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IMPACTS OF COMMUNICATION STRATEGIES IN COMBATING THE PRACTICE OF FEMALE GENITAL MUTILATION (FGM) AND ITS MULTIPLIER EFFECTS ON WOMEN

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Abstract

The practice of female genital mutilation (FGM) around the world with its various attendant health hazards has generated and continues to generate a lot of debates and controversies in both social, religious and family circles. Coincidentally, Nigeria is one of the countries where the practice of female genital mutilation or circumcision (FGM/C) still takes place. However, there have been claims of reduction in the rate of FGM/C as a result of campaigns and sensitization programmes on the effects of this harmful practice which incidentally has no scientifically proven medical benefits to the womenfolk or even in the society. In the light of the foregoing, this research work "Measurement and Evaluation of the Impacts of Communication Strategies in Combating the Practice of Female Genital Mutilation (FGM) and its Multiplier Effects on Women in Six Selected Communities of the Three Senatorial Districts of Kwara State, Nigeria" was undertaken to measure and evaluate the impacts of communication strategies in combating the practice of female genital mutilation (FGM). It was also used to determine the factors affecting the practice in the selected three senatorial districts of Kwara State. The study was carried out in six selected communities of the three senatorial districts of Kwara State. The research was conducted using a population size of two hundred (200) adults and fifty (50) health workers in each of these selected communities making a total of one thousand five hundred (1,500) respondents. At the end of the research work, the study provided statistics on the impacts of communication strategies in combating the harmful practice of female genital mutilation (FGM) in selected communities of three (3) senatorial districts of Kwara State, Nigeria.

Keywords: Female, Mutilation, Effects, Women, Communication.

Introduction

Female Genital Mutilation (FGM) according to the World Health Organization (WHO) comprises of all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. It is also sometimes referred to as female genital cutting or female circumcision. There are no known health benefits of FGM to women and it is recognized internationally as a human rights violation against women. Between 100 million and 140 million women and girls are thought to be living with the consequences of female genital mutilation. It is recognized as a violation of the human rights of women and girls. In December 2013, the United Nations General Assembly (UNGA) unanimously voted to work for the elimination of FGM throughout the world. "It reflects deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women", says the WHO. "It is nearly always carried out on minors and

a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruelty, inhuman and degrading treatment and the right to life when the procedure results in death, (WHO)." In 2014, UN1CEF published what it described as the most comprehensive compilation of data and analysis on the prevalence of FGM in Africa and the Middle East. Using more than seventy (70) national surveys, produced over a period of more than twenty (20) years, the report focused on the twenty nine (29) countries where the practice is most common. In eight (8) countries, almost all young girls undergo female genital mutilation (FGM). In Somalia, the prevalence rate is 98%, in Guinea 96%, in Djibouti 93% and in Egypt, in spite of its partly westernized image, 91%. In Eritrea and Mali the figure is 89% and a prevalence of 88% was reported in both Sierra Leone and Sudan, Nigeria showed a record of 89%. But in some countries where more than one survey has been done, it does, appear that the number of girls who have been cut is slowly reducing. The United Nations Population Fund (UNFA) and United Nations International Children Emergency Fund (UNICEF) say 8,000 communities in Africa have agreed to abandon the traditional practice. They have been involved in supporting awareness campaign of the health and human rights issues in negotiations and discussions with religious and community leaders and in suggesting alternative traditional rituals.

Apart from the pain and distress involved in the procedure of FGM, there can be long term health consequences, even sometimes involving infertility. Bladder and urinary tract infections and cysts are not uncommon too. There is an increased risk of problems during childbirth, which could in extreme cases lead to the death of the mother and child. Where FGM involves sewing up or narrowing the vaginal opening, this must be undone to allow sexual intercourse and even make it easy for a woman to give birth without undergoing a Caesarian Section. There is however no gainsaying the fact that FGM has serious implications for the sexual and reproductive health of the girls and women. A recent study by the World Health Organization (2013) found that when compared with women who had been subjected to FGM; those who had undergone FGM faced a significantly greater risk of requiring a Caesarian Section, an episiotomy and an extended hospital stay and also of suffering post-partum hemorrhage during childbirth. The infants or mothers who have undergone more extensive forms of FGM are at an increased risk of dying at birth. Very recent estimates by WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division reveals that most of the high FGM prevalence countries also have high maternal mortality ratios and high numbers of infant mortality.

Also, because the procedure is coupled with blood loss and one instrument is often used for a number of operations, FGM increases the risk of HIV infection and transmission. But even though this harmful practice persists in communities around the world including Nigeria, there is no known health benefit of FGM. Therefore based on the foregoing, this research work is being undertaken to measure and evaluate how some specified communication strategies can be adopted in promoting the campaign against the harmful practice of female genital mutilation (FGM) and its multiplier effects on girls and women especially in rural communities in Nigeria.

Conceptual Overview on Female Genital Mutilation/Cutting

What is Female Genital Mutilation?

