

## Supplementary File 7: Full CERQual Assessment Table

Summary of review finding	Studies coded to finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment	Explanation of CERQual score
<b>Analytical theme 1: communication is key</b>							
<p><b>1.1 Language barriers and interpretation challenges</b></p> <p>For women who did not speak the host country language well, communication about FGM/C was hindered by language barriers and problems with accessing interpretation support that was appropriate for discussing highly sensitive and personal issues.</p>	n=31 1-31	<p>Moderate concerns regarding methodological limitations</p> <p>Most studies contributing to this finding are of high quality (16 studies of high quality, 1 study of low quality, 14 studies of medium quality). However, many studies do not report their theoretical paradigm and present only partial or no reflexivity (n=17). There are serious concerns with 3 studies that do not describe ethics processes, 1 study has an unclear fit of methodology to methods and poor analysis. There are moderate concerns in some studies due to unclear analysis (n=3), and participant voices not well presented (n=2).</p>	No concerns regarding coherence	<p>Minor concerns regarding adequacy</p> <p>18 of the 31 studies presented data classified as ‘thick’ or ‘rich’. Over half of the papers (31/57) report this theme.</p>	<p>Minor concerns regarding relevance</p> <p>The studies for this finding represented 12 different OECD countries. Many studies (n=12) represented the maternity care contexts, but other contexts were also reflected. Almost half the studies (n=15) were exclusively of Somali women, but other nationalities were also represented.</p>	<b>High confidence</b>	There were moderate concerns about methodological limitations, but no (or very minor) concerns about the other domains.
<p><b>1.2 “Can’t talk, not asked”: double silence and cultural taboo</b></p> <p>As a private, sensitive and taboo issue, communication around FGM/C was hindered by a double silence. Women reported that it was rarely discussed within their own communities and likewise they found it hard to discuss with health</p>	n=37 3,4,8,9,13-23,25-47	<p>Moderate concerns regarding methodological limitations</p> <p>Most studies are of high quality (n=21); 15 are medium and 1 is low quality. Several studies had unclear, partial or no</p>	<p>No concerns regarding coherence</p> <p>2 studies present slightly divergent views but with reasons (based on the relationship established with</p>	<p>Minor concerns regarding adequacy</p> <p>The majority (n=23) of studies related to this review finding provide thick (rich) data. Over half of</p>	<p>No concerns regarding relevance</p> <p>Studies come from a wide range of different countries, with a range of participant groups. They also reflected a</p>	<b>High confidence</b>	There were moderate concerns about methodological limitations (in particular the predominance of grey literature reports), but there

