

Towards the Abandonment of FGC in Our Communities: Initiatives in Ghana

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Introduction

Female Genital Cutting or Mutilation (FGC/M) exists mainly in sub-Saharan and northeastern Africa, but it is practiced in other parts of the world as a result of migration. FGC/M has existed within societies since historical times but has more recently been recognized as a practice that can lead to serious health concerns in women and girls. The practice also violates the human rights of women and girls and can hinder their development. Because this practice is a highly sensitive issue, activities designed to encourage abandonment of FGC/M should be handled carefully to avoid negative outcomes, such as sending practitioners underground to practice. The abandonment of FGC/M requires the effort of the entire community to create an enabling environment for change.

Status of FGC/M Practice in Ghana

In Ghana it is estimated that between 15-30 percent of women and girls have undergone one type of FGC/M. Most circumcisions are performed on females between the ages of 14-29 years. The practice is most prevalent (75%) in the three northern regions, Northern, Upper East and Upper West, and the southern community of Zongos where there is a concentration of certain ethnic populations and immigrants from neighboring countries where FGC/M is also practiced (Navrongo Research Center).

Ghana is a signatory to the United Nations Charter on Human Rights, the African Charter of Human and Peoples Rights, Convention on the Elimination of All Forms of Discrimination (CEDAW), and other protocols on human rights. For example, Article 6 of CEDAW condemns all forms of harmful practices and specifically mentions FGC/M. There is also a law in Article 39 of Ghana's 4th Republican Constitution, which in part abolishes traditional practices that are injurious to the person's health and wellbeing. In 1994 the government passed a law that explicitly prohibits FGC/M in the country. However, since its enactment in 1994, only two practitioners have been convicted under the provision by the courts in Ghana. It is known that despite the law, the practice persists under cover. Currently advocacy groups, including CEDPA, are pushing to have the law on FGC/M amended to prosecute people who send women to a practitioner, hold down victims or watch the procedure.

Those who practice FGC/M consider it to be a beneficial act. FGC/M renders a girl marriageable in societies where a woman's quality of life depends on her status as a wife and mother, and as a respectable woman in good status within her community if she does not get married.

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The slow progress towards abandonment of FGC/M can partly be explained by the lack of knowledge of its harmful effects, planned and coordinated activities, documentation, and support from both government and community leaders.

CEDPA/Ghana's Contribution Towards the Abandonment of FGC/M

A concept paper on FGC/M outlined the problems at hand and mentioned some interventions that had been successful in the past, such as sensitization of committees and learning visits by local community members to the Gambia to study successful interventions for adaptation back home.

Due to the limited impact of prior measures in Ghana, CEDPA decided to collaborate with two local organizations that have on-going programs, Muslim Family Counseling Services (MFCS) and Ghanaian Association of Women's Welfare (GAWW), and to work in the districts where these organizations already have established a presence. MFCS was selected because it had previously worked on advocacy campaigns in the Jasikan district of the Volta region. GAWW was selected because of its experience in FGC/M advocacy. This experience put the two organizations in a very appropriate position to undertake the project.

The first step was to organize a proposal development workshop for the two organizations. The objective was to guide MFCS and GAWW in the process of designing interventions that would lead to the abandonment of FGC/M. After reviewing the proposal templates, participants came up with two impressive proposals.

In addition, workshop participants shared and discussed what they knew from their own communities about the practice of FGC/M. The ten participants from the two organizations came from either Walewale in the Northern region or Jasikan and Worawora in the Volta region. Discussion topics included identifying the decision makers in each community, the roles of men and women in FGC/M, why and when FGC/M is performed, its perceived benefits, and the age at which it is performed.

Participants also shared their personal stories related to FGC/M. It was at this juncture that one of the male participants made a declaration that men have an important role to play towards the abandonment of FGC/M, and that they should take up the mantle and lead the fight against FGC/M. It was also interesting to learn from the male participants that educated men did not want to marry women who had been circumcised.

NGO Partner Proposals

MFCS -- Community Action for the Abandonment of FGC/M in the Jasikan District.

Goal:

To work toward the abandonment of FGC/M in three selected communities of the Jasikan District in Ghana.

Objectives:

- To gain the support of and to establish a consensus among Imams and other local stakeholders for the abandonment of FGC/M among Muslim communities in Jasikan District.
- To design and implement FGC/M sensitization workshops for nurses, midwives, traditional birth attendants (TBAs) and women leaders to enable them to educate their communities on the harmful effects of FGC/M and to work towards abandonment of the practice.
- To design and implement FGC/M training for regular schoolteachers and Koranic schoolteachers to enable them to educate in- and out-of school adolescents on the harmful effects of FGC/M.

