

## AUDIENCE RESPONSE TO INTERVENTION MEASURES ON FEMALE GENITAL MUTILATION (FGM) IN EBONYI STATE

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### ABSTRACT

*Given the various kinds of immediate and long-term physical and psychological effects of FGM/C, this study evaluates the audience response to intervention measures on Female Genital Mutilation/Cutting (FGM/C) in Ebonyi State, Nigeria. The study was able to identify the cultural practices related to FGM/C, intervention measures on the practice, audience response the intervention measures and factors affecting audience response. A mixed-method approach was adopted, with a sample size of 400 participants from two Local Government Areas and Abakaliki City. The results showed a positive response to intervention measures despite cultural addiction, secret perpetrators, age, gender, educational qualification, fear of speaking out, and slow progress being significant factors affecting response. The study recommends an intensified public awareness and education to combat FGM/C. The study concludes that audience response to the intervention measures on FGM/C is positive, although there are dominant factors fighting their decision and action, thereby slowing down the effectiveness of those intervention measures. Based on the findings, the study recommends among others, that Ebonyi State government should engage the media to reinforce awareness raised about the physical and psychological consequences of FGM and debunk the misconceptions surrounding this harmful practice.*

**Keywords: Evaluation, Audience, Response, Intervention measures, FGM/C**

### Introduction

Female Genital Mutilation for decades now, has become a theme of focus the world over. Different researchers, non-governmental organizations and other social groups for several years, seeking possible measures to end the practice have lamented its incredible harmful effect to the feminine gender. In Ebonyi State Female Genital Mutilation (FGM) is a deeply ingrained harmful cultural practice that involves the partial or total removal of external female genitalia (WHO, 2018). Its prevalent in various parts of the world, including Africa, the Middle East, Asia, and among diaspora communities (UNICEF, 2017). FGM has no medical benefits and is widely recognized as a violation of human rights, specifically women's and girls' rights (UNICEF, 2017). The practice can result in severe health complications, including severe bleeding, infections, urinary problems, and complications during childbirth, and psychological trauma (WHO, 2018). According to the World Health Organization (WHO), more than 200 million girls and women alive today have undergone some form of FGM (WHO, 2018).

Intervention measures aimed at eradicating FGM focus on raising awareness, changing attitudes, and promoting behavioural change regarding the practice (Mackie in Antonazzo, 2016). These measures include awareness campaigns, education programs, community engagement, legal and policy measures, and access to healthcare and support services (Toubia NF, Sharief EH, 2003). Findings revealed that the above stated measures have been put into place in a bid to eradicate FGM/C in Ebonyi State. However, evaluating the audience response to these intervention measures is crucial to assess their effectiveness and identify areas for improvement.

Besides, audience response refers to the reactions, attitudes, and behaviors of individuals or groups targeted by intervention measures (Smith, 2020). On regular basis, measures channelled towards ending FGM keep cropping up. Inasmuch as these measures are important, it is more important to determine their impacts. Evaluating audience response involves measuring various aspects, including awareness and knowledge about FGM, attitudes towards the practice, behavior change, and access to support services (Crista E. Johnson-Agbakwu & Emily Manin, 2020; Brown and Williams, 2019). Understanding audience response is essential to determine the effectiveness of intervention measures and identify strategies to improve their impact. For instance, studies have utilized surveys to evaluate the effectiveness of anti-FGM campaigns on raising awareness and attitudes towards FGM (Njue and Boyle, 2014; Kaplan and Akin, 2019). Measures already put in place are seen as only a subject to the overlying cultural adherence.

Socio-cultural factors play a significant role in shaping attitudes towards FGM and responses to intervention measures (Shell-Duncan et al., 2018). These factors include cultural norms, traditions, beliefs, and social dynamics within communities that influence individuals' decisions regarding FGM (Ragnhild Elise B. Johansen, 2016). Understanding these factors is essential for designing culturally sensitive interventions that take into account the local context and engage communities in the process (Shell-Duncan and Hernlund, 2017). These factors become the basic focus in a fight to end FGM/C in Ebonyi State.