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providers, especially if these (or the interpreters) were male. For this reason, women preferred the topic to be raised by health providers.		reflexivity. There were serious concerns for 5 studies with unclear ethics processes, and 7 studies had unclear methodology and data analysis processes.	healthcare providers).	the included review papers report on this theme (37/57).	range of different healthcare contexts.		were no (or very minor) concerns about the other domains.
<b>1.3 Cultural (in)sensitivity</b> Clumsy and intrusive questioning and comments made women feel stigmatised and embarrassed and led them to avoid further discussion or healthcare interactions. By contrast, women valued culturally sensitive and respectful communication from health providers around FGM/C and this facilitated open discussion.	n=34 3-7,10,13-16,18,19,21,22,24,26-31,33-38,40,42,44,45,48-52	Moderate concerns regarding methodological limitations  Three studies are of low methodological quality, 17 of medium quality and 14 of high quality. Seventeen of the studies gave only partial or no detail on methodological perspective or reflexivity, and 6 studies had unclear methods and analysis. In 3 studies, there was inadequate detail about participants' voices.	Moderate concerns regarding coherence  Some findings were ambiguous and over-lapping with other themes.	Minor concerns regarding adequacy  Twenty one studies provided rich data and 13 were thin (describing single aspects of this theme or lacking detail in women's voices). Over half the studies in the review reported on this theme (34/57).	No concerns regarding relevance  Studies related to this theme represented diverse healthcare contexts (10 specific to obstetric care, but other contexts represented), diverse countries (n=9) and diverse population groups.	<b>Moderate confidence</b>	Two of the four domains have only moderate confidence. Many studies do report on this theme, but there are some concerns on their quality and some of the findings are ambiguous.
<b>Analytical theme 2: access to care: influenced by an interaction of multi-level community and health service processes</b>							
<b>2.1 Influence of cultural norms</b> Women's care seeking in relation to FGM/C was strongly influenced by wider cultural norms around sexuality and health, including cultural norms on the importance of pre-marital virginity, avoiding male health providers and lack of familiarity with preventive care-seeking. These factors led women to avoid seeking care unless symptomatic or pregnant.	n=35 1,3-8,11-14,16-19,23-32,35,37-41,46,53,54	Moderate concerns regarding methodological limitations  There are 6 low quality studies, 13 medium and 16 high quality studies. The main methodological limitations relate to unclear fit of methodology, limited ethics descriptions and no reflexivity. Other concerns relate to inadequate	Moderate concerns regarding coherence  Cultural norms relate to, and influence, a wide range of different healthcare phenomena	Moderate concerns regarding adequacy  35 papers report on this theme. Seventeen studies provide thin data. There are 12 studies with medium richness explaining 2 or more aspects of this theme and 8 studies provide very rich data accounting	Minor concerns regarding relevance  The studies are primarily from the UK (n=10) and USA (n=8) contexts, but with good representation of other contexts. The majority of the studies (n=19) are exclusively focused on Somali	<b>Moderate confidence</b>	Three of the four domains have moderate concerns related primarily to methodological limitations and 'thin-ness' of the data, but also to the fact that cultural norms influence healthcare in many different ways, not all of which were

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		representation of participant voices.		for all aspects of the theme.	participants, and almost half are focused on maternity care contexts (n=15). However, other healthcare contexts are also included, and several studies with 'thick' data reflect a mix of participant groups.		explored in great depth.
<p><b>2.2 Influence of the family</b>  Women's decision making in healthcare related to FGM/C was often a collective rather than individual phenomenon, requiring consultation with husbands and other family members.</p>	n=19 3,4,8,9,11,12,15,23,24,26-28,31,39-41,46,51,54	<p>Moderate concerns regarding methodological limitations</p> <p>Moderate concerns due to methodology and theoretical framework not stated and/or lack of reflexivity (n=13).</p>	<p>Moderate concerns regarding coherence</p> <p>Some findings relate to the importance of social support from the family and provide relatively superficial descriptions about the family's role specifically related to decision making.</p>	<p>Minor concerns regarding adequacy</p> <p>Rich data from 13 studies. One third of studies in the review (19/57) report on this theme.</p>	<p>Moderate concerns regarding relevance</p> <p>Includes studies from different 10 countries. The theme is reported on from studies with various foci, although mainly with Somali participants (n= 12), and relating mainly to obstetric care situations.</p>	<b>Moderate confidence</b>	Moderate confidence due to moderate concerns regarding methodological quality, coherence and relevance.
<p><b>2.3 Knowledge and information about FGM/C services</b>  Women's knowledge of, and familiarity with, health services was variable. In some cases, women lacked familiarity with the host country health system and this impeded their ability to access care in general. In other cases, women reported being aware of maternity and primary care services. However, there was a particular lack of knowledge and information of FGM/C-related specialist services</p>	n=34 1,3-5,7,10-12,14,17-29,31,32,36,39,40,44,48,49,54-57	<p>Moderate concerns regarding methodological limitations</p> <p>Two studies had low methodological quality, 18 were designated as medium and 14 were high quality. The majority of the studies are journal articles (n=21). There are serious concerns in two studies where ethical processes are poorly</p>	<p>Moderate concerns regarding coherence</p> <p>There was variability in the extent to which studies reported women as being familiar with the general health system in the host country. However, findings relating to women's lack of</p>	<p>Minor concerns regarding adequacy</p> <p>The majority of studies in the review report on this theme (34/57). Over half of the studies provide 'rich' (thick) data related to this finding (n=23); 11 provide thin data.</p>	<p>Minor concerns regarding relevance</p> <p>The contributing studies cover 11 countries. Just under half focus exclusively on Somali women (n=16); one third of studies focus on the maternity context (n=13). However, overall, there is a good mix of focus</p>	<b>Moderate confidence</b>	Moderate confidence due to moderate concerns regarding methodological quality and coherence.

