



# Pogsara Yia!

(Girls First!)



## FINDINGS FROM THE NAVRONGO HEALTH RESEARCH CENTRE FEMALE GENITAL MUTILATION ERADICATION INTERVENTION

Vol.1 No.2

Navrongo Health Research Centre

# CAN THE SUN SET FASTER?

**Introduction.** A key activity of the Navrongo FGM eradication project involves forming a partnership between the community and the Navrongo Health Research Centre (NHRC) to determine why FGM is practised and what can be done to end it. Can community action make the sun set faster on FGM?



**FGM team takes the front seat in FGM eradication efforts**

**What is unique about “Pogsara Yia?”** The “Pogsara Yia” initiative is more than a demonstration project. It is the first formal experimental study on the eradication of FGM in a social setting where circumcision is nearly universally practised. It is designed to assess the impact of mobilizing communities to prevent FGM on a cohort of adolescent girls aged 10 to 19 residing in six communities exposed to project interventions for five years. While many interesting FGM eradication efforts have been implemented and promoted, this project differs from all other projects in three important respects:

- *Phases.* Rather than to implement a strategy all at once, three phases are pursued: i) A diagnostic phase designed to assess the level of FGM and reasons why it is practised; ii) A pilot phase in which participatory learning techniques are used to involve communities in the planning of interventions; and iii) an experimental phase in which operations are scaled up over time.
- *Systemic intervention.* FGM eradication efforts often propose an interesting, but focused, intervention for promoting an end to the practice. Traditional rites may be replaced with new rites that do not involve FGM; or women’s groups may be organized; or some form of reorientation of excisors may be implemented. In contrast, the Navrongo Pogsara Yia approach is systemic: By this we mean that all of the major lines of social support for the practice are identified and components of the programme are developed focusing on each line of social influence. Thus, there are activities directed towards community leaders and community mobilization (through traditional gatherings, known as “durbars”), parental involvement, women’s network mobilization, and peer leadership among both boys and girls. The core activity of the *Pogsara Yia* initiative, is organizing adolescent youth clubs for eradicating the practice of FGM in a rural traditional society of the Upper East Region of Ghana. A programme of outreach to parents, community leaders, and women’s social networks is designed to change the climate of opinion about FGM through singing groups and other means of creating socially cohesive groups of mothers to combat the practice of FGM. A programme of livelihood training, family life education, and group identity aims to supplant the role of FGM as a rite of passage in the transition to adulthood. *The systemic intervention approach is needed because the practice is supported by a complex and powerful system of social institutions.*
- *Scientific evaluation.* The “Pogsara Yia” initiative is the first randomized experimental trial of a social action programme for preventing FGM. While several interesting demonstration projects have been launched for promoting FGM eradication in Africa, no consistent verifiable scientific evidence exists that programmes can

work. The “*Pogsara Yia*” initiative is currently in its third and final phase. Communities are randomly assigned to two treatment strategies which are implemented in pairs of villages over the five years of project activity. This technique, known as a “step wedge” experiment, includes villages that are exposed to the experiment and other villages that have not yet received interventions. This varied exposure to the project creates a basis for comparing the chance that a girl will be circumcised in treatment villages to villages not exposed to the experiment.



**The intervention aims to make the sun set faster on the practice of FGM**

**The Experimental Design.** While the “systemic approach” is pursued in all research areas of the Pogsara Yia Initiative, contrasting approaches are used in the experimental area to address answers about how best to eradicate the practice. In this regard, the “*Pogsara Yia*” initiative is designed to test the relative impact of two approaches:

*The FGM problem focused arm.* It is possible that the most efficient way to solve the FGM problem is with a problem centered approach. In this arm of the experiment, FGM are openly identified from the onset as a matter for community action, education, and prevention. All relevant social groups, institutions, and influential individuals are involved in the FGM prevention effort. Although the intervention includes general community

education on reproductive health and livelihood training or other strategies for developing the autonomy of young women, the primary focus and initial priority of intervention activities will be FGM health education and direct action to prevent the practice.

*The Adolescent Health Development Arm.* Some social research data suggest that a direct intervention aimed at reducing the incidence of FGM may be counter-productive in the long run. Key opinion leaders may object to themes and activities of the project, and their objections may constrain its impact. Further, there is considerable evidence showing that female primary and secondary education is associated with major reductions in FGM practice. Therefore, an “Adolescent Health Development” (AHD) arm of the intervention focuses outreach efforts on female education initiatives. The AHD arm develops adolescent livelihood skills through basic training in skills that young men and women require for marketing, micro-lending to adolescent “su-su” groups, adolescent peer leadership in health education, and other lifetime skill and autonomy building strategies. Taken together, the two arms of the initiative imply a four-celled design since arms can be implemented independently, jointly, or not at all.

*Measuring impact.* Assessing the impact of the project will employ research methods that have been used to study survival. Young women who have not experienced FGM will be “survivors” in a population of girls observed over time. Although all study areas will receive interventions, the pace of introduction of the programme will permit estimation of the effect of project exposure on FGM. Other outcome variables through which programme impact will be measured include changes in the level of awareness of the effects of FGM, and public declaration by mothers, girls, circumcisors and lineage heads that they will cease their support of/actions promoting the practice.

**Conclusion.** A series of notes on the “*Pogsara Yia*” initiative will be presented as results emerge. Some notes will focus on findings from community dialogue; others will focus on research outcomes. Throughout the study period, the project will be conducted as a partnership with the communities that it serves. Most importantly, it will aim to contribute to the reproductive health status and livelihood skills in a rural impoverished area of northern Ghana where FGM has been widely practised in the past.

**Send questions or comments to: Pogsara Yia!**

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