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Media Advocacy Use in Creating Awareness against Female Genital Mutilation in Rural Communities: A Prescriptive Study

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Abstract

This study appraised the use of media advocacy in campaigning against female genital mutilation in rural communities in Nigeria. As an agelong practice, the phenomenon has not only defied or rebuffed various efforts at curbing it but has continued to impugn the image and status of the girl child and women in general. In situations like that it is either the mechanism or channel of information is fraught with incomprehension or the agents lack the expertise to reach the target audience. This paper therefore reviewed conceptual and empirical literature that relates to the subject of inquiry. The aim was to expose the obnoxious cultural practice embedded in female genital mutilation as well as its attendant health problems especially the denial of the reproductive and sexual rights of the girl child. The paper also reviewed the approaches aimed at curbing the age long miasma which has remained largely unsuccessful and then made a case for the adoption of media advocacy as a strategy that can summarily make greater impact when used in the campaign against female genital mutilation and other social change campaigns in our society. It is therefore the position of the paper that female genital mutilation can be abolished in our rural communities if media advocacy is used in creating the necessary awareness.

Introduction

Female Genital Mutilation (FGM) is an age long practice which dates back to several hundreds of years ago. According to Okeke, Anyaehie and Ezenyeaku (2012), FGM 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. The practice is defined by World Health Organisation (WHO) (2010) as, "all procedures that involve partial or total removal of the external female genitalia, other injury to the female genital organs for non medical reasons". Female genital mutilation (FGM) also known as female circumcision is a practice shrouded in mystery. The various terms emerged in an attempt to balance varying views and opinions on the practice and to appeal to all stakeholders in the elimination of the practice (Raj, 2015). FGM is typically carried out on girls from a few days old to puberty. Though it can take place in a hospital, it is usually performed without anaesthesia by a traditional circumciser using a knife, a razor, or scissors (WHO, 2008).

The prevalence of this agelong practice demands a conscious effort aimed at sensitizing the people on the dangers and implications of the practice especially to rural communities. The campaign to stem this practice among members of rural communities can only succeed if advocacy is involved. Media advocacy is the process of disseminating policy-related information through the instrumentality of the media especially to effect change. The mass media can set the agenda on the dangers of female genital mutilation for policy makers and formulators to consider (Osuagwu, 2012). This agenda will include debates on cultural issues affecting gender imbalance, and discussions, seminars, conferences among others on the factors that still cause obnoxious cultural practices against women in Nigeria.

The success of any social change campaign in any society presupposes a proper conceptualization of ideas in form of messages and an effective vehicle for driving the messages to the target audience (Dim, 2008). In most rural communities in Nigeria, research has shown that effective,

impactful and well diffused message delivery mechanism has thrived in the atmosphere of well designed advocacy. Thus, the critical role of media advocacy in the diffusion of social change campaigns such as female genital mutilation/ cutting cannot be over-emphasized.

The idea of media advocacy refers to the use of various media platforms and programmes for campaign by an individual or groups in sensitizing, mobilizing and educating the people with a view to effecting behavioural/attitudinal change or introducing them to an important view point. It is an interface between an individual/group that has a message and the media platform through which such message gets diffused to the target audience members. It provides a personalized approach to the implementation of communication-based objectives; thus, media advocacy can be utilized by an individual in the society or group, an association, union to inform, create awareness or even mobilize people for a particular purpose.

The Problem

The need to advance and implement Millennium Development Goal number three of envisaged gender equality and equity is central in discouraging and tackling retrogressive cultural practices such as FGM. The advocacy for the rights of women and girl children to their reproductive sexual health has also been a motivation to this researcher to appraise the prevalence of this age long practice, its anti-social, humiliating and denial of the right of the girl child/women' reproductive sexual rights in the society. This is with the hope of coming with possible solutions that can ensure women and the girl children's health and human rights are not eclipsed by other rights such as cultural rights. These issues no doubt might have been brought to the front burner of national discourse.

However, the mode of discourse, channels of dissemination and overall strategies of sensitizing the people might not have made the expected impact in stemming the obnoxious practice which according to Monagan (2010) is meant to protect and promote patriarchal interest. Although female genital mutilation is often carried out by female practitioners, the intent is to control the female body and sexuality for man's benefit, albeit ignorantly. Therefore, this study considers this a gap which the present work intends to fill. It seeks to prescribe the adoption of media advocacy as a strategy for a wider and far-reaching diffusion of campaigns against female genital mutilation and other social change messages in rural communities in Nigeria.