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and where and when it may be appropriate to seek help.		described; there is lack of clarity in the fit of methods to methodology in 3 studies and 16 studies lack a discussion of reflexivity.	awareness of specialist FGM/C services were coherent across the studies.		and participant countries.		
<b>2.4 ‘Hit and miss’ care</b> When accessing healthcare, women reported that the identification of FGM/C and provision of appropriate treatment or referrals could be a “hit and miss” process, depending upon individual provider characteristics and practices rather than being a result of standardised organisational systems and processes. Continuity of care was rare, but when it occurred, women reported that it helped to facilitate communication and access to appropriate care.	n= 38 3-8,10,12-22,24,25,27-31,33,34,36-38,41,43,44,47,48,54,56,57	Moderate concerns regarding methodological limitations  There is variable quality of studies relating to this finding: high quality (n=20), medium quality (n=15) and low quality (n=3). There are serious concerns with six studies that report unclear ethical procedures, and moderate concerns with 11 studies that report no or unclear methodological perspectives. A large number of studies (n=21) had no or partial reflexivity.	No concerns regarding coherence	Minor concerns regarding adequacy  38/57 studies report on this theme. Most studies (n=32) contribute relatively rich data to this review finding.	No concerns regarding relevance  Studies represent 13 countries and a mixture of participant backgrounds and settings.	<b>High Confidence</b>	Three out of four domains have no or only minor concerns. Lack of reflexivity as a methodological limitation is less of a concern for this finding as it is not such a highly sensitive topic.
<b>Analytical theme 3: cultural and bodily dissonance: striving for cultural and bodily integrity</b>							
<b>3.1 Moving from normal to different</b> Women described a shift from feeling ‘normal’ to ‘different’ about FGM/C, their bodies and their culture as part of their transition to living in the host country. Some women started to become aware of the suffering and symptoms that their FGM/C may have caused them. Some women started to question and/or resist previously taken for granted aspects	n=40 3,4,7,8,10,12-16,18-31,33,34,36-39,41,43,46-50,53,54,57	Minor concerns regarding methodological limitations  Thirty five of the studies are rated as high or medium quality. Five are low quality. However, many studies failed to report issues relating to reflexivity.	No concerns regarding coherence	Minor concerns regarding adequacy  The majority of studies in the review present rich data on this theme. Eight studies provide only thin data where detailed information is not given.	No concerns regarding relevance  The studies represented mixed contexts, 13 countries and a range of population groups. Eighteen out of 40 studies had an exclusively Somali sample.	<b>High Confidence</b>	All domains report no or only minor concerns.

