



Learning brief: Lessons from a longitudinal panel study

The Girl Generation: Support to the Africa-led Movement to End Female Genital Mutilation/ Cutting (FGM/C) programme (TGG/ALM) is funded by the UK's Foreign, Commonwealth and Development Office. The programme is implemented by a consortium led by Options and including Amref Health Africa, ActionAid, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting and University of Portsmouth. The programme works closely with Population Council's FGM Data Hub.

1. Introduction

The aim of The Girl Generation: Support to the Africa-led Movement to end FGM/C (TGG/ALM) programme is to contribute to a significant reduction in the practice of FGM/C in four focal countries (Senegal, Somaliland, Kenya and Ethiopia) by 2027, by accelerating positive changes in social attitudes towards ending FGM/C.

To assess this outcome, the programme will measure changes in attitudes within communities. To support measurement and generate evidence against this outcome, the University of Portsmouth designed and implemented a longitudinal panel study in Ethiopia, Somaliland and Kenya to identify groups that are 'ready to change their behaviours' and those who are 'reluctant to change', as well as to understand the effect of TGG/ALM activities on attitudes towards ending FGM/C.

This learning brief presents a summary synthesis of qualitative data from the longitudinal panel study, including key learnings on the longitudinal approach, and lessons on effective implementation and the kind of findings it can generate. The intended audience for this brief is monitoring, evaluation and learning specialists as well as academic researchers.

2. Longitudinal panel study methodology

Longitudinal panel studies have been widely used across various fields of research to investigate and track changes and patterns over time within the same group of participants.

In addition, a longitudinal approach enables researchers to observe how behaviours evolve and whether interventions or external factors influence these changes. This insight can support understanding of what is working well and why, and which actors have the most influence. The data generated can also provide a steer for adapting interventions, capturing unintended outcomes of activities, and contextual, environmental and political shifts that may impact the programme and its results.

2.1 How?

We trained individuals from implementing communities as community narrators, who went on to conduct short, guided conversations with individuals within their social networks to understand community-level attitudes to ending FGM/C. Approximately ten community narrators were selected per site. Two researchers per implementation site then conducted semi-structured interviews with the community narrators over a period of twelve months.

2.3 Where was the study implemented and who was involved?

The data was collected during 2023 from implementing communities in Narok, Isiolo, and Garissa regions of Kenya; Amhara in Ethiopia; and Sanaag in Puntland, Somaliland. In Narok, Kenya, 34 narrators were interviewed in March 2023 and 36 narrators were interviewed in October 2023. In Garissa and Isiolo, 29 narrators were interviewed once in July 2023. In Sanaag, Somaliland, 31 narrators were interviewed in March 2023 followed by 24 interviews in October 2023. In Amhara, Ethiopia, 18 narrators were interviewed in August 2023.

2.4 What?

The interviews with community narrators assessed where specific groups within the implementation communities sat on an attitudinal continuum of change on ending FGM/C. The interview questions looked at:

- Why certain groups held the views they did on FGM/C,
- What factors or potential exposure to programme activities may have influenced how different actors felt about FGM/C
- Which actors in their community had the most influence and how they may (or may not) be using that power to shape a dominant community view on FGM/C
- The impact of additional factors (e.g. drought, conflict) on the decisions people were making in relation to FGM/C practice.
- Any new actors emerging and advocating for an end to FGM/C
- Which community members are changing their views on FGM/C and why.

The community narrator approach

Community narrators were purposefully selected to reflect a cross-section of the community that supported ending FGM/C, which included school age girls and boys, and mothers and fathers. Training on qualitative interview techniques was provided by the University of Portsmouth, and prompt sheets were developed to support the community narrators during their guided conversations with community members. The prompt sheets provided community narrators with a number of positions on FGM/C reflecting a continuum of attitudes, ranging from fully supportive of FGM/C continuing, to supporting abandonment.

The attitudinal continuum of change

The continuum used in this research was adapted from various models designed to measure shifts in mind-sets in relation to harmful behaviours. Hernlund and Shell-Duncan (2007) presented a continuum for FGM/C which included the stages of Non-Contemplation, Contemplation, Awareness, Commitment, Action. The model's behavioural theory outlines how certain attitudes held by key individuals are deemed more influential than others, and goes on to determine the views of whole families. In turn, these views are endorsed and supported by key community groups reflecting a dominant normative attitude on FGM/C.

Stages of attitudinal continuum of change:

Non-contemplation: People are not thinking about change at all. FGM/C practice is the norm, accepted and not to be questioned.

Contemplation: Behaviour change being considered. People are questioning certain attributes of FGM/C but will continue with the practice.

Awareness: People are informed, know FGM/C needs to stop, and have the intention to change. Beliefs and attitudes are changing but there's strong pressure from social networks and a fear of going against community accepted norms. FGM/C practice continues.

