



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.

2.2 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.

2.3 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. Challenges and Limitations

TGG-ALM encountered the following difficulties in implementing a panel approach;

- Collection of high quality observational, qualitative data requires significant research capacity. The researchers tasked with interviewing the narrators needed to have significant experience of using such an approach including in providing ongoing training to the narrators, and it was not always straightforward to recruit such researchers in the LP locations.
- Siloed working is hard to avoid in a multi-country and site programme involving a diverse range of partners, and can impact on timely, collaborative and contextual data analysis.
- There are tensions between using the method for supporting reporting against the Results Framework, and using it in a more unstructured way to explore processes of change. This tension mainly played out in decisions around how the prompt sheets were updated by implementing partners.
- Endurance is needed, in that the richness and value of the data and findings emerge as rounds are conducted. Data collected from just one round will not reveal rich findings. The more rounds completed, the more complex and detailed the analysis becomes. The financial cost (including staff time) of supporting a longitudinal

approach for a duration that may allow for its value to emerge may not be realistic given programme budget restraints.

Recommendations at the end of this paper reflect the learning that emerged from these challenges.

4. 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. The programme has implemented a diverse range of dialogues and activities, they are not all reflected by the narrators. The activities highlighted below are those most visible to the narrators. It should be noted that other important and innovative activities such as mother-daughter dialogues, couple dialogues and survivor-led discussions are supported by partners. The impact of the girls and boys club approach comes through in the discussion and particularly when comparing rounds of data collection in Kenya and Somaliland.

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” (Narok, Male 25 years).

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, El afweyn, Sanaag).

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

A narrator said: **“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).

“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)

5. Discussion

The Dynamics of Change

The findings shared 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. This becomes even more apparent when the analysis compares across different rounds of data collection. 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 communities in Suswa, Narok, Kenya are actively participating in discussions and activities related to FGM/C awareness and social change. These include, but are not limited to, local leaders, influencers, and community members collaborating with organisations such as AMREF or healthcare professionals to facilitate awareness initiatives. Khalil & Orabi (2017) assert that when a community is at the FGM/C awareness stage, unsurprisingly, visible efforts are being made to educate and inform the community about the harmful effects of the practice. This is supported by Barrett (2017) who adds that key aspects and characteristics of a community at the FGM/C awareness stage include campaigns and educational

programs being implemented to inform community members about the health, legal, psychological, and social consequences of FGM/C.

One of the narrators in Narok indicated that the community was at awareness stage when interviewed in February 2023. Later, during the second round of this study, the narrator was able to unpack this position further by explaining that boys and girls, community, religious and age set leaders are at the awareness stage, whilst elderly women and men are still at the non-contemplation stage. Intergenerational change emerged as a strong feature in the process of change in each context.

A shift in attitude stage is most stark in the data from Somaliland. Narrators in round one felt that non-contemplation was the dominant position across communities. Elders were identified as the actor group responsible for maintaining norms around FGM/C. By the second round of interviews with the narrators a shift can be seen towards awareness as the most dominant position. Drilling into the data and drawing out which actors sit where along the continuum, it is clear that young people are driving change supported by health professionals, teachers and religious leaders.

The following comparison between the views of narrators across the two rounds in Somaliland highlights the complexities of change with different groups of actors moving at different paces influenced by different messaging:

Round 1: Elders are in the stage of non-contemplation; they don't believe change is required. Other sectors of the community are very committed to ending the Pharaonic type of FGM/C, though they don't want to abandon practicing the Sunnah type of FGM/C. Young educated girls, youth, and teachers are committed to stopping types

of FGM/C practices (*Male 33, El-afweyn, Sanaag*).

Round 2: They (the community) are primarily at the stage of awareness (*Male 33, El-afweyn Sanaag*).

Round 1: Men are at non-contemplation and believe stopping FGM/C is something bad like a loss for the girls. Women are contemplative and want change to happen but not too much. Youth are aware due to knowing its problems (*Female 25, El-afwayn, Sanaag*).

Round 2: Most of the youth were at a level of awareness previously, but now we are ordered to stop that phase and move on to the next level and for women (*Female 25, El-afweyn, Sanaag*).