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of their culture and to feel uncomfortable with their own bodies. However, women also reported feeling shame and anger at being labelled as different and mutilated and felt that their culture was misunderstood.							
<p><b>3.2 Threat to the self: re-living FGM/C pain during clinical interventions</b></p> <p>Many studies reported women’s experiences of gynaecological clinical interventions and childbirth as events which threatened their sense of bodily and cultural integrity. Women reported great pain, suffering, fear and apprehension around clinical interventions – and related this to their previous healthcare experiences and, especially, to re-living the original trauma they had experienced during their FGM/C. These emotions were exacerbated in encounters where women felt a loss of control or lack of respect.</p>	n=28 1,3,7,9-11,13-15,17,19,20,23,25,27-30,33,37,38,41,43,48,51,54,55,57	<p>Moderate concerns regarding methodological limitations</p> <p>Serious concerns for 3 studies due to no ethics statements, and poor descriptions of methodology, and unclear fit of methods.</p> <p>There are moderate concerns for 9 studies due to lack of stated methodology, inadequate participant voices and lack of reflexivity. Sixteen studies are rated high quality.</p>	<p>Moderate concerns regarding coherence</p> <p>There was variability in the extent to which studies reported direct experiences of re-living trauma as opposed to avoidance of care or services due to apprehension of pain, trauma and anxiety.</p>	<p>No concerns regarding adequacy.</p> <p>The majority of studies present rich data of women’s voices, with just four studies presenting thin data on this particular finding. Almost half the papers in the review report on this finding.</p>	<p>Minor concerns regarding relevance.</p> <p>Data is spread across several countries and focussed on different healthcare settings. Eleven studies have an exclusively Somali sample. The focus is specifically on obstetric care in 10 studies. Nine studies are based in the UK.</p>	<b>Moderate confidence</b>	Moderate confidence due to moderate concerns regarding methodological quality and coherence.
<p><b>3.3 Being opened: complexities around deinfibulation</b></p> <p>For women with type III FGM/C, decision making around ‘being opened’ (deinfibulation) was influenced by cultural norms and medical imperatives. Some younger women specifically sought out medical deinfibulation before marriage as a way of asserting control over their bodies and lives, but the majority of women considered medical deinfibulation</p>	n= 28 3,4,8,10,12,14,17,19,20,22,24,25,28,29,33,35-41,46,48,49,53,54,57	<p>Moderate concerns regarding methodological limitations</p> <p>This finding is primarily derived from high quality studies (n=15) even though many are either research reports or theses. Half of the studies are journal articles but these include papers of low and medium methodological quality</p>	<p>Moderate concerns regarding coherence</p> <p>This was because some studies reported specifically on deinfibulation related to obstetric care, whereas others included this topic in discussions on other issues, hence</p>	<p>Minor concerns regarding adequacy</p> <p>Twenty eight studies present this theme. Three of these provide only ‘thin’ data in relation to this finding. Data from the other studies is relatively rich, providing</p>	<p>Moderate concerns regarding relevance</p> <p>Although several of these studies are, as expected, in maternity settings (n=8), there is a wide diversity of other study foci presenting on this theme and across different nationalities that</p>	<b>Moderate confidence</b>	Moderate confidence due to moderate concerns regarding methodological quality, coherence and relevance.

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only in the context of pregnancy, and the majority preferred the procedure to be carried out during labour (rather than antenatally) to avoid additional cutting and pain.		stemming from poor or no reporting of theoretical perspective and methodology, and poor analysis or presentation of participant voices. There are serious concerns with two papers because of no ethics description (n=1) and very weak methodology (n=1).	the findings were less specific, but generally still consistent with the theme.	explanatory insights or in-depth descriptions of women's views.	practise type III FGM/C. However, there is little in-depth exploration of any potential differences between different ethnic groups.		
<p><b>3.4 Being changed: complexities around re-infibulation</b></p> <p>For women with type III FGM/C, 'being opened' (deinfibulation) was reported as a process involving significant emotional, physical, social and relational adjustments as their bodies became changed. Some women felt ambivalent about these changes and sometimes wanted to be closed again (reinfibulated) to varying degrees, feeling upset if their requests were denied by health providers.</p>	n= 19 3,4,8,10,20,22,28,29,35-37,41,46,48,49,52-54,57	<p>Moderate concerns regarding methodological limitations</p> <p>Moderate concerns due to lack of reflexivity in 13 of the papers.</p>	<p>Minor concerns regarding coherence</p> <p>Not all papers reported on the issue of requesting requests for reinfibulation.</p>	<p>Minor concerns regarding adequacy</p> <p>There are 19 papers reporting on this theme with the majority contributing rich data (n=16). Three studies present thin data.</p>	<p>Moderate concerns regarding relevance</p> <p>The data is well spread across the included studies, representing 11 countries, involving diverse participants groups with FGM/C III. However, there is little in-depth exploration of any potential differences between different ethnic groups.</p>	<b>Moderate confidence</b>	Moderate confidence due to moderate concerns regarding methodological quality and relevance.
<b>Analytical theme 4: disempowering care encounters</b>							
<p><b>4.1 Being exposed and humiliated</b></p> <p>Many studies reported women feeling exposed, objectified and 'on display' during healthcare encounters – due to the health provider's reactions to their FGM/C. They reported feeling a lack of concern for their privacy or dignity and felt humiliated and stigmatised. These experiences led</p>	n=40 1,3,4,7,9,10,13-31,33-38,42-45,48-51,54	<p>Moderate concerns regarding methodological limitations</p> <p>The majority of studies are high quality (n=28). There are moderate concerns in some studies due to unclear presentation of the</p>	No concerns regarding coherence	<p>Minor no concerns regarding adequacy</p> <p>Most papers (n=31) provide rich data in relation to this theme. Nine papers provide only thin data.</p>	<p>Minor concerns regarding relevance</p> <p>There is good representation of OECD countries, but 14 of the 40 studies are from the UK. A range of population</p>	<b>High confidence</b>	A large of number of papers and highly coherent data is presented in this theme with only a small number of poor quality studies. Data covers a