Female genital mutilation (FGM) according to the World Health Organization (WHO) comprises of all procedures involving partial or total removal of the female external genitalia or other injuries to the female genital organs for non-medical reasons. It is also sometimes referred to as female genital cutting or female circumcision. There are no known health benefits of FGM to the girl child or women and so it is internationally recognized as a form of human rights violation against women. Between 100 and 140 million women and girls are thought to be living with the trauma and consequences of female genital mutilation. As earlier mentioned, it is recognized as a violation of the human rights of women and girls.

In December 2013, the United Nations General Assembly (UNGA) unanimously voted to work for the elimination of FGM throughout the world because "it reflects deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women", says WHO. "It is nearly always carried out on minors and thus regarded as a violation of fundamental human rights". Female genital mutilation has several names: these names range from female circumcision to female cutting (Fuller & Lewis; 2001; Sevour, 2006). WHO describes FGM as all procedures involving partial removal of female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. Female genital mutilation (FGM) also referred to as female genital cutting (FGC) is recognized internationally as a violation of the human rights of the girl-child and women. The World Health Organization (WHO) says FGM also violates a person's right to health security and physical integrity, the right to be free from torture and cruelty, inhuman or degrading treatment and the right to life when the procedure results in death. The United Nations, Amnesty International and UNICEF are just three of many organizations across the world working tirelessly to 'consign FGM to history', (Aljazeerah). Currently, there are four forms of FGM as classified by WHO:

TYPE I—partial or total removal of the clitoris and or total removal of the clitoris and/or the prepuce. Type I involves removal of the clitoral hood only. This is rarely performed alone; the more common procedure is Type 1b known as clitoridectomy, the complete or partial removal of the clitoral glands (the visible tip to the clitoris) and clitoral hood. The circumciser pulls the clitoral glands with her thumbs and index finger and cuts it off.

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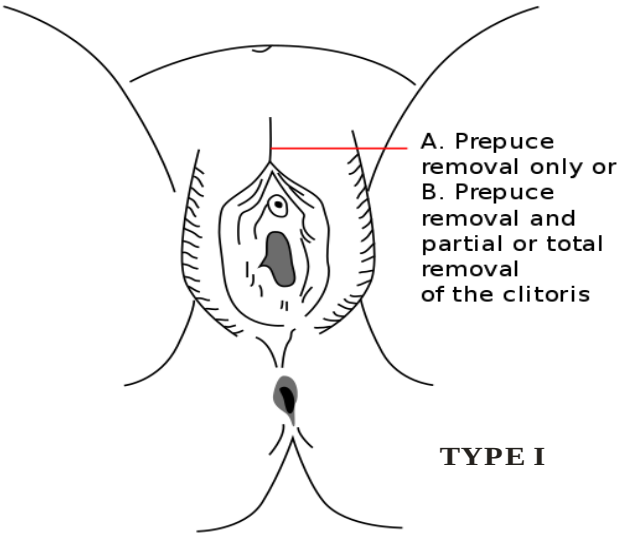
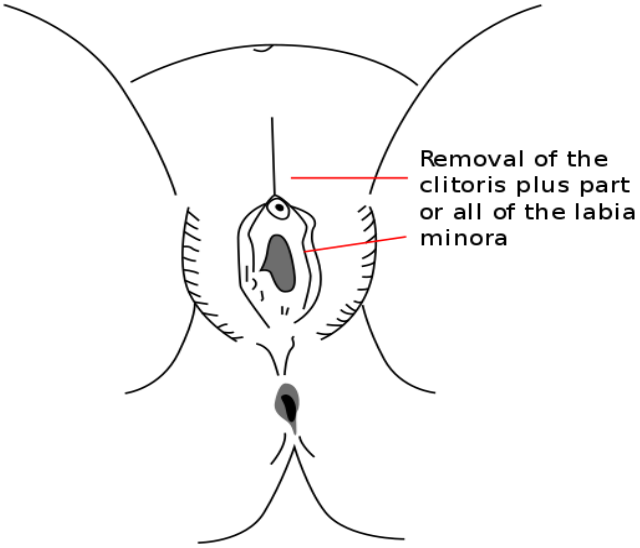
FIGURE I



TYPE II—excision is the complete removal of the inner labia with or without removal of the clitoris glan and not labia. Type IIa is the removal of the inner labia, Type IIb, removal of the clitoris glan and inner labia and Type IIc, removal of the clitoris glan, inner and outer labia.

