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Attitude of Healthcare Professionals towards the Victims of FGM and BI in Healthcare Settings

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Abstract

The study investigated that Attitude of Healthcare Professionals towards the Victims of FGM and BI in Healthcare Settings in Nigeria. To achieve this aim, four objectives and research questions were raised to guide the study and the cultural competence theory by Dr Joseph Betancourt was utilized to access the theoretical significance of the study. The research adopted a mixed method of quantitative surveys and qualitative semi-structured interviews. A stratified sample of 250 healthcare professionals were selected for the study. Data were collected through the use of questionnaire and interview response from healthcare professionals in Nigeria. Data from the structured questionnaire were analysed using mean and standard deviation through the application of SPSS while the interview responses were analysed thematically. From the analysis, the study found amongst others that majority (76%) acknowledged the need for trauma-informed care and showed empathy, almost 42% acknowledged that they felt unprepared or uneasy when caring for FGM or BI victims. A sizable portion of respondents (33%) disclosed implicit moral judgments, viewing the victims as either complicit or culturally "other", cultural competency, intervention confidence, and empathy for survivors were shown by professionals who had received specialized training on FGM and BI and inadequate time for culturally sensitive communication, a lack of mental health support services, unclear institutional procedures were all were problems that hindered the delivering of high-quality care. It was therefore recommended that stakeholders should include BI and FGM awareness in nursing and medical programs and hold ongoing workshops for professional development that emphasize cultural competency and trauma-informed care and assist the patient and the healthcare provider, form interdisciplinary teams comprising social workers, psychologists, and cultural mediators.

Keywords

Health Care, Attitude, Professionals, Female Genital Mutilation, Breast Ironing

1. Introduction

1.1. Background to Study

Female Genital Mutilation (FGM) and Breast Ironing (BI) are pressing global health issues that affect women and girls, often rooted in cultural norms and practices. FGM involves the partial or total removal of the external female genitalia and is primarily practiced in various African, Middle Eastern, and Asian communities [1]. The World Health Organization (WHO) estimates that approximately 200 million girls and women worldwide have undergone FGM, with about 3 million girls at risk each year [2]. FGM can lead to severe health complications, including infections, childbirth complications, and psychological trauma [3] [4].

Breast Ironing, on the other hand, is a practice primarily observed in parts of Africa, where the breasts of young girls are flattened using heated objects to delay development and protect them from sexual advances [5]. According to a study conducted in Nigeria, about 25% of girls between the ages of 10 and 18 have experienced BI [6]. The practice can have significant physical and psychological consequences, including breast deformities, pain, and emotional distress [7] [8].

The intersection of FGM and BI highlights a broader discourse on bodily autonomy and the rights of women and girls. Breast ironing (BI) and female genital mutilation (FGM) are two deeply ingrained cultural practices that continue to seriously endanger the physical and mental health of women and girls worldwide [9] [10]. Although there has been significant progress in reducing these detrimental practices through international advocacy and legal frameworks, their continued prevalence, especially in African, Middle Eastern, and some diaspora communities, necessitates both legal action and culturally sensitive healthcare responses [11]. Since they frequently serve as the initial point of contact for survivors of these practices, healthcare professionals' (HCPs') attitudes and methods are crucial to the victims' recovery and reintegration into society. Therefore, it is crucial to comprehend the attitudes of HCPs to enhance care delivery, create efficient intervention protocols, and lessen stigmatization in clinical settings [12]. Understanding the attitudes of healthcare professionals towards victims of these practices is crucial, as these attitudes can significantly impact the quality of care provided to affected individuals.

Healthcare professionals are often the first point of contact for victims of FGM and BI seeking medical assistance [13] [14]. Their attitudes can influence whether victims receive compassionate care or encounter stigma and discrimination. [15] stated that healthcare providers may hold biases that affect their interactions with these patients. [16] in a study in the UK found that 26% of healthcare professionals

felt unprepared to deal with the complexities of FGM cases, leading to inadequate care for victims. Despite the critical role that healthcare professionals play in addressing the consequences of FGM and BI, there is a lack of comprehensive training on these issues. Many healthcare workers may not fully understand the cultural contexts surrounding these practices, leading to misunderstandings and inadequate responses. This gap in knowledge can perpetuate cycles of silence and stigma, ultimately hindering the recovery of victims.

1.2. Statement of the Problem

Despite the urgent need for effective healthcare responses to FGM and BI, there is a substantial gap in understanding healthcare professionals' attitudes towards victims in healthcare settings. [17]-[19] suggests that negative attitudes or misconceptions about these practices can lead to inadequate care, further traumatizing victims and deterring them from seeking help. For example, a survey conducted in several African countries revealed that over 40% of healthcare providers reported feeling uncomfortable discussing FGM with patients [20].

Moreover, the lack of standardized training and educational resources on FGM and BI in medical curricula contributes to this issue. Many healthcare professionals may not recognize the signs of FGM or understand the implications of BI, which can result in misdiagnosis or inappropriate treatment. In a study conducted in Nigeria, it was found that only 15% of healthcare providers had received training on FGM, highlighting a critical need for targeted educational initiatives [21].

Furthermore, healthcare professionals' attitudes can be influenced by cultural biases and societal norms, which may lead to victim-blaming or stigmatization. For instance, a qualitative study in found that some healthcare workers perceived victims of FGM as "unclean," impacting their willingness to provide care [22]. This stigma not only affects the mental health of victims but also discourages them from disclosing their experiences, further perpetuating the cycle of silence around these practices. The issue is further compounded by legal and ethical considerations as many healthcare professionals are unsure about their legal obligations when encountering cases of FGM or BI, leading to confusion and hesitancy in reporting. This lack of clarity can exacerbate the vulnerability of victims and hinder their access to necessary healthcare services [23].

This study aims to explore the attitudes of healthcare professionals towards victims of FGM and BI in healthcare settings in Nigeria, identifying factors that influence these attitudes and their implications for care. By addressing this gap in the literature, the research seeks to develop more effective training programs and policies that promote compassionate and culturally sensitive care, ultimately improving health outcomes for affected individuals. Understanding these attitudes is crucial for fostering an environment where victims feel safe and supported in seeking the care they need.

1.3. Aim and Objective of Study

The purpose of this study is to investigate how medical professionals generally feel

about FGM and breast ironing victims in clinical settings. Its objectives include to:

1) To identify the factors that contribute to the conflicting attitudes among healthcare professionals towards victims of FGM and BI in Nigeria.