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them to lose trust in the health provider and 'the system' more generally.		research paradigm (n=8) and no discussion of reflexivity (n=8). There are serious concerns regarding the data from 6 papers due to lacking ethics descriptions (n=2), unclear methodological fit with methods (n=3) and weak analysis/detail of participant voices (n=1).		Over half the papers in the review report on this theme (40/57).	groups are included, but 17 studies focus exclusively on Somali women. A range of healthcare contexts are covered (13 out of 40 papers focus specifically on obstetric care situations).		mixture of contexts and not only on maternity settings.
<b>4.2 Being judged and stereotyped</b> Women reported feeling judged and discriminated against within some of their healthcare encounters. They reported feeling that health providers made negative assumptions about them and provided sub-optimal care based on racial, religious or other stereotypes and misconceptions about their culture in general as well as about FGM/C. Such experiences caused distress, anger and avoidance of the health provider or service.	n= 36 2- 10,13,15,16,18,19,22,24-34,36,37,39,44,45,47-50,54	Moderate concerns regarding methodological quality  There are methodological concerns across studies due to lack of reflexivity, no stated paradigm and serious concerns resulting from no or inadequate ethics statements (n=4), inadequate participant voices (n=1) and a mismatch between methodology and methods (n=1).	Minor concerns regarding coherence  There was minor variability across studies in terms of the ways in which this phenomenon was experienced.	Minor concerns regarding adequacy  36 papers report on this theme. The majority of these papers report relatively rich or in-depth findings with only 2 studies providing thin data.	Minor concerns regarding relevance  Studies span several contexts and 13 countries, involving mainly Somali participants (n=15) but with several studies involving more than 3 participant groups (n=15) and 2 other participant groups (n=4).	<b>High confidence</b>	Even though there are some studies with serious methodological concerns (n=6), there are good quality studies across mixed contexts and participant groups, with very minor concerns on coherence, adequacy and relevance.
<b>4.3 Lacking choice, power and control</b> Women reported experiences when they felt that they lacked control within the healthcare encounter, especially in the maternity setting and around key interventions such as caesarean sections or episiotomies. They reported feeling excluded from healthcare decision making, not listened to, at the mercy of the system and unable to express their needs. Such experiences could	n=32 3- 5,7,9,10,12,15-20,24,25,27-35,37,38,40,41,47-49,54,56	Moderate concerns regarding methodological quality  Overall most studies are high quality. Some studies present moderate concerns (n=15) due to lack of reflexivity, and no stated paradigm. Two studies have serious concerns due	No concerns regarding coherence	Minor concerns regarding adequacy  A large number of studies report this theme. Most of these provide rich data to this theme, with only 8 studies providing 'thin' accounts.	Minor concerns regarding relevance  The studies span 13 different OECD countries. The majority of studies involve Somali participants (n=20), and the majority refer to obstetric care	<b>High confidence</b>	Although there are moderate methodological concerns due to mainly studies not stating their methodology or theoretical paradigm, the conduct of majority studies was good and there

