with the client

Some of the discussions under the heading fail to support the development of the theme. Consider revisiting.

Facilitators and barriers to discuss FGM/C

Okay. It is robust.

Improving the FGM/C prevention policy

Okay

Discussion

Okay

"However, the results indicating that YHCPs have difficulties discussing this topic with their clients correspond to other studies, also outside The Netherlands, which makes these results more credible". Reference, please.

Conclusion

Not appropriate. Rewrite. Highlight the findings from the study.