FIGURE II

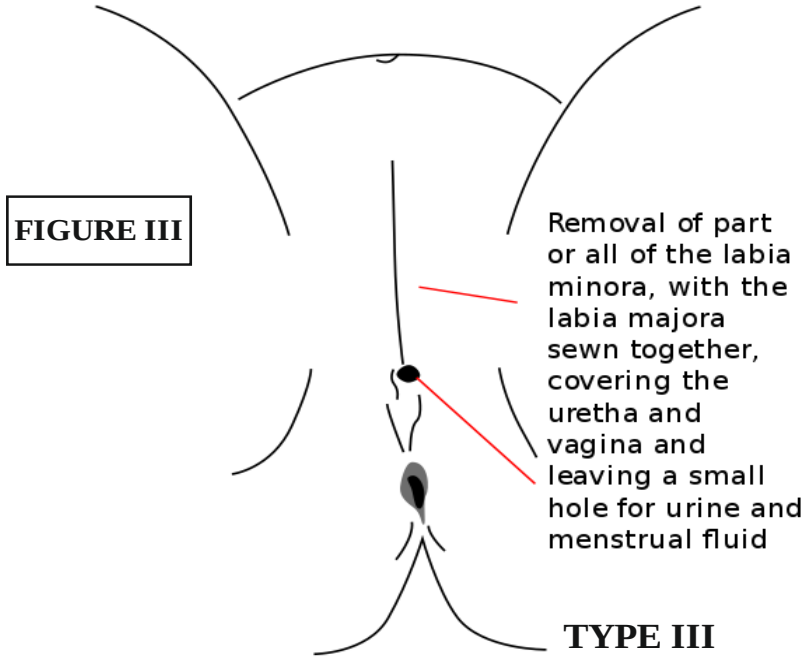


TYPE III–Infibulation or pharaonic circumcision, the "sewn closed" category, involves the removal of the external genitalia and fusion of the wound. The inner and or outer labia are cut away, with or without removal of the clitoris glans. Type III is found largely on northeast Africa particularly Djibouti, Eritrea, Ethiopia, Somalia and Sudan (although not in South Sudan). According to UNFPA in 2010 20% of woman with FGM have been infibulated. In

Somalia "the child is made to squat on a stool or mat facing the circumciser at a height that offers her a good view of the parts to be handled . . . adult helpers grab and pull apart the legs of the girl. . . if available, this is the stage at which a local anaesthetic would be used".

FIGURE III

FIGURE III



Type IV—is "all other harmful procedures to the female genitalia for non-medical purposes", including pricking, piercing, incising, scraping and cauterisation. It includes nicking of the clitoris (symbolic circumcision, burning or scanning the genitals and introducing substances into the vagina to tighten it). Labia stretching are also categorized as Type IV, common in Southern and Eastern Africa, the practice is supposed to enhance sexual pleasure for the man and add to the sense of a woman as a closed space.

In Nigeria, subjection of girls and women to obscure traditional practices is legendary, WHO (1998). Female genital mutilation (FGM) is an unhealthy traditional practice inflicted on girls and women worldwide, UNICEF (2001). It is widely recognized as a violation of human rights which is deeply rooted in cultural beliefs and perceptions over decades and generations with no easy task for change. Though FGM is practiced in more than twenty eight (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. The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal. FGM is widely practiced in Nigeria and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting to about estimated 115-130 million circumcised women worldwide, UNICEF (2001). Female genital mutilation varies from country, tribes, religion and from one state and cultural setting to another and no continent in the world has been exempted, Odoi (2005). Female genital mutilation (FGM) is a procedure performed on women

in developing countries and it is grossly underreported. According to Odukogbe, Afolabi, Bello and Adeyanju (2017), it is a practice that manipulates, alters or removes the external genital organs in young girls and women. The procedure is performed using a blade or sharp knife by a religious leader elderly women, traditional birth attendants or medical practitioners with limited professional training. In contrast, to male circumcision, female cutting or female circumcision produces no known health benefits and is not performed for any medical reasons. In Donohoe, (2006) FGM is widely recognized as a procedure that violates a person's human rights as well as increasing their risk for health complications. In some cases, it involves the suturing together of the vulva which is known as infibulations and the most severe form of FGM.

Female genital mutilation (FGM) also known as female genital cutting (FGC) In Nigeria accounts for the most female genital cutting/mutilation (FGM/C) cases worldwide, Siddhanta (2017). The practice is customarily a family tradition which is carried out on the young females of ages 0-15. It is a procedure that involves partial or complete removal of the external female genitalia or other injurious cutting of the female genital organs for non medical reasons, Okeke, Anyachie and Ezenyeaku (2001). The practice is mostly carried out by traditional circumcisers who do not have proper knowledge of human anatomy and medicine. Despite the gravity of the issue, the practicing societies look on it as an integral part of their tradition and cultural identity, Siddhanta (2017). In the communities that practice excision of female genitalia, FGM/C is associated with ethnicity, culture, prevailing social norms and sometimes as religious obligations. In majority of the cases it therefore has been documented that their own family members such as parents especially mothers, grandparents and grandmothers of the girls are the perpetrators of this act. Encouraging daughters is a required task for them to arrange for her marriage, receive proper bride price and for family honour. There is also a misconception which is still present in Nigeria that female circumcision increases sexual pleasure for the men.

