

# A66053 - Scale up of female genital mutilation prevention and care services in primary care in Guinea and Kenya - HEALTH CARE PROVIDER SCREENING (SCR)

## IDENTIFICATION



# World Health Organization

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*You are being asked to participate in Scale up of female genital mutilation prevention and care services in primary care study in Guinea and Kenya.*

Centre ID \*

- 2235 = Centre for Research in Reproductive Health – Guinea
- 2028 = University of Nairobi College of Health Sciences – Kenya

Region/County \*

Facility ID \*

Provider ID \*

## SOCIO-DEMOGRAPHIC INFORMATION

1. How old are you? \*

(years)

2. What is your sex? \*

1 = Female

2 = Male

3. What is your religion? \*

0 = None

1 = Muslim

2 = Christian

3 = Other

4 = Refused

3a. If *Other*, specify: \*

4. What is the highest education level you achieved? \*

1 = Certificate

2 = Diploma

3 = Bachelors

4 = Masters or above

5 = Other

4a. If *Other*, specify: \*

5. What is your current professional title? \*

1 = Midwife

2 = Nurse

3 = Nurse – Midwife

4 = Other

5a. If *Other*, specify: \*

6. For how many years have you been working in your current professional title? \*

(years)

## TRAINING

7. During your clinical training, did you receive any formal training on female genital mutilation? \*

- 1 = Yes
  2 = No
  3 = I don't know

8. When did you receive this training? \*

- 1 = During my studies (pre-service training)
  2 = After graduation/at work (in-service training)
- 3 = Both options 1 and 2

9. During your pre- or post- graduate training, did you receive any formal training on communication or counselling? \*

- 1 = Yes
  2 = No
  3 = I don't know

10. During your pre or post graduate training, did you receive any formal training on person-centered care? \*

- 1 = Yes
  2 = No
  3 = I don't know

11. What sources of knowledge do you reference in your regular clinical practice on FGM? \*

(select all that apply)

- 1 = Clinical practice guidelines
- 2 = Other printed material for work (e.g., clinical handbook, textbooks, journals)
- 3 = In-service training/workshops/courses
  4 = The internet
- 5 = Electronic decision support (e.g., mobile phone applications or other electronic devices to assist with care and decision-making)
- 6 = None of the above
  7 = Other

11a. If *Other*, specify: \*

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## FGM HISTORY

12. Many women in your community have had their genitals cut when they were children. If you are comfortable telling me, can I ask if you have undergone this practice? \*

- 1 = Yes                       2 = No                       3 = I don't know  
 4 = Refused

13. Have you ever cut the genitals of a girl or a woman for non-health reasons? \*

- 1 = Yes                       2 = No                       3 = Refused

13a. If Yes, have you ever cut a girl < 18 years? \*

- 1 = Yes                       2 = No                       3 = Refused

## COMMENTS

Comments

Data Collector name \*