2) To explore the systemic barriers identified by healthcare professionals that hinder the delivery of culturally sensitive care to victims of FGM and BI in Nigeria.

3) To assess strategies to positively influence the attitudes of HCP towards victims of FGM and BI in Nigeria.

4) To analyze how geographic location and professional role impact healthcare professionals' attitudes and behaviors towards victims of FGM and BI in Nigeria.

1.4. Research Question

The following questions were raised to guide the study

1) What factors contribute to the conflicting attitudes among healthcare professionals towards victims of FGM and BI, particularly in relation to trauma-informed care in Nigeria?

2) What systemic barriers do healthcare professionals identify that hinder the delivery of culturally sensitive care to victims of FGM and BI in Nigeria?

3) What are the strategies to positively influence the attitudes of HCP towards victims of FGM and BI in Nigeria?

4) How do geographic location and professional role (e.g., midwives vs. physicians) impact healthcare professionals' attitudes and behaviors towards victims of FGM and BI in Nigeria?

2. Literature Review

2.1. Female Genital Mutilation

FGM refers to the traditional practice of cutting some or even all the female genitalia for no medical purpose [24]. Due to the serious physical and mental harms, it causes, this treatment given to young girls is viewed as a human rights violation internationally [25]. It causes injury and reflects other problems of gender inequality and social standards that control what women can and cannot do with their bodies. As defined by the [26]. FGM means surgically removing part or all of a woman's external genitalia or damaging the organs in any way, for reasons other than medical reasons.

Figure 1 presents a bar graph illustrating the prevalence of Female Genital Mutilation (FGM) among women aged 15 - 49 across various countries, categorized by income levels from 2010 to 2019. The bars are color-coded to represent different income classifications: low-income, lower-middle-income, and upper-middle-income countries. The graph reveals that Guinea has the highest reported prevalence of FGM at nearly 100%, highlighting the severe impact of cultural practices in this nation. Other countries, such as Egypt and Sudan, also show significant prevalence rates, indicating that FGM is a widespread issue in these regions. As we move towards lower prevalence rates, countries such as Yemen and Mali

still exhibit substantial numbers, but the rates decrease markedly in upper-middle-income countries like Ghana, where the prevalence drops to around 3.1%. This trend suggests a correlation between a country's income level and the prevalence of FGM, indicating that higher income levels may be associated with lower rates of the practice. The graph emphasizes the urgent need for targeted interventions in low- and middle-income countries to combat FGM, particularly in areas where cultural norms strongly support the practice.

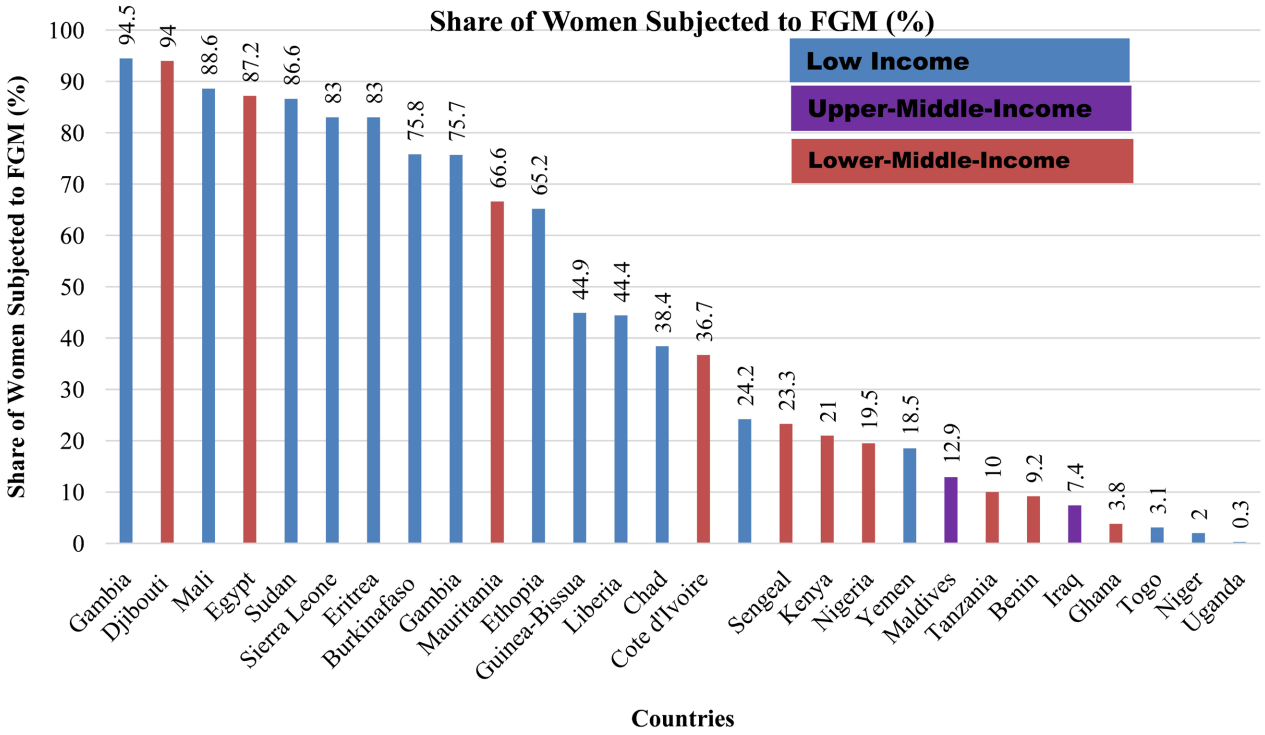

Figure 1. Prevalence of FGM according to country. Source: https://blogs.worldbank.org/en/opendata/building-gender-aware-data-systems-critical-create-level-playing-field-women-and-girls

2.2. Breast Ironing

Girls of a certain age have heated objects placed on their developing breasts in this culture, aimed at discouraging premature sexualization [27]. The first detailed study about breast ironing was led by Katherine A. T and Mackenzie O. K., who explored how it shows up in different cultures as a way to limiting women's sexuality [28]. They averred that the belief that breast ironing protects girls against sexual advances is a major reason that communities support the practice [29]. Breast ironing is treated by [30] as a way of maintaining traditional views about femininity and sexuality, rather than only as a bodily procedure.

