

The Use of Effective Development Communication Programmes in Abolishing Female Genital Mutilation (FGM) in Southeast Nigeria

Mercy Ifeyinwa Obichili, PhD¹ Adaora Nancy Emehel² Daniel Toochukwu Ezegwu, PhD³

Department of Mass Communication, Alex Ekwueme Federal University Ndufu Alike Ikwo,
Ebonyi State, Nigeria¹

Department of Political Science and International Relations, Nazarbayev University,
Nursultan, Kazakhstan²

Department of Mass Communication, Glorious Vision University Ogwa, Edo State, Nigeria³

Email: mercyifeyinwaobichili@gmail.com¹ adaora.emehel@nu.edu.kz²

ezegwudaniel@gmail.com³

Abstract

This study examined the use of effective development communication programmes in abolishing the practice of female genital mutilation, (FGM) in south east Nigeria. The study aimed to examine the development communication programmes employed specially for combating and abolishing FGM in southeast Nigeria; to determine the extent to which these development communication programmes helped in combating and abolishing FGM in southeast Nigeria; and to identify the challenges associated with the use of development communication programmes in combating and abolishing FGM in southeast Nigeria. The descriptive survey method was used. Findings revealed that in as much as the practice of FGM has been on a visible decline over the years, development communication programme only existed in theory and never got to the grass root. It also found out that there was no awareness of and participation in the entire intervention programme. This study recommended that focus should be given to establishing increased awareness of intervention programme, which will only commence after there is a change in the perception of the practice of female genital mutilation (FGM), and ultimately lead to the achievement of the SDG by 2030.

Keywords: Development, Communication, Programmes, Abolish, Female Genital Mutilation



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INTRODUCTION

Female genital mutilation or female circumcision as it is popularly known is the partial or total removal of the external female genitalia or other injury to the female genital organs for non medical reasons. Female genital mutilation comprises any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason (WHO, 2008; WHO, 1996). It is a profanation of women and girls' rights and is commonly performed without consent, thereby violating girls' right to make vital decisions as regards their sexual and reproductive health. Regrettably, Nigeria is not the only country that her women suffer from this dehumanizing practice, female genital mutilation is also prevalent in twenty eight countries in Africa as well as in a few scattered communities in other parts of the world. According to Berhane (2009, 1), more than 130 million women are estimated to have undergone FGM worldwide, with tradition and cultural identity serving as justifications. Most of the affected girls and women live in 28 African states, but some Middle Eastern and Asian countries practice forms of FGM as well. The practice has also spread to countries in Europe and North America, Canada, Australia and New Zealand as a result of migration. (Berhane 2009, p1).

Development communication is any kind of communication geared towards mobilizing people to take control of their destiny in order to bring about positive change in the society. It is the application of the processes of communication to the development process. In other words development communication is the use of principle and practice of exchange of ideas to fulfill development objectives. In a very broad sense, it is the art and science of human communication applied to the speedy transformation of a country and the mass of its people through the identification and utilization of appropriate expertise in the development process that will assist in increasing participation of intended beneficiaries at the grass root level. That is to say that development communication encourages participation of those it is intended for in order that the desired change or the objective of the development programme is achieved. Development communication programmes seeks transformation through the improvement of quality of life and social justice, and the maintenance of society values that are constants in development.

Development communication programmes employs proper infrastructure, personnel and well drafted messages to bring about the desired change. Communication infrastructure in terms of telecommunication and the various forms of mass media (which is the vehicle through which development communication programmes will get to the target audience), personnel (employment of the right people with the right qualifications and the best abilities to do this work), and the message (includes logistics of the perfect language of communication, the best time, choice of medium or media as the case may be) must be harmonized to bring about development communication and so one can conclude that unless there is development in communication infrastructure, personnel and message, there will be no development communication.