As mentioned above and clearly evidenced in these passages, intergenerational change is very strong in the reflections shared below.

Round 1: Elder women and men were still restricted to continue the cutting girls and they are in the stage of non-contemplation. Girls and boys are in a stage of awareness. Some of the parents who are not too elderly are in a stage of contemplation due to training and knowledge accessed through workshops and have decided to make a change (*Male 34, Fadhi-Gaab, Sanaag*).

Round 2: I can say they (women and youth) are at stage three (*Male 34, Fadhi-gab, Sanaag*).

Round 1: Grandfathers/Grandmothers are still at the non-contemplation stage. While our mothers and fathers are in a contemplation stage and youth are at awareness/committed (*Female 31, Fadhi-Gaab, Sanaag*).

Round 2: Yes, right brother, the elders, who once held misconceptions, have now reached a stage of Awareness, although they still require further education to deepen their understanding. Yes, (elder

people) at stage of Awareness. The program is ongoing, and the youth are making progress. They are currently at the stage of Awareness, just like the elders (*Female 31, Fadhi-gab, Sanaag*).

Awareness that FGM/C is wrong seems to be based on the acknowledgement that it brings health complications rather than messages around gender equality and the bodily autonomy of girls. Barrett et al., (2020) assert that if a community is not showing positive movement in attitudes towards FGM/C, it can reflect the complexity involved in doing so. The fact that the community as a whole has not moved backwards in terms of attitudes is significant, potentially revealing that the awareness raised through activities on the ground is holding.

Applying the social coordination norm model to our data analysis (see Shell-Duncan 2022) which argues that people assess costs and benefits before taking a position on FGM/C (e.g. the social benefits versus the harm caused by health complications), in Sanaag, overall, the social benefits of FGM/C still outweigh the acknowledged health problems.

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 first round the narrators shared that the community is aware of the dangers of FGM/C but are still not yet decided on taking any action. They fear the social impact; if we leave our girls uncircumcised, who will marry them. (*Female, age not given, Suswa, Narok*).

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*).

According to most of the narrators, the community in the main is still at the awareness stage of change. The shift we can see is a more confident pronouncement that the community is now fully aware because of the efforts of the NGOs in communicating messages that FGM/C must end. Certain groups appear ready for change, many young people are noted to be at the action stage. Girls are now increasingly determined not to undergo FGM/C, and if they have undergone it, narrators shared that it will have been

done forcefully. Young men who are at the age of marriage are at the forefront against FGM/C. Some narrators shared that religious leaders are also at the action stage as most of them are entirely against FGM/C.

In round two a narrator shared; young boys and girls are at stage number 3 which is awareness because young boys prefer marrying girls who are not cut which motivates girls from not being cut which is a good thing. Elderly women and men are at stage number one which is non-contemplation, they are just doing it for cultural reasons, they do not want to neglect their culture, the elderly are still behind. Religious leaders and age set leaders are at stage number 3 which is awareness they are against this act of cutting girls especially religious leaders and chiefs are so much against this, it's a good move noticed from the previous session. The community is in stage number 3 which is awareness, people are much more aware of this act except for the few who are ignorant that's why most of them are doing it secretly at night, other mothers are doing it when their husbands are not around, so no celebration is done compared to the past where girls were cut in broad daylight (*Male 29, Suswa, Narok*).

Recognising that different groups within a community are at varying stages of understanding FGM/C is crucial for the development and implementation of effective interventions (Berg & Denison 2013). This position is supported by Dixon et al., (2018) who adds that different groups may have varied levels of knowledge, awareness, and cultural attitudes towards FGM/C. Understanding these differences allows for the customisation of educational materials and awareness campaigns to address specific needs and concerns within each subgroup.

The need for micro-level contextualisation comes through when comparing across countries, 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, according to the narrators, discourse on gender equity and the empowerment of girls is not having a visible impact outside of spaces directly created to talk about it. Although not captured by the narrators, the programme is beginning to gather examples of girls now empowered to hold direct conversations with their mothers on FGM/C. This reflects the importance of drawing on multiple forms of data and methods in assessing the impact of activities on the ground. 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.”