Coverage: Jasikan District

Activities:

- Conducted a round table discussion with opinion leaders;
- Conducted a 2-day workshop for 60 Imams and Muslim Chiefs;
- Organized community forums to discuss FGC/M;
- Conducted a 2-day workshop for 20 nurses and midwives;
- Conducted a 1-day workshop for 16 TBAs;
- Mobilized and conducted discussion groups with 50 women leaders;
- Conducted a workshop for 40 teachers;
- Organized 12 peer education sessions for 30 in-school adolescents on FGC/M; and
- Organized 10 group discussions for 50 out-of-school adolescents on FGC/M.

Findings:

- Some community members already knew about the harmful effects of FGC/M through an earlier sensitization workshop organised by MFCS & GAWW in 1998.
- The majority of FGC/M victims in Jasikan and Worawora communities were women over 30 years old.
- Community Health Nurses/Midwives offer counselling to pregnant victims of FGC/M who visit the Jasikan and Worawora Hospitals.

GAWW -- Sensitization Program on FGC/M in West Mamprusi District of Northern Ghana

Goal:

To work toward the abandonment of FGC/M in three selected communities in the West Mamprusi District in Northern Ghana.

Objectives:

- To design and implement a sensitization workshop to build awareness and knowledge among local government authorities on FGC/M;
- To design and implement an FGC/M workshop to enhance and broaden knowledge of nurses and teachers to enable them to educate students and clients on the harmful effects of FGC/M; and
- To build awareness and knowledge among three selected communities on the harmful effects of FGC/M through community durbars (gatherings).

Coverage: West Mamprusi District.

Activities:

- Met with the Chief of Walewale;
- Conducted two one-day workshops for 60 local government authorities;
- Conducted a three-day workshop for 20 teachers and nurses; and
- Conducted three separate durbars in three communities.

Findings:

- Community members have little or no knowledge about the effects FGC/M.
- Those who have some knowledge about its harmful effects lack the courage to voice their concerns for fear of being branded deviants in the communities.
- Many victims suffer from the effects of FGC/M in silence.
- The practice is still going on as part of traditional requirements, especially amongst the populations of migrant settlers.
- There has been no previous sensitization or education on the harmful effects of FGC/M or other harmful practices in the district.

“If all men were like me, all bad traditional practices will have no room in our societies. No descendant of my clan will be allowed to go through FGC after hearing about the effects and the position of the government on the practice. As the father of the area I will join my voice in denouncing FGC and other harmful traditional practices.”

Mba Durana Muntari Mahami, Chief of Walewale, District Capital of West Mamprusi

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After sensitization activities, people came up with strategies that would accelerate the process of eradicating the practice. The strategies included:

- Formation of an association of young girls to educate their peers on the hazards of FGC/M;
- Lobbying for an increase in prison terms for offenders;
- Forming watchdog committees in every village;
- Lobbying District Assemblies to enact laws on FGC/M at the local level;
- Self-disclosure education for community members;
- Dramatization of FGC/M education in communities;
- Reporting those who practice FGC/M;
- Radio discussion of FGC/M in local languages; and
- Continuous sensitization.

Two three-day workshops were organised separately for nurses and midwives and then teachers. The two groups came up with plans of action.

The health workers planned to:

- Conduct health education on the health hazards of FGC/M in the communities;
- Explain the laws to community members;
- Talk about FGC/M during school health inspections;
- Give health talks and individual counseling at out-patient departments, antenatal, post-natal and child welfare clinics as well as to mothers upon admission;
- Collect data to identify communities practicing FGC/M;
- Talk to traditional birth attendants (TBAs) on the dangers associated with the practice during refresher courses;
- Organize village durbars, drama and film shows;
- Report cases of FGC/M to the police during house-to-house health visits; and
- Distribute posters and handouts to community members to educate them about the dangers of the practice.

The teachers planned to:

- Conduct in-service training for teachers who did not attend workshop;
- Sensitize pupils;
- Form FGC/M clubs; and
- Sensitize PTA members.

Two formats were used to collect information from the health workers and teachers. The teachers reported on the sensitization activities they organized for their pupils. Between October and November 2002, 3,906 pupils (2,268 males and 1,638 females) were sensitized on the harmful effects of FGC/M. In the case of the health workers, one nurse

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reported seeing 15 clients in one labour ward; they were between 22 and 35 years old and had undergone FGC/M. The complications that occurred during labour were episiotomies, tears and lacerations. These complications were also captured in the reports.