The World Health Organisation WHO and the United Nations International Children Emergency Fund UNICEF have estimated that every year two million girls are subjected to female genital mutilation, about one hundred and forty million girls and women are living with FGM worldwide, and every year over three million girls are at risk of being mutilated. In Africa, an estimate of about ninety two million girls from the ages of ten and above has undergone this practice and in Nigeria, the prevalence is estimated at fifty percent of the total population of woman in Nigeria. And Okonofua 1998 stated that Nigeria has the highest prevalence and the highest number of genitally mutilated women. According to the Nigeria Demographic and health survey in 2008, they discovered that prevalence varied by ethnicity, geographical zone, with the highest occurrences in the Igbo and Yoruba regions of the country. In terms of ethnic percentage are Ekoi: 34 percent, Fulani: 8.5 percent, Hausa: 20.3 percent, Ibibio: 15.8 percent, Igbo: 51.4 percent, Ijaw/Izon: 23.5 percent, Yoruba: 58.4 percent, others: 14.0 percent and in terms of geographical zone the percentages are North Central: 11.4 percent; Northeast: 2.7 percent; Northwest: 19.6 percent; Southeast: 52.8 percent; South South: 34.2 percent; Southwest: 53.4 percent.

In the eastern states of Nigeria comprising of Enugu, Anambra, Abia, Ebonyi and Imo states, research conducted by the Nigeria-based Human rights and conflict resolution center revealed that female genital mutilation or cutting is widespread in Ebonyi state as at 2009.

Statement of the Problem

The World Health Organisation WHO and the United Nations International Children Emergency Fund UNICEF have estimated that every year two million girls are subjected to female genital mutilation, about one hundred and forty million girls and women are living with FGM worldwide, and every year over three million girls are at risk of being mutilated. In Africa,

an estimate of about ninety-two million girls from the ages of ten and above has undergone this practice and in Nigeria, the prevalence is estimated at fifty percent of the total population of woman in Nigeria. Previous studies such as Okeke, Anyaehie and Ezenyeaku, in 2012 did an overview of female genital mutilation in Nigeria; Babatunde, Yusuf, Zubaida, Karima, Adewale, Erika, Ulla, Sanni and Adesegun, in 2022 examined Female genital mutilation and sexual behavior by marital status among a nationally representative sample of Nigerian women; Babatunde, Adetokunbo, Rotimi, Mobolaji, Adeniyi and Aya in 2021 did a cohort analysis of the state of female genital cutting in Nigeria: prevalence, daughter circumcision and attitude towards its discontinuation; Hemuka Ngozika in 2021 did a study in 2021 using a mixed methods approach involving a survey and an in-depth interview amongst Igbo men; and Ahanonu and Victor in 2014 assessed the perceptions of female genital mutilation among mothers and found out that the mothers held ambivalent perceptions about the practice of FGM, have also been carried out on FGM. However, it appears not much has been done on the use of effective development communication programmes in abolishing female genital mutilation (FGM) in southeast Nigeria. This study will fill this major gap.

Objectives of the Study

The objectives of the study were to:

1. Examine the development communication programmes employed specially for combating and abolishing female genital mutilation in southeast Nigeria
2. Find out the most effective development communication programme employed in combating and abolishing FGM in southeast Nigeria
3. Determine the extent to which these development communication programmes helped in combating and abolishing FGM in southeast Nigeria
4. Identify the challenges associated with the use of development communication programmes in combating and abolishing FGM in southeast Nigeria.

Research Questions

In line with the set objectives of the study, the researchers asked the following research questions:

1. What development communication programmes were employed specially for combating and abolishing female genital mutilation in southeast Nigeria?
2. What is the most effective development communication programme employed in combating and abolishing FGM in southeast Nigeria?
3. To what extent have these development communication programmes helped in combating and abolishing FGM in southeast Nigeria?
4. Are there challenges associated with the use of development communication programmes in combating and abolishing FGM in southeast Nigeria?

Literature Review

Female Genital Mutilation or Cutting

FGM has been recognized as a form of discrimination and a violation of human rights. This is not only a violation but also a degradation of the bodies of mutilated women and this result to health challenges. The consequence and after effects of FGM range from psychological effects to physical and health effects as mentioned earlier. According to Oduro et al (2006) and Larsen (2002), the practice of FGM has diverse repercussions on the physical, psychological, sexual and reproductive health of women, severely deteriorating their current and future quality of life.

The immediate complications include: severe pain, shock, haemorrhage, urinary complications, injury to adjacent tissue and even death (Onuh et al., 2006; Oduro et al., 2006; Larsen, 2002). The long term complications include: urinary incontinence, painful sexual intercourse, sexual dysfunction, fistula formation, infertility, menstrual dysfunctions, and difficulty with child birth (Akpuaka, 1998; Okonofua et al., 2002; Oguguo & Egwuatu, 1982 and Ibekwe, 2012).

