

**Attitude and self-efficacy of women and adolescent girls to abandon FGM following a one year health awareness intervention in Upper Egypt**

By  
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**What is FGM/C free village model**

- An initiative that started in 2003 in 60 villages to promote change in behaviour to abandon FGM/C. [UNDP funded]
- Directed to eliminate the social pressure around women, targeting all community members.

- A mid-term evaluation was conducted late 2006 as part of the project activities.

### What is the objective of this paper?

- Does the 'FGM village free model' produces a change in their attitude towards FGM?
- Is the change in attitude associated with measures of perceived self-efficacy against FGM?
- Is there a difference in the reported self-efficacy against FGM of adolescent girls and adult women?

## What is new about this analysis?

- The complexity of FGM/C behavioural change and involvement of multiple players in decision making directs us to explore other dimensions of the decision-making process of individuals; namely perceived self-efficacy:
- **Perceived Self-efficacy**
- Perceived self-efficacy is concerned with people's beliefs in their capabilities to produce given attainments.

## Perceived self-efficacy:

- ability to convince others about harmful effects of FGM, and being resourceful in dealing with opponents from the same family,
- Lastly, ability to implement their decision

- **Self-efficacy is a central component of behavioural change theories that has rarely been documented in relation to anti-FGM activities.**

## **Methods**

### **Data Source**

- **Data come from the mid-term monitoring survey conducted by the Population Council WANA office late 2006 in 6 Governorates of Upper Egypt (Bani-Sweif, Elmenia; Assiut; Sohag; Qena; and Aswan).**

## Sampling and sample size

- 15 villages were randomly chosen in the intervention [9] and control sites [6].

## Methods

- **Sample size:** Target was 315 of women and girls [16-24Y] in the intervention and 210 in the control sites.
- **Simple random sampling** was employed to select 35 households in the 15 study sites to reach the target **sample size of 315** (=35 x 9) **intervention and 210** (=35x6) controls for adult women.

## Instruments

- **Semi-structured questionnaires**
- The instrument had modules on socio demographics, circumcision status, attitudes towards FGM, exposure to new information, self-efficacy in conveying health messages against FGM, intention to circumcise daughters, participation in support groups, religious beliefs, gender roles, perceived benefits for circumcised and non circumcised girls, etc.

## Instruments

- **Perceived Self-efficacy was rated using 3 questions on a 1 - 4 scale [always-most of the times- rarely – never]. An additive score was computed to produce a summary rating of self-efficacy .**

## Results

**We successfully interviewed 305, and 203 adult women having a daughter [7-13yrs] in the intervention and control sites.**

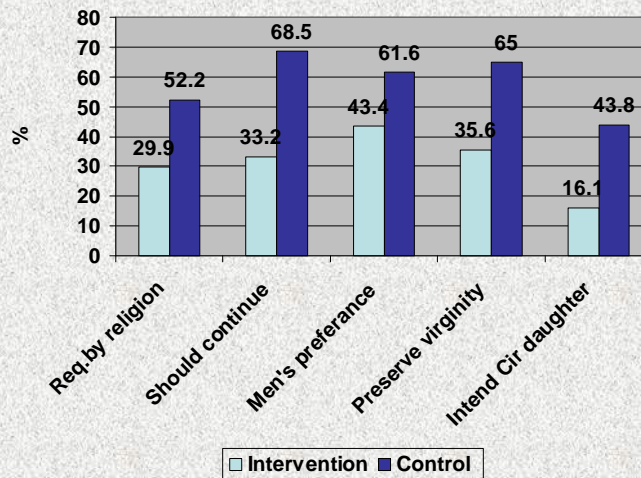
### **To what extent were the intervention and control groups comparable?**

- With the exception of the **educational level of both husband and wife**, women in the 'Control group' were comparable to intervention group in the mean age, mean number of children, work status, marital status, type of family, socioeconomic standard [SES].

- **There was a level of contamination in the control villages as 43.8% reported having been exposed to information on FGM/C compared to 59.5% in the intervention, these differences were statistically significant.**

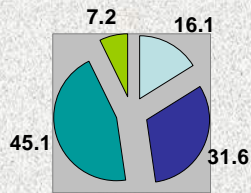
- Intervention group reported being exposed to multiple communication channels more frequent than the control group. Among those reporting exposure in either control or intervention group, mass media (TV) had the dominant role.