Effects of Female Genital Mutilation/Cutting (FGM/C) on Girls and Women

Women and girls living with FGM/C have experienced a harmful practice which will live with them for the rest of their lifetimes. The traumatic experience of FGM/C increases the short and long term health risks to women and girls and is unacceptable from a human right and health perspective. Generally speaking, there is an increased risk of adverse health outcomes with increased severity of FGM, the World Health Organization (WHO) is opposed to all forms of FGM and is emphatically against the practice being carried out by health care providers; WHO (1998). FGM has serious implications for the sexual and reproductive health of girls and women. The effects of FGM/C depend on a number of factors including the type performed, the expertise of the practitioners, the environment /hygiene conditions under which it is performed, the amount of resistance and the genital health condition of the girl/women undergoing the procedure. Severe complications may occur in all the four types of FGM mentioned above but more complications are most frequent with infibulations, UNICEF, (2013) infibulations, or Type III FGM, may cause complete vaginal obstruction resulting in the accumulation of menstrual flow in the vagina and uterus. Infibulations create a physical barrier to sexual intercourse and childbirth. An infibulated woman therefore has to undergo gradual dilation of the vaginal opening before sexual intercourse can take place. Often, infibulated women are cut open on the first night of marriage (by the husband or a circumciser) to enable the husband to be intimate with his wife. At childbirth, many women

also have to be cut again because the vaginal opening is too small to allow for the passage of a baby. Infibulations is also linked to menstrual and urination disorders, recurrent bladder and urinary tract infections, fistulae and infertility.

Other immediate complications of FGM include severe pain, shock, haemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissues, wound infection, urinary infection, fever and septicemia. Hemorrhage and infection can be severe enough to cause death. Long-term consequences include complications during childbirth, anaemia, the formation of cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunaia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area and increased risk of HIV transmission as well as psychological effects. When one tool is used to cut several girls, as is often the case in communities where large group of girls are cut on the same day during a social cultural rite, there arises the risk of HIV transmission. In addition, due to damage to the female sexual organs, sexual intercourse can result in the laceration of tissues which greatly increases risk of HIV transmission.

The World Health Organization (WHO), UNICEF, UNFPA, The World Bank and the United Nations Population Division in a 1997 study revealed that most of the high FGM prevalence countries also have high maternal mortality ratios and high numbers of maternal deaths. Also in another related study, it was shown that, when compared with women who had not been subjected to FGM, those who had undergone FGM faced a significantly greater risk of requiring a Caesarian Section (CS), an episiotomy, an extended hospital stay and also of suffering post-partum haemorrhage. Women who have undergone infibulations are more likely to suffer from prolonged and obstructed labour sometimes resulting in foetal death and obstetric fistula. The infants of mothers who have undergone more extensive forms of FGM are at an increased risk of dying at birth. FGM may also have lasting psychological effect on women and girls who have undergone the procedure. The psychological stress of the procedure may trigger behavioural disturbances in the girl-child closely linked to loss of trust and confidence in care givers. In the longer term, women may suffer feelings of anxiety and depression. Sexual dysfunction may also contribute to marital conflicts or divorce. The World Health Organization WHO (2018) reported that immediate psychological trauma may stem from the pain, shock and the use of physical force by those performing the FGM. In the long term, post-traumatic stress disorder (PTSD), anxiety, depression and memory loss may occur, (Behrendt and Morotz, 2005). A study in practicing African communities found out that women who have undergone FGM have the same levels of Post Traumatic Stress Disorder (PTSD) as adults who have been subjected to early childhood abuse and that the majority of the women (80%) suffer from affective (mood) or anxiety disorders (Keel, 2014). Women who have undergone FGM may also be affected by chronic pain syndrome and (as) with other causes of chronic pain, there is an increased risk of depressed mood with reduced social functioning, feeling of worthlessness, guilt and even suicidal ideation, (Whitehorn, Ayorinde and Maingay, 2002). Burrage (2015) writes that women who have experienced FGM tend to develop psychological conditions which make them withdrawn and uncommunicative or distrustful. Other psychological effects include emotional distance, flashbacks, sleep disorders, social isolation and stigmatization. It has also been found that the psychological trauma associated with FGM often stays with the girls and women for the rest of their lives. Women who were infibulated and who clearly remembered the incident and women who had

received education concerning FGM reported more PTSD symptoms as well as greater anxiety and depression.

Health Communication Strategies in Combating Female Genital Mutilation/Cutting (FGM/C)

Health communication is the study and practice of communicating promotional health information such as public health campaigns and health education. According to Schiavo (2007), the purpose of disseminating health information is to influence personal health choices by improving health literacy because effective health communication must be tailored for the audience and the situation since research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. In a nutshell, health communication even though a discipline with communication studies may variously seek to:

- increase audience knowledge and awareness of a health issue
- influence behaviours and attitudes towards a health issue
- demonstrate healthy practices
- demonstrate the benefits of behaviour changes to public health outcomes
- advocate a position on health issue or policies
- increase demand or support to heart services
- argue against misconceptions about health and health related issues.

