

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

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This is a piece that address a unique topic within FGM/C-research: YOUTH HEALTH CARE WORKERS. However, as currently the manuscript is general and needs to be focused on what new knoweldge this particularl study contributes to the FGM/C-field. In bringing the work forward, I have the following suggestions:

## ABSTRACT:

Is it possible to be even more specific about what “suboptimal” care means?

What is meant by three steps of thematic data analysis? What research questions helped develop the themes?

Several other studies find that there is “insufficient knowledge and awareness of FGM/C and not sharing information about it among YHCPs” and “difficulty to discuss the issue of FGM/C with the target group”, what is unique about this study? I think there is quite a bit (see my comments below)! So it is just a matter of being more specific!

The conclusion is quite general, can the authors specify what the unique contribution for YOUTH health care workers are? (And there is a unique contribution here! It just needs to be clarified).

## BACKGROUND:

Consider whether to shorten down the general information about FGM/C to allow more space for WHY THIS PARTICULAR STUDY IS IMPORTANT. It is very unique that the focus is on youth health care workers, so this could be a place for focusing the study and to make a unique contribution.

## FGM/C IN THE NETHERLANDS:

This is a very nice overview of the study context. What I miss here is whether there are other health care workers that work on FGM/C or if it is only health care workers that work with youth, the study could benefit from focusing on showing how it is valuable to gain knowledge on youth health care workers.

## METHOD:

‘Study design and’ can be removed from the title “study design and recruitment”.

I don’t understand the sentence starting with “Following themese were coded...”

Emergence could be replaced with identification.

## RESULTS:

Can table be moved to methods?

“Themes showed up” can be replaced with “The four themes that were identified are presented in the following...”

#### KNOWLEDGE AND AWARENESS:

It is stated “only recently started work”, but in the table of research participants the minimum of work years is 4 years, which I would argue is not recently started work.

There is a contradiction in these statements: “All showed having basic knowledge...” and “not familiar”

It is unclear what the analytical point of this section is, and the title is quite general, it could be made more specific. Is this section, for example, about describing the different level of knowledge when preparing for FGM/C conversation?

#### THE USE OF THE PROTOCOL:

It is not clear that the focus of this section is about the use of the protocol, but rather about how the research participants address FGM/C with their client, i.e. this section illustrates how the protocol is used in practice and that it seems embedded in different degrees of avoidance. It is also better to try to not state “all YHCWs” and “some” in order to avoid contradictions in the presentation of the empirical material.

#### FACILITATORS AND BARRIERS TO DISCUSS FGM/C.

4 structural factors are mentioned, 3 of them seem to be grounded in literature, the last a unique finding (Timing) of this present study. This unique finding should be given more emphasis. Several different barriers are listed, could this be revised to focus on one barrier, for example, lack of knowledge (but this is similar to theme 1). There seems to be two themes in this section that may overlap a bit with theme 1: 1) Timing as important in conversations and 2) lack of knowledge/avoidance of FGC among YHCWs.

#### IMPROVING THE FGM/C PREVENTION POLICY:

This is not a quantitative study so generalisations should not be made, and thus recommendations should cautiously be made. Could this section be revised to reflect what the YHCWs perceive to be improvements in the prevention policy? Or discussing the contradictions and difference in the YHCWs and the health care managers' perceptions?

#### DISCUSSION:

Rewrite this according to the changes made to the manuscript. I am not convinced that the study has shown cultural distance and stigma, but rather time management and avoidance/lack of knowledge.

#### COMPARISON WITH OTHER LITERATURE:

Title should be revised to how this study adds to literature. Some of this part could usefully be moved to introduction/background-

IMPLICATIONS of practices is very similar to 4. Improving the FGM/C prevention policy, both sections could usefully be revised.

Conclusion could be revised to reflect the changes made to the rest of the manuscript.