Commitment: People are acting on their decision. Behaviour change is evident in regard to stopping FGM/C. Alliances are being built within the community by those that have embraced change (champions, activists etc.) to influence others to stop FGM/C.

Action: Behaviour Change sustained. People sustain abandonment of FGM/C and persuade others to change despite some opposition from family, community, including ostracism. There is a strong local movement championing abandonment and supporting those that abandon FGM/C. This support is crucial to maintain the behaviour change.

3. Findings

The results have been aligned against stages of the attitudinal continuum of change. Mapping findings to these stages is a simple and effective way of assessing the dominant views on FGM/C in any given community. It shows which groups are most likely to hold which attitudes and which groups are most active in seeking change.

A concise summary of the results against each stage is given below with example quotes from the narrators.

3.1 Non-contemplation

Across contexts, it is community elders, both men and women, who remain at the non-contemplation stage. The main reason given by narrators is 'culture' and 'tradition' and concerns over the 'marriageability' of girls. FGM/C for this group is an important reflection of the values and beliefs of their community, which for them must not change.

"Elders are in the stage of non-contemplation, they don't believe that change is needed at all."

Somaliland

Drilling into why this may be, the narrator shares;

“elder men are at non-contemplation and believe stopping FGM/C would be very bad for girls.”

The narrator here is referring to the view that not undergoing FGM/C is bad because it reduces a girl’s chance of a good marriage.

3.2 Contemplation

In Ethiopia, the communities in the Guna Begamder, Ata region are largely at the contemplation stage. They recognise the harmful effects of FGM/C and are contemplating alternatives. At this stage, people in the community are weighing the pros and cons of change and considering the steps they need to take.

“Ok, currently our community is happening on the second stage, some behavioural changes are needed in the society. People ask for more information.”

Female, aged 23, Ethiopia

The narrators in Ethiopia shared that community dialogues facilitated by TGG/ALM partners represent the main forum through which people are receiving information. They also shared additional forums are needed to support the continued shift in attitudes within the community.

3.3 Awareness

Communities in Sanaag, Somaliland, are now at the awareness stage which is a shift from the non-contemplation stage initially recorded in March 2023. For example, in the first round the narrator shared:

“Elder women/men were still restricted to continue cutting girls and they were in a stage of non-contemplation”

Female, 16 years, Somaliland

The narrators noted in October 2023 that efforts by organisations to educate and inform communities about the harmful effects of FGM/C have led to greater awareness:

“The fathers are at the awareness raising level and they need awareness about the FGM/C in terms of religion and its effects. The youth, when I look at Erigavo, especially in this district, the youth at this district are at the level of awareness raising”

Male, 29 years, Erigavo, Sanaag

3.4 Commitment

Across the programme geographies, Narok in Kenya is the context that appears to be moving closest towards ending FGM/C. For example, one narrator shared:

“People are well aware of FGM/C practice, the only thing is that it has reduced because most of them have come to know that it is not acceptable in any way.”

Female, 16 years, Suswa, Narok

One narrator is able to link the shift to commitment and action to activities on the ground designed to educate people about the need to end the practice.

“Generally, the community is at the commitment stage. The elders are in the action stage. Through the trainings elders have attended.”

Male, 30 years, Suswa, Narok

3.5 Action

A narrator from Narok summarises the views of those now committed to end FGM/C:

“They (girls) are at the commitment stage, because they are asking themselves why they are being circumcised. They (boys) are at the action stage because they are refusing to marry girls who are circumcised. They (religious leaders) are also at the commitment stage because they are committing themselves to encourage communities and parents to avoid circumcising girls.”

Male, 43 years, Keekonyokie, Narok

3.6 What seems to be working from the viewpoint of the narrators?

This section presents narrators’ viewpoints of on what they feel is working to change attitudes to end FGM/C.

Ongoing dialogues with different groups such as religious leaders, elders, and age-set leaders are talked about positively. The **ongoing work of health professionals** is clearly critical and across contexts. The **existence of safe spaces for girls and boys** are also highlighted as significant in supporting girls in vocalising their views. In Narok, church leaders are reported as creating space for girls to share their views on FGM/C:

“Through the church, girls have gotten a voice because of the church seminars they attend immediately after school closure.”

Male, 25 years, Narok

A narrator in Narok, Kenya talks about the impact of FGM/C awareness sessions:

“These trainings are very effective since it gives comfort to all people to express their ideas and beliefs without creating unnecessary inconvenience. The response of the community is positive. The level of attendance of the community is high. Before, the number of those who attend such meetings is low, but as time goes the community is responding positively and the number is increasing. The community have accepted to stop practicing the act and are now supporting awareness to stop it.”

