

# Community-based interventions can change detrimental social norms: Experience from the Navrongo Female Genital Mutilation Experiment

Philip B. Adongo <sup>1</sup>  
Elizabeth Jackson <sup>2</sup>  
Livesy Abokyi <sup>3</sup>  
Reshma Naik <sup>4</sup>  
Ellie S. Feinglass <sup>5</sup>  
James F. Phillips <sup>6</sup>

## Abstract

*The Navrongo Health Research Centre in Northern Ghana implemented a five-year study to test two strategies - community mass education and livelihood skills - for eliminating female genital mutilation (FGM), a practice which is prevalent in the three northern regions of Ghana. Documentation of the mechanisms and consequences of social change involved in such initiatives is largely absent from the current body of FGM intervention research. This paper presents results from a multifaceted qualitative study examining the social consequence of the intervention, including the impact on circumcised women and girls, the transition to adulthood, traditional sexuality education, gender identity, and changes relating to cultural and religious practices, with a particular focus on funeral and marital customs. Focus group discussions and in-depth interviews conducted with communities indicate that participants are willing to change their practices if programs are culturally sensitive and carefully implemented.*

Mellon Postdoctoral Fellow, Navrongo Health Research Centre, Box 114, Navrongo, Ghana.  
philip.adongo@lshtm.ac.uk/padongo@navrongo.mimcom.net

PhD Candidate, University of North Carolina, Chapel Hill. Department of Epidemiology. E-mail:  
elizjack@email.unc.edu

Program Officer, Family Health International. Email: Rnaik@fhi.org

Research Officer, Navrongo Health Research Centre, Box 114, Navrongo, Ghana. E-mail:  
Labokyi@Navrongo.mimcom.net

Staff Research Associate, Policy Research Division, Population Council, One Dag Hammarskjold Plaza, New York, NY, 10017. Email: [efeinglass@popcouncil.org](mailto:efeinglass@popcouncil.org).

Senior Associate, Policy Research Division, Population Council, One Dag Hammarskjold Plaza, New York, New York 10017. E-mail: [Jphillips@popcouncil.org](mailto:Jphillips@popcouncil.org)

## Introduction

The Kassena-Nankana district in rural northern Ghana is the site of an experimental initiative to end the practice of female genital mutilation (FGM), also known as female genital cutting or circumcision. Since 1995, the Navrongo Health Research Centre (NHRC), in collaboration with the Ghana Health Service, has conducted research to understand FGM as it is practiced in the district. Findings indicate that FGM is prevalent in all predominant ethnic groups, despite 1994 national legislation outlawing the practice.

A 1995 panel survey of households in the district revealed that 77 percent of women of

reproductive age had been circumcised. A subsequent clinic-based study of women seeking prenatal care found that all three major types of FGM (clitoridectomy, excision, and infibulation) were practiced in the district. The majority of women had been circumcised with the excision procedure, a form of FGM that is intermediate in its severity. Most women were circumcised between 15 and 19 years of age, and by age 20, 80 percent had already undergone the procedure.

The Navrongo Female Genital Mutilation Project developed and tested the impact of alternate approaches intended to accelerate abandonment of the practice of FGM in the Kassena-Nankana District. The experiment was conducted over a period of five years, from 1999 to 2004. Social research was used to inform the design of intervention strategies for trial in a micro-pilot. Qualitative research methods were essential in elucidating the complex root causes behind FGM, in identifying socially acceptable strategies for addressing community concerns, and in developing appropriate outreach activities for preventing the practice.

### **The experiment**

The experiment involved two components of intervention, both strategically designed to reduce the incidence of FGM. Each strategy emphasized extensive community mobilization through group formation, reproductive health education, and literacy and numeracy training. The problem-focused arm of the intervention included community education about reproductive health, with a primary focus on the health effects of FGM. The more general livelihood and development arm was designed to increase the autonomy and empowerment of women and girls through both adolescent girl livelihood training in the production and marketing of crafts and micro-lending to women's groups. The two arms of the initiative, implemented jointly, separately, or not at all, imply a four-celled factorial design.

Beginning in 1999, the circumcision status of a cohort of adolescent girls aged 12-19 was followed yearly in order to measure the incidence of FGM throughout the study area. New adolescent residents of the study area aged 12-19 and girls who attained the age of 12 years after the project was launched were added to the surveyed group each year through the end of 2003. The Navrongo FGM project is unique in that it monitors the circumcision status of individuals rather than overall community prevalence. This approach makes it possible to evaluate the impact of the experiment on individual girls, adjusting for the influence of individual background characteristics such as age, religion, parent's religion, and education.

### **Impact of the experiment**

The impact of the intervention was measured by the amount of decline in FGM incidence attributable to experimental exposure. Survival analysis was used to compare the pattern of FGM incidence in girls exposed to each experimental strategy with that of girls in the comparison area who were not exposed to project activities. In all, 8,473 individuals were surveyed at least once from 1999 to 2003.

