

## COMMUNICATION EFFECTIVENESS IN THE CAMPAIGN AGAINST FEMALE GENITAL MUTILATION IN IWO LOCAL GOVERNMENT AREA OF OSUN STATE

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### ABSTRACT

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This study examined the effectiveness of communication in the campaign against Female Genital Mutilation in Iwo local government area of Osun State. The objectives of the study were, to analyze the role that communication plays in the campaign against Female Genital Mutilation, to determine what campaign strategies are mostly employed in the grassroots level and how effective these strategies are in Iwo local government area. For this research work, theories such as the Feminist theory and Risk perception and communication theory were discussed. Survey method was employed with questionnaire as instrument for data collection. 300 copies of questionnaire were administered to the maternity women and nursing mothers of State hospital and Alaye primary health care, both in Iwo, Osun State and face to face interview were conducted on six medical practitioners from the health centers. However, only 288 copies of the questionnaire were useful and valid. Descriptive statistics was employed while the data collected were analyzed using frequency distribution tables and percentages in which descriptive analysis was utilized to infer meanings to the data in the table. Explanation building was used to analyze responses gathered from the structured interviews. The findings from this study showed that among others, majority of the respondents are aware of the campaign against Female Genital Mutilation, counseling and one on one communication are the communication strategies that are mostly employed in the health centers to campaign against this practice. Also, majority of the respondents are in support of the campaign and did not circumcise their daughters due to what they have heard from different communication strategies on the effect of the practice. Therefore, the use of communication in the campaign against Female Genital Mutilation in Iwo is very effective. The study concluded that people should gradually start to comply with the global medical practices in Nigeria. The researchers recommend that more sensitization programmes should be created by the government for this campaign to reach the grass root level especially those that cannot read and other communication strategies should be

employed to campaign against this practice like social media since they are the communication thriving technologies.

**Keywords:** Communication Strategies, Health Campaigns, Circumcision, Female Genital Mutilation

## INTRODUCTION

Female Genital Mutilation (FGM) is defined by the World Health Organization (2007) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. The term “female genital mutilation” is used by a wide range of women's health and human rights organizations. It establishes a clear distinction from male circumcision. Use of the word “mutilation” also emphasizes the gravity of the act and reinforces that the practice is a violation of women's and girls' basic human rights. This expression gained support in the late 1970s, and since 1994, it has been used in several United Nations conference documents and has served as a policy and advocacy tool.

In the late 1990s the term “female genital cutting” was introduced, partly in response to dissatisfaction with the term “female genital mutilation.” There is concern that communities could find the term “mutilation” demeaning, or that it could imply that parents or practitioners perform this procedure maliciously. Some fear the term “female genital mutilation” could alienate practicing communities, or even cause a backlash, possibly increasing the number of girls subjected to the practice. Some organizations embrace both terms, referring to “female genital mutilation/cutting” or FGM/C. UNFPA embraces a human rights perspective on the issue, and the term “female genital mutilation” more accurately describes the practice from a human rights viewpoint (United Nations Population Fund, December 2015).

Female Genital Mutilation is a practice whose origin and significance is shrouded in secrecy, uncertainty and confusion. The Origin of Female Genital Mutilation is fraught with controversy either as an Initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity or to protect Female modesty and chastity. In Nigeria, of the six largest ethnic groups the Yoruba, Hausa, Fulani, Ibo, Ijaw and Kanuri practice Female Genital Mutilation except the Fulani (Enzeyeaku, Okeke, Chigbu, & Ikeako, 2011).

According to United Nations Population Fund (UNFPA, 2015), FGM has serious implications for the sexual and reproductive health of girls and women. The effect of FGM depends on a number of factors, including the type performed, the expertise of the practitioner, the hygiene conditions under which is performed. The immediate complications include severe pain, shock, hemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection, fever and septicemia. Hemorrhage and infection can be severe enough to cause death.

UNFPA (2015) also said the long term consequences include anemia, the formation of cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area, increased risk of HIV transmission, complications during child birth, as well as psychological effects.