Female Genital Mutilation has been justified by those who practice it for several reasons. Of the very numerous reasons are these five major ones

1. Religious reasons: certain religions believe it to be a requirement of their god or deity
2. Psychosexual reasons: it is believed that it reduces sexual desires in females and helps these women to maintain chastity and virginity before marriage and fidelity after marriage. It is also believed that it increases male pleasure during sexual intercourse.
3. Aesthetic reasons: in some societies, it (external female genitalia) is considered unclean and terrible in sight and so it is removed to promote hygiene and be attractive at sight.
4. Sociological reasons: it is a form of identification with the cultural heritage of a particular people; it is also an initiation rite for girls into womanhood.
5. Health reasons: it is believed that it enhances fertility, promotes child survival and helps for easy delivery of babies

FGM is commonly classified into three major types

1. Type 1. This is called clitoridectomy which is the least severe from the practice and involves the removal of the hood or of the clitoris and or any part of the clitoris
2. Type 2. This is more severe than type one and involves removal of the clitoris alongside the labia minora partially or totally
3. Type 3. This is however the most inhumane and common called infibulations. It involves the removal of the clitoris, the labia minora and the adjacent medial part of the labia majora, and the stitching of the vaginal opening leaving a cavity the size of a pin head for passing urine and menstruation.

The consequences of FGM are irreparable. The most reoccurring effect is death due to severe bleeding, infections, pains and traumatic experiences. Other harmful health effects include the following:- failure to heal, reproductive tract infection, infertility, obstructed labour, increased risk of bleeding and infection during child birth, pelvic inflammatory diseases, painful menstruation, painful sexual intercourse, urinary tract infections, bladder stones, to mention but a few. The practice of FGM has also increased the susceptibility of the victims to contracting HIV/AIDS as the use of contaminated devices is an important mode of transmission. The auxiliary nurses who perform the delivery use crude and unsterilized instruments without anesthesia for the operation and so causing heavy bleeding and infections.

In the worst of cases it can lead to: (i) the opening of passages between the vagina and bladder or anus, producing Vesico-Vaginal Fistula (VVF), a condition more commonly associated with the results of obstructed labor in early pregnancy but arising also in some cases from the cutting open of infibulated women; (ii) Recto -Vaginal Fistula (RVF)-where due to age of the pregnant girl-whose pelvis and birth canal are not fully developed, relentless pressure from the baby's skull damages the birth canal, causing breakage in the wall, allowing uncontrollable leakage from the bladder into vagina or uncontrollable leakage of faeces.

Intervention Programmes

Centre for Women Studies and Intervention

Program Region: Sub-Saharan Africa

Country: Nigeria

City: Abuja

Grant History: \$22,000.00

Total Awarded: Awarded 2 grants totaling \$22,000 between 2006 and 2008.

Organization's Purpose: Centre for Women Studies and Intervention (CWSI) was founded in 1999 in Abuja, Nigeria to advocate for women's rights by challenging cultural and social mores and creating awareness among women of their social and legal rights. It is led by nuns that work with the conviction that women's rights must be realized in religious institutions as well as throughout society. Its activities spread across several states in both urban and rural communities. None of its work involves attempts at religious conversion. CWSI conducts human rights and gender education workshops, paralegal training to extend legal support to women, and produces a quarterly newsletter containing analyses on the status of women. It advocates for reduction of gender-based violence and runs a skills training center for female school dropouts. CWSI conducts civic education to monitor the level of women's participation in politics and to promote affirmative action mechanisms.

Women Intervention and Action Research Center

Program Region: Sub-Saharan Africa

Country: Nigeria

City: Benin City

Organisations purpose: to promote health and social wellbeing of African women through systematic research, documentation, advocacy and training in public health.

Women's Health Forum

Since 1996 WHARC has been publishing a quarterly magazine, **Women's Health Forum**. The objectives of the Forum are to educate, inform and promote issues relating to women's reproductive health to a broad readership audience and to disseminate WHARC's activities in reproductive health. The first issue of the newsletter was published in March 1996, in which the mission statement of the centre was explained including diverse issues in reproductive health. The second and subsequent issues focused on specific themes, with the hope that readers would receive comprehensive information on specific reproductive health topics from the viewpoint of different disciplines. The themes so far treated in these issues are (1) infertility; (2) maternal mortality in Nigeria; (3) the problem of unsafe abortion; (4) STD/HIV; (5) cancer in women; (6) impact of poverty on reproductive health; (7) female genital mutilation; HIV/AIDS in Nigeria; and (9) promoting post-abortion care in Nigeria. Copies of the magazine are usually distributed free to reproductive health advocates, policy-makers, NGOs, health workers, students and interested individuals both within and outside Nigeria. A measure of success of the newsletter is the fact that the **Women's Health Forum** is now cited in many Nigerian and international publications.