Theoretical Foundation

This study is anchored in the agenda-setting theory, which was coined by Maxwell McCombs and Donald Shaw in 1972 to describe in more general terms a phenomenon that the media have the ability to choose and emphasize topics, thereby causing the public to perceive the issues as important (Dominick, 1996) Bernard Cohen's statement "the press may not be successful much of the time in telling people what of think, but is stunningly successful in telling people what to think about" is often quoted to explain the basic tenets of this theory.

The agenda-setting theory suggests that media effects are not limited, McQuail (1987) is emphatic on this point when he writes that the agenda setting hypothesis seems to have escaped the general conclusion that persuasive campaign has a small or no effect. In a similar vein, Mboho (2003), drawing from the works of McCombs and Shaw, concludes that the theory "assumes powerful media effects on mass society". In support of the foregoing, Griffin (2000) talking of the power of the press in America, observes that the press sets agenda of public discussion. It determines what people will talk and think about authority that in other nations is reserved for tyrants, priests, parties and mandarins. Okagbue (1996) was reasoning along his line when he notes that "Agenda-setting research has shown that in many cases, the people do perceive some issues as important following the nature of coverage given to those issues by the media". Lippman (1922) explains that the power of the

mass media is its ability to set agenda and raise issues of public importance which is closely related to the public opinion generation.

The agenda-setting theory is relevant to this study because the practice of female genital mutilation in rural communities in Nigeria is an issue, which is supposed to draw extensive attention of the press. Based on the foregoing, both individuals and groups use various media platforms, not only to expose the ills of the obnoxious cultural practice but to also advocate (thereby setting agenda) its abolition in rural communities.

Literature Review

Historical Background of Female Genital Mutilation (FGM)

Though the exact date when female circumcision or female genital mutilation started is not very clear (Kouba & Muasher, 1985),existing documents and Greek historians and geographers, such as Herodotus (425 – 484 B.C.) and Strabo (64 B.C. – 23 A.D.) show that female circumcision happened in Ancient Egypt and the time of the Pharaohs. Consequently, Egypt is considered as the source country of female circumcision. Female circumcision has prevailed during the years of 1400 B.C. to 2000 B.C. in Egypt (Drummer, 2010), and apparently it was done in religious ceremonies and rites (Ahmadu, 2013). According to existing evidences, the Egyptians are considered as the pioneers of this tradition although female circumcision has also moved to other regions of the world – especially Africa. Momoh (2005) states that female circumcision was present a long time ago and among other nations of the world including the Romans, who in order to avoid their female slaves from pregnancy installed some rings on the two sides of the outer lips of the uterus.

The procedure, according to AID (2013), is carried out at a variety of ages, ranging from shortly after birth to sometime during the first pregnancy. It most commonly occurs between the ages of 0 to 15 years and the age is decreasing in some countries. The practice has been linked in some countries with rites of passage for women. FGM is usually performed by traditional practitioners using a sharp object such as knife, razor blade or broken glass.

WHO (2010) classifies FGM into four major types:

Type I (Clitoridectomy): partial or total removal of the clitoris (small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce i.e. the fold of skin surrounding the clitoris.

Type II (Excision): this involves the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Type III (Infibulation): This, the most severe form, is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris. An Amnesty International Document (AID, 2013a) states that the repositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (for example, girls' legs are bound together), to create the covering seal. A small opening is left for urine and menstrual blood to escape (Ahmadu, 2013; Okeke *et al.*, 2012).

Type IV (Others): all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Although many countries and communities in the world acknowledge and have performed the rite at some stages in their cultural history, it is widely known to be practised in 28 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and within some immigrant communities in Europe, North America, and Australasia (WHO, 2008). WHO estimates that 100–140 million women and girls around the world

have experienced the procedure, including 92 million in Africa (WHO, 2008). Unfortunately, more than 30 million girls face FGM each year on the continent of Africa (Woldenmicael, 2009). According to a 1999 Demographic and Health Survey involving 6,753 women nationally in Guinea, 98.6 percent of the women had undergone either of the four types of FGM, with type 1 and 3 being common (Woldemicael, 2009).

FGM persist in sub-Saharan Africa with the practice still associated with non-sterile techniques and multiple complications, including though not limited to hematological, urologic, hemodynamic, infections and psychosocial morbidities. Further, there is a possibility that this practice may be associated with increased transmission of HIV infection in sub-Saharan populations. There are multiple and diversified connotations of FGM. The World Health Organization(WHO) describes FGM as the intentional removal of part or all of the external genitalia, or other damages to the female genitalia for cultural or other non-therapeutic purposes. In sub-SaharanAfrica this practice involves use of shared and crude instruments, thus the sharing of blood. The genital trauma caused by FGM and the consequences, according to the WHO, may increase the susceptibility to HIV infection. Secondly, herbs and foreign bodies inserted into the vagina by traditional methods may increase the possibility of HIV transmission, due to inflammation and abrasions to the vaginal epithelium (Nwankwo, 2001).