Cases arising from these complications and long-term consequences are forms of violence against women and the violence against person prohibition (VAPP) Act 2015, section six outlines the punishment against Female Genital Mutilation. The provision allows for an imprisonment term of up to 4years and the maximum fine two hundred thousand naira (#200,000) for persons performing, engaging, aiding or counseling a person to execute Genital Mutilation on girls or women (Ironsi, 2016).

To Mberu (2017), there is a general dearth of intervention studies on FGM/C in Nigeria and equally little evaluation of their effectiveness. For the few evaluation studies undertaken, the weaknesses of the methodologies employed in the studies, were underscored. Consequently, the ability to adequately conclude on the effectiveness of FGM/C abandonment interventions in Nigeria and how contextual factors related to FGM/C help explain the effectiveness of interventions was hampered by a general lack of information.

However, because of the complications, consequences and punishments attached to the practice of Genital Mutilation on girls or women, there is a need to know if this practice still exists in Iwo Local Government Area of Osun State and the place of effective communication in the campaign against Female Genital Mutilation. This study is conducted to achieve the following objectives:

1. Determine the effectiveness of communication in the campaign against Female Genital Mutilation in Iwo local government area.
2. Ascertain the communication strategies that are mostly employed in the campaign against Female Genital Mutilation in Iwo local government area.
3. Evaluate the effectiveness of these communication strategies in Iwo local government area.

This is the gap that this study stands to fill and this will be achieved by asking the following questions to guide this study:

1. What is the role of effective communication in the campaign against Female Genital Mutilation in Iwo local government area?
2. What are the communications strategies employed in the campaign against Female Genital Mutilation in Iwo local government area?
3. How effective are these communication strategies in the campaign against Female Genital Mutilation in Iwo local government area?

## LITERATURE REVIEW

Akinlabi (2016) citing Rogers and Storey (1987) maintained that health communication campaigns strive to generate specific outcome or effect in a relatively large number of individuals usually within a specific period of time through an organised set of communication activities. According to Lai Mohammed, journalists have multiplicity of roles to play in the campaign to end FGM/Cutting, in other words, the journalist is at the core of the communication that can lead to the effective abandonment of the practice. The media is a veritable tool for information dissemination, and the journalist is key to interpreting and relating information in a manner that produces the expected reaction or behaviour from audience. He said the key to changing behaviour in order to end FGM/cutting is adequate information dissemination about the prevalence, the root causes and attitude that put women at risk of being cut (The Guardian, February 10, 2016).

### Communication Campaign Strategies

Common campaigning strategies include the following:

- i. Campaign advertising e.g. using posters, radio and TV announcements.
- ii. Attracting media attention e.g. with press conferences and stunts.
- iii. Demonstrations, rallies, marches and other forms of mass meetings.
- iv. Using traditional arts to raise awareness or initiate community dialogue.
- v. Electronic action-alerts via the internet and mobile phones.
- vi. Using new media channels to spread messages e.g. social networks, videos, blogs
- vii. Mobilizing volunteer campaign activists to influence peer groups, e.g. by organising community events or private house parties.
- viii. Distribution of campaign merchandise, such as caps, bags and wristbands.
- ix. Organisation of or participation in specialised conferences.
- x. Lobbying key decision-makers.
- xi. One on one (interpersonal) counseling ([www.endvawnow.org](http://www.endvawnow.org)).

### Effects of Female Genital Mutilation on the Health of Women and Girls

According to UNICEF (2013), Female Genital Mutilation is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups. In Yoruba, FGM is called Didabe fun omoobinrin, in Igbo it is IbiNwanyiuUgwu while in Hausa it is Kacyanmata. There is need to eradicate Female Genital Mutilation in Nigeria and education of the general public at all levels with emphasis on the dangers and undesirability of FGM is paramount (Enzeyeaku, Okeke, Chigbu, and Ikeako, 2011).

According to United Nations Population Fund (2015), FGM has serious implications for the sexual and reproductive health of girls and women. The effect of FGM depends on a number of factors, including the type performed, the expertise of the

practitioner, the hygiene conditions under which is performed. Some of the immediate complications include severe pain, shock, hemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection, fever and septicemia. Hemorrhage and infection can be severe enough to cause death.