Community Sensitisation Seminars

This series of seminars are usually organised to educate community members on contemporary issues in reproductive health. The seminars often bring together different groups of people including community leaders, members of women's organisations, policy-makers and government officials. The purpose of these seminars is to enable WHARC to educate various

community members on various traditional beliefs and practices and their harmful effects on the reproductive health of women.

IEC Materials

The development of IEC materials in reproductive health is one of the advocacy programmes of WHARC. This is to increase awareness on various reproductive health problems that are prevalent in the country, especially at the grassroots level. Informative posters on infertility, female genital mutilation, unsafe abortion and maternal mortality are being designed and distributed. Car and door stickers, handbills and souvenirs carrying appropriate reproductive health messages were also developed and distributed.

Media Activities

Media advocacy was conducted to disseminate the centre's activities as well as to disseminate relevant reproductive health information through the electronic and mass media. WHARC has been active on radio and television, educating the populace on various issues in reproductive health. All the major activities undertaken by the centre have been given wide publicity through the print and electronic media. We also have a monthly educational programme on the Edo Broadcasting Service Television and occasional talks on the Independent Television in Benin City.

Interventions supported by UNICEF

1. The Nigeria Demographic Health surveys conducted in the years 1990, 1999, 2003, 2008, and 2013
2. Capacity building programmes by the UNICEF's protection and participation section which makes available to everyone information bordering on the negative health effects of female genital mutilation, and trainings for all its seminars.
3. Advocacy with parliamentarians and other legal groups and NGO's for the legislation outlawing all forms of genital mutilate on together with the media on information, education and communication campaigns to impact public understanding and behavioural change towards the practice.

Other development communication agencies involved in intervention programmes for female genital cutting are: Federal ministry of women affairs and youth development; Federal ministry of justice; Federal ministry of health; Federal ministry of information and national orientation; National human rights commission; Nigeria law reforms commission; Nigeria police force; Legal aid council; UNICEF and other UN agencies in Nigeria; NGO's; and Media.

Assessment of development communication programmes in Nigeria

According to Nigeria Demographic and health survey in 2003, the prevalence of female genital cutting and mutilation of women was grouped into percentages according to geopolitical zones.

| S/N | Geo-Political Zones | Percentage over hundred |
|------------|----------------------------|--------------------------------|
| 1 | Northeast | 1.3 percent |
| 2 | North central | 9.6 percent |
| 3 | Northwest | 0.4 percent |
| 4 | South west | 56.9 percent |
| 5 | South east | 40.8 percent |
| 6 | South South | 34.7 percent |

The above table shows that as at 2003 the rate of FGM was highest in the south west and following closely behind is the practice in the south east Nigeria. The earliest United Nations intervention programmes started way back in the 1950s. By the 1970s and 1980s, there was an increase in awareness programmes and advocacy against FGM by women's organisations. The 1980s and 1990s was a period when FGM was recognised and termed a violation of human rights. In 1999, Edo state put a ban on female genital mutilation which states "a convicted person shall be subject to a fine of 1000 naira (US\$10) or to imprisonment of not less than six months or both" (Berhane2009 pg 13). The question therefore is if the sanction in anyway justified the irreparable damage done to the victims? Other states which have adopted FGM legislation are Abia, Bayelsa, Cross river, Delta, Ogun, Osun, and River states mostly in 2000. Of all the five south east states only Abia State has taken a stand legally and legislatively against FGM. Questions also arise from this fact as to what the government is doing legally to help curb this practice in the other states. The national demographic health survey in 2008 nevertheless reveals that irrespective of all the awareness, and advocacy done against FGM, the prevalence is still on the increase. In 2003 the percentage of women mutilated in the south east Nigeria was 40.8 percent and it was hiked up to 52.8 percent, and additional 12 percent. From the survey it is evident the practice is not only in vogue but also on the increase. The questions are therefore

1. How well did these nongovernmental organisations sensitize the women against this harmful practice and the effects on the people?
2. What approach did they use, the participatory model or was it a top bottom approach
3. How well did they reach their audience especially those residents in the rural areas since research has shown that the rural areas are where it is more prevalent?

