

# THE INFLUENCE OF RADIO SENSITIZATION IN CURBING FEMALE GENITAL MUTILATION PRACTICE IN IKEJI- ARAKEJI

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## Abstract

This study beyond opinionated conjectures, empirically studied the influence of radio campaign in curbing Female Genital Mutilation (FGM) in the selected community. The harmful effects of female genital mutilation to women are worldwide recognized while it is practiced by people of all socio economic background; there are differences within countries and between communities. The aim of this study is to examine the influence of radio in curbing female genital mutilation using girls and women in Ikeji-Arakeji town in Oriade local Government. Survey method of gathering data was used for this study by distributing questionnaire to elicit responses from the respondents. The sample size was 200. This study observed that the mass media are expected to play effective roles through effective campaign in all the channels of the media but mostly on the radio so as to get to the rural areas as it is the most portable and affordable means of communication. The study recommends that the Federal ministry of information and Orientation and non-governmental organizations should embark on campaign to persuade parents to stop the act, the media should also design programmes that will focus on the dangers of Female Genital Mutilation.

**Keywords:** Mass Media, Female Genital Mutilation (FGM), Women, Sensitize, Influence.

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## INTRODUCTION

The World Health Organization has calculated that from 100 to 140 million women and girls throughout the world have been victims of some forms of Female Genital Mutilation (FGM) in an extensive area of sub-saharan Africa and in some Asian countries (Indonesia Malaysia) and the middle east (Yemen, Arab Emirate, Iraq). Female Genital Mutilation (FGM) is an internationally recognized issue owing to its adverse impacts on physical and psychosocial wellbeing and erosion of sexual and reproductive health rights among women. (Perron L., Sekinas V., Burnett M., Davies V., 2013). To date, no scientific evidence is available to demonstrate any therapeutic aspects of FGM. On the contrary, Female Genital Mutilation has been reported to be associated with a host of complications by numerous studies, including clitoral cyst formation, hemorrhage, fistula, obstetric complications, urinary infections and retention, vaginal tears and psychological trauma. (Osifo and Evbuomwan 2009). Despite that, this ancient tradition continues to be a widespread practice especially in the developing regions, including the Middle East and South-East Asia, with its highest prevalence in sub-Saharan Africa (Female Genital Mutilation 2018). FGM is referred to as the procedures that involve partial or complete excision and/or injury (cauterization or elongation of the clitoris and/or labia minora) to the external female genitalia regardless of the reasons (cultural or religious)

(Rymer and O'Flynn 2013).

FGM presents a major concern to World Health Organization (WHO) agenda, and is identified in any of its forms as a serious violation of internationally accepted human rights for women by WHO, as well as various other advocates of human rights including UNDP, UNICEF and UN (World Health Organization 1998, 2017). FGM is practiced commonly in countries in the northern half of sub-Saharan Africa and over 25 countries with the highest rates being reported in Somalia and Djibouti, where it is practiced virtually universally (Okeke T.C, Anyaehie U, Ezenyeaku C. 2012). However, owing to its sheer population size (seventh largest population globally) Nigeria surpasses all other countries with its highest absolute number of women who are circumcised, accounting for about a quarter of all circumcised women worldwide (Okeke et al. 2012). Several theories have been proposed for the practice of FGM in Nigeria, which commonly highlight the contexts of religio-cultural and superstitious beliefs (Osifo and Evbuomwan 2009; Onuh, S.O, Igberase G.O., Umeora J.O.U., Okogbenin S.A., Otoide V.O., Gharoro P.E., 2006) among certain ethnicities (Okeke et al. 2012).

Female genital mutilation (FGM) involves surgically altering the female genitalia for non-medical reasons, the procedure is irreversible and the effects last a lifetime. In Nigeria, like many other countries FGM is forbidden by law. The harmful health effects of female genital mutilation (FGM) to women are well documented, laws and campaigns against the practice have not been successful to eliminate the practice and few success stories have been reported in Senegal where a community-led approach has been effective to eradicate the practice. While it is practiced by people of all socioeconomic backgrounds, there are different types practiced within the country and between communities.