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be highly traumatising. Attempts to assert themselves were sometimes construed as being 'difficult'.		to lack of ethics descriptions.			contexts (n=18) – as stated in the theme.		are only minor concerns regarding coherence, adequacy and relevance.
<b>4.4 Feeling unsafe and vulnerable</b> Women expected health providers to be knowledgeable, competent and confident in managing their FGM/C. Some women reported times when this did not seem to be the case and where they felt their care had been adversely affected as a result of poor provider skills. In such situations, women felt unsafe and highly vulnerable, describing painful and traumatic clinical experiences. Feelings of vulnerability were heightened for women who lacked social support.	n= 46 2-7,9,10,12-29,31-41,43,45,47-49,54-57	Moderate concerns regarding methodological quality  Half of the papers are high quality with only minor concerns (n= 23). Limitations in studies are mainly due to partial or lack of reflexivity which is deemed to be of particular relevance to the reporting of this theme. Five studies have more serious concerns due to lacking ethics statements, poor methodology and partial participant voices.	No concerns regarding coherence	No concerns regarding adequacy  This theme has a high number of studies contributing to it (n=46). The majority of these provide rich or in-depth data (n=42) in relation to this finding.	No concerns regarding relevance  Studies involve mixed participant groups, and across a range of health contexts, topics and countries.	<b>High Confidence</b>	There are a few studies with serious methodological concerns, and some concern regarding the lack of reflexivity. However the data is very rich and consistent across contexts, hence there are no concerns regarding adequacy, coherence or relevance.
<b>Analytical theme 5: positive care encounters</b>							
<b>5.1 Trusting and appreciating providers and the system</b> Women appreciated the good medical services available in the host country. Women also expressed great appreciation for providers who made them feel safe and respected. Such providers were described as knowledgeable and experienced, who treated women with respect, who understood their individual needs and who involved them in their care. Women described these	n= 34 3-5,7-10,12,14,17-22,26-32,34-39,41,47,48,54-56	Moderate concerns regarding methodological limitations  There are 3 studies with serious concerns for not having clear ethics, no paradigm and poor description of methods. There are moderate concerns in 13 papers due to no stated paradigm, lack	No concerns regarding coherence	No concerns regarding adequacy  A large number of papers report this theme (n=34). The majority of papers (n=29) provide rich or in-depth data in relation to this finding. Only 5 papers report thin data	No concerns regarding relevance  Diverse studies across different countries. Fourteen studies are exclusively with Somali women, but other groups (or mixed samples) are also represented. This theme occurs in	<b>High Confidence</b>	There are some concerns due to methodological limitations. However the data is rich and consistent across contexts, and there are no concerns regarding adequacy, coherence or relevance.

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characteristics as facilitating trust and leading to open communication about FGM/C. This, in turn, enhanced the likelihood of women being involved in, and receiving, appropriate care.		of reflexivity or inadequate participant voices.			relation to a range of health care contexts.		
<p><b>5.2 Voicing healthcare needs and preferences</b></p> <p>Women’s recommendations for good quality safe FGM/C related care and services they could trust included: (i) interpersonal provider characteristics and behaviours (such as providers being willing and able to talk about FGM/C, providers being skilled and knowledgeable around FGM/C, providers offering culturally sensitive and respectful care) and (ii) service organisation issues (such as having specialist services for FGM/C, being given information and awareness about FGM/C-related services, and involving women and affected communities in FGM service development).</p>	n=45 1,3-10,12-17,19-22,24-26,28-33,35-39,41-45,47-50,53,54,57	<p>Moderate concerns regarding methodological limitations.</p> <p>The major limitation across studies relates to lack of reflexivity. It is unclear to what extent this may have impacted upon this particular review finding.</p>	<p>Minor concerns regarding coherence</p> <p>Studies report on several aspects of what women would like in regard to healthcare services related to FGM/C. Not all studies report on all the different elements of this theme.</p>	<p>Minor concerns regarding adequacy</p> <p>45 studies report this theme. The majority have rich or in-depth data (n=31), but 14 have relatively thin data due to limited representation of participant voices or only small aspects of the theme reported on.</p>	<p>No concerns regarding relevance</p> <p>Studies report these recommendations across all care settings for women (including studies which did not specify a care setting). This finding included studies from 13 countries and a good mix of participants, with highest being among Somali only (n=19) and a relatively higher number of studies from the UK (n=16).</p>	<b>High Confidence</b>	Lack of reflexivity may an issue, however the data is highly consistent across contexts, hence there are no or only minor concerns regarding adequacy, coherence or relevance.

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