The questions are endless and must be answered in order to curb and totally eradicate this harmful practice in this country. Development communication has demonstrated that changing attitudes and behaviours, rejecting old negative practices are achievable goals given the human potential to change and adopt change. It is important to note that the actions and activities of nongovernmental organizations alone will not be sufficient to reach zero tolerance to FGM.

Empirical Review

Okeke, Anyaehie and Ezenyeaku, in 2012 did an overview of female genital mutilation in Nigeria. The study found out that the national prevalence rate of FGM which is 41% among adult women is declining and there was need for the abolition of this unhealthy practice. They suggested for a multidisciplinary approach which involves legislation, health care professional organizations, women empowerment, and educating the general public at all levels emphasizing on dangers and undesirability of female genital mutilation which is paramount.

Babatunde, Yusuf, Zubaida, Karima, Adewale, Erika, Ulla, Sanni and Adesegun, in 2022 examined Female genital mutilation and sexual behavior by marital status among a nationally representative sample of Nigerian women. The outcome of the study showed that circumcision is not associated with positive sexual behavioural outcomes which includes delay in sexual debut, virginity and marital fidelity, though perception as regards increasing FGM in Nigeria including prevention of premarital sex and ensuring marital fidelity exists.

Babatunde, Adetokunbo, Rotimi, Mobolaji, Adeniyi and Aya in 2021 did a cohort analysis of the state of female genital cutting in Nigeria: prevalence, daughter circumcision and attitude towards its discontinuation. The study found out that the practice of female genital cutting is

still on the high side but reduced among younger birth cohorts Nigeria showing no significant change in the perception of the discontinuation of female genital cutting. They suggested for more awareness about the adverse effects of FGC, especially among women with poor educational background in Nigeria which will reduce this cultural menace's timely eradication to a great extent.

Hemuka Ngozika in 2021 did a study in 2021 using a mixed methods approach involving a survey and an in-depth interview amongst Igbo men. The study found out that some Igbo men's view of FGM were not favourable and amongst others, recommended the need for men to improve their knowledge of the normal structure and functions of the female reproductive system and also to offer psychosexual therapy to the affected male members of practicing communities.

Ahanonu and Victor in 2014 assessed the perceptions of female genital mutilation among mothers and found out that the mothers held ambivalent perceptions about the practice of FGM. The reported that uncircumcised females will become sexually promiscuous but empirically, there is little or no evidence validating the belief that FGM inhibits sexual promiscuity among women. The study also indicated that a large percentage of the mothers reported a lack of unawareness of some of the problems which are associated with FGM. The study suggested that government at all levels should continue with educational efforts targeted at eradicating this practice.

From the above empirical studies carried out by various researchers on their areas of study, it was observed that they employed different methodologies to arrive at their results. Nevertheless, the use of effective development communication programmes in abolishing female genital mutilation (FGM) in southeast Nigeria has not been dealt with in previous studies. This study will fill this major gap.

Theoretical framework

This paper is undergirded by the **development theory** of the media and **participatory communication theory**. The **development theory** conclusively states that there can be no development without communication (Suresh 2003). Development communication is about how communication can be a catalyst for development. Its effort is majorly aimed at persuading the public to accept new ideas as opposed to being conservative, to win citizens for new ways of doing things. Development communication corrects, integrates and is revolutionary in nature. It is result oriented. Development communication is therefore only effective if the people it is geared towards are willing to accept change, and work in line with what is being communicated for development. The relevance of these theories to this work lies in the vein that for female genital cutting and mutilation to be abolished or extinct, the people (women) must be sensitized on the impediments of this barbaric act via the media (developmental theory) and other sources in communication, using various forms of communication to achieve this sensitization, and then they must be allowed to make out their own policies, laws and edicts that will help curb or completely eradicate this practice from their society as well as create sanctions themselves as to whoever breaks these laws.