In the recent times, experts believe that Female Genital Mutilation can as well be referred to Female Genital Cut or female circumcision, depending on culture and race; but it remains a harmful practice on girls and women in all of its procedures. However, the terminology of Female Genital Mutilation is still under debate and an international consensus has not been reached. Therefore, any of the terms used in the course of this study portrays the same meaning. Female Genital Mutilation/Cutting (FGM/C) is a complex and deeply rooted cultural practice that involves the partial or total removal of female genitalia for non-medical reasons. With an estimated 100-140 million women and girls worldwide having undergone FGM/C, it is a harmful practice that violates basic human rights, causing immediate and long-term physical and psychological consequences.

## **THE PROBLEM**

Female Genital Mutilation (FGM) remains a persistent issue in Ebonyi State, despite intervention measures aimed at ending the practice. The State is one of the areas where FGM/C is deeply entrenched, perpetuated by social norms, beliefs, and traditional practices. The state's strong socio-cultural inclination towards FGM/C makes it challenging to eradicate, despite efforts by international donors and non-governmental organizations to sensitize communities and promote abandonment. Therefore, despite international efforts to combat FGM/C, it remains a persistent issue in many cultures, particularly in Africa, the Middle East, and Southeast Asia. In response to these, there are notable intervention measures towards putting an end to FGM. Among these actions taken, are sensitization, social orientation and teachings on culture vis-a-vis legal and fundamental human right. It is undoubted that changes, in response to those intervention measures have been recorded. However, there is a problem of continuity in the practice of FGM/C in Ebonyi State, notwithstanding the intervention measures. This study therefore addressed the following specific objectives:

- To identify the practices relating to FGM in Ebonyi State with regard to cultural practices.
- To explore the intervention measures on FGM in Ebonyi State.
- To examine the audience responses to the intervention measures on FGM in Ebonyi State.
- To find out the factors influencing the audience response to the intervention measures on FGM in Ebonyi State.

### Literature Review

Ansorge (2008) examined the Female Genital Mutilation/Cutting in the shanty towns of Port Sudan. The study design was the rapid assessment approach using quantitative, and qualitative methods. The findings showed that both women and men considered mothers and grandmothers as the most important decision makers regarding FGM/C. While the performers of FGM/C as indicated by respondents are mainly midwives and traditional birth attendants (TBAs). With the findings of this research, it is clear that mother's/women in different angles are the first and main perpetrators of FGM and have the capacity to bring a lasting end to it if they are given proper orientation. This study was focused on Female Genital Mutilation/Cutting in the shanty towns of Port Sudan while the current study is focused on audience response to intervention measures on Female Genital Mutilation (FGM) in Ebonyi State

Llamas (2017) studied the topic "Female Circumcision: The History, the Current Prevalence and the Approach to a Patient". The study analysed the percentage of support for continuation of FGM, received by each country, experiencing a prevalence of FGM as follows: Support for the Continuation of Female Genital Mutilation Among 15-49 Year Old Girls and Women in Percentage Guinea: 76, Mali: 73, Sierra Leone: 69, Gambia: 65, Somalia: 65, Egypt: 54, Mauritania: 41, Sudan: 41, Liberia: 39, Chad: 38: Djibouti: 37, Ethiopia: 31, Nigeria: 23, Yemen: 19, Senegal: 16, Côte d'Ivoire: 14, Guinea-Bissau: 13, Eritrea: 12, Central African Republic: 11: Burkina Faso: 9, Uganda: 9, Cameroon: 7, Kenya: 6, Niger: 6: United Republic of Tanzania: 6, Iraq: 5, Benin: 3, Ghana: 2, Togo: 1. In her earlier analysis of the Female Genital Mutilation Prevalence among Girls and Women 15 to 49 Years of Age, Llamas stated that Nigeria rates 25 percent with 23 percent support to continue the practice, despite the effort put in place so far to stop it. This study focused on the percentage of support for continuation of FGM while the current study is focused on audience response to intervention measures on FGM in Ebonyi State.