For Gwyn (2002), the research on health communication surrounds the development of effective messages about health, the dissemination of health related information through broadcast, print, new media, other traditional means of communication and the role of inter-personal relationships in health communities. The goal of health communication research is to identify and provide better and more effective communication strategies that can improve the overall health status of the members of any given society. In assessing the impacts of a health campaign, the key determinant is the degree of audience reception, the quality and quantity of the messages, the dissemination channels and the large communication environment. It is possible that audience can be more receptive to some messages than others. Therefore, the communication channels or strategies and how the message gets to the audience can affect the effectiveness of the health communication campaign. In Abroms and Maibach (2003), health communication campaigns are unarguably the most utilized and effective method for spreading public health messages, especially in endorsing disease prevention (e.g. cancer, HIV/AIDS, Hepatitis-B, etc) and in promoting public health and general well being of the family (e.g. family planning, reproductive health). From a general perspective, health communication campaigns tend to organise their messages for a diverse audience in one of the following ways:

- By catering to the common denominator within the audience
- By creating one central and then later making systematic alterations in order to have a better reach to certain audience segment while retaining the same central message.
- By creating distinctly different messages for different audience segments.

Researchers and scholars of health communication emphasize the importance of strategic planning throughout a campaign. These include a variety of steps to ensure that a well developed message is being communicated.

- Setting up communication objectives and proposing a plan to meet the expected outcomes.
- Analysis of the target audience by determining, interests, attitudes, behaviours, benefits and barriers.
- Selection of channels and materials for communication in relation to what will effectively reach the target audience.
- Developing and pretesting the message concepts to determine the level of accessibility, understanding, acceptance and reaction to the message.
- Implementation of communication strategies with selected audience and monitoring the exposures and reactions of the audience to the message.
- Assessing the outcome and evaluating the effectiveness and impact of the health campaign then taking note of the changes that need to be made if the need arises.

Data Presentation and Analysis
Demographic Data of Respondents

Table 1: Distribution of Respondents by Sex

S/N	Sex	Frequency	Percentage (%)
1	Male	650	43.3%
2	Female	850	56.7%
	TOTAL	1500	100%

Source: Field Work Survey 2019-2020

From the analysis of Table I above we discovered that 850 (56.70%) of the respondents were female while 680 (43.3%) were male. Therefore, the greater percentages of the sampled population were women.

Table 2: Distribution of Respondents by Marital Status

S/N	Marital Status	Frequency	Percentage %
1	Single	250	19.2%
2	Married	980	60%
3	Divorced	150	11.6%
4	Widowed	120	9.2%
TOTAL		**1500**	**100%**

Source: Fieldwork Survey 2019/2020

Here in Table 2, 250 (19.2%) of the sampled population were single, 980 (60%) were married, 150 (11.6%) were divorced while 120 (9.2%) were either a widow or widower. In conclusion therefore, the larger population of the respondents have either been married or still married.

Table 3: Distribution of Respondents by Age Group

S/N	Age Group	Frequency	Percentage %
1	Less than 20	150	10%
2	21 - 30 years	260	17.3%
3	31 – 40 years	437	29.1%
4	41 – 50 years	335	22.3%
5	51 - 60 years	188	12.6%
6	61 and above	130	8.7%
	TOTAL	**1500**	**100%**

Source: Field Survey 2019/ 2020

Table 3 above shows the age range t of the respondents. In all, we have 150(10%) as being less than 20 years of age. 260(17.3%) as being between the ages of 21-30, 437(29.1%) being within the range of 31-40 years age. The respondents within the range of 41-50years were 335(22.3%) while those that fell between ages 51-60 years were 188 (12.6%). Finally we had a population of 130 (8.7%) as 60 and above.

Table 4: Distribution of Respondents by Category

S/N	Category	Frequency	Percentage %
1	Parents	1200	80%
2	Health Workers	200	13.3%
3	Traditional Birth Attendants	100	6.7%
	TOTAL	**1500**	**100%**

Source: Field Survey 2019/ 2020

Here in Table 4, the populations that were categorized as parents were 1200(80%) while the health workers and the traditional birth attendants were 200(13-30%) and 100(6.6%) respectively.

Table 5: Distribution of Respondents by Location

S/N	Location	Frequency	Percentage %
1	Ilorin West LGA Ilorin	250	16.6%
2	Asa LGA: Afon	250	16.6%
3	Ifelodun LGA: Igbo Owu	250	16.6%
4	Moro LGA: Malete	250	16.6%
5	Edu LGA: Tsaragi	250	16.6%
6	Patigi LGA: Patigi	250	16.6%
	TOTAL	**1500**	**100%**

Source: Field Survey 2019/ 2020

The Table 5 revealed the location of the respondents where it was shown that all the six selected communities vis-à-vis Ilorin, Afon, Malete, Igbo-Owu, Tsaragi and Patigi all had an equal population of 250 (16.6%) respondents on the sampled population. Thus there was an objective and equitable representation of all the senatorial zones in the collection of data for the study.