Breast ironing is primarily carried out by mothers (58%), followed by nannies (10%), sisters (9%), and grandmothers (7%) [31]. Girls showing signs of puberty before the age of nine are twice as likely to undergo breast ironing. The rationale behind this practice includes protecting girls from sexual harassment and rape,

preventing early pregnancy and marriage, and allowing them to pursue education [32]. The heated objects used include spatulas (24%), stones (20%), pestles (17%), and other items like coconut shells and wooden spoons [33]. Breast ironing can cause severe pain, tissue damage, infections, deformities, and psychological issues, including abscesses, cysts, severe chest pain, infections, malformed breasts, and even breast cancer [34]. Despite its harmful effects, the practice is seen by perpetrators as a protective measure, with mothers believing they are safeguarding their daughters' futures. Statistical data shows higher prevalence rates in urban areas compared to rural ones. The likelihood of undergoing breast ironing is 50% for girls developing breasts before age nine, decreasing to 38% before age 11, 24% before age 12, and 14% before age 14 [35]. Objects used include hot wooden spoons or brooms (24%), stones (20%), pestles (17%), breast bands (10%), and other items like hot fufu or hot seeds (15%) [36].

2.3. Healthcare Professionals and FGM and BI Victims

Healthcare professionals are pivotal in addressing the complex needs of victims of Female Genital Mutilation (FGM) and Breast Ironing (BI). Their attitudes, training, and cultural competence significantly affect the quality of care provided to these individuals, who often face unique medical and psychological challenges as a result of these practices [37]. Research indicates that many healthcare providers feel unprepared to handle cases of FGM and BI. A study conducted in the United Kingdom found that 26% of healthcare professionals reported feeling ill-equipped to manage FGM cases effectively [38]. This lack of preparedness can lead to biases that adversely affect patient interactions. For instance, a survey of healthcare workers in several African countries revealed that over 40% felt uncomfortable discussing FGM with patients, contributing to stigmatization and a failure to provide appropriate care [39].

The impact of these attitudes extends beyond individual interactions; they can create systemic barriers that hinder effective treatment. Many healthcare settings lack standardized protocols for addressing the needs of FGM and BI victims. [40] found that only 15% of healthcare providers had received formal training on FGM, leaving a significant gap in knowledge that can result in misdiagnosis or inadequate care. Furthermore, victims of FGM and BI often face psychological consequences, including depression and anxiety. [41] found that women who underwent FGM reported higher levels of psychological distress compared to those who had not. Healthcare professionals who lack empathy or understanding of the psychological impact of these practices may inadvertently exacerbate the trauma experienced by victims.

Effective advocacy and support are essential for improving health outcomes for these individuals [42]. When healthcare providers demonstrate cultural competence and empathy, they are more likely to advocate for victims' rights and provide comprehensive psychological support. For instance, research indicates that culturally sensitive care can lead to increased patient satisfaction and better com-

pliance with medical advice [43].

In conclusion, addressing the training gaps and promoting a culture of empathy among healthcare professionals is crucial for improving the care of FGM and BI victims. As frontline responders, their attitudes directly influence the quality of care and support that survivors receive. By fostering an environment of understanding and respect, healthcare professionals can empower these individuals, enhancing their overall health and well-being. This commitment not only improves individual outcomes but also contributes to broader public health efforts aimed at eradicating harmful practices like FGM and BI.

2.4. Attitude of Healthcare Professionals towards Victims of FGM and BI

The attitudes of healthcare professionals towards victims of Female Genital Mutilation (FGM) and Breast Ironing (BI) play a crucial role in the care and recovery of these individuals. Research indicates that many healthcare providers often feel unprepared to address the complexities surrounding these practices, which can lead to biased and inadequate care.

A significant study in the United Kingdom found that 26% of healthcare professionals felt unprepared to manage cases of FGM and BI effectively [44]. This lack of readiness can result in negative attitudes, such as discomfort discussing FGM with patients. A survey conducted across various African countries revealed that over 40% of healthcare workers reported feeling uncomfortable addressing FGM, which can perpetuate stigma and silence among victims seeking help [45]. Moreover, [46] found that many healthcare providers hold misconceptions about the implications of FGM, with 33% believing that it is a necessary cultural practice. Such beliefs can lead to victim-blaming and a lack of empathy, further traumatizing individuals who are already vulnerable.

In terms of Breast Ironing, a survey in Nigeria indicated that approximately 25% of girls aged 10 to 18 had undergone this practice. Healthcare professionals often lack training on BI, leading to inadequate psychological support for affected individuals [47]. A qualitative study highlighted that healthcare workers sometimes viewed victims of BI as less deserving of compassionate care, which can exacerbate the emotional distress experienced by these girls [48].

Overall, the attitudes of healthcare professionals are critical in shaping the experiences of FGM and BI victims. Addressing gaps in training and promoting cultural competence are essential steps toward improving the quality of care and ensuring that survivors receive the support they need. Such improvements can lead to better health outcomes and empower victims to reclaim their autonomy and well-being.

2.5. Cultural Competence Theory

Cultural Competence Theory, first articulated in the late 1980s by scholars like Dr. Joseph Betancourt, posits that effective healthcare requires providers to un-

derstand and respect the diverse cultural backgrounds of their patients [49]. It emphasizes the importance of cultural awareness, knowledge, and skills in delivering appropriate and effective care. In the context of the attitudes of healthcare professionals towards victims of Female Genital Mutilation (FGM) and Breast Ironing (BI), Cultural Competence Theory is particularly significant. It highlights the necessity for healthcare providers to recognize the cultural contexts surrounding these practices, which are often deeply rooted in tradition and societal norms. By fostering cultural competence, healthcare professionals can develop empathetic attitudes and reduce biases, leading to improved trust and communication with victims. This theory advocates for training programs that equip providers with the skills to engage sensitively with individuals affected by FGM and BI, ultimately enhancing patient care and clinical outcomes. Additionally, culturally competent care can transform healthcare environments into supportive spaces, encouraging victims to seek help and empowering them to advocate for their health and well-being. Thus, Cultural Competence Theory serves as a critical framework for addressing the complexities of providing care to marginalized populations.

3. Methodology

A stratified sample of 250 healthcare professionals, including general practitioners, nurses, midwives, gynaecologists, psychologists, and emergency care providers, from urban and rural hospitals in Nigeria with diverse migrant populace, participated in a mixed-methods study design that combined quantitative surveys and qualitative semi-structured interviews.