The prevalence of Female Genital Mutilation practice has further necessitated more efforts by the media in their information and education functions in the society. The media have power to influence the knowledge, attitudes and behaviours of members of the society through their information, education and agenda setting functions. Bello S.M (2015, p.12) observes that the "Mass media can be regarded as vital channels in promoting health information and publicizing various health issues and diseases for public awareness". Through their information and education functions, the mass media have often been used to promote healthy practices and prevent some unhealthy behaviours in the society. Agudosi (2007) confirms that "one major way of promoting health care is by engaging in mass media sensitization which is believed to reach the target audience" (p.28) The author further notes that these media campaigns can undoubtedly create cognitive, attitudinal and behavioural changes in the audience. Hence, dissemination of health information through the mass media has been found to be an effective means of communicating and improving people's knowledge, attitudes and health protective behaviours. (Li., Wu, Lin., Guan., Rotheram-Bornuus & Lu, 2009).

Therefore, the mass media in performing their information and social responsibility functions, come at the Centre of health awareness to ensure that the public is adequately informed for proper precaution. These, the media do through provision of fundamental information and alert the public about event or any inhuman act happening outside within and around them. Considering the practice of Female Genital Mutilation in Ikeji-Arakeji and the health implication on the girl child, this study seeks to ascertain the expected roles of mass media in the creating awareness against the act in Osun State.

## **STATEMENT OF THE PROBLEM**

Female Genital Mutilation is practiced in 28 African countries and some countries in Asia. In 1997, the World Health Organization (WHO), United Nations Children's Fund, and United Nations Population Fund issued a joint statement that defined Female Genital Cutting as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons." Approximately 3 million girls every year are at risk of undergoing Female Genital Cutting. The health, psychological and sexual complications of Female Genital Cutting depend on the type of procedure that is performed, sterility during the procedure, the experience of the operator and the social atmosphere at the time the cutting is performed. "There is considerable knowledge about the epidemiology and consequences of female genital mutilation, but there are still gaps in understanding the extent of the problem, its health impact and the kinds of interventions that can be successful in eliminating it" World Health Organisations (1997).

Female Genital Mutilation (FGM) has posed a great threat to the female gender, this practice has made them

vulnerable and exposed to different health challenges including death among others, Nawal M. N (2008) examined the topic Female Genital Cutting: A Persisting Practice, it revealed that women with FGC were found to be at an increased risk of having adverse obstetric outcomes, including postpartum hemorrhage, episiotomies, cesarean deliveries, extended maternal hospital stay, infant resuscitation, stillbirth, or neonatal death. These risks increased with the severity of FGC. Hence this research work wants to carry out research to examine the influence of the media in curbing the practice in Nigeria and to ascertain whether there is constant awareness on the media to curb people in its practice.

### **OBJECTIVES OF THE STUDY**

The objectives of the study are to;

1. investigate the awareness level of Female Genital Mutilation sensitization.
2. examine the extent the media carry out their roles towards curbing the practice.
3. discuss the influence of radio sensitization on the practice; and
4. determine if the sensitization on the radio has been effective in reducing the practice.

### **RESEARCH QUESTIONS**

The following research questions were designed to guide the study:

1. What is the awareness level of Female Genital Mutilation sensitization?
2. What extent has the radio sensitization gone in carrying out their role towards curbing the practice?
3. What is the influence of radio sensitization on the practice?
4. What is the impact of radio sensitization in reducing the practice?

### **FEMALE GENITAL MUTILATION IN NIGERIA**

Nigeria is located in the Sub-Saharan African (SSA) region of the world. It shares borders with Benin Republic, Niger, Chad and Cameroon. Demographically, it is the most populous country in the region. About half of the population is women; hence issues concerning women such as FGM should not be ignored. Economically, Nigeria is not very buoyant. With the low per capita income and worsening poverty situation the country would find it difficult to bear the cost implications of the health burden arising from the complications of FGM. Therefore, there is strong economic justification to stop the practice of FGM.

There has been growing literature on the age-long practice of FGM. Most of the literature deals with issues of the origin, types and justifications for the practice but little is devoted to its eradication. Nawal M.N (2008) in his work said that the origin can be traced to Egypt, the practice of FGM has been justified mostly on social and cultural grounds. Some of the assumptions for the continued practice of FGM in Nigeria include: custom and tradition, purification, family honor, hygiene, aesthetic reasons and protection of virginity and prevention of promiscuity. Others include increased sexual pleasure of husband, enhancing fertility, giving a sense of belonging to a group and increasing matrimonial opportunities. Despite the fact that most of these claims are not substantiated with empirical data, as high as 85% still believe that the practice should be continued. This is possibly due to cultural inertia; limited emphasis has been made on the economic rationale. It has been argued that FGM provides employment/ lucrative business for the practitioners where “cut body parts” is sold for love charm or medicine.