The **participatory communication theory** was developed as a result of the shortcomings of the modernization theory which placed emphasis on knowledge transfer and technology diffusion. The participatory theory emphasizes on reliance on local knowledge and local capabilities as opposed to knowledge from outside and developed nations. Therefore instead of encouraging members of the communities to develop and participate in initiatives planned by outsiders, it promotes local ideas and plans for development. This theory is also relevance because the women must stand and participate in their own liberation, instead of

perpetuating persecution against themselves for short term gains without consideration of what is the long term consequence. Conclusively women with the aid of proper communication through the vehicle of the mass media can change their destiny, as well as take charge of it.

RESEARCH METHODS

In order to effectively ascertain the use of effective development communication programmes in abolishing female genital mutilation in southeast Nigeria, the study adopted the descriptive survey method of research. The population of study was 8,210,604 women in south east Nigeria within the ages of 25 and above. The sample size of 384 was drawn from the population using sample size calculator by Wimmer and Dominick with confidence level of 95% and confidence interval of 5.0%. Purposive sampling technique was used for this study because the respondents selected are those who meet the criteria of the relevance of the study.

RESULTS OF RESEARCH AND DISCUSSION

Research Question one

What development communication programmes were employed specially for combating and abolishing female genital mutilation in southeast Nigeria?

From the view of related literature, a lot of development communication programme had been in place in order to help sensitize the people on the dangers of the act. However from our field work, it was revealed that these women were still ignorant and to a large extent uninformed of the existence of these programme nor did they participate in it. Some of the women revealed that they were unaware of them being mutilated and that the reason they mutilated their children was because it was what was obtainable in their communities.

Research Question two

What is the most effective development communication programme employed in combating and abolishing FGM in southeast Nigeria?

Being that the first research question was not achieved, the second question has been proven null and void.

Research Question three

To what extent have these development communication programmes helped in combating and abolishing FGM in southeast Nigeria?

Being that is has been established from the first research question that development communication programme on the eradication of the practice of FGM were only existent in theory and not amongst the people, the extent of the impact of these programme on the women and how it has influenced the reduction of the practice cannot be determined. However, from content analyzed and review of related literature, it is evident that there has been a substantial decrease in the prevalence of the practice since 2011 till date. "The recent Multiple Indicator Cluster Survey (MICS 2016 -2017) shows some decline in the incidence of FGM in Nigeria, 18.4% of women aged 15-49 years now undergo FGM; a decrease from 27% in 2011" (Unicef, 2019).

Research Question four

Are there challenges associated with the use of development communication programmes in combating and abolishing FGM in southeast Nigeria?

The research revealed that the major challenge is hinged on the fact that FGM has been treated as a religious ritual that must be adhered to. Women are therefore not allowed to speak

about it or condemn it publicly, or get involved with anything that is against the practice. The study further revealed that many women who may be willing to let go of the practice are also afraid of the assumed consequences of non-adherence and therefore exposing their daughters to being unmarriageable, unclean and potentially promiscuous.

CONCLUSION

There is great awareness of female genital mutilation and the side effects are well known but the practice is still persistent in the south east Nigeria, and is being sustained by culture, misconceptions and traditions. The society (government and the people) should be taught to frown at FGM as a behavioural change communication. There must be a paradigm shift in the thoughts and minds of the people. Health care services should be improved in Nigeria to help women and girls who already have FGM and also curb the menace since it is common with traditional practice of medicine.

RECOMMENDATIONS

The society and the nation should define strategies to curb the practice and these may include the following, education of the girl child, woman empowerment and legislation against FGM. Recommended strategies for curbing this menaces as suggested by Anyamene, Nwokolo and Anyachebelu are as follows: creation of interpersonal communication between members of the community; encouraging women to be part of the advocacy that speak against female genital mutilation; creation of awareness through enlightenment programmes; promotion of women participation in decision making process in the community; presenting meaningful education value to people; campaigning against female genital mutilation; render information service through the media; publishing best practices; organizing seminars and workshops where women will be encouraged to be fully integrated into society; helping the community as much as possible to maintain the positive cherished traditional and culture values that are not against women; organize visits to parents guardians and significant others; counselling jingles and witty messages against female genital mutilation; advocating for education of women.

Other recommendations on the part of the government include the following: call for legislative provisions and stern measures to prohibit the practice; development of alternative sources of income for circumcisers; strong advocacy campaigns against the practice nationwide by working with the media on information, education and communication campaigns that have an impact on the public's understanding of, and societal attitude to Female Genital Mutilation.

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