The strata sampling process involved dividing the population into strata based on professional roles (healthcare professionals, including general practitioners, nurses, midwives, gynaecologists, psychologists, and emergency care providers.) and geographic regions. Recruitment sites included hospitals and clinics across urban and rural areas. Inclusion criteria included professionals with at least one year of experience, while exclusion criteria involved those not directly involved in patient care. The final sample of 250 was determined using proportional stratified sampling, ensuring representation from each stratum based on the population size in respective regions and professions, promoting diversity and accuracy in capturing attitudes with an emphasis on aspects like clinical empathy, cultural sensitivity, moral judgment, professional training, and readiness to intervene, the survey instrument assessed attitudinal factors on a Likert scale. Forty in-depth interviews were conducted as part of the qualitative component in order to gather complex viewpoints on individual beliefs, institutional support, and interactions between patients and providers.

To ensure research instrument reliability and validity, a structured approach was employed. This included pilot testing with 20 respondents, followed by a two-week interval for re-administration to assess reliability via Z-test analysis. The pre-test and post-test results were correlated using Z-test analysis at 0.05 significant

levels to obtain the reliability coefficient 0.67 respectively. Validity was determined using Cronbach's alpha from which a value of 0.72 were obtain to confirm the items coherence.

SPSS was used for statistical analyzing the collected data using the likert scale of Strongly Agreed (SA) = 4, Agreed (A) = 3, Disagreed (D) = 2 and Strongly Disagreed (SD) = 1 using the mean and standard deviation framework. All participants gave their informed consent, guaranteeing confidentiality and the voluntary nature of the activity. For the analysis of the interview, the interviewee responses were thematically analyses.

Treating 4-point Likert data as interval assumes that the distances between response options are equal, allowing for the calculation of means and standard deviation. This approach enables the use of parametric statistical tests, which are more powerful. While controversial due to the ordinal nature of Likert scales, it's often done pragmatically, especially when analyzing summed scores, as the data approaches a continuous distribution.

Ethics approval for the study was obtained from the relevant institutional review board. Informed consent was secured from all participants, ensuring they understood the study's purpose, risks, and their right to withdraw at any time. Data protection measures include anonymizing responses and securely storing data to prevent unauthorized access, in compliance with applicable data protection regulations, ensuring confidentiality and integrity throughout the research process.

For study limitation, self-report bias poses a significant limitation, as participants may provide socially desirable responses or misinterpret questions, leading to inaccurate data that can skew results. The cross-sectional design captures attitudes at one point in time, which limits the ability to assess changes over time or establish causal relationships, reducing the depth of insights gained. Furthermore, a single country scope restricts the findings' applicability to other cultural contexts, as attitudes and healthcare practices can vary widely across different nations. These limitations collectively hinder the generalizability of the study's findings, making it challenging to apply the results to diverse populations or settings.

4. Presentation of Results and Data Analysis

This chapter presents a comprehensive analysis of the collected data, showcasing key findings and their implications. It delves into the data's presentation and discusses the results, providing a thorough understanding of the research outcomes and their relevance to the study's objectives.

4.1. Socio-Demographic of Respondents

Figure 2 presents the genders of the respondent used for the study. It revealed that there were more Males compared to Female gender with the men having 56% (140) of the entire sample size while women make up the remaining 44% (110) of the sample size.

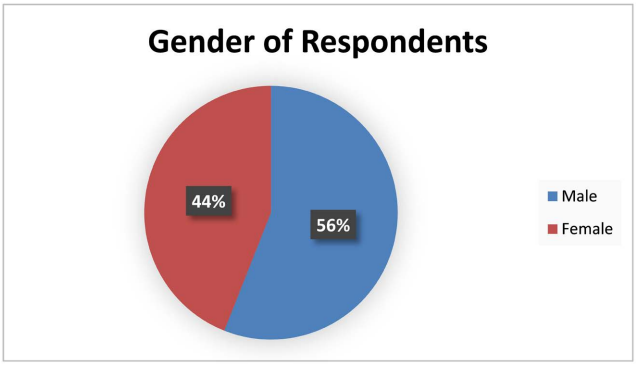

Figure 2. Gender of respondents.

Figure 3 presents the age of the respondents used for the study. The table revealed that the age range of 25 - 35 (101) were dominant for the study. This is followed by 36 - 45 (83) while the least was 46 and above age grouping with 66 respondents of study sample size.

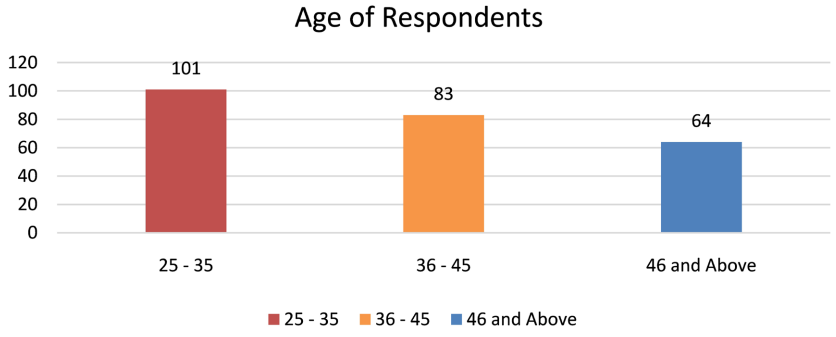

Figure 3. Age of respondents.

Figure 4 presents the year of service of the respondents. Respondents with 11 to 15 yrs experience were more with 70 respondents, followed by 6 to 10 with 68 respondents, 16 and above with 63 respondents while the least is 1 to 5 yrs with 49 respondents.

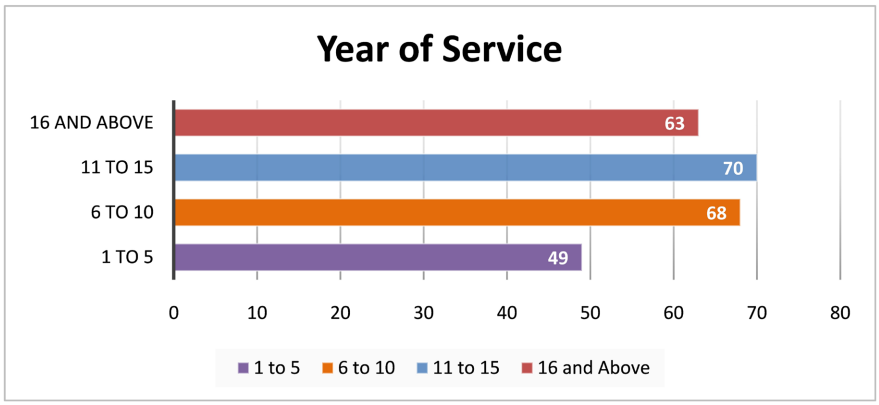

Figure 4. Year of service of respondents.