Female Genital Mutilation/Cutting (FGM) is an ancient practice that remains a deeply rooted tradition supported by a complexity of symbolic and cultural meanings. It is mainly practiced in 29 countries of Sub-Saharan Africa, the Middle East (Iraqi Kurdistan, Yemen) and Asia (Indonesia, Malaysia). Today, the local becomes global, migrants travel with their cultures and the practice is widespread within the Diaspora worldwide (Europe, United States of America, Canada, Australia, among others). FGM is mostly performed on baby girls and girls between the ages of 0 to 15 years prior to the onset of menstruation. It can be occasionally performed to adult and married women. FGM/C is an extremely complex, sensitive and politicized topic that is difficult to be understood only through normative definitions, classifications and geographical delimitations.

FGM is defined by the World Health Organization (WHO, 2019) as “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”. UNICEF (2016) estimates that around 200 million women have undergone the practice and more than 63 million girls could have it performed by 2050. The practice is internationally recognized as a violation of the human rights of girls and women, constituting an extreme form of discrimination against women.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

#### **TYPES OF FEMALE GENITAL MUTILATION**

The World Health Organization (WHO) 2012 identified the types below:

##### **Type I**

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

##### **Type II**

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

##### **Type III**

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

##### **Type IV**

Type IV includes the introduction of corrosive substances into the vagina. This form is practiced to a much lesser extent than the other forms in Nigeria.

While all three forms occur throughout the country, Type III, the most severe form, has a higher incidence in the northern states. Type II and Type I are more predominant in the south. Of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw and Kanuri, only the Fulani do not practice any form. The Yoruba practice mainly Type II and Type I. The Hausa and Kanuri practice Type III. The Ibo and Ijaw, depending upon the local community, practice any one of the three forms.

These procedures can take place anytime from a few days after birth to a few days after death. In Edo State, for example, the procedure is performed within a few days after birth. In some very traditional communities, if a deceased woman is discovered to have never had the procedure, it may be performed on her before burial. In some communities it is performed on pregnant women during the birthing process and accounts for much of the high morbidity and mortality rates. It varies among ethnic groups.

Highly respected women in the community, including traditional birth attendants (TBAs), local barbers and medical doctors and health workers usually perform the procedure. Unless performed in medical facilities, it is generally performed without the use of anesthesia.

#### **PEOPLE'S ATTITUDES AND BELIEFS**

The Women's Centre for Peace and Development (WOPED) has concluded that Nigerians continue this practice out of adherence to a cultural dictate that uncircumcised women are promiscuous, unclean, unmarriageable, physically undesirable and/or potential health risks to themselves and their children, especially during childbirth. One traditional belief is that if a male child's head touches the clitoris during childbirth, the child will die.

#### **LEGAL STATUS**

There are no federal laws banning FGM/FGC in Nigeria. Opponents of this practice rely on Section 34(1) (a) of the 1999 Constitution of the Federal Republic of Nigeria that states, "No person shall be subjected to torture or inhuman or degrading treatment," as the basis for banning the practice nationwide. A member of the House of Representatives has drafted a bill, not yet in committee, banning this practice. Edo State banned this practice in October 1999. Persons convicted under the law are subject to a 1000 Naira (US\$10) fine and imprisonment of six

months. While opponents of the practice applaud laws like this one as a step in the right direction, they have criticized the small fine and lack of enforcement thus far. Ogun, Cross River, Osun, Rivers and Bayelsa states have also banned the practice since 1999.

### **HEALTH IMPLICATIONS**

The World Health Organization (1997) identified the following health implications:

- Immediate physical health consequences include: severe pain, injury to adjacent tissue of urethra, vagina, perineum and rectum, heavy Bleeding, shock, acute urinary retention, fracture or dislocation due to restraints, pelvic inflammatory disease, risk of contracting infections such as HIV and Hepatitis B, failure to heal, death.
- Long term consequences are: difficulty in passing urine; recurrent urinary tract infection, pelvic infections, forming of scar tissue and keloids, loss of normal sexual function, possible infertility, cysts and abscess on genital, difficulty in menstruation, painful intercourse, problem in child birth.
- Physical and emotional health problems include: fear; submission; inhibition and suppression of feelings; repeated pain during intercourse and menstruation; constant feeling of betrayal, bitterness and anger; mental and psychosomatic disorder; uncircumcised girls are socially stigmatized and rejected by communities; painful and difficult labour, Serious complications during childbirth include the need to have caesarian section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following birth. The study showed that the degree of complications increased according to the extent and severity of FGM.