In spite of the known complications and the potential for HIV transmission through FGM, there are very limited studies reviewing this practice currently and presenting perspective on the probability of FGM leading to HIV transmission. Biologically, any sexually-related viral or bacterial pathogen has increased propensity for transmission, given trauma or pre-existinglaceration to the vaginal epithelium. FGM increases the risk of vaginal epithelial damage and consequently increases the probability of HIV transmission (Okonkwo, 2008).

The practice is founded in traditional beliefs and societal pressure. The government of Nigeria in the last decade recognized the practice as harmful to children and women and has embarked on corrective measures aimed at addressing the end of the practice openly and energetically, through the formulation of policies, programmes, legislation and behavioral change that have current impact in the reduction in prevalence (Nigeria Demographic and Health Survey, 2003). It is one of the most serious forms of violence against the girl child/woman and is practiced in Nigeria for a number of reasons:

- **psychosexual**: to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure.
- **sociological**: for identification with the cultural heritage, initiation of girls into womanhood, social integration and maintenance of social cohesion and social acceptance.
- **hygiene and aesthetics**: among some societies, the external female genitals are considered unclean and unsightly, and so are removed to promote hygiene and provide aesthetic appeal.
- **religious**: female genital mutilation is practised in a number of communities, under the mistaken belief that it is demanded by certain religions.
- **others**: to enhance fertility and promote child survival, better marriage prospects and help delivery of babies.

Cultural, Religious and Social Causes of FGM

Various races and cultures have different reasons for practising FGM. According to Ahmadu (2013), in West Africa, this may be related to different ethnic and tribal cultures, family relations, tribal connections, class, economic and social circumstances, and education, etc. Part of the factors that encourage families to circumcise their daughters is the family's concern about the girl's inability to marry if she is not circumcised. La Barbera (2010) observes that an important part of this goes back to the recognition of women who are not circumcised as indecent which has resulted in

the fact that African women do strongly support the action of female genital mutilation in spite of the pain and agony and consider it so vital for their daughters' future, especially for their marriage.

Some indigenous Africans believe that circumcised girls might control their sexual desires accordingly after maturity and it protects them from sins and faults, while a great number of Africans also believe that women, who have not gone through circumcision in their childhood, face multiple physical problems at birth (La Barbera, 2010). It is believed that uncircumcised women have lower fertility powers compared to circumcised women and are not able to control their sexual desires (Ahmadu, 2013). On the other hand, in the majority of West African countries, female circumcision represents their purity and innocence (Erlich, 1986).

Female circumcision in West African countries also has a close relationship with the maturity ceremonies and celebrations which familiarize the girls with their responsibilities as future women of the society; and these ceremonies are cherished in West Africa – as they are usually accompanied with celebrations, coupled with dancing, singing and cooking special dishes – as a part of their oral culture (Joseph, 2003).Virginity, in a lot of African communities, is valued as a pre-requisite for marriage and equated to female honour. FGM, infibulation in particular, is defended in this context as it is assumed to reduce a woman's sexual desire and lessen temptations to have extramarital sex thereby preserving a girl's virginity (AID, 2013).

Hygiene: There is a belief that female genitalia are unsightly and dirty. In some FGM-practising societies, unmutilated women are regarded as unclean and are not allowed to handle food and water (AID, 2013).

Gender based factors: FGM is often deemed necessary in order for a girl to be considered a complete woman, and the practice marks the divergence of the sexes in terms of their future roles in life and marriage. The removal of the clitoris and labia – viewed by some as the "male parts" of a woman's body – is thought to enhance the girl's femininity, often synonymous with docility and obedience (AID, 2013).

Religion: FGM predates Islam and is not practised by the majority of Muslims, but it has acquired a religious dimension. Where it is practised by Muslims, religion is frequently cited as a reason. Many of those who oppose mutilation deny that there is any link between the practice and religion, but Islamic leaders are not unanimous on the subject. Although predominant among Muslims, FGM also occurs among Christians, animists and Jews (AID, 2013).

Cultural identity: In certain communities, where mutilation is carried out as part of the initiation into adulthood, FGM defines who belongs to the community. In such communities, a girl cannot be considered an adult in a FGM-practicing society unless she has undergone FGM (AID, 2013).