Figure 5 presents the educational qualification of the respondents and it shows that 38% (94) of the respondents are BSC holders, 46% (115) are MSc holders, 16% (41) are academic doctors. This indicate that the respondents used for the study are literates.

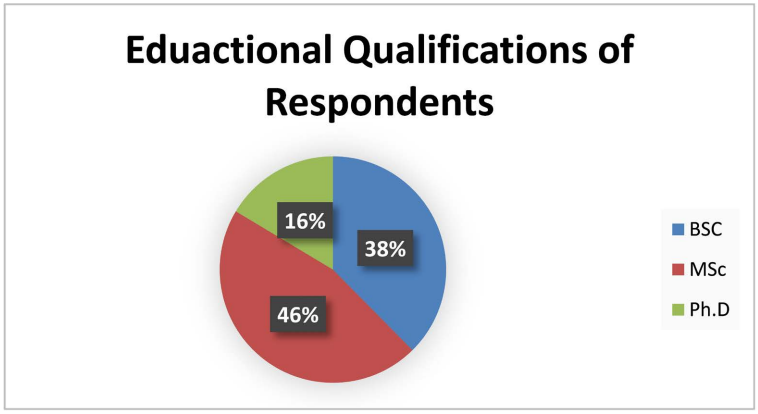

Figure 5. Educational qualification of respondents.

Figure 6 presents the type of the respondents used for the study and it shows that 110 of the respondents are Nurses, 51 are gynecologists, 42 are psychologists, and 47 are emergency care providers.

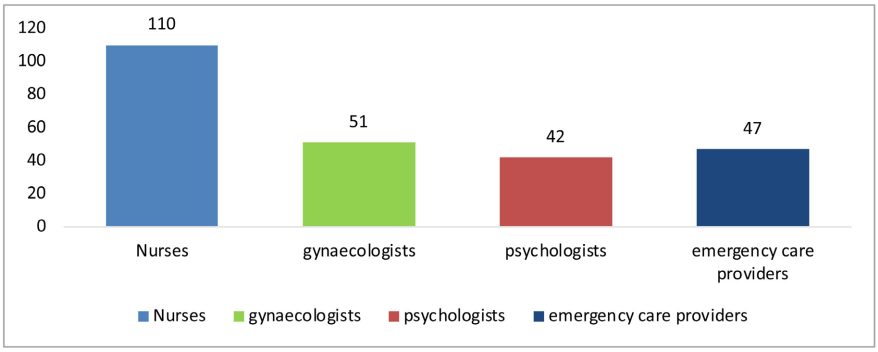

Figure 6. Types of respondents.

4.2. Analysis of Research Question

Research Question One: What factors contribute to the conflicting attitudes among healthcare professionals towards victims of FGM and BI?

Table 1 presents a summary of healthcare professionals' attitudes toward victims of FGM and BI, categorized into positive and negative attitudes.

Positive attitudes are highlighted by the finding that many healthcare workers recognize the moral implications of their roles, as indicated by the highest mean score of 3.12. This suggests a strong awareness of the need for empathy in their interactions with victims, reflecting a commitment to compassionate care. Additionally, the score of 2.95 indicates that many professionals feel unprepared due to insufficient training, which demonstrates a willingness to improve their competency in handling these sensitive cases.

Table 1. Mean and Standard deviation on the factors contributing to the conflicting attitudes among healthcare professionals towards victims of FGM and BI.

S/N	Items	SA	A	D	SD	Mean	SD	Decision
1	Many healthcare professionals feel unprepared due to insufficient training on FGM and BI.	79	72	60	39	2.95	0.99	Accepted
2	Some professionals view victims as "other," leading to biased attitudes.	76	70	56	48	2.61	1.01	Accepted
3	Concerns about legal repercussions can make providers hesitant to engage with victims.	71	56	78	47	2.59	1.02	Accepted
4	Some healthcare workers hold moral views that affect their empathy towards victims.	85	70	57	38	3.12	0.99	Accepted
5	Professionals with less experience in handling FGM and BI cases may be more conflicted in their attitudes.	76	66	66	42	2.94	1.09	Accepted
	Weighted Mean					**2.91**		**Accepted**

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1. **Decision = Weighted Mean = 14.53/5 = 2.91.**

Conversely, negative attitudes are evident in several areas. The mean score of 2.61 indicates that some professionals perceive victims as "other," leading to biased attitudes that can undermine effective care. Moreover, concerns about legal repercussions scored 2.59, revealing that fears of legal implications may hinder providers from fully engaging with victims. Lastly, the item regarding less experienced professionals, with a mean of 2.94, suggests that those with limited exposure to FGM and BI cases may struggle with conflicted feelings, ultimately impacting their ability to offer appropriate support. Overall, while there is a recognition of the need for empathy and training, biases and legal fears remain significant obstacles.

Research Question Two: What systemic barriers do healthcare professionals identify that hinder the delivery of culturally sensitive care to victims of FGM and BI?

Table 2 summarizes healthcare professionals' perceptions of systemic barriers that hinder the delivery of culturally sensitive care to victims of FGM and BI. The responses indicate significant challenges faced by providers in their efforts to offer effective support. A notable concern is that healthcare providers often lack sufficient time to communicate effectively with victims, reflected in a mean score of 2.61. This suggests that time constraints hinder the establishment of trust and understanding, essential components of trauma-informed care. The shortage of mental health support was identified with a mean of 2.81, highlighting a critical gap in comprehensive care that can adversely affect victims' well-being.

Ambiguities in institutional policies received the highest mean score of 3.10, indicating that confusion surrounding guidelines can lead to inconsistent care practices among providers. Additionally, the finding that not all professionals have access to necessary training on culturally sensitive care, with a mean of 3.12, points to a significant barrier in enhancing competency. Lastly, the mean score of 2.99 regarding non-supportive work environments suggests that organizational culture plays a vital role in shaping healthcare attitudes. The overall weighted mean

of 2.93 indicates a consensus on the need for systemic improvements to better serve victim.

Table 2. Mean and Standard deviation on systemic barriers on healthcare professionals that hinder the delivery of culturally sensitive care to victims of FGM and BI?