### **MEDIA CHANNELS OF MESSAGE DELIVERY IN THE CAMPAIGN AGAINST FEMALE GENITAL MUTILATION**

The mass media are regarded as very important channels in promoting health information and publicizing various health issues and diseases for public awareness. Media channels are often used in Female Genital Mutilation campaigns to inform, educate, persuade or motivate the public in order to modify their health behavior Odionye et al (2019) However, the media channels of message delivery used in the campaign against Female Genital Mutilation are: Radio, Television, Newspapers and Magazines, Billboard, Social Media, Traditional Media and Tradotronic Media. The researcher is considering the Radio in her work.

### **RADIO**

This mass media channel is mostly effective in delivering health messages to people in the rural communities where a larger percentage of the population reside. Because of the portable and affordable nature of radio, most of the members of remote communities have access to it. Hence using radio to deliver Female Genital Mutilation messages will effectively help to reach residents of Osun State, especially those at the grass root. Other advantages of radio over other media channel are: radio has wider population reach, radio message is immediate and easily catches the listeners' attention, and radio message is often delivered in people's dialect. On the other hand, radio is transient and offers only sound. It is also limited by geographical background.

### **THEORETICAL FRAMEWORK**

This study adopts Social Responsibility Theory and Health Belief Model. The social responsibility media theory can be aptly described as a child of the industrial revolution by the Hutchins commission. The industrial revolution and the emerging multimedia society provide the enabling environment for the development of a theory that is based on assumption that while the press should be free it nonetheless be responsible. The social responsibility theory by the Hutchins Commissions (1947) as cited in Daramola (2003, p.73) states that:

- The media should accept and fulfils certain obligatory to the society.
- The obligatory are mainly meant to be met by setting high professional standard of informativeness, truth, accuracy and balance.
- In accepting and applying these obligatory, media should be self-regulating within the framework of laws of the land.

- That the media should be pluralistic and reflect the diversity of the society giving access to various points of view and of reply.
- Journalist and media professional should be accountable to the society as a whole

In summary, the social responsibility theory holds that everyone who has something to say must be heard, while the control of the press would be through community opinions, consumer action and professional ethics. Therefore, the media are obliged to be responsible to the society by carrying out its' function in creating awareness. The media should inform the society the dangers inherent in the practice of Female Genital Mutilation and sensitize them on the various health implications it has on the Female gender.

The Health Belief Model, this model was developed by Becker (1974) from the work of Rosen Stock (1966), the *Health Belief Model* (HBM) can be used as a pattern to evaluate or influence individual behavioural change. The model proposes that a person's behavior can be predicted based on how vulnerable the individual consider themselves to be. "Vulnerability" is expressed in the HBM through risk (perceived susceptibility) and the seriousness of consequences (severity). These two vulnerability variables need to be considered before a decision can take place. For instance, a person's decision to perform the health-promoting (or damaging) behaviour will be based on the outcome of this 'weighting up' the process. Of course, the opposite of this is also true. When an individual perceives a threat as not serious or themselves as unsusceptible to it, they are unlikely to adopt mitigating behaviours.

Self-efficacy is also added to the HBM to enable prediction of behavior. Self-efficacy is a person's perceived and confidence of their ability to perform that behavior. The HBM additionally suggest that there is a 'cue to action' to prompt the behaviour change process. This could be a conversation with a friend or television program. Alternatively, it could be an external prompt, such as moving employment. The prompt, however has to be appropriate to that person or as Naidoo and Wills suggest, this cue needs to be 'salient or relevant' (2000, p.225).