Findings indicate that problem-focused FGM education strategies were associated with a 93 percent reduction in FGM incidence relative to no intervention exposure. Combined exposure to both education and livelihood and development strategies was associated with an equivalent reduction in the hazard of circumcision. These results suggest that problem-

focused community mobilization can substantially reduce FGM incidence, but that the addition of livelihood interventions has no incremental impact. The successful problem-focused approach, in conjunction with extensive community mobilization, is currently being implemented in the comparison area.

The Navrongo intervention has made important contributions to the field of FGM intervention research. The project has developed methodologies for measuring FGM status in contexts where FGM is illegal or interventions to stop the practice are underway. In addition, qualitative research conducted by the FGM study team has provided insights into social change created by intervention activities.

### **Rationale for the social impact study**

Interventions that attempt to galvanize social change are likely to produce complex and possibly unintended consequences. The primary concerns, identified during the micro-pilot phase of the study, include the following:

*Concern over the loss of valued traditions.* One of the primary intervention strategies focuses on conveying knowledge about the negative health consequences of FGM. However, informal discussions with community leaders regarding eradication of the practice have revealed that the prospect of losing the cultural values and traditions associated with FGM is of much greater concern to most community members than is the avoidance of potential health sequelae.

The tradition of FGM is supported by a number of complex social forces and relationships strongly tied to moral and cultural values. Each community in which FGM is practiced has its own “mental map” of culturally embedded beliefs surrounding FGM; this mental map includes shared myths, values, customs and norms of behavior, and it ultimately determines the way in which a society regards a woman’s external genitalia, her sexuality, and her role in the family and larger community. In Navrongo, for example, many community members believe that circumcision curbs promiscuity. In the absence of FGM, it is thus feared that girls and women will engage in pre-marital or extramarital sex. During a meeting with compound heads in one village, several leaders asserted that ending the practice of FGM would not be a problem if adolescent girls could be prevented from having pre-marital sex. Such comments suggest that communities are willing to change if their needs can be met; however, they also indicate that intervention strategies may not be addressing one of the community’s most salient concerns.

Community members have also expressed concern regarding the cultural traditions that would be lost if FGM were eradicated. Traditionally, the time of circumcision represents a critical transition from childhood to womanhood. It is during this time that elder women pass on many important lessons and cultural traditions to the next generation. For instance, it is during this time that a young girl is taught about reproductive health issues, basic skills and customs involved in caring for a home and family, and being a respectable member of the community. Perhaps one of the most challenging aspects of the campaign to end FGM will be the success with which these communities are able to integrate alternative rites of passage into their cultural practice. The intervention activities aim to preserve some of the positive aspects of FGM by providing livelihood activities and education.

In addition, the community has expressed concern that the role of mothers as informal reproductive health counselors for their daughters is being eroded by the initiative. Because reproductive issues are discussed openly and extensively as part of the intervention, many community members assert that girls no longer hold their mothers' teachings in high regard. Rather, they feel that they are now more "enlightened" than their parents and have enough knowledge to form their own opinions.

Lastly, eliminating the practice of FGM has an effect on funerary customs. Traditionally, the crucial role played by the eldest daughter in her mother's funeral rites is contingent upon her prior circumcision. If a mother's eldest daughter is not cut, it is believed that there will not be anyone to carry the special pot at her funeral. According to tradition, every woman is supposed to have this pot (*piligo*), which symbolizes her femininity. During her lifetime, a woman uses the pot to store and save items for special occasions or times of hardship. When a woman dies, her circumcised daughter is responsible for carrying the *piligo* during the funeral to ensure that she will have it in the next world and continue her essential duties as a woman. Because this custom is still important in many communities, there is a critical need to address the implications of the intervention in the context of funeral rites.

*Sacredness of Reproductive Discussion* Community leaders have informed the FGM study team that open discussion of circumcision is inappropriate in the cultural context of Navrongo; the discussion of reproductive organs is considered to be an adult topic not to be raised in the presence of young people. In particular, men have expressed serious concern about the topics that are discussed and the language that is used during the women's singing competitions. Women often use explicit terms such as "vagina" and "clitoris" and sing about sensitive topics such as wives being discarded when their husbands take on new, uncircumcised wives. Many men have expressed shock and disapproval that women are speaking out in this manner. In addition, there is concern that children who are present during the singing competitions are receiving inappropriate exposure to the sensitive words and topics inherent in open discussion of FGM. In general, men believe that the revolutionary changes brought about by open discussion of FGM in their communities undermine a sacred part of their culture.

*Impact of the experiment on circumcised women: Personal and household level social disruption* FGM interventions often focus on preventing uncircumcised girls from being cut, while largely ignoring the impact of such interventions on girls and women who have either already been circumcised or who are cut after the eradication effort has been introduced. There are indications that the Navrongo FGM Project may carry unintended consequences for circumcised women at both the individual and household levels.

In light of this concern, a multi-faceted qualitative study is underway in 2004 to investigate the social consequences of the intervention on transition to adulthood, traditional sexuality education, gender identity, and changes in related cultural and religious practices, including funerary and marital customs. This paper will address recently acknowledged gaps in FGM research, particularly through its examination of intervention impact on circumcised women and girls. Specific mechanisms of impact will be investigated through a series of focus groups and in-depth interviews with community members.