Presentation of Findings Based on Data Collected using the Questionnaire: Yes, No, NA, NI

Table 6: Availability of the communication strategies that can be adopted in the campaign against female genital mutilation (FGM)

S/N	OPTIONS	YES	NO	N/A	N I	TOTAL
1.	Have you ever heard of any of the following communication strategies?					
a.	Jingles on Radio & T.V.	1250 83.3%	250 16.7%	Nil -	Nil -	1500 100%
b.	Handbills and Posters	940 62.7%	375 25%	80 5.3%	105 7%	1500 100%
c.	Billboards	1085 72.3%	315 21%	Nil -	100 6.7%	1500 100%
d.	Door to Door Campaigns	220 14.7%	1050 70%	100 6.7%	130 8.6%	1500 100%
e.	Workshops and Seminars	270 18%	1090 72.7%	110 7.3%	30 2%	1500 100%
f.	Sensitization Programmes	210 14%	1020 74.6%	76 5.1%	94 6.3%	1500 100%
2.	Do you understand how any of the following communication strategies work?					
a.	Jingles on Radio & T.V.	175 11.7%	920 62%	160 10.7%	235 15.6%	1500 100%
b.	Handbills and Posters	450 30%	680 45.3%	215 14.3%	155 10.3%	1500 100%
c.	Billboards	630 42%	550 36.7%	320 21.3%	Nil -	1500 100%
d.	Door to Door Campaigns	1330 88.7%	150 10%	Nil -	20 1.3%	1500 100%
e.	Workshops and Seminars	350 23.3%	960 64%	- 6.7%	- 6%	 100%
f.	Sensitization Programmes	470 31.3%	680 45.3%	250 16.7%	100 6.7%	1500 100%

Source: Field Work Survey 2019/2020

Based on table 6 above, a greater percentage of the respondents disclosed that even though they may not have an idea of the workings of the various communication strategies but they are aware of the availability of some of them like jingles on the radio and television. On this table, we have 1250 (83.3%) of the respondents being aware of available communication strategies as against 250 (16.7%) that responded otherwise.

Table 7: Accessibility of the target group to the available communication strategies in the campaign against female genital mutilation (FGM)

S/N	OPTIONS	YES	NO	N/A	N I	TOTAL
1.	Which of the following community strategies do you have access to?					
a.	Jingles on Radio & T.V.	1400 93.3%	100 16.7%	Nil -	Nil -	1500 100%
	Handbills and Posters	400 26.7%	850 56.7%	200 13.3%	50 3.3%	1500 100%
c.	Billboards	1280 85.3%	220 14.7%	Nil -	Nil -	1500 100%
d.	Door to Door Campaign	170 11.3%	1200 80%	30 2%	100 6.7%	1500 100%
e.	Workshops and Seminars	300 20%	1200 80%	Nil -	Nil -	1500 100%
f.	Sensitization Programmes	210 14%	1350 90%	Nil -	30 2%	1500 100%
2.	Through which of the following communication strategies did you receive messages on female genital mutilation (FGM)					
a.	Jingles on Radio & T.V.	1275 85%	155 10.3%	50 3.3%	20 1.4%	1500 100%
b.	Handbills and Posters	1250 83.3%	130 8.7%	Nil -	120 8%	1500 100%
c.	Billboards	1300 86.7%	115 7.7%	50 3.3%	35 2.3%	1500 100%
d.	Door to Door Campaign	125 8.3%	1225 81.7%	Nil -	150 10%	1500 100%
e.	Workshops and Seminars	345 23%	950 63.3%	185 12.3%	20 1.4%	1500 100%
f.	Sensitization Programmes	400 26.7%	1000 66.7%	50 3.3%	50 3.3	1500 100%
3.	Have you ever heard about female genital mutilation through any of the communication strategies mentioned above?	1300 86.7%	150 10%	Nil -	50 3.3%	1500 100%

Source: Field Work Survey 2019/2020

From the above Table 7, the respondents revealed their accessibility to the available communication strategies mentioned in tale 6. Here we can see that 1400 (93.3%) of the respondents agreed that they have access to the mentioned communication strategies, 1300 (86.7%) of the respondents also agreed to have heard message on female genital mutilation through the available strategies. On the contrary, 155 (10%) and 50 (3.3%) responded otherwise on the accessibility to communication strategies on FGM.

Table 8: Impacts of communication strategies in combating the harmful practice of female genital mutilation (FGM)

S/N	OPTIONS	YES	NO	N/A	N/I	TOTAL
1.	Do you think the messages contained in the communication strategies have any impact about the harmful effects of FGM/C?	1300 86.7%	100 6.7%	50 3.3%	50 3.3%	1500 100%
2.	Did the messages contained in the communication strategies have adequate information of the harmful effects of FGM on the girl children and the women?	1250 85.3%	140 9.3%	60 4%	20 1.49%	1500 100%
3.	Did you understand the language(s) used to disseminate the message on FGM in the communication strategies used?	1350 90%	150 10%	NIL —	NIL —	1500 100%

Source: Field Work Survey 2019/2020

The impacts of communication strategies in combating the harmful practice of female genital mutilation were measured here in Table 8. The respondents revealed that the messages contained in some of the contents of the communication strategies which they had received at one time or the other has made them realize their impacts. This we see in the study population where 1350 (90%) of the study population responded yes as against 150 (10%) which responded no with the null percentage on the Not Applicable and No Idea ratings scale.

