



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

### REFERENCES

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### Female genital mutilation, hand hygiene monitoring, supervised consumption services, and caring masculinities

**FGM.** Female genital mutilation (FGM) is known to impose lifelong and sometimes devastating effects on the health of women exposed to it. With growing migration levels, it has become a truly global issue. A recent Australian study reported on the Australian primary healthcare providers' experiences of caring for women living with FGM, finding that they had only basic knowledge of FGM with little or no experience with the management, support, and care of affected women in Australia.<sup>1</sup> Amidst a comprehensive and thoughtful body of recommendations, the authors especially highlight the need for infrastructure and resources for providing culturally sensitive care to this target population in order to increase trustworthiness.

**Hand hygiene monitoring.** As well as providing guidance on when and how to maintain clean hands, WHO guidelines also recommend 'direct observation' as the recommended data collection approach, despite the many obvious limitations and biases associated with this method. A recent study therefore examined the acceptability of using video monitoring for hand hygiene auditing from the perspective of participating clinicians.<sup>2</sup> They found that clinicians quickly lost awareness of the cameras and the recording process, which would lead to a reduction in the impact of the Hawthorne effect and other biases as compared with that collected by a live human observer. However, they also uncovered prominent concerns relating to a fear of consequences or reprisal, the upshot of being 'caught doing something wrong', as well as worries about privacy, consent, and data security. That's before the patient perspective has even been explored. It seems that a whole lot more work is needed before this could be considered acceptable.

**Supervised consumption services.** At SCS, people take their pre-obtained drugs to use in a supervised area with trained staff on hand who respond in the event of an overdose. A recent Canadian scoping

review synthesised 42 qualitative studies on experiences of people who use drugs with SCS published between 1997 and 2022.<sup>3</sup> They found that participants described SCS as improving their health and wellbeing, the physical environment of SCS can both facilitate and constrain access and utilisation, social resources can shape the context within which people benefit from SCS, and various structural forces both support and harm people in relation to their experiences with SCS. The authors identify several important strands that remain unexamined in the existing literature and urge policymakers to involve people who use drugs in the design of SCS to ensure they are culturally and socially relevant.

**Caring masculinities.** The concept of caring masculinities aims to integrate caring values and practices into masculine identities. Empirical work on men, masculinities, and male privilege is often carried out in the context of caring occupations, sometimes characterised as 'feminised spaces'. A recent Dutch study focused on the negotiation of hegemonic and caring masculinities of men working in residential long-term care, and its consequences for health.<sup>4</sup> It found that, on entry, men negotiated caring masculinities to gain access, with Black men having to work harder. Once inside, men experienced status-loss and performed hegemonic masculinity, materialising in financial and sexual rewards, especially for White heterosexual men. In time, this performance of hegemonic masculinity backlashed with respect to their own health, with racialised and homosexual men hit harder. The researchers argue that caring masculinities perpetuate male privilege for some men more than for others, and suggest that gender, racism, and sexual discrimination need be on the occupational health agenda.

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