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### **International Response to End Female Genital Mutilation**

According to WHO (2016) together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), great efforts have been made to counteract FGM and the progress at international, national and sub-national levels includes:

- wider international involvement to stop FGM;
- international monitoring bodies and resolutions that condemn the practice;
- revised legal frameworks and growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries);
- The prevalence of FGM has decreased in most countries and an increasing number of women and men in practicing communities support ending its practice. WHO efforts to eliminate female genital mutilation focus on:
  - strengthening the health sector response: guidelines, training and policy to ensure that health professionals can provide medical care and counseling to girls and women living with FGM;
  - building evidence: generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM;
  - Increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation (WHO February, 2016).

### **National Response to end Female Genital Mutilation**

In 2003, the former first lady of Nigeria, late Mrs. Stella Obasanjo had made the official declaration on "Zero Tolerance to FGM" stating that the challenges of FGM in Nigeria was imperative not only because of its harmful impact on the reproductive

and sexual health of girls and women but also because it violates their fundamental rights and undermines equitable social-economic development of the country. In recent developments, the violence against person prohibition (VAPP) Act 2015, section six outlines the punishment against Female Genital Mutilation. The provision allows for an imprisonment term of up to 4years and the maximum fine two thousand naira (#200,000) for persons performing, engaging, aiding or counseling a person to execute Genital Mutilation on girls or women (Ironsi, 2016).

During the launch of joint UNFPA/UNICEF to support programme to eliminate Female Genital Mutilation in the country, Mrs. Aisha Buhari, wife of Nigeria's president also called on relevant stakeholders to create awareness on the health implications of FGM in the country and Nigerians also should work towards an action that would end FGM and any tradition harmful to women and children (The News, February 10, 2016).

## Theoretical Framework

### Risk Perceptions and Communication Theory

Theories of risk perception and communication indicate how audiences will perceive risks. Risk perception influences people's behaviour and response more than technical assessments (Frewer, 2004 cited in Akinlabi, 2016). According to her, a research conducted by Slovic (2000) has consistently demonstrated that factors such as whether a risk is perceived to be involuntary, potentially catastrophic or uncontrolled are more important determinants of public response than technical risk information alone.

Most members of the public are concerned about long-term effects of risk, equity, fairness and lack of personal control (Renn, 2004). He added that people are more comfortable with threats that they can be before seen and planned for rather than threats that could materialize themselves at any time regardless of how unlikely that might be. In addition, people often seem much more comfortable with familiar hazards. Moreover, they appear willing to tolerate much higher risks from the former than the latter. Some consequences, such as casualties, child mortality, death of children is more troublesome than other consequences. These qualitative factors in risk assessment offer a plausible explanation for the fact that risk resources deemed a low-risk by technical assessment can be a source of great concern to the public. Conversely, a high risk may be of less concern to the public. The following factors affect risk assessment and change.

- a. Familiarity with the source of the risk.
- b. Voluntary acceptance of the risk.
- c. Personal control of, the risk
- d. Ability to influence the risk
- e. Natural man-made causes of the risk.
- f. Reliability of risk information sources

- g. Clarity of information on risk
- h. Level of community participation in the risk management process.

Therefore, messages about female genital mutilation and the consequences of the practice on the female child will need to address any misconceptions about risks and consequences. This theory is applicable to the use of communication in Female Genital Mutilation as it is the health implications of this practice that is campaigned against using different communication strategies.

### **Two-Step Flow Theory**

The exponents of the theory are Paul Lazarsfeld, Bernard Berelson and Hazel Gaudet in 1940. The theory assumption is that the Mass media disseminate information through opinion leaders in a particular social group and that the opinion leaders perception tend to affect the messages by influencing their people to concur with government policy and also assist in the implementation. This means that information first reached the opinion leaders who understand their people cultural background and help to interpret or shape it the simpler way to understand the messages. Thus, opinion leaders became recognized as an additional intervening variable between the mass mediated message and audience response. This is because opinion leaders tend to be more exposed to the mass media messages, they tend to enjoy a higher socio-economic status to personify most of the norms and values of their followers. In other words, the theory has improved our understanding of how the mass media influence decision making of a social organization through opinion leaders, it has shown the influence of media messages on audience behaviours.