Table 9: Level of decline in the practice of female genital mutilation (FGM) due to the messages from the available communication strategies

S/NO	OPTIONS	YES	NO	N/A	N/I	TOTAL
1.	Do you agree with the assertion that communication strategies can bring about decline in the practice of female genital mutilation?	1035 69%	248 16.5%	107 7.2%	110 7.3%	1500 100%
2.	Do you agree that the messages on communication strategies have increased your knowledge on FGM?	1350 90%	130 8.6%	N/A --	20 1.4%	1500 100%
3.	With your knowledge of the harmful effects of FGM through communication strategies, do you agree that the practice should be discouraged and stopped?	920 61.3%	242 16.2%	215 14.3%	123 8.2%	1500 100%

Source: Field Work Survey: 2019/2020

In Table 9 above the available statistics showed that the level of decline as a result of communication strategies is appreciable. There is also a broader and wider knowledge of the health risks associated with the practice of female genital mutilation (FGM/C). Table 9 showed that out of the one thousand five hundred (1500) respondents, 1350 (90%) agreed that their knowledge about FGM has improved through communication strategies, 180 (8.6%) responded No while 20 (14%) and Null percentage responded to the No Idea and Not Applicable ratings. Similarly, 920 (61.3%) of the respondents agreed that the harmful practice should be discontinued while 2k2 (16.2%) agreed that it should continue due to religious and cultural reasons. In the same vein, 215 (14.3%) and 123 (8.2%) of the respondents choose the options of Not Applicable and No Idea respectively.

Table 10: Relationship between the messages of communication strategies and the decline in the practice of female genital mutilation (FGM)

S/NO	OPTIONS	YES	NO	N/A	N/I	TOTAL
1.	Did you agree that the messages contained in the communication strategies have any effects on combating the harmful practices of FGM?	1135 75.7%	128 8.5%	195 13%	42 2.8%	1500 100%
2.	Directly or indirectly did you agree that the messages you received through the	1348 89.8%	110 7.3%	20 1.4%	22 1.5%	1500 100%

	communication strategies exposed you to the health risks inherent in the practice in the practice of FGM					

Source: Field Work Survey 2019/2020

Table 10 showed the relationship between the messages contained in the available communication strategies and the decline in the practice of female genital mutilation. The figures contained therein showed that majority of the respondents were of the opinion that the contents of the communication strategies have helped in the reduction of female genital mutilation among some communities where the act was practiced in the past. A total of 1348 (89. 8%) both in the health workers and parents category responded positively on the decline in FGM as a result of communication strategies while 110 (7.3%) responded in the negative 20 (1.4%) were not applicable while 22 (1.5%) had no idea of the relationship between the two phenomena.

Discussion/Analysis of Research Findings

Based on the findings from the research study conducted on the Measurement and Evaluation of the Impacts of Communication Strategies in Combating the Practice of Female Genital Mutilation (FGM) and its Multiplier Effects on Women in Six (6) Selected Communities of the Three (3) Senatorial Districts of Kwara State, Nigeria, there were indices to show that female genital mutilation/cutting is prevalent in some communities in Kwara State Nigeria. Although some intervention programmes have been introduced through government efforts, legislations and campaigns, the prevalence rates have not been significantly lowered as revealed by some reviewed literatures. The findings also revealed that despite global and regional attempts at ending female genital mutilation/cutting of under aged girls by law and intervention methods, the practice has persisted through the ages partly due to the demands of customs and traditions. Although, it is recognized internationally as an infringement on human rights, the multifaceted dynamic makes it difficult to eradicate, (WHO, 2008). The implications of FGM affect the girl for the rest of her life and result in many health issues ranging from extended bleeding, problems with urination, cysts, infections to complications during childbirth. Aside from health-related, ethical and moral consequences of FGM, it has been estimated by the World Health Organization (WHO) that the annual cost of obstetric complications is more than 3.7 million dollars.

However rationalization of genitalia mutilation persists, because the people conducting the procedure do not believe they are doing anything harmful. Thus, the eradication of FGM as a public health initiative becomes imperative towards ensuring that new born females and the girl child do not undergo this traumatic ordeal that has no medically proven health benefit. The implications of FGM include both psychological and social factors. Some previously reviewed literatures reported the relationship between female genital mutilation, maternal morbidity and birth outcomes. Studies have also shown prolonged maternal hospitalization, low birth weight, prolonged labour and increased frequency of Caesarian Sections as outcome variables in order to determine the consequences of FGM. Furthermore, the findings of the research also showed that in spite of the identified health challenges associated with the practice of FGM, the prevalence rate remains significant due to the fact that the practitioners

are not adequately informed of these multiplier effects. In some other cases, the lack of knowledge of the health implications of the practice promotes the harmful procedure among the practitioners.