RQ2	Items	SA	A	D	SD	Mean $\bar{x}$	Standard Deviation	Decision
6	Healthcare providers often lack time to communicate effectively with victims.	70	69	66	47	2.61	1.02	Accepted
7	A shortage of mental health support limits comprehensive care for victims.	74	64	69	43	2.81	1.01	Accepted
8	Ambiguities in institutional policies can confuse healthcare professionals.	80	70	54	36	3.10	0.91	Accepted
9	Not all professionals have access to necessary training on culturally sensitive care.	85	70	57	38	3.12	0.88	Accepted
10	A non-supportive work environment can discourage caring attitudes toward victims.	78	73	65	34	2.99	0.99	Accepted
	Weighted Mean					**2.93**		

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1. **Decision=Weighted Mean = 14.63/5 = 2.93.**

Research Question Three: What are the strategies to positively influence the attitudes of HCP towards victims of FGM and BI?

Table 3 presents insights into strategies that healthcare professionals believe could enhance their understanding and empathy toward victims of FGM and BI. Each item reflects a consensus on the importance of targeted interventions. The item regarding specialized training programs received a mean score of 3.07, indicating strong support for the idea that such programs can significantly improve professionals' comprehension and empathy. Similarly, the notion of increased awareness campaigns, with a mean of 3.05, suggests that educating providers about the consequences of FGM and BI is crucial for fostering positive attitudes.

Table 3. Mean and Standard deviation on the strategies to improve positive attitudes of HCP on Victims of FGM and BI.

S/N	Item	SA	A	D	SD	Mean $\bar{x}$	St.D	Decision
11	Implementing specialized training programs can improve understanding and empathy.	85	65	59	41	3.07	1.05	Accepted
12	Increased awareness campaigns about the consequences of FGM and BI can foster positive attitudes.	83	75	56	34	3.05	0.92	Accepted
13	Creating forums for healthcare professionals to share experiences can reduce discomfort.	87	65	57	41	3.07	1.02	Accepted
14	Collaborating with local organizations can enhance cultural understanding.	80	72	58	40	2.95	1.04	Accepted
15	Offering workshops on trauma-informed care can build confidence among healthcare providers.	81	72	61	36	3.06	0.97	Accepted
	Weighted Mean					**3.04**		

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1. **Decision=Weighted Mean = 15.2/5 = 3.04.**

Creating forums for sharing experiences, also scoring 3.07, highlights the value of peer support in reducing discomfort and enhancing communication among providers. This indicates a recognition of the importance of collaborative learning in improving care. The collaboration with local organizations received a slightly lower score of 2.95 but still emphasizes the need for cultural understanding in healthcare interactions. Lastly, offering workshops on trauma-informed care scored 3.06, underscoring the necessity of building confidence among healthcare providers when dealing with sensitive cases. The overall weighted mean of 3.04 reflects a strong agreement on the effectiveness of these strategies in improving care for victims.

Research Question Four: How do geographic location and professional role (e.g., midwives vs. physicians) impact healthcare professionals' attitudes and behaviors towards victims of FGM and BI?

Table 4 presents healthcare professionals' perceptions regarding the influence of geographic location and professional roles on attitudes toward victims of FGM and BI. Each statement reflects a consensus on how these factors shape understanding and care. The item regarding urban professionals seeing more cases, with a mean score of 3.06, suggests that increased exposure leads to a better understanding of the complexities involved in FGM and BI care. Similarly, midwives and nurses, scoring 3.07, are perceived to show greater empathy due to longer interactions with patients, highlighting the importance of relationship-building in healthcare.

Table 4. Mean and Standard deviation on how geographic location and professional role impact healthcare professionals' attitudes and behaviors towards victims of FGM and BI?

S/N	Item	SA	A	D	SD	Mean $\bar{x}$	St.D	Decision
16	Urban professionals often see more cases, leading to better understanding.	81	69	58	42	3.06	1.05	Accepted
17	Midwives and nurses typically show more empathy due to longer patient interactions.	85	76	54	33	3.07	0.92	Accepted
18	Rural providers may have more extreme views, either dismissive or overly sympathetic.	88	70	51	41	3.08	1.02	Accepted
19	Multicultural settings promote more impartial and professional approaches to care.	80	72	58	40	2.95	1.04	Accepted
20	Geographic location can affect the availability of training and professional development with more been offered in urban areas	80	73	63	34	3.07	0.97	Accepted
	Weighted Mean					**3.05**		

Strongly Agreed (SA) = 4, Agreed (A) = 3, disagreed (D) = 2, and Strongly Disagreed (SD) = 1. **Decision = Weighted Mean = 15.2/5 = 3.05.**

The observation that rural providers may hold more extreme views, either dismissive or overly sympathetic, received a mean of 3.08. This indicates that geographic context can significantly influence attitudes, potentially complicating care

delivery. The mean score of 2.95 for multicultural settings suggests that diversity in patient backgrounds can promote more impartial and professional approaches, though it is recognized as slightly less impactful. Finally, the item on the availability of training, scoring 3.07, underscores that geographic location affects access to professional development opportunities, with urban areas typically offering more resources. The overall weighted mean of 3.05 reflects a strong consensus on the importance of these factors in shaping healthcare attitudes and practices.

4.3. Thematic Analysis

RQ1: Factors Contributing to Conflicting Attitudes

The analysis of factors contributing to conflicting attitudes among healthcare professionals toward victims of FGM reveals two primary themes: Training and Preparedness, and Personal Beliefs and Moral Judgments. These themes highlight the complexities healthcare providers face in delivering effective and compassionate care.

Theme 1: Training and Preparedness

This theme underscores the critical role of adequate training in shaping healthcare professionals' attitudes. One response reflects a common sentiment:

"*I often feel unprepared when caring for FGM victims because I didn't receive enough training*."

This indicates that a lack of specialized education can lead to feelings of inadequacy, which in turn can affect patient care. Another professional noted,

"*Some of my colleagues lack training in trauma-informed care, which leads to mixed responses*."

This suggests that inconsistencies in training can create confusion and varying levels of empathy among providers. Furthermore, the statement,

"*Without proper education on the cultural aspects, we can't fully empathize with the victim*s,"

emphasized the importance of cultural competency in fostering effective communication and understanding with victims.

Theme 2: Personal Beliefs and Moral Judgments

The second theme reveals how personal beliefs and moral judgments complicate the care process. One healthcare provider remarked,

"*I think some professionals view victims as complicit, which affects their willingness to help*."