Figure (1): Attitude & intention of adult women towards FGM/C

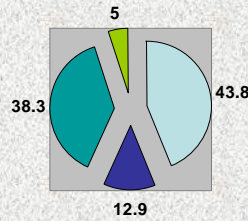


## Further elaboration on intention to circumcise daughters

Intervention sites



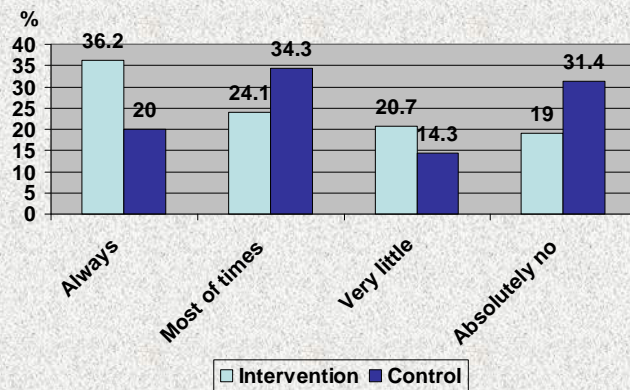
Control sites



Yes No Don't know NA

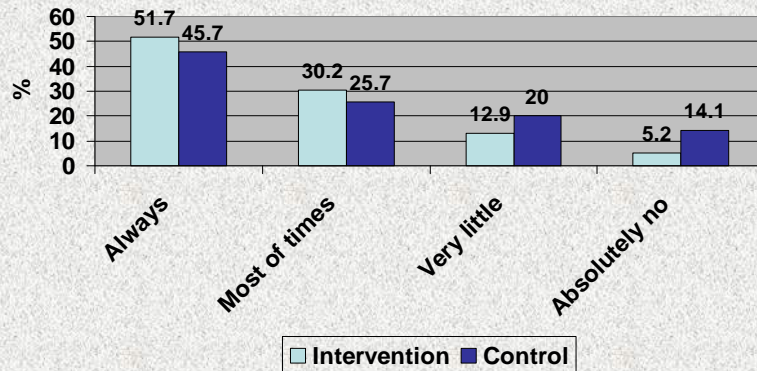
Yes No Don't know NA

Figure (2): Perceived self-efficacy of adult women: 'I can convince my neighbors/sisters that circumcision is harmful for girls'



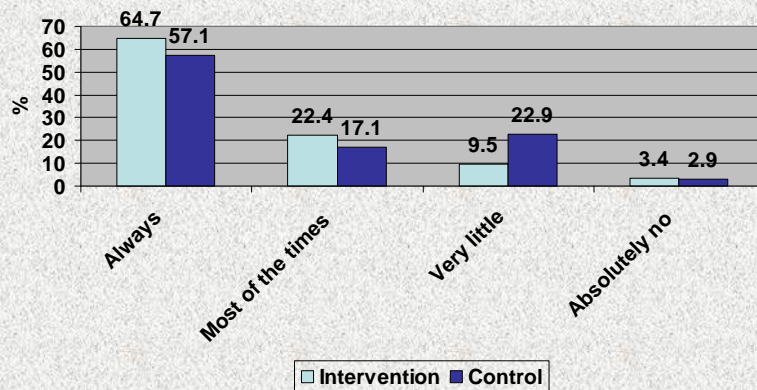
**Figure (3): Perceived self-efficacy of adult women:**

**'Usually I can find more than one solution if my family opposes my decision not to circumcise my daughter'**



**Figure (4): Perceived self-efficacy of adult women:**

**'If I decide not to circumcise my daughter, I can implement this decision'**



## Circumcision status of daughters

- The *percent of circumcised* daughters was 71.5% and 71.7% in the 'control & intervention groups respectively.
- The median age of circumcision in the intervention group was 10.26 Y was slightly less compared to 10.36 in the control group [survival analysis]

## Youth girls 16-24 years

- **Where the intervention and control groups comparable?**
- **288 [91.4%] and 189 16-24 [90.0%]** year old girls were successfully interviewed in the intervention and control sites.
- Both intervention and control groups were comparable in mean age, education level, work for pay, religious background.