Odo, Umoke and Umoke (2020), carried out a study titled "Towards characterization of Female Genital Mutilation (FGM) in rural, Ebonyi State Nigeria". The researchers used in-depth interview and the findings show that FGM is more like a process than just an act, and type most practiced in the study area is Type 1. The study revealed that circumcisers are health workers and women leaders and that knowledge of health implications of FGM was found to be low among those interviewed. This study again, has proven the need for orientation of Ebonyi women on the implications of FGM and thereby justifying the need for this current study.

Nkeokelonye (2019) conducted a survey research on "FGM in Nigeria, Telling Stories, Raising Awareness and Inspiring Change" with the Purpose to present human angle stories, adopted a creative approach using pictures and direct quotes extracted from the interactions with respondents in the different social dialogues undertaken. Findings from this study revealed that the need to provide a hygienic environment and the assurance of some form of anaesthesia by health workers encouraged patronage of health clinics and paramedics for FGM/C. The medicalization of FGM/C due to perceived negative health implications may be addressing the immediate consequences of the procedure (pain and bleeding) but it aids in obscuring the long term consequences and human right violations underlying the process while also tarnishing the integrity of the health care communities.

On account of Karhu (2010) titled "Female Genital Mutilation- Effects on Women and Young Girls at Diaconia, University of Applied Sciences Diak South, Järvenpää Unit. The research result indicated that female genital mutilation is not only a practice experienced by African communities anymore. Female genital mutilation has spread to other parts of the world and it has become a global issue through the increased rates of immigration and search for better living standards. The study also found out that FGM was a practice performed on the girls and women due to cultural beliefs that female genital mutilation (FGM) is used to signify a rite of passage from childhood to adulthood. To simplify that one is ready for marriage and other responsibilities that married women have, for instance taking care of the husband and bearing children. Other female genital mutilation consequences, which were revealed by the research, include the physical consequences, psychological consequences and social consequences, which occurred before and after the mutilation procedure.

Kaplan, Suiberto, Mariola and Bonhore (2013) researched on "Knowledge, attitudes and practices of female genital mutilation/cutting among health care professionals in The Gambia: a multiethnic study" The findings showed that despite the fact that many girls and women were found in critical health condition as a result of the mutilation, some kept the situation secret, others persisted in the practice and only few were able to report the case.

"We found that a considerable proportion of HCPs (40.9%) observed are girls and women with health complications resulting from the practice. Just under half of the respondents (42.5%) embraced its continuation and 7.6% reported to have performed it on girls". In there study among others, it is clear that knowledge was made available to the perpetrators on the deadly consequences of the practice but their persistence as a result of strong believe and conviction on the cultural tenets made them prefer to obey the culture to the detriment of human

### **Theoretical Framework**

This study is grounded in two theoretical frameworks: the Theory of Planned Behavior (TPB) and the Communication for Persuasion Theory.

The TPB is called the Theory of Reasoned Action because, it links belief to action and explains why individuals engage in certain behaviours. For example, people engage in Female Genital Mutilation/Cutting (FGM/C), due to strong cultural orientation and beliefs. The theory posits that behavioral intentions are shaped by three core components: attitude, subjective norms, and perceived behavioral control. It is considered as being purely a behavioural change theory, hence the name "Theory of planned behaviour/reasoned action" (Lisa A. Martin, Harold W. Neighbors and Derek M. Griffith; 2013).

However, for this study, the focus is on the TPB that was developed from TRA by Martin Fishbein and Icek Ajzen in 1967 and presupposes that people's intentions to engage in any act or practice can be predicted and influenced by making them consider the consequences or outcomes of the act as intended (Ezekiel S. Asemah, Ruth A. Okpanachi and Leo O.N. Edegoh; 2013). To buttress further, TPB assumes that attitudes flow from people's beliefs about the effects of an action. For example, even though the beginning of FGM/C as a cultural practice is conceivably unknown, generations have continued this practice with the notion that it regulates a woman's libido, promiscuity, and ability to enjoy sex while enhancing fertility and childbirth. People who do not believe in these perceived benefits of cutting this most essential part of a woman's organ still subject their children to female genital mutilation because of cultural orientation to ensure their acceptability in society and improve their chances of marriage (Maria Caterina La Barbera and Isabel Wences; 2023).