Social Relevance Attached to FGM by Adherents

The adherents of FGM feel they should be allowed to continue with their culturally ordained practice of female circumcision. They believe the practice embraces immense social capital that gives meaning to them. Perhaps, this scenario explains why the campaign to totally annihilate the practice faces an arduous task. However, culture has an important place in the countries' constitutions. Indeed, many countries' constitutions uphold an array of rights: social, health, civil, economic, environmental and cultural rights, just to name a few. This researcher feels that a right is a right unless its practice and people's enjoyment trample on other people's rights. Therefore, the cultural right embedded in FGM carries weight in magnitude compared to the other rights such as health rights needs to be debated and balanced (FMECD, 2011).

Perhaps, the fact that cultural rights just like many other rights are embodied in individual countries' bills of rights (Barrett-Grant et al., 2001) has made many countries to find it difficult in

annihilating the practice, despite immense evidences that it is associated with violation of more serious rights, especially the rights to health. The fact that the enjoyment of cultural right espoused in FGM violates other important rights in the continuum of rights espoused in many countries' bill of rights has created an opportunity for conflict between these rights as they compete against each other for supremacy. In such a scenario, the rights that are seen or interpreted as superior reign over the lesser ones.

These conflicts, in this researcher's view, could be important as they could provide an opportunity of debating the pros and cons of each of these conflicting rights, of course pitting them against the impacts each poses to the quality of human life. Many researchers in the field of cultures and those trying to rid cultures of its retrogressive aspects have advocated debates and discourses pitting the possible benefits of FGM and the possible human rights value it brings to humanity. In many scenarios, FGM as it is practised especially in many African countries has brought in immense miseries, health challenges and even deaths. These cannot be adding value to humanity or development at large (Woldemicael, 2009).

Abdication of Children's Power of Consent and Decision Making Pertaining to Their Lives

The fact that FGM is usually carried out on minors whose consent and health rights may not be known to them is a contravention of their decision making capacities. In most cases, the minors are neither consulted over the procedure nor given opportunity to realize they have rights to determine the direction of events pertaining to their lives. The procedure, therefore, from a human rights perspective, presents a form of parental exploitation and abuse of their children. This is why the global awareness of the rights of children by United Nations bodies and other rights based bodies continue to advocate and lobby for recognition of children's rights on health education and hygiene (UN, 2009). It is increasingly becoming clear that cultures that retrogress the rights of children's development be discarded to give them an opportunity of a healthy future. The fact that most of these practices are associated with children, becoming of age and discarding developmental aspects of education is worrisome. In many developing countries, education remains a tool for individual as well as countries' development (Egwuatu & Agusa, 1981).

Effects of FGM

The WHO Fact Sheet (2014) states that FGM has no health benefits and it harms girls and women in many ways. Immediate complications could include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. According to AID (2013), the immediate consequences of FGM include: severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. In addition to the severe pain during and in the weeks following the cutting, women who have undergone FGM experience various long-term effects which may be physical, sexual and psychological:

Women may experience chronic pain, chronic pelvic infections, development of cysts, abscesses and genital ulcers, excessive scar tissue formation, infection of the reproductive system, decreased sexual enjoyment and psychological consequences, such as post traumatic stress disorder. Additional risks for complications from infibulations include urinary and menstrual problems, infertility, later surgery (defibulation and reinfibulation) and painful sexual intercourse. Sexual intercourse can only take place after opening the infibulation, through surgery or penetrative sexual intercourse (defibulation). Consequently, sexual intercourse is frequently painful during the first weeks after sexual initiation and the male partner can also experience pain and complications.

When giving birth, the scar tissue might tear, or the opening needs to be cut to allow the baby to come out. After childbirth, women from some ethnic communities are often sown up again to make them"tight" for their husband

(reinfibulation). Such cutting and restitching of a woman's genitalia results in painful scar tissue. According to a WHO study in six African countries, it was shown that women who had undergone FGM, had significantly increased risks for adverse events during childbirth, and that genital mutilation in mothers has negative effects on their newborn babies. According to the study, an additional one to two babies per 100 deliveries die as a result of FGM (AID, 2013).

Global Awareness Campaign to Annihilate FGM

Globally, the campaign to annihilate FGM has been on the increase to raise awareness on how the practice violates the rights of children and possibly come up with strategies of how societies could be persuaded to change their mindset and accept that the practice is a deterrent, not only to personal, community, and national development, but also immensely violates the health rights espoused in many countries' bills of rights (Barrett-Grant et al., 2001). The campaign attracts research, debates and discourses that could increase understanding and information dissemination to various groups practising the procedure with the hope of effectuating a paradigm shift to change their position and thinking over the practice.