(Narok, male 26 years).

Gender norms remain highly rigid in Somaliland; Part of the difficulty for people to change their views on social issues are; these communities practice gender inequalities, women are less equal than men, girls are not allowed to go to schools while boys go, no woman is allowed to work in the public places. Men have higher dominance in the communities in all of the activities which are going on. These communities believe only men can do jobs and social tasks. They see women as weaker humans that are created for domestic tasks and stay home as housewives. It’s a community that doesn’t know that mothers are the teachers of society. It is a community that is in an unbalanced life. If women were allowed to take their positions, allowed for employment and work in the public, and allowed to go to the schools Erigavo communities could progress *(Male 29, Erigavo, Sanaag)*. Challenging these norms within a context that has deeply engrained religiously conservative structures may

cause something of a backlash that will need mitigating against.

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 Narok, 23 years)*

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*).

Also, in Somaliland and reflecting the difference in generational attitudes;

“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.

Comparing between rounds in Narok we can see the noted influence of both pastors and fathers;

Round 1: People are in the third stage which is awareness, and they are so much aware that it is considered bad that’s why they are doing it in secret. The people who are likely to abandoned FGM/C are the fathers because they do not want to be associated with it. Religious spaces and forums created by organisations educate people to leave FGM/C. The pastors are quoting the bible that girls are not supposed to be cut. (*Female 14, Suswa, Narok*).

Round 2: Specifically, fathers are in stage number 4 which is commitment they are against this act of cutting girls but on

the side of mothers they are dragging behind, they are in stage 1 which is non-contemplation, they need much more education into the dangers of cutting girls. Young boys and girls are at stage number 4 which is commitment they are now taking decisions on the ground, they know the disadvantages of cutting girls, they are taking responsibility. Religious leaders and age-set leaders are in stage 3 awareness, being the people this community is looking on they have decided to take change. The view of all the community in general they are in stage number 3 which is awareness. People have had enough of this (*Female 14, Suswa, Narok*).

4.6 Impact of political-economic context

The barriers for change that have emerged in the data are highly localised and nuanced. 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 and also in Amhara, Ethiopia, the impact of the broader political and economic context defined by conflict and instability is cited by narrators as a primary barrier: 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 destabilise the security of the town. Sometimes it happens, some women escalate the situation by spreading rumours/lies in the community.

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.

These views and reflections suggest that in periods of uncertainty communities find holding onto the norms of the past a way of mitigating the fear associated with crises and the insecurity of how they might survive (*Horst & Grabska, 2015*). There is very little wider research on how social norm change can be influenced during conflict and other forms of crises. The findings from this study add to the evidence that more insight is needed if interventions are to be meaningfully targeted during periods of instability. What the narrator data has shown is that communities in Somaliland have shifted to a much stronger position of awareness linked to efforts on the ground to educate people. The foundation of awareness is a good place from which to trigger behavioural shifts, however the fragility of the context threatens to reverse this positive change. The messages that have been identified as strongest in Somaliland have been around health and also from religious leaders disputing that FGM/C is a religious requirement.

The value of the longitudinal panel method can be seen in its highly micro focus that can capture and document even slight shifts of views and attitudes and offer insight into

the complex relational as well as contextual factors that influence change.

6. 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.

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Citation

Bradley, T, Mubaiwa, O, Awili, T, Elmi, H, Wanyonyi, H, Zeleke, A, Dereje, B. 2024. Learning Brief: Lessons from a Longitudinal Panel Study.

Acknowledgements

Many thanks go to our team of researchers; Ahmed, F, Boru, A, Dubow, O, Esekza, K, Getnet, E, Gebremikeal, Y, Godana, A, Ikote, J, Kosen, N, Lekulal, J, Lenengwesi, L, Mohamed, F, Nairuko, N, Osman, K, Punyuah, L Sankale, D, Silole, L, Surum, J, , Surum, S, P, Somane, F, Wario, N, Yalew, A.



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February 2024