This highlights a troubling perspective that can hinder compassionate care. Another response stated,

"There*'s a discomfort in addressing these cases due to personal moral beliefs*,"

suggesting that personal values can create barriers to effective patient interaction. Additionally, the sentiment that

"*Many staff members see these practices as cultural rather than medical, which complicates care*."

This response shows how differing viewpoints can affect treatment approaches.

Implicit biases, as noted, can also lead to conflicting attitudes, with one colleague stating,

"*Some colleagues struggle to reconcile their personal views with their professional duties*."

In conclusion, both inadequate training and personal beliefs significantly contribute to the conflicting attitudes among healthcare professionals, indicating a pressing need for comprehensive training programs and ongoing discussions around cultural sensitivity and ethical care practices.

RQ2: Systemic Barriers to Culturally Sensitive Care

The analysis of systemic barriers to culturally sensitive care for victims of FGM reveals two main themes: Communication and Resources, and Organizational Culture. These themes highlight the structural challenges healthcare professionals face in delivering effective, empathetic care.

Theme 1: Communication and Resources

This theme emphasizes the crucial role of effective communication and the availability of resources in providing culturally sensitive care. One healthcare professional noted,

"*We often don't have enough time to communicate effectively with the patients*."

This indicates that time constraints hinder the establishment of trust and understanding necessary for sensitive discussions. Another response highlights the lack of mental health support services, stating,

"*A lack of mental health support services is a huge barrier to providing comprehensive care*."

This suggests that without adequate psychological resources, providers are unable to address the complex needs of victims. Additionally, the statement,

"Unc*lear institutional guidelines make it hard to know how to handle these situations*,"

underscores the confusion that arises from ambiguous policies, making it challenging for professionals to respond appropriately in critical situations.

Theme 2: Organizational Culture

The second theme focuses on the organizational culture that shapes attitudes and practices within healthcare settings. A respondent remarked that,

"*The culture in our organization doesn't encourage open discussions about FGM*,"

indicating a lack of dialogue that could foster understanding and learning. Another response revealed that fear of legal implications leads some colleagues to avoid these cases, stating,

"S*ome of my colleagues avoid these cases out of fear of legal implications*."

This fear can create a culture of silence around important issues. Additionally, the vague nature of policies is highlighted in the statement,

"*Policies are often too vague, leading to confusion about appropriate responses*."

This vagueness contributes to a reluctance to address sensitive topics, as noted

in the response,

"*There's a reluctance to address these issues because they can be politically sensitive*."

Also, the lack of prioritization of training on cultural sensitivity by management, as indicated in the response,

"Manage*ment doesn't prioritize training on cultural sensitivity*, *which adds to the problem*,"

further exacerbates these systemic barriers.

RQ3: Strategies to Positively Influence Attitudes

The analysis of strategies to positively influence attitudes among healthcare professionals toward victims of FGM reveals two primary themes: Training and Education, and Supportive Work Environment. These themes highlight actionable approaches to foster empathy and improve the quality of care.

Theme 1: Training and Education

This theme emphasizes the importance of structured training and educational initiatives in shaping attitudes. A respondent stated that,

"*Implementing regular cultural competency training could significantly improve our attitudes*."

This response indicates a strong belief that ongoing education can enhance understanding and reduce biases. Another healthcare provider highlighted the value of workshops, noting,

"*I believe workshops on trauma-informed care would help us feel more confident*."

Such training can empower professionals to engage more effectively with victims, alleviating feelings of inadequacy. Additionally, the suggestion to

"*Share success stories could inspire empathy and understanding among professionals*"

underscores the potential for positive narratives to enhance compassion and improve care practices.

Theme 2: Supportive Work Environment

The second theme focuses on creating a supportive work environment that encourages open dialogue and collaboration. One response noted that,

"C*reating safe spaces for discussion would allow us to express our concerns openly*."

This highlights the need for an environment where staff can voice their challenges without fear of judgment. The suggestion to

"*Partner with community organizations can enhance our understanding of victim needs*"

indicates that collaboration can bridge gaps in knowledge and foster better care. Moreover, the idea of

"*Encouraging mentorship could support less experienced staff in dealing with these cases*"

reflects the importance of guidance and support in professional development.

Regular meetings, as mentioned in the response,

"*to discuss cases could help normalize these conversations*,"

can further integrate discussions of sensitive topics into routine practice. Lastly, implementing feedback systems is crucial; as one professional stated,

"*can help us learn from our experiences and improve care*,"

emphasizing the role of reflection in professional growth.

RQ4: Impact of Geographic Location and Professional Role

The analysis of the impact of geographic location and professional role on healthcare professionals' attitudes towards victims of FGM reveals two primary themes: Exposure and Experience, and Professional Dynamics. These themes illustrate how various factors influence the perspectives and behaviors of healthcare providers.

Theme 1: Exposure and Experience

This theme emphasizes how the frequency and diversity of cases encountered by healthcare professionals shape their attitudes. One response stated that,

"*In urban settings, we see more cases, which helps develop a more balanced view*."

This suggests that increased exposure to a variety of situations fosters a broader understanding and reduces biases. Conversely, a rural practitioner noted,

"*Rural practitioners often have polarized attitudes due to limited exposure to diverse cases*."

This highlights how geographic isolation can lead to narrow perspectives, affecting the quality of care provided. Additionally, the response,

"Mi*dwives tend to be more empathetic because they spend more time with patients*,"

indicates that longer patient interactions can enhance emotional engagement and understanding, further illustrating how professional roles can impact attitudes.

Theme 2: Professional Dynamics

The second theme addresses how professional roles and environments shape attitudes. One professional observed,

"*In multicultural environments, professionals are more likely to adopt neutral attitudes*."

This suggests that diverse settings encourage impartiality and understanding. However, another response indicates a potential drawback, stating,

"P*hysicians may focus more on clinical aspects, leading to less emotional engagemen*t."

This highlights a possible disconnect between clinical responsibilities and the emotional needs of patients. The nature of midwifery is further emphasized in the response,

"*The nature of midwifery allows for deeper connections with patients, fostering empathy*."

This underscores how specific roles can cultivate different levels of empathy and understanding. Additionally, it was noted that

"*Urban professionals often report feeling more prepared due to greater exposure*,"
which reflects how geographic context can enhance readiness to address sensitive issues. Lastly, the statement,

"D*ifferences in training opportunities based on location can greatly affect our attitudes*,"
reinforces the idea that accessibility to training varies by location, influencing providers' perspectives and competencies.