To succinctly drive this agenda, the global world especially under the auspices of World Health Organization continues to relentlessly wage war against the cultural practices associated with FGM. This is because it poses immense public health concerns, is a human degradation and has been documented to be fatal (WHO 2008). FGM is also considered to immensely violate children's reproductive sexual health. For instance, research indicated that babies born to women who have undergone FGM suffer a higher rate of neonatal deaths compared to babies born to women who have not undergone the procedure (WHO, 2008).

Currently, FGM is increasingly being demonized by governments, NGOS and many individuals as barbaric, unmethodical, naïve and a backward and a retrogressive culture whose place is no more in a rapidly globalised world. In Kenya, for instance, both print and electronic media houses are up in arms advocating against the practice (Monagan, 2010). The underlying message is that the practice represents a human rights violation. The campaign especially driven by the richer countries of the West has taken the route of international advocacy and lobbying in both print and electronic media, staging health based conferences, and through intergovernmental meetings. Funding a score of human rights bodies and NGOs especially in areas where the practice is rampant has also been a central campaign methodology (UN, 2009).

Media Advocacy Approach in Social Change Campaigns

Media advocacy is the process of disseminating policy related information through the instrumentality of the media especially to effect change. The mass media can set the agenda on female genital mutilation for policy makers and formulators to consider its abolition (Osuagwu, 2012). This agenda will include debates on cultural issues affecting gender imbalance, discussions, seminars, conferences among others on the factors that still cause the practice in rural Nigerian communities.

The above can be followed be correlation, where gender issues leading to obnoxious cultural practices or discrimination are explained and interpreted through columns, editorials, commentaries, news analyses. According to Akpan (2009) and Iyimoga (2009) we can create adequate programming, using the media, we can create the needed outlet for our products. Advocacy goes beyond just raising issues to a continued and deliberate action to draw attention of both policy makers and other members of the society to an issue (Usua & Osuagwu, 2010).

Media advocacy can, therefore, be mobilized to harness issues of gender imbalance and practice of gender profiling for a more inclusive development efforts in Nigeria. Journalism in all its ramifications is a weapon of change. Journalists are critical elements to the survival and continuous sustenance

of a modern society. This, according to Asemah, Edego and Ezebuenyi (2013), makes them true watchdogs of the society. As watchdogs, the onus is on them to safeguard the society from unwarranted intrusions just the same way watchdogs keep away unwanted people from residences of their masters (Iwokwah, 2012).

Media advocacy techniques are used to promote a specific political or social cause. It is an evidence-based reporting with a stand point. Through the application of status conferral, agenda setting and gate keeping functions, journalists shape public discourse and events (Grosberg, Wartella, Whitney,& Wine, 2006). Journalists have greater responsibilities in maintaining social order, even above the capacity of the government. Media advocacy can be properly utilized to highlight the prejudice against women. In the same manner, through media advocacy, the government and society at large can be pressured to 'put a full stop' to the practice of female genital mutilation in Nigeria.

Conclusion/Recommendations

There are many ways in which the media can be used to the benefit of public course. Advocacy in its simplest meaning is openly supporting a certain viewpoint or group of people. If one are an advocate for a specific course, one work to persuade local, state of federal authorities or other entities to grant specific rights, make policy changes, provide money, or create new laws for the good of one's course. The practice of female genital mutilation constitutes dangerous health and social problems in our society requiring serious campaigns to dismantle. It is therefore the position of this paper that abolition of FGM is achievable given that advocacy communication offers a critical approach within the field of development, working towards social justice (US State Department, 2001). Advocacy communication engages strategic intervention with clear sociopolitical positions, having no pretense toward neutrality, and resisting hegemonic dominance in valuing social justice. Focusing on advocacy allows one to consider the potential value of social change, recognizing the latent and manifest politics of approaches to intervention (Ciszek, 2017).

Some specific reasons to use media advocacy in creating awareness against female genital mutilation among others are to inform the media – and through them the public - about the obnoxious cultural practice of FGM – its contribution to health problems, denial of reproductive and sexual rights of the girl child and women in rural communities; to influence the media to give the campaign against FGM extensive coverage, allowing victims of FGM to tell their stories in their words; to give rural communities more control by letting those who might not otherwise be heard have a stronger voice in the media. Shinning the spotlight on a community that still sees FGM as a beneficial practice can give its members the power and desire to change cultural beliefs and situations that affect their lives; to persuade the media to cover the kinds of stories that will "light a fire" under other community members, so that they get involved and contribute to community-based solutions.

In all these, the government and other critical stakeholders should wake up from their lackadaisical attitude in abolishing such cultural practices that have negative connotations impugning the image of our culture and outlook. The legislators have a duty to summarily legislate against such practices specifying adequate punishment for adherents and practitioners alike.

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