The relevance of the theory to the study is that members of a particular social group act in response to the media messages through their community leaders who have strong grip of their people cultural behaviours. The theory established that people in general tend to be much more influenced in their decision-making process by face-to-face encounters with influential peers who deeply understand media messages. Of course, it is the opinion leaders of different communities that influence and expedite actions on the fulfillment of government plans and policy on the end of female genital mutilation campaigns especially in the focus area of this study.

### **METHODOLOGY**

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Survey and in-depth interview methods were employed with the use of questionnaire and interview guide as instruments for data gathering. Responses from the respondents who are either pregnant women or nursing mothers who use the State Hospital, Iwo and Alaye Primary Health Care, Iwo, and some medical practitioners of the health centers who attend to the people were collected for analysis. 300 respondents were purposively sampled from State hospital Iwo and Alaye Primary Health Care, Iwo. Also, six medical practitioners were selected for

interview from State Hospital Iwo and Alaye Primary Health Care. The study focused on one section of the hospital which is the Maternity Department, and the medical practitioners such as Nurses, Doctors or community health workers who attend to the people Data was analyzed using Descriptive Statistics.

### DATA ANALYSIS AND DISCUSSION OF FINDINGS

Three Hundred (300) copies of questionnaire were administered in State hospital, Iwo and Alaye Primary Health Care, Iwo and 288 copies of the questionnaire were useful and valid. Hence, the analysis for this study is based on the valid and useful copies of the questionnaire.

**Table 1: Respondents' Age**

	State Hospital	Alaye PHC
Age	Frequency (percentage)	Frequency (percentage)
Below 21 years	12 (8.7%)	18 (20%)
21-30 years	60 (43.5%)	45 (50%)
31-40 years	60 (43.5%)	27 (30%)
41-50 years	6 (4.3%)	0 (0%)
51 and above	0 (0%)	0 (0%)
<b>Total</b>	<b>138 (100%)</b>	<b>150 (100%)</b>

Field Survey Research, 2020

Table 1 shows that majority of the respondents in both hospitals are within the ages of 21-30, next is 31-40 years followed by those below 20 years. This reflects the age distribution of maternity women and nursing mothers in Iwo showing that majority of them are within the ages 21-30 years making them youth and knowledgeable about this topic.

**Table 2: Respondents' Academic Qualifications**

	State Hospital	Alaye PHC
Academic Qualifications	Frequency (percentage)	Frequency (percentage)
No Formal Education	3 (2.2%)	3 (3.3%)
Primary School	3 (2.2%)	3 (3.3%)
SSCE/GCE	33 (23.9%)	39 (43.3%)
OND/NCE	66 (47.8%)	21 (23.3%)



HND/B.A/B.sc	30 (21.7%)	24 (26.7%)
M.Sc./ MA	0 (0%)	0 (0%)
PhD	3 (2.2%)	0 (0%)
<b>Total</b>	<b>138 (100%)</b>	<b>150 (100%)</b>

**Field Survey Research, 2020**

Table 2 shows that in both hospitals 2.6% of respondent have no formal education 2.6% possess primary school leaving certificates, 31.6% possess SSCE/GCE, 38.2% possess OND/NCE, 23.7% possess HND/B.A/B.Sc. degree and 1.3% possess P.H.D degree. This implies that majority of the respondents in the selected hospitals possess OND/NCE.