Summary

The research was conducted to measure and evaluate the impacts of communication strategies in combating the practice of female genital utilization (FGM) and its multiplier effects on women in six (6) selected communities of the three (3) senatorial districts of Kwara State, Nigeria. The main focus of the study was on how the identified communication strategies can be used to eliminate or compact the harmful practice of female genital mutilation/cutting (FGM/C). the population of the study comprised of one thousand, two hundred (1200) adults and three hundred (300) health practitioners who were randomly selected from six communities in Kwara State namely Ilorin: Ilorin West LGA; Afon: Asa LGA; Igbo Owu: Ifelodun LGA; Osi: Ekiti LGA; Tsaragi: Edu LGA; Patigi: Patigi LGA all in the three senatorial districts of Kwara Central, Kwara South and Kwara North respectively. Meanwhile, in the course of the research study, an attempt was made by the researcher to present an extensive introduction and conceptual explications of the operational terms as related to the subject matter. In the chapter two of the research, some existing literatures similar or related to the study were extensively reviewed while the relevant ones were appropriately used as part of the study. The subsequent chapters of three and four dwelt on the research methodology, data presentation and data analysis or discussion of the findings of the study. The last chapter of the research comprised of the summary, conclusions and recommendations relevant to the research study which were propounded for further necessary actions. Some recommendations were also made in the interest of future researchers who may wish to improve on the existing studies. However, the major findings of the research are as follows:

1. Female genital mutilation/cutting (FGM/C) is described as all the procedures involving the partial removal of particular or total external genitalia or other injury to the female genital organs for non-medical reasons. However, there is no known health or medical benefits of FGM to the girl child or women and so it is internationally recognized by the World Health Organization (WHO) as a form of human rights violation against women.

2. The goal of health communication research is to identify and provide better and more effective communication strategies that can improve the overall health status of the members of any given society.

3. Health communication campaigns are unarguably the most utilized and effective method for spreading public health messages especially in endorsing disease prevention (e.g. cancer, HIV/AIDS, Hepatitis-B, etc) and in promoting public health and general well being of the family in areas like family planning and reproductive health.

4. Female genital mutilation/cutting is a deeply embedded cultural tradition that holds a symbolic meaning in numerous settings/communities: The traditional motivation is very strong as this is the main reason women allow and surrender their under aged female children to undergo the harmful practice.

5. In Nigeria and other developing countries of Africa, girls who have not gone through the process of FGM/C are considered as unmarriageable, unclean and a social taboo. Girls who remain uncut may be teased or looked down upon in some traditional societies. Most times, the girls themselves desire to conform to peer group influence as well as societal pressure out of the fear of stigmatization, rejection and excommunication by their own community.

6. In Nigeria, out of the six largest ethnic groups: the Yoruba, Hausa, Fulani, Igbo, Ijaw and Kanuri, it is only the Fulani that do not practice FGM in any form Adegoke; (2005). FGM has the highest prevalence rate in the South-South (77%), (among adult women) followed by the South-East (68%) and South West (65%) but practiced on a smaller scale in the north, paradoxically tending towards a more extreme form. Nigeria has a population of over 150 million people with the women population forming 52%. The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively declined in the young age group.

Conclusion

In a nutshell, the research study revealed that female genital mutilation/cutting is still a prevalent harmful practice in developing countries like Nigeria. According to the findings of the study, female genital mutilation (FGM) is an unhealthy traditional practice inflicted on girls and women worldwide. It is widely recognized as a violation of human rights, which is deeply rooted in cultural beliefs and perception over decades and generations with no easy task for a positive change. Though FGM is practiced in more than twenty eight (28) countries in Africa and a few scattered communities worldwide, its burden is prominent in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic and northern parts of Ghana where it has been an old traditional and cultural practice of various ethnic groups. The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal. Nonetheless, FGM is widely practiced in Nigeria and with its large population, Nigeria has the highest absolute number of cases of FGM in the world accounting for about one quarter of the estimated 115-130 million circumcised women worldwide, UNICEF (2001). The combination of these aforementioned factors create a dynamic that renders FGM a public health concern that requires cultural competence to address, thus the need for various communication strategies for adequate health campaigns. The eradication of FGM as a public health initiative is imperative to towards ensuring that newborn girls do not undergo this traumatic ordeal with no proven health/medical benefit.

Recommendations

Therefore, based on the findings of the study carried out on the measurement and evaluation of impacts of communication strategies in combating the practice of female genital mutilation (FGM) and its multiplier effects on women in six selected communities of the three senatorial districts in Kwara State, Nigeria, the following recommendations are hereby proffered for further necessary actions by the concerned authorities, relevant stakeholders and government agencies,

1. Health practitioners have a crucial role to play in addressing this global health issue of female genital mutilation (FGM). Therefore, there is the need for them to be adequately informed, prepared and trained on how to tackle the health implications of FGM.

2. It is imperative that health workers should be adequately informed of the dangers of *medicalizing* the practice of FGM since it has no proven health/medical benefits.

3. There is need for content based media campaigns and programmes that aim at spreading messages on the health implications and complications of the practice to the victims.

4. It is also recommended that more research efforts should be geared towards evidence based findings so that communities and rural settings will be better informed about the associated short and long term health risks which can effectively contribute towards the elimination of the harmful practice.

5. Some of the reasons given for engaging in the practice of FGM have to do with societal perspective and acceptance, with that being the case, stakeholders at all levels, local, national, regional and international should therefore adopt pro-active measures/actions directed towards the primary prevention of FGM.

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