Male, 30 years, Suswa, Narok

A narrator in Somaliland commented:

“At El-afweyn town, people get training and awareness about the problems of the FGM/C from ActionAid organisation. As well as, they got training about the ending of the FGM/C from the Care International organisation. These organisations raised awareness about the negative impacts of FGM/C practices on the health of the girls, the families. Yet, people don’t want to abandon the practice of the Sunnah type of FGM/C.”

Male, 33 years, El afweyn, Sanaag

In Ethiopia religious leaders are reported to be effective actors in changing community attitudes towards FGM/C, followed by school teachers.

A narrator said:

“In order to stop this, the society is participating in various lessons and discussions. In the schools, teachers conduct discussions on the harm of FGM/C.”

Male, 14, Guna Begamder, Azwet, Amhara

“Religious leaders have taught the community besides spiritual activities and using any stage they got to teach. We ourselves have shared what we got from the training in any chance to meet people. We discussed the impact of female genital mutilation with our friends at school. My family started to ask what I have learnt from the training and I have told them and educate them very well.”

Female, 18 years, Farta, Amhara

4. Discussion

The findings shared above suggest that **communities across geographies are at slightly different stages along the continuum of attitudinal change.** By mapping perceptions of narrators to the stages of change, it is possible to draw out a nuanced picture of the dynamics of social change in each site. A community is not a homogeneous group, but decisions over FGM/C are influenced by a dominant community view (see Shell-Duncan & Hernlund 2017). The summary of findings reveals that communities across contexts have many groups who are now at the awareness stage and largely give reasons relating to health and medical repercussions for driving this change.

4.1 Impact of FGM/C health messaging

The strength of health messaging can be seen in Kenya and Somaliland. Optimistically, in these locations narrators report that communities are aware of FGM/C and generally acknowledge the health repercussions. Whilst the health implications may not be influencing the views of all groups, the messaging has been successful in raising awareness and generating commitment to change in some. For example, in Somaliland a narrator shares; Youth are aware of the health problems and are ready to change

(Male 25 years, Sanaag). In Narok, Kenya, in the second round of interviews, a narrator shared:

“People are in the stage number three which is awareness, they know the side effect of FGM/C as being excessive bleeding which can lead to the loss of life.”

Male 29 years, Narok)

This narrator seems to link this awareness to information shared during a community forum:

“There is need to increase forums like the one AMREF runs to educate people on such important basics of life.”

Male, 29 years, Narok

However, in Ethiopia, the social and cultural costs of not performing FGM/C still seem to outweigh the assessment of other detrimental health aspects.

“Something that prevents society from changing the harmful attitude it has brought is our culture. They say that they are going to destroy our profile that we have kept for so long. Even though they know it’s harmful, it’s hard for them to change their attitude.”

Male, 16 years, Amhara

The following reflection perhaps tells us how critical it is to continue activities to challenge FGM/C even in recent periods of instability that we have seen in Amhara, Ethiopia:

“The reason for this is that society has brought it from the past, because it is a culture. They think she will be facing a problem like “tincha” (no sexual feeling due to different circumstances), if she is not circumcised.”

Female, 14 years, Amhara

4.2 Gender equity and empowerment

The data analysis reveals that the **discourse on gender equity and the empowerment of girls is not having a visible impact outside of spaces directly created to talk about it.** More reflection is perhaps needed on how to amplify the voices of boys and girls. Girls and boys engaged in forums at school or in church are aware and committed to end FGM/C. For example, a narrator from Narok reflects:

“Girls are still not being heard. The first thing: the girl herself wants to abandon FGM/C. The girl shies away from telling their parents directly - due to respect - that she doesn’t want to undergo the cut, but deep inside the girl is not a friend of the act. She speaks about how much she wants to run away from the cut because she isn’t ready at all. These girls are in schools and are being taught the same so they are so much against it. This is because they are very much aware that they are the ones that suffer the consequences of the practice. They are nowadays enlightened and so they are afraid of the same and know that their rights are being violated.”

Male, 26 years, Narok

4.3 Criminalisation of FGM/C

The impact of legislation criminalising FGM/C has been noted in both Ethiopia and Kenya, but it was noted by some narrators in each location that it does not always, immediately at least, influence positive attitudinal change. For example, a narrator in Narok reflects:

“It is being practiced, as they are devising new ways of doing it because the government has been strict in ensuring that FGM/C has completely stopped. Girls are being taken to their relatives in the name of visitation and once they get there, they are circumcised because of the geographical area they are in; the government can’t easily reach out there.”

Male narrator, 32 years, Narok

A further narrator also in Narok, shared;

“the community is aware of the need to end FGM/C, they also talk of fear as a factor adding to the end, as people are aware of the repercussions, pay sh200,000 [just over £100 GBP at time of writing] or serving a three-year term jail.”