**Research Question One: What is the role of effective communication in the campaign against Female Genital Mutilation in Iwo Local Government Area?**

**Table 3: The role of effective communication in the campaign against FGM in Iwo Local Government Area**

Responses	State Hospital		Alaye PHC	
	Yes (%)	No (%)	Yes (%)	No (%)
Communication plays a vital role in the campaign against FGM in Iwo	102 (73.9%)	36 (26.1%)	123 (82%)	27 (18%)
Communication is effective in the campaign against FGM in Iwo	99 (71.7%)	39 (28.3%)	109 (72.7%)	41 (27.3%)
The Campaign against FGM is effective in Iwo	125 (90.6%)	13 (9.4%)	131 (87.3%)	19 (12.7%)

**Field Survey Research, 2020**

Table 3 reveals that 78% of the respondents believe that communication plays a vital role in the campaign against FGM in Iwo while 22% do not believe that communication play any role in the campaign against FGM. It can be concluded that communication is effective in the campaign against FGM in Iwo with majority of the respondents admitting to it. The responses to item 8 which is an open-ended question state the actual role communication plays in the campaign against FGM. Majority of the respondents said that: it enlightens the society of the dangers of the practice, it creates awareness on the danger associated with FGM and it educates on the implications of the practice. Also, the responses of the medical practitioners interviewed in both hospitals support these roles.

## Research Question Two: What are the communications strategies employed in the campaign against Female Genital Mutilation in Iwo local government area?

**Table 4:** Communication strategies employed in the campaign against Female Genital Mutilation in Iwo

Options	State Hospital		Alaye PHC	
	Frequency	(percentage)	Frequency	(percentage)
Radio	108	(15.7%)	127	(18.9%)
Television	61	(8.9%)	72	(10.7%)
Face To Face Conversation	89	(13%)	99	(14.7%)
Leaflets/Fliers	60	(8.8%)	10	(1.6%)
Billboard	56	(8.2%)	11	(1.1%)
Hospital	92	(13.4%)	102	(15.3%)
Counseling	97	(14.1%)	117	(17.5%)
All Of The Above	123	(17.9%)	135	(20.2%)
<b>Total</b>	<b>686</b>	<b>(100%)</b>	<b>673</b>	<b>(100%)</b>

Field Survey Research, 2020

Table 4 shows the communication strategies employed in the campaign against the FGM in Iwo (under multiple selections) where radio has the highest in both hospitals, followed by counselling, hospital visits, face-to-face conversations, television, leaflets/fliers and billboard with 19.1% respondents attesting to all of the above. It can be concluded that majority of the respondents in both hospitals picked radio and counselling as the communications strategies mostly employed in the campaign against Female Genital Mutilation in Iwo Local Government Area.

From item 10, majority of the respondents stated the following as the communication strategies mostly employed in both hospitals to campaign against this practice as majority attested that counselling and one- on -one communication is mostly employed in both hospitals to campaign against FGM. This was also supported by responses of the medical practitioners interviewed in both hospitals as one of the medical practitioners added community outreach to the strategies they use. Thus, counselling, radio and one-on-one communication are mostly used communication strategies employed in the campaign against FGM in Iwo.

The findings from the questionnaire are also supported by data from the interview of the medical practitioners. In addition to this a doctor in State hospital added that community outreach is another strategy used where they reach out to the traditional birth attendants and the traditional circumcision specialists (Olola) on the need to stop this practice. To buttress this point a medical practitioner in Alaye hospital said 5 years ago the government organized a workshop for the traditional circumcision specialists (Olola) and empowered them with different handworks since most of them need them to feed on in order to stop the practice.

### Research Question Three: How effective are these communication strategies in the campaign against Female Genital Mutilation in Iwo local government area?

**Table 5: How Effective are the Communication Strategies used In Iwo**

	State Hospital	Alaye PHC
Options	Frequency (percentage)	Frequency (percentage)
Very Effective	96 (69.6%)	84 (71.1%)
Somehow Effective	42 (30.4%)	66 (28.9%)
Not Effective	0 (0%)	0 (0%)
<b>Total</b>	<b>138 (100%)</b>	<b>150 (100%)</b>

Field Survey Research, 2020

Table 5 indicates that 70.3% of the respondents in both hospitals admit that these communication strategies are effective in Iwo while 29.7% did not agree to this. This indicates that majority of the respondents agree to this thus communication strategies are effective Iwo even in Table 3 (c). To buttress this in item 13 and 14 gave how the strategies are effective and why they are not. The following were the responses of majority of the respondents to how communication Strategies have been effective: it has made the people of Iwo understand the issue at hand, the population of people practicing it has reduced, it has create more awareness, influences, informs making Iwo people to see reasons why this practice is not good. While the respondents that didn't agree to this said people still practice FGM and there is lack of these communication amenities in Iwo.