4.4. Discussion of Findings

On factors that contribute to the conflicting attitudes among healthcare professionals towards victims of FGM and BI the study found that among healthcare professionals, the study found a complex and frequently conflicting set of attitudes. Although the majority (76%) acknowledged the need for trauma-informed care and showed empathy, almost 42% acknowledged that they felt unprepared or uneasy when caring for FGM or BI victims. A sizable portion of respondents (33%) disclosed implicit moral judgments, viewing the victims as either complicit or culturally "other," particularly when the victims had not applied for asylum or were thought to uphold traditional values [50] [51]. These findings are supported by a response for the interviewed respondents stating that "*I often feel unprepared when caring for FGM victims because I didn't receive enough training*." This indicates that a lack of specialized education can lead to feelings of inadequacy, which in turn can affect patient care. Another response stated, "*There's a discomfort in addressing these cases due to personal moral beliefs*," suggesting that personal values can create barriers to effective patient interaction.

On systemic barriers identified by healthcare professionals that hinder the delivery of culturally sensitive care to victims of FGM and BI, the study found that Inadequate time for culturally sensitive communication, a lack of mental health support services, and unclear institutional procedures were all mentioned by many participants as obstacles to delivering high-quality care [52]. This emphasizes how individual attitudes and behaviors are shaped by organizational policy or the absence of it. Thematically supporting these findings, responses from the interviewee stated that, "*We often don't have enough time to communicate effectively with the patients*." This indicates that time constraints hinder the establishment of trust and understanding necessary for sensitive discussions. Another response highlights the lack of mental health support services, stating, "*A lack of mental health support services is a huge barrier to providing comprehensive care*." Lastly, the lack of prioritization of training on cultural sensitivity by management, as indicated in the response, "Manage*ment doesn't prioritize training on cultural sensitivity*, *which adds to the problem*," further exacerbates these systemic barriers.

On the strategies to positively influence the attitudes of HCP towards victims of FGM and BI, the study revealed that one important factor that has been iden-

tified as influencing attitudes is training. More cultural competency, intervention confidence, and empathy for survivors were shown by professionals who had received specialized training on FGM and BI. On the other hand, people without this kind of training were more likely to act irritably, avoid situations, or react inappropriately to medical interventions. In qualitative interviews, some participants recounted instances of colleagues avoiding or delaying care for victims, fearing legal implications or cultural misunderstandings [53]. From the response of the interview, a respondent stated that, "*Implementing regular cultural competency training could significantly improve our attitudes*." This response indicates a strong belief that ongoing education can enhance understanding and reduce biases. Another healthcare provider highlighted the value of workshops, noting, "*I believe workshops on trauma-informed care would help us feel more confident*." Such training can empower professionals to engage more effectively with victims, alleviating feelings of inadequacy. Also hitting on the importance of collaboration, a respondent noted, "C*reating safe spaces for discussion would allow us to express our concerns openly*." This highlights the need for an environment where staff can voice their challenges without fear of judgment. Also, the idea of a respondent stating that "*encouraging mentorship could support less experienced staff in dealing with these cases*" reflects the importance of guidance and support in professional development.

On how geographic location and professional role impact healthcare professionals' attitudes and behaviors towards victims of FGM and BI, the study found that rural practitioners had more polarized attitudes, either dismissive or extremely sympathetic, and were less exposed to such cases [54]. Professionals based in cities, especially those employed in multicultural settings, on the other hand, reported more exposure and a more impartial, business-like approach. Midwives and nurses typically showed higher levels of empathy than physicians, likely due to the nature of their prolonged patient interactions [55]. Response from the interviews supported these findings by stating that "*In urban settings*, *we see more cases*, *which helps develop a more balanced view*." This suggests that increased exposure to a variety of situations fosters a broader understanding and reduces biases. Conversely, a rural practitioner noted, "*Rural practitioners often have polarized attitudes due to limited exposure to diverse cases*." This highlights how geographic isolation can lead to narrow perspectives, affecting the quality of care provided. Additionally, the response, "Mi*dwives tend to be more empathetic because they spend more time with patients*," indicates that longer patient interactions can enhance emotional engagement and understanding, further illustrating how professional roles can impact attitudes. One professional observed, "*In multicultural environments*, *professionals are more likely to adopt neutral attitudes*." This suggests that diverse settings encourage impartiality and understanding. However, another response indicates a potential drawback, stating, "P*hysicians may focus more on clinical aspects*, *leading to less emotional engagemen*t." while "*The nature of midwifery allows for deeper connections with patients*, *fostering empathy*." This underscores how specific roles can cultivate different levels of em-

pathy and understanding.

5. Conclusion and Recommendation

5.1. Conclusion

The treatment of victims of breast ironing and female genital mutilation (FGM) by medical personnel profoundly influences patient trust, clinical outcomes, and broader efforts to eradicate these harmful practices. While empathy exists within the healthcare system, it is often inconsistent and undermined by inadequate institutional clarity, limited resources, and insufficient training.

To transform attitudes from passive tolerance to active advocacy, a multifaceted approach is essential. This approach should encompass comprehensive education, clear policy frameworks, and a reimagining of culturally competent care. Training programs must equip healthcare providers with the necessary skills to understand the cultural contexts of these practices and foster genuine empathy.

Moreover, healthcare facilities must prioritize creating safe, supportive environments for all victims of cultural violence. This involves not only addressing immediate medical needs but also providing psychological support and community resources. By implementing systemic and sustained efforts, healthcare systems can cultivate environments that empower victims, enhance trust, and ultimately contribute to the eradication of these damaging behaviors. Such proactive measures are crucial for fostering a culture of advocacy and ensuring that all patients receive respectful and compassionate care.

5.2. Recommendations

1) Include BI and FGM awareness in nursing and medical programs and hold ongoing workshops for professional development that emphasize cultural competency and trauma-informed care.

2) Create and distribute institutional policies for victim identification, documentation, and treatment, along with referral channels for social and mental health services.

3) To assist the patient and the healthcare provider, form interdisciplinary teams comprising social workers, psychologists, and cultural mediators.

4) To support public awareness and prevention initiatives, encourage healthcare organizations to collaborate with advocacy organizations and community leaders.

5) To assess how attitudinal training affects patient outcomes and systemic responsiveness, conduct longitudinal studies.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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