On the other hand, the Communication for Persuasion Theory, developed by William McGuire in 1984, focuses on how people process information and how persuasion can lead to behavioural change. Persuasion serves human purposes in all situations, where people try to influence the attitudes, feelings, beliefs, and the behaviors of others (Burgoon and Miller, 1985 in Ahmed & Rand, 2019). In today's societies, persuasion has become a major linguistic tool for resolving and making decisions allowing, therefore, for effective participation in social life (Jaradat, 1999 in Ahmed and Rand, 2019). According to this theory, the communication process consists of a three phase model: Communication-Attitudes-Behaviour. The concept underlying persuasion is that information is provided to influence receivers' behaviours. The psychological characteristics of an individual are the filters for a message. It is therefore imperative to pattern communication processes towards achieving the core aim of this model which is social and behavioural change, by understanding the current position of the audience as it concerns FGM/C and aligning their perception aright if the need be.

Both theories are relevant to this study, which aims to evaluate audience response to intervention measures on FGM/C in Ebonyi State. The TPB helps understand why individuals engage in FGM/C, while the Communication for Persuasion Theory explains how persuasion through communication can lead to behavioral change. The study aims to determine if the intervention measures have successfully changed beliefs and attitudes towards FGM/C and if additional efforts are needed. By applying these two theories,

the study can comprehensively understand the factors influencing behavioral change and the effectiveness of persuasion strategies in promoting positive change.

### Methodology

The study made use of mixed method approach involving both quantitative and qualitative research techniques, because the research requires response of the people to the issue and cross examination of the responses for comparative analysis. The survey method (quantitative research technique) involved the use a standardized questionnaire for a selected sample. Focus group discussion (qualitative research technique) was also used. Hence, the population of this study comprises of people in Ikwo and Ishielu local government areas with Abakaliki city where several intervention measures on FGM have been carried out by different organizations and therefore qualified to evaluate their responses. It is expected that the result of this research will yield reliable results that could be applied to FGM issues in Ebonyi State.

According to 2023 population projection of the Federal Republic of Nigeria, below are the populations of the three areas:

- ❖ Ishielu Local Government Area -----226,585
- ❖ Ikwo Local Government Area -----220,200
- ❖ Abakaliki city -----217,000
- ❖ **Total -----662,785**

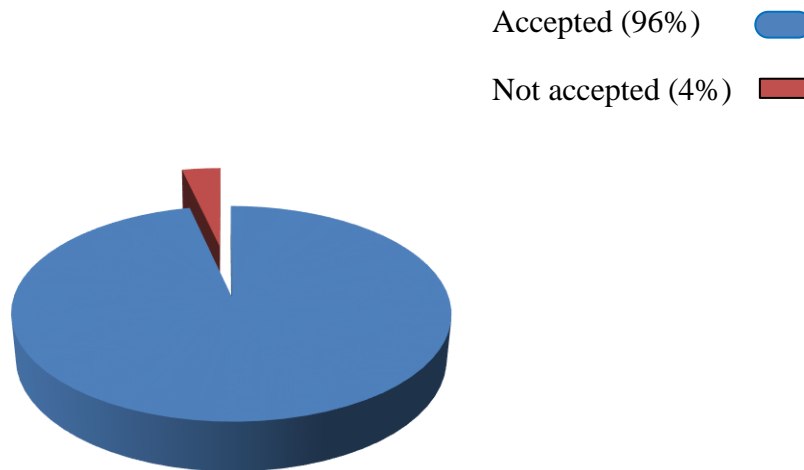
The sample for this study comprises of 400 respondents randomly drawn from the total population of 662,785 residents of the study areas for distribution of the questionnaire and selection of focus groups as research instruments.