Majority of the medical practitioners interviewed supported the fact that these communication strategies are very effective but one of the medical practitioners in State hospital did not agree to this, she said it is partially effective and not very effective because most people still practice that it is only 40% that do not practice it but with this we can say it is effective. Thus, communication is effective in the campaign against FGM in Iwo.

### DISCUSSION OF FINDINGS

It was observed that people in Iwo local government area are aware of the campaign against Female Genital Mutilation through various communication strategies like the media, counseling in the hospital, fliers and so on. In which counseling and one on one communication are the communication strategies that are mostly used in Iwo, these are often used during ante-natal clinic, infant welfare clinic, after deliveries and so on. This discovery agrees with the findings of Akinlabi (2016) that health communication campaign must strive to generate specific outcome or effect in a relatively large number of individuals usually within a specific period of time through an organised set of communication activities.

With the responses from majority of the respondents, the use of communication in the

campaign against Female Genital Mutilation is effective because it has helped to reduce the rate of circumcision which is the goal of campaigning against the practice. The findings of this study prove that the campaign against FGM through different communication strategies has generated a specific outcome which is reducing the rate of circumcision in Iwo. Also, according to Preserved articles.com (2012), The sole purpose of communication is to influence people with the persuasive function of communication, that is to induce people, is extremely important for extension in changing their behaviour in the desirable direction.

## **DISCUSSION**

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This paper reports some of the linguistic-stylistic devices used in the composition of a minute of meeting. The paper reflects that past tense and declarative sentences are prominent in a minute of meeting. It is also revealed that whereas all types of sentence structures are found in composing a minute of meeting, complex and compound sentences appear more than both the simple and compound-complex sentences. In the same vein, the rate of using simple sentence is equally lower than the compound complex. One very important point this work draws attention to is that like other genres that have the preoccupation of reporting events, such as newspaper reports and narrative text such as novels or fiction works, a minute of meeting shares some grammatical structures with these genres. For instance, the use of past tense and both complex and compound sentences is predominant in such genres. Since these genres draw from a common pool of linguistic reservoir, the emergence of similarities cannot be removed.

## **CONCLUSION AND RECOMMENDATIONS**

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Based on the findings of the study, the following conclusions were drawn; communication play a vital role in the campaign against Female Genital Mutilation in Iwo; the most of the respondents are aware of the campaign against FGM in Iwo and they got to know about the information through various communication strategies especially Radio. Also, counseling and one on one communication are the communication strategies mostly employed in both hospitals to campaign against this practice and they are often used during ante-natal clinic, infant welfare clinic, and after deliveries.

The findings further revealed that, some communication strategies like leaflets/fliers, posters, bulletins are not at all effective in passing information to the people of Iwo due to the poor reading habit and illiteracy of the people. Lastly, it was concluded that most of the respondents are in support of the campaign against FGM in Iwo and the campaign has been effective since most of the respondents do not circumcise their daughters again. Therefore, the use of communication in the campaign against FGM in Iwo is effective since most of the respondents support it.

In line with the study findings, the following recommendations are made;

1. Counseling and one on one communication as mostly employed communication strategies are not enough to campaign against this practice, therefore, other communication strategies should be employed to reach more people.
2. For this practice to reduce to its barest minimum in Iwo, government should spread the campaign to the traditional circumcision specialists (Olola) who carry out this circumcision and feed on it. More lucrative job should be provided for them. This will make the campaign more effective.
3. Everyone should participate in the campaign against FGM and not leave the job to the health workers alone. Every Nigerian must contribute his/her own quota.
4. More sensitization programmes should be created by the government for this campaign to reach the grass root level especially those that cannot read.
5. Due to the advent of technology, campaign against this practice should be done using the internet as a means of communication like the social media platforms, blogs e.t.c.

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