### Mass media contaminated control sites

- As with adult women, youth girls in the control villages were exposed to information on FGM/C in the last 2 years. 29.1% compared to 57.6% in the intervention group. These differences were statistically significant.

### Figure (5): Attitude of youth girls 16-24 Y towards FGM/C

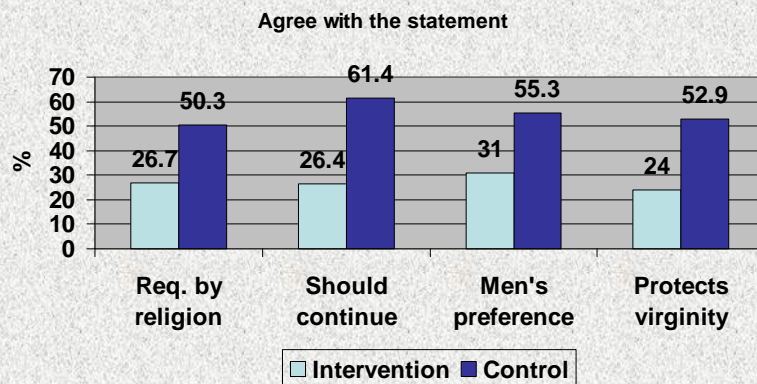


Figure (6): Perceived degree of importance of FGM/C for girls

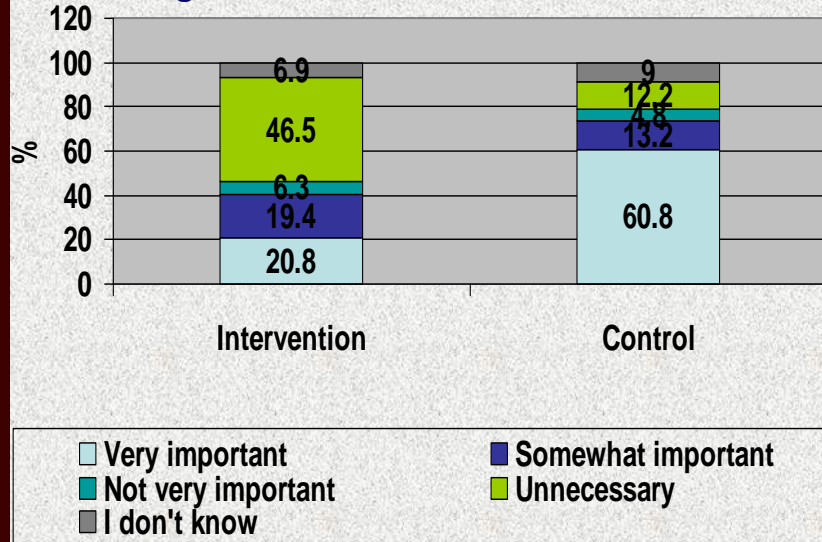
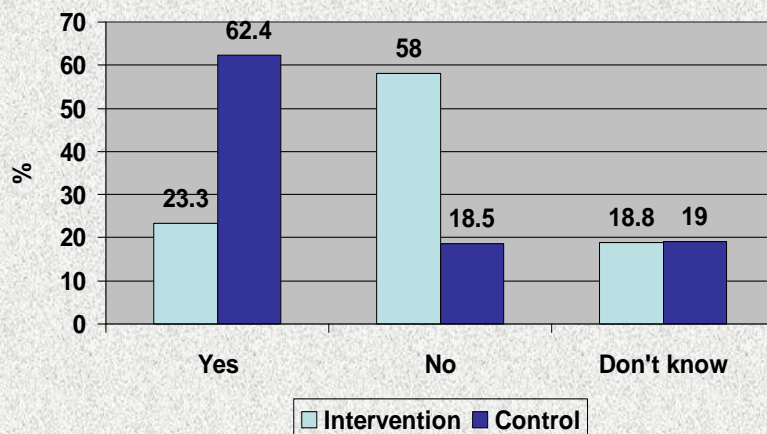
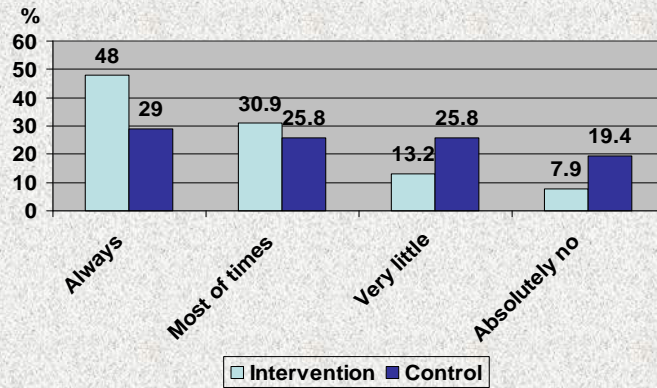