The HBM also considers modifying factors' important to behavior change. These include demographic variables, socio-psychological, variables that influence how a person perceives the disease severity, threats and susceptibility. Factors such as age, gender, peer pressure or prior contact with the disease and also the impact on the decision-making process. The reason for the selection of the HBM as a framework for this study is due to the fact that Female Genital Mutilation is an attitudinal problem that can cause a lot of harm to the human health. It is a common practice among people but very few may be willing to acknowledge it. Again, in any society that Female Genital Mutilation is prevalent; the effect includes: severe pain, injury to adjacent tissue of urethra, vagina, perineum and rectum, heavy Bleeding, shock, acute urinary retention, fracture or dislocation due to restraints, pelvic inflammatory disease, risk of contracting infections such as HIV and Hepatitis B, failure to heal, death. Many people that are involved in female genital cutting will hardly come out for identification due to the fact that they dislike being discriminated against. Therefore, the use of the HBM is essential in assessing the communication approaches utilized by the Health workers in Ikeji-Arakeji town for sensitization against Female Genital Mutilation in order to determine its impact in reducing Female Genital Mutilation prevalence.

## **METHODOLOGY**

The researcher adopts the survey approach for this study; survey method was suitable for the study because it availed the researcher the opportunity to collect data from respondents directly. The location of this research is Ipo Ikeji - Arakeji town in Oriade local government Area of Osun State. Simple random sampling technique was used for administering questionnaire. Two hundred (200) copies of questionnaire was administered to the respondents based on their availability. Ipo Ikeji-Arakeji has a total population of four thousand two hundred and sixty 4260 ([www.city.facts.com/ikeji-osun](http://www.city.facts.com/ikeji-osun)). Hence, in determining the sample size of the population, the Taro Yamane (1967) statistical formula was used. Sample size is 199.8, approximated to 200.

The data collected using the quantitative approach was coded using the Statistical Package for Social Sciences (SPSS) software. It was accompanied by the interpretation and graphical illustration of data in form of frequency tables for better understanding. Out of two hundred (200) copies of questionnaire distributed across the town, a total number of one hundred and eighty (180) copies of questionnaire were filled and returned. The results obtained were presented in the following tables.

**Table 1 Demographic Distribution of Respondents**

Demographic Characteristics	Frequency	% Percentage
Sex		
Male	50	27.78
Female	130	72.22
Age in years		
15-25	12	6.67
26-35	8	4.44
36-45	80	44.44
46-55	40	22.22
56 and Above	40	22.22
Education		
Primary School	8	4.44
'O' Level	25	13.89
NCE/ND	45	25.00
HND	30	16.67
B.Sc.	60	33.33
Others	12	6.67
Marital Status		
Single	30	16.67
Married	120	66.67
Divorce	12	6.67
Widow	18	10.00

Source: Researcher's Field work, 2022

Table 1 presented the frequency distribution of respondents' demographic characteristics. Looking at the result in the table, it might be asserted that the respondents used for the study were well spread in term of socio-characteristics. For instance, the distribution of respondents according to education revealed that substantial numbers of the respondents had Bachelor Degrees. This invariably implied that respondents used for the study were in better position to understand what the research question required. More so, sex, age and marital status of the respondents might influence how respondents interact with the test items in the questionnaire.

**Table 2 Frequency Distribution of Respondents Awareness of Female Genital Mutilation**

Have you heard about Female Genital Mutilation before?	Frequency	% Percentage
YES	167	92.78
NO	13	7.22
Total	180	100.00

Source: Researcher's Computation, 2022

Table 2 presented the distribution of respondents on their level of awareness of Female Genital Mutilation. From the table, it was observed that 92.78% indicated that they were aware of Female genital mutilation while 7.22% of the respondents indicated that they were not aware of the medical situation. This revealed that adequate numbers of the respondents were aware of the incidence of female genital mutilation in Nigeria. A further probed

on this by the researcher showed that the issue of female genital mutilation had been the concerned of many radio and television stations on their talk show on female health according to the respondents hence, their level of awareness on the incidence was seriously high. On this basis, it might be asserted that awareness level of respondents about female genital mutilation awareness was very high to a large extent.