Female narrator, 23 years, Narok

4.4 FGM/C attitudes and older generations

Intergenerational differences in attitudes are a strong dimension across all geographies, with older people more likely to not want to see change.

“Yes, elders or older people oppose gender equality and women’s rights in the community. They want to see women’s position in the community as it was in the previous cultures.”

Somaliland

“the youth are very interested and are aware.”

Male, 30 years, Sanaag

This difference in views between age groups can also be seen in all other geographies. It can perhaps be viewed optimistically that as young people, active in challenging FGM/C, move into parenthood they may make different decisions.

4.5 Key change agents

The influence of community leaders on the decisions of family units appears, from the data, to be strong, but the diversity of different viewpoints recorded across contexts suggests that individual family members may increasingly be challenging each other and asking questions over why FGM/C needs to continue. As family units become more assertive in denouncing the need for FGM/C there may be a diffusion impact with other families following suit. Influential actors have a role in supporting this process of change by sending clear messages and ensuring the safety of families who choose to stop practicing FGM/C. Removing the risk of social and cultural sanctioning will make a significant contribution to the overall effort to end FGM/C.

The data also reveals the **most likely actors to support change**, but this is not consistent across sites, even in the same geography. **Religious leaders** in Narok have emerged as key influential actors stepping up to end FGM/C:

“Religious leaders have the most significant effect because they spread the gospel to churches and people have heard them. They are at action stage.”

Female, 27 years, Narok

In contrast, in Garissa the picture is different:

“People think it’s a religious thing and if they leave it, they might be committing a sin and the religious leaders are not talking against it. People are mixing the religious and cultural aspects. They think it’s a religious thing and it’s not”

Female, 25 years, Garissa

This finding suggests a need to target dialogue at religious leaders in Garissa, encouraging them to teach that FGM/C is not a religious requirement. As the situation in Narok reveals,

when religious leaders are engaged and active in campaigning to end FGM/C, they can be effective advocates for change.

4.6 Impact of political-economic context

Conflict and drought are strong factors that have impacted on how narrators in Ethiopia, Kenya and Somaliland view the sustainability of the positive changes achieved so far.

In Sanaag, **Somaliland**, the **impact of conflict and instability** is cited by narrators as a primary barrier to change.

“Mainly what makes it difficult for people to change their views on social issues in the community is the instability, when conflicts are happening among the communities in El-afweyn, nothing is going to change in the social issues. When tribal conflicts happen in the community, always, men destabilize the security of the town. Sometimes it happens, some women escalate the situation by spreading rumours/lies in the community.”

Narrator, Sanaag, no age or gender given

In Narok, Kenya, the **impact of drought** was mentioned by all narrators. The following passage represents a reflection shared by many:

“There is a lot of hunger in the area thus making life difficult for people in the area and they are lacking water and food. The problem that is causing FGM/C to continue is love of money and poverty. When the girl is cut the family will get money and the boys in that family get educated.”

The passage reflects a worrying possibility that positive shifts in attitudes may not be sustained if the wider political economic situation cannot be stabilised.

5. Reflections and recommendations

Implementing a longitudinal panel takes time, effort and resource but the findings that emerge can be worth it. This approach allows highly nuanced insight to emerge into the micro-differences between community level actors in terms of their attitudes and degree of influence. In turn this knowledge can be used to guide and steer implementers in targeting resourcing towards those individuals most likely to change and whose commitment to act could catalyse wider change. It can also support in building evidence on what activities are working and why.

Being systematic in including the voices of girls is vital to ensure that the end FGM/C movement reflects and represents the needs and opinions of those impacted by FGM/C.

Upfront time and resource investment are critical to the success of a longitudinal approach. Training of researchers who may not have conducted qualitative data collection before is critical. Ensuring that community narrators are comfortable and confident in their role and feel safe is also important and needs time investment.

The quality of the data is linked to the trust and strength of the relationship between the narrators and researchers. Rapport building techniques need to be part of the training offered to researchers.

Ongoing training of researchers and narrators is crucial to guarantee the quality of the data but also in ensuring that complex change is being captured. Pause training points should be built into the panel approach. These pause moments can also serve as wellbeing check-ins to ensure everyone involved is still comfortable and feels safe.

The community narrator approach can be used even during periods of instability. The approach can be conducted remotely with researchers phoning narrators. The quality of the data to emerge remotely does depend on the strength and trust built between researchers and narrators.

The use of an attitudinal continuum of change to frame data collection and analysis offers a workable way of measuring shifts in attitude in real time. It helps to clearly identify where and why shifts in attitudes are occurring and facilitates cross site and context comparison and synthesis.



References

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Our partners



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