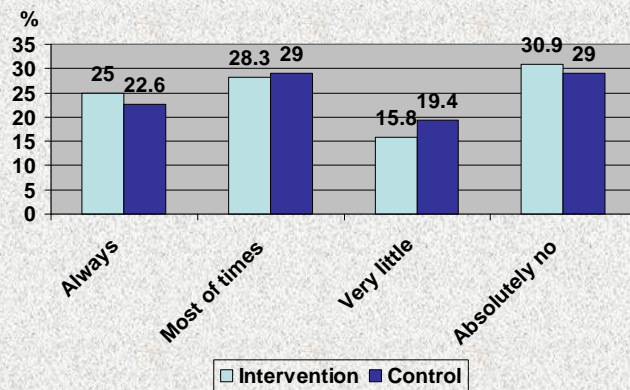
Figure (7): Intention to circumcise daughter in the future, girls 16-24 Y



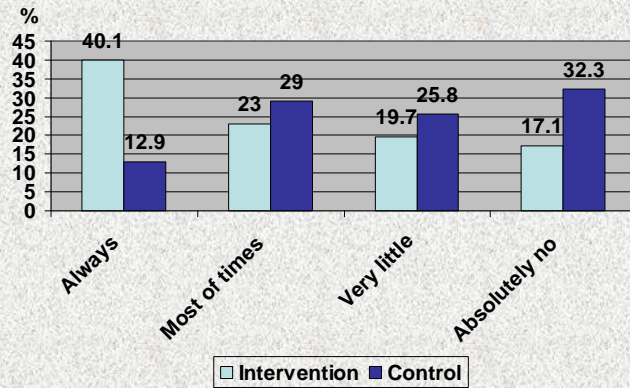
**Figure (6): Perceived self-efficacy of Youth girls 16-24: 'I can convince my family that circumcision is harmful for girls'**



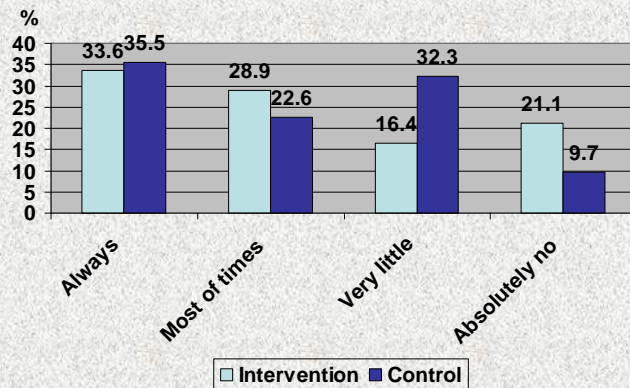
**Figure (7): Perceived self-efficacy of Youth girls 16-24: 'I can talk to the sheikh/priest of the mosque/church to convince my family not to circumcise me/my sister'**



**Figure (8): Perceived self-efficacy of Youth girls 16-24: 'I can convince my family not to circumcise me/my sister and they would do what I want'**



**Figure (9): Perceived self-efficacy of Youth girls 16-24: 'I would be shy to talk to my family about circumcision, even if it is my/my sister's circumcison'**



## Perceived self-efficacy score among adult women and girls

### Girls

- Intervention  
10.77 $\pm$ 2.86\*\*\*
- Control  
9.48 $\pm$ 2.95

### Adult women

- Intervention  
9.54 $\pm$ 2.33
- Control  
8.80 $\pm$ 2.53

Thank You