**Perception of respondents on the extent the media has carried out their roles towards curbing the practice**

**Table 3 Frequency Distribution on the Extent the Media have carried out their roles towards curbing the practice**

**Objective Two:** To find out to what extent is the media carrying out their roles towards curbing the practice

Variable	Frequency	% Percentage	Chi- Square calculated	P- value	Remark
Has the media been objective in the sensitizing against female Genital Mutilation	-				
Yes	156	86.67	34.5634	0.0000	Significant
No	24	13.33	2.78612	0.2315	Not Significant
Have you heard about any awareness against the eradication of this practice on the media?	-				
Yes	176	97.78	56.8765	0.0000	Significant
No	4	2.22	0.4532	0.7864	Not Significant
Do you agree that the media sensitization against the female genital mutilation is effective					
Yes	130	72.22	23.0067	0.0023	Significantly Effective
No	50	27.78	5.9876	0.0645	Not Significant
Has the media coverage on eradication of Female Genital Mutilation had impact on the public?	-				
Yes	121	67.22	16.7641	0.0421	Significant
No	59	32.78	12.6081	0.0532	Not Significant

Source: Researcher’s Computation, 2022

**\*\* X<sup>2</sup> (Chi-Square test) obtained was based on Cramer’s rho Distribution for ordinal scale responses**

**\*\* X<sup>2</sup> test was tested at 5% level of significant**

Table 3 presented the frequency distribution for the test items that helped in investigating the second objective of the study on the extent the media had carried out their roles towards curbing the practice of Female Genital Mutilation. Looking at the result in the table, it was found that adequate numbers of the respondents agreed that the media had been objective in their sensitization against female genital mutilation. This assertion was based on the fact that 86.67% of the respondents said ‘yes’ against 13.33% of the respondents that said ‘no’.

More so, the p-value of the X<sup>2</sup>-calculated for the numbers of respondents that agreed with the test item of 0.0000 was less than the critical value of 5% with significant X<sup>2</sup>- statistics value of 34.56. On this basis, it might be inferred that the media had been objective towards curbing the practice of FGM. The media objective might be based on their personal experiences with people that had their genital mutilated. The level of psychological trauma these people faced, societal rejection and marital discomfort many of these females that had their genital mutilated were confronted within their marriage were the entire scenario that enhanced the objectivity of the media concerning the practice.

Furthermore, it was discovered from the result in the table that sufficient numbers of the respondents had heard about the eradication of the practice of FGM on media. This statement was premised on the fact that 97.78% of the respondents said 'yes' to the test variable unlike 2.22% of the respondents that indicated 'no' to the test item. On this basis, one could say that the media has been carrying out their roles in respect of creating necessary awareness towards curbing the practice of FGM in Nigeria. The test item was found to be significant and add better to media roles concerning the practice of FGM.

Also, substantial numbers of the respondents showed that they agreed that the media sensitization against the FGM was effective. This inferred was based on the fact that 72.22% of the respondents said 'yes' to the test item unlike 27.78% of the respondents that indicated 'no'. Therefore, it might be stated that the media sensitization against the practice of FGM was effective the number of respondents that agreed with the test item was found to be significant. On this basis, it might be stated that the media had created successful sensitization towards curbing the practice of FGM. In addition, 67.22% of the respondents agreed that the media coverage towards curbing the practice of FGM had impact on the public while 32.78% of the respondents did not believe the sensitization had impacted on the public. On this premised, it might be stated that the sensitization had impacted positively on the public since majority of the public according to the respondents had stopped the practice except few rural areas in Nigeria where the practice was still on the high. On this basis, one could say that the media sensitization had impacted positively on the public.

Finally, to a great extent the media had carried out their roles successful towards curbing the practice of FGM. This the media accomplished through objective sensitization about the evil of female genital mutilation, consistence and persistence awareness about the practice of FGM which had resulted in reduction in the rate of FGM.

#### **Perception of Respondents on the extent Radio sensitization Influence Respondents Attitude towards the Practice of FGM**

**Objective Three: To evaluate the extent the radio sensitization has influenced respondents' attitude towards the practice.**

**Table 4 Frequency Distribution of Respondents on the extent the radio sensitization has influenced respondents' attitude towards the practice**

Variable	Frequency	% Percentage	X <sup>2</sup> - Calculated	P- value	Remark
Which of the media stations is effective in sensitization towards curbing the practice?	-				
Radio	120	66.67	16.76	0.0034	Significant
Television	40	22.22	6.78	0.0673	Not Significant
Others	20	11.11	1.56	0.3423	Not Significant
Which of the media do you think is easy to sensitize against the practice and it will get to the rural area?					
Radio	140	77.78	28.45	0.0003	Significant
Television	30	16.67	4.34	0.0956	Not significant
Traditional media	10	5.55	2.05	0.1256	Not significant