During all workshops organized by the two organizations, resource people, such as doctors, facilitated some of the sessions. Sessions included medical aspects of FGC/M, the law and FGC/M and United Nations conventions on harmful traditional practices.

Community durbars were also organized for Chiefs and the people of selected communities. Talks were given on FGC/M and scenarios on the practice were dramatized. There was singing and dancing and, the groups came up with songs regarding the harmful effects of FGC/M. In this context, Chiefs and their elders denounced the practice before their people and issued strict warnings to perpetrators that they would not be shielded if caught in the act. They also pledged their support for the programme and to protect the law already in place. A total of about 3,500 people were reached through these community durbars.

“At first we thought it was a simple and painless act and we allowed our women and girls to practice it. We have now seen the light and the effects of this practice. We are not going to allow it to be practiced again.”

Baba Achor, Elder of Tampuligu Community in the West Mamprusi District

Community group discussions were also held in some communities to discuss the hazards of the practice and adopt strategies to accelerate the abandonment process.

Results

Although it is too early to measure the impact of the activities implemented, some modest results have been recorded within this short period. Following is a summary of project achievements in the two districts.

West Mamprusi District

- Between October and December 2002, 4,906 pupils (2,268 males and 1,638 females) were sensitized on the harmful effects of FGC/M in the Mamprusi West District.
- The most important Chief in the Mamprusi West District has openly denounced the practice of FGC/M and promised to work with GAWW to eradicate the practice.
- Some mothers, who have been victims of the practice, have openly spoke out against the practice and vowed not to let their girls go through the same experience.
- Over 100 parents were sensitized at PTA meetings.
- Three community watchdog committees have been formed in the district.
- A district FGC/M team has been formed in the West Mamprusi District to co-ordinate all activities related to FGC/M.

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- Nurses in the West Mamprusi District are collecting hospital data on women who have undergone FGC/M, or other types of harmful traditional practices. Results from this research are the first data available from the district and could be used to inform health activities planned by the District Health Team. All evidence previously available was anecdotal.
- Community Health Nurses made FGC/M part of the home visit discussions.
- The District Chief Executive expressed his willingness to support any interventions put into place by GAWW.
- Nurses in the West Mamprusi District started giving information on FGC/M during antenatal clinic visits.
- FGC/M clubs were formed in the schools in West Mamprusi.

Jasikan District

- A number of parents were sensitized at PTA meetings.
- Community watchdog committees were formed in the two districts.
- Would-be victims from across Togo have run to Ghana to seek refuge after hearing about the project in Jasikan district.
- The Chief Executives of both districts expressed their willingness to support any interventions implemented.
- Teachers now include FGC/M in the activities of Civic Education Clubs in their schools in Jasikan.

Next Steps

GAWW

During the meeting to discuss implementation in the West Mamprusi District, there was a call by the District Chief Executive and other stakeholders for the project to cover the rest of the communities in the district. Apart from the results and findings, this also influenced GAAW leaders in planning their next step. The following steps were decided upon:

- To register GAWW with the District Assembly to enable them to benefit from district funds;
- To raise funds in order to carry out the activities planned as next steps;
- To lobby the District Assembly to make funds available for FGC/M education;
- To provide sensitization programs to four communities in the almost inaccessible “over-seas” area of Walewale, where virtually every girl is subjected to FGC/M;
- To conduct training workshops for TBAs, as they assist in most deliveries in the surrounding communities;
- To continue to collect data on women who have undergone FGC/M and the effects seen at hospitals in the district;
- To implement a training programme to establish peer-to-peer education programmes for out-of-school youth in the district;

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- To advocate for training on FGC/M for District Health Surveillance Group;
- To conduct a two-day training for watchdog committees on harmful effects of FGC/M; and
- To conduct an FGC/M sensitization programme to cover East Mamprusi District (adjacent District). The targeted communities will be decided on with the District Assembly.

MFCS

- To raise funds in order to carry out planned activities;
- To form an FGC/M core team in the district;
- To lobby the District Assembly to allocate more funds for FGC/M education;
- To review existing proposals and gain support from other funders;
- To disseminate findings to other NGOs; and
- To adopt/adapt data collection formats of West Mamprusi nurses for use at District Hospitals.

MFCS and GAWW

- To lobby the District Assembly to have GAWW and MFCS facilitate an in-service training on FGC/M for nurses.

Conclusions

The project period of four months was relatively short, yet significant results have been achieved. The interventions implemented by GAWW and MFCS set activities in motion in both project areas. Community members anticipate that these initiatives could lead to the abandonment of the practice. As one community elder put it, “the scales have been removed from our eyes.” Community members recognized that people are ready for change but just needed a little direction and push, which the two organizations provided.