

## **Inconsistent Reporting of Female Genital Cutting Status among Adolescent Girls in a Longitudinal Intervention Study in northern Ghana**

*The difficulty of measuring behavior with self-reported data is rarely discussed in the literature of female genital cutting (FGC) research. This paper explores inconsistent reporting of circumcision status in longitudinal survey responses in the context of an intervention study to discourage the practice of FGC among adolescent girls in rural Ghana. Survey findings are used to explore the relationship between interview and interviewer characteristics and respondent answers to the question, "Are you circumcised"? In particular, inconsistent reporting in the form of reversal of a previous positive response, termed "denial", is examined for associations with interview characteristics and with the background characteristics of individual respondents. Bias in the reporting of circumcision status is explored in depth through analysis of a series of focus group discussions.*

### **Background**

Denial of FGC status was first encountered in a longitudinal panel survey conducted in 2000 by the Navrongo Health Research Centre in the Kassena-Nankana district of rural northern Ghana. Anecdotal evidence suggested that women 15-49 who reported that they were circumcised in 1995 did not wish to reveal their circumcision status to interviewers in the 2000 survey because they feared the consequences of a recent law passed by the Ghanaian government that banned the practice. Analysis of the characteristics of women who initially reported that they were circumcised in 1995 and subsequently reported that they were not in 2000 revealed that women who denied their status were more likely to be educated and less likely to practice traditional religion than women who confirmed that they had been circumcised. Our paper reports on FGC "denial" in this same district, this time among adolescent girls in the context of an intervention to stop the practice of FGC.

In 1999, an intervention to stop the practice of FGC was begun in an area with relatively high FGC prevalence in the eastern part of Kassena-Nankana District. The intervention strategy was composed of two arms, a "problem-focused" approach that provided education about the health effects of FGC, and a "livelihood and development" approach which provided livelihood training for adolescent girls and assisted women in obtaining micro-credit from local NGOs. Each arm involved intense community mobilization and involvement. Because circumcision normally takes place before marriage, at around 15 years of age, the primary targets of intervention activities are adolescent girls. However, strategies are directed at young men and older men and women of all ages because the practice of FGC is part of a complex web of social norms and obligations.

The effect of the intervention is gauged by the incidence of circumcision in areas exposed to one of both of the above strategies, relative to incidence in comparison areas. A baseline survey took place in 1999, prior to the implementation of intervention strategies, among all adolescent girls aged 12 to 19. Follow up surveys have occurred in each year since then, among girls currently 12-19 and all girls interviewed in previous years, in order to assess changes in circumcision status and related background characteristics. High levels of denial of circumcision status were noted beginning in 2000, when over 60 percent of girls who said that they were circumcised in 1999 reported that they were not. Strategies to address this problem were implemented prior to the 2002 survey. This paper reports on the characteristics of girls who "deny" their circumcision status over time, trends in denial by survey year and project exposure, and biases in the survey responses of adolescent girls revealed by focus group discussions.

## **Methods**

Data for the quantitative portion of analysis are drawn from 14,257 longitudinal surveys that took place from 1999-2002. Surveys are linked in order to assess current reported circumcision status among respondents who previously reported being circumcised. Responses from 298 follow-up surveys from 164 individuals who previously reported being circumcised are used in this analysis. Response reversal, or denial, is considered to occur when a respondent who has previously reported that she is circumcised reports that she is not.

Data used in the qualitative portion of this paper is drawn from focus group discussions (FGD) that were held with adolescent girls aged 12-16 and 17-22 from each of the six main intervention villages. In each village, two discussions were held for each of the two age cohorts, making a total of 24 FGDs. Discussions were moderated in the local language of Nankam by a trained native female university student, assisted by a note-taker. The moderator used a semi-structured guide that addressed general thoughts and feelings about the interview, the interviewer, the survey and questions, reasons for false answers, reasons for changing answers, and the ideal interview. Background information about characteristics such as age, marital status, religion, and education level were collected so as to aid in the interpretation and presentation of findings. This information was only identified by codes that corresponded to numbers assigned to individual participants during the discussion. All interviews were tape-recorded, translated,

transcribed, sorted, and analyzed by theme with the aid of the qualitative research software, Atlas.ti.

An oral informed consent form was read aloud to participants and signed by the moderator. The statement of consent clarified the reason for the research, the participant's role in the study, how participants were selected, possible risks and benefits, confidentiality, and compensation. Study participants were each given one to two cakes of sunlight soap as a token of appreciation.

## **Results**

*Survey findings.* Denial rates among girls who had reported that they were circumcised in any previous survey rose from 60.8 percent in 2000 to 71.3 percent in 2001. In the 2002 survey, prior to which durbars (community meetings) were held in each village to address the denial problem, the rate of denial fell to 64 percent.

In 2002, in response to focus group findings that revealed problems with male interviewers, all interviewers chosen were female. However, analysis of the association between denial and interviewer characteristics in 2000 and 2001 demonstrated no association between denial and gender and age of interviewer. Interestingly, female interviewers and older interviewers were significantly less likely to record that respondents were circumcised, relative to male interviewers and younger interviewers, respectively.

Analysis of the background characteristics of girls who denied that they were circumcised, relative to girls who confirmed that they were circumcised, pointed to certain circumstances in which girls were much more likely to confirm their status as circumcised. In areas where the 1999 baseline prevalence of circumcision was high, girls were significantly more likely to confirm that they had been circumcised. Respondents who had ever been married were also significantly more likely to confirm that they had been circumcised.

Additional analyses on the impact of participation in intervention activities on denial and further analysis of the social determinants of denial will be presented and discussed, with reference to findings from the qualitative arm of this study.

*Focus group discussion findings.* This portion of the paper presents exploratory social research aimed at investigating the factors that influence the phenomenon of response reversal or

“denial” of circumcision status. The study uses focus group discussions with adolescent girls from various villages within the three intervention areas. Discussants state that interviews about the topic of circumcision can be disconcerting for a number of reasons. Girls are unclear about the rationale behind the questions and are thus anxious about the potential consequences of their responses. Awareness about the law banning the practice is high, so many fear the risk of arrest. Others hypothesize about the rationale behind the questions and contrive responses to either meet or test their theories. For instance, by reporting that she is circumcised, a girl may succeed in avoiding a subsequent interview.

The discussants were very familiar with the activities of the NHRC FGC intervention, and seemed to view the interview as yet another intervention strategy. Interestingly, girls felt that the survey questions were beneficial to them, “teaching” them about the adverse effects of the practice and encouraging them not to do it. Some also thought that the questions were a sort of “test” or means through which the NHRC workers could find out whether or not their anti-FGC messages had been accepted.

Discussants also highlighted ongoing changes surrounding the social acceptability of the practice. Whereas in the past, FGC was practiced openly and with great pride, it is increasingly being done in a more clandestine manner. It is known that one of the main reasons for circumcision in this area is the fear of mockery and ridicule by peers. However, girls now claim that after having been enlightened, such mockery is being re-directed toward those who do get circumcised. It was also said that many girls who circumcised prior to having received any educative messages now regret their actions, and thus feel sad and angry when being questioned about them.

Lastly, discussants reported that it is common practice to discuss extensively with others about what transpires during an interview. Often, during such conversations, peers and family members will express disappointment in the responses that were given and encourage the girls to respond differently if they are ever questioned again.

## **Conclusion**

Findings from this study have far reaching implications for the evaluation of the Navrongo FGC Intervention as well as the design of worldwide methodologies for assessing the incidence and prevalence of female circumcision.