Source: Researcher's computation, 2022

Table 4 presented the frequency distribution of respondents' perception on the extent the radio sensitization had influenced respondents' attitude towards the practice of FGM. Looking at the result in the table, it might be inferred that radio had influenced respondents' attitude to a large extent towards the practice of FGM. This statement was based on the fact that the  $X^2$ -calculated for the two test items for this test perception revealed that the p-value of the  $X^2$ -computed for respondents that was influenced by radio sensitization towards curbing the practice of FGM and that the media that was easy to sensitization against the practice and got to the rural area of 0.0034 and 0.0003 was less than the critical value of 5% with significant  $X^2$ - statistics of 16.76 and 28.45 respectively. The implication of this was that radio sensitization had influenced greatly respondents' attitudes towards the practice of FGM. This might be as a result of the fact that radio as a media platform had greater coverage than other form of media such as social media platforms, traditional media like town criers and other. With radio the capacity of the government and other health institution to be able to spread the sensitization against the practice of FGM was faster and better than other form of media because there was no town, no village, no city and houses that did not possess one radio where what was happening around could not be heard.

**Perception of respondents on other factors that have helped in reducing the practice of FGM apart from Radio**

**Objective Four: Evaluate other factors apart from radio sensitization that have influenced the reduction of the practice of FGM.**

**Table 5 Frequency Distribution of Respondents on other factors apart from radio sensitization that have influenced the reduction of the practice of FGM**

Variable	Frequency	% Percentage	$X^2$ - Calculated	P- Value	Remark
Do you know the health implication of the practice on the female genital?	-				
Yes	177	98.33	67.89	0.0000	Significant
No	3	1.67	0.5673	0.7894	Not Significant
Do you support the Female Genital Mutilation (FGM) for girls?					
Yes	10	5.56	2.05	0.1245	Not Significant
No	170	94.44	56.76	0.0000	Significant

Source: Researcher computation, 2022

Table 5 presented the result of the test statistics computed for the variable of other factors apart from radio campaign that had contributed to reduction in the practice of FGM. From the result in the table, it was discovered that one of the prominent factors that had contributed to the practice of FGM was the health implication on female genital. This inferred was premised on the fact that substantial numbers of the respondents said "yes" that they knew the health implication of FGM on female genitals. According to these respondents the greatest health implication of FGM on female genitals was that it might cause various sexually transmitted diseases. Others revealed that the ability of the female to be able to meet her conjugal responsibility might reduce when they eventually marry. It could cause lack of sexual satisfaction due to low arousal; some respondent indicated that it might lead to blockage of fallopian tube making sexual penetration difficult for the other partner. Thus, as a result of these varies degree of health complication many respondents believed that the practice should be discouraged.

In addition, majority of the respondents did not support the practice of FGM hence, adding to factors that helped in reducing the practice. This inferred was based on the fact that 94.44% of the respondents revealed that

they did not support the practice due to future health implication of the practice while only 5.06% of the respondents supported the practice with an insignificant p-value of X<sup>2</sup>-computed of 0.1245 that was greater than the critical value of 5%. On this premised, other factors that have contributed to reduction in practice of FGM were; health implication of the practice and refusal of many Nigerians to support the practice due to their experiences with people that had their genitals mutilated.

### Conclusion

Based on the result, it might be concluded that to a large extent the level of awareness of female genital mutilation sensitization was high among respondents. It might be asserted that to a large extent the media had carried out their roles towards curbing the practice of FGM through adequate and objective sensitization that pointed to people the need to stop the practice of FGM. Moreover, to a large extent radio sensitization had influenced positively respondents' attitude towards curbing the practice of FGM. Also, there were others factors apart from radio sensitization that had influenced reduction in the practice of FGM.

### Recommendations

The following recommendations are made:

- Adequate sensitization should be embarked upon by the Federal Ministries of Information and Orientation to discourage parents from mutilating their female children.
- There is need for the Non-Government Organizations in Nigeria to see the need to join the sensitization against Female Genital Mutilation.
- The media houses should continue to intensify their efforts towards sensitization against the practice particularly in the rural area. Thus, a dedicated programme should be encouraged by the media houses that may focus only to show to parents the danger of FGM and the need to stop the practice.

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