### Results

From the 400 copies of questionnaire distributed to Ikwo/Ishielu LGA and Abakaliki city of Ebonyi State Nigeria, 386 copies were validly returned and accordingly, analyzed using statistical tables. In order to further evaluate audience response to the intervention measures on FGM, the researcher equally engaged focus group discussion (FGD) The participants were gathered on invitation and each group made up of four (4) persons, making a total of eight (8) respondents, comprising the ages between 15-55 years; male and female gender and educational qualifications of FSLC, SSCE, OND/NCE and First Degree. The participants shared the following characteristics: nativity (Ikwo/Ishielu LGAs and Abakaliki city) communication and awareness of FGM. Each participant was given an opportunity to speak on any of the themes that emerged as a result of the researcher's interactions with the participants in line with the objectives of the study, which are as follows: Awareness of the intervention measures to FGM, audience response to the intervention measures, cultural backups on FGM and factors affecting audience response to the intervention measures. These emerging themes were closely analysed and intermittently laced with the participants' exact words.

**Research objective 1: To identify the practices relating to FGM in Ebonyi State with regard to cultural practices.**

**Figure1: Acceptance level of FGM/C as a culture in Ebonyi State**



Data in figure 1 above shows that 372 (96%) respondents consented their acceptance of FGM as a culture while the remaining 14 respondents (4%) declined their acceptance. This data indicates that majority of the respondents are of the opinion that FGM/C is a practice that is culturally based.

**Table 1: People's perception of FGM/C in Ebonyi State**

ITEM STATEMENT	SA	A	UN	SD	D	MEAN	STD DEVIATION
FGM in Ebonyi State, is viewed as a traditional practice that reinforces cultural identity, prepares girls for marriage and adulthood, and ensures social acceptance.	50%	40%	2%	3%	5%	165.2000	39.37258.

Source: field survey (2024).

This table reveals that 90% of the respondents believed that FGM in Ebonyi State is viewed as a traditional practice that reinforces cultural identity, prepares girls for marriage and adulthood, and ensures social acceptance.

**Table 2: Decision makers and performers of FGM/C in Ebonyi State**

ITEM STATEMENT	SA	A	UN	SD	D	MEAN	STD DEVIATION
The decision to perform FGM and the performers are often authorities beyond the girl's control.	20%	33%	2%	30%	15%	9.4000	10.99091

Source: field survey (2024)

The table above illustrates those who make decisions and perform FGM in Ebonyi State. The result shows that majority of the respondents (53%) believe that FGM practice in Ebonyi State is decided and performed by authorities beyond the girl's control. Findings from FGD are below:

**Participant 4 (Female, 50 years, from Ikwo LGA)**

*'Our mothers and sisters went through the process and nothing happened to them' They equally did the same thing on me while growing up and old now and d still alive. I have eight children and non of them was born through operation. Our forefathers told us that if a girl was uncircumcised, she will grow to be promiscuous.*

**Participant 5 (Male, 48 years from Ikwo LGA)**

*Intervention measures on FGM has become a common term in my place here. My problem is not the work those people are doing because they are spending a lot of money with sincere sacrifices but whether my people have truly accepted their message, not this o yes! Eye service and back to action afterwards kind of response.*

**Participant 6 (Female, 55, Ishielu LGA)**

*The problem of this generation is unspecialized hands causing troubles by not getting it right. FGM is our culture and so we uphold it and equally allow a girl to enjoy the same privilege a boy enjoys in circumcision.*

**Participant 6 (Female, 55 years from Ishielu LGA)**

*I am very much aware of this campaign against FGM. I have been selected a number of times to represent my community in such meetings held in Abakaliki city. I have also tried my best to reach out to as many as I can, each time I return from such meetings, as women leader. Recently, they stepped it down to my community here where everyone heard from them directly and I applaud them for their commitment to end FGM.*

These show that some people see FGM as a culture while others see it beyond just a culture to equality of right between girls and boys in social practice. Another set of people view FGM as a cultural identity to other cultural practices such as marriage, adulthood and social acceptance. This is in compliance with research objective 1, therefore, identifiable cultural practices relating to FGM in Ebonyi State are marriage, cultural identity, adulthood and social acceptance.

**Research objective 2: To explore the intervention measures on FGM in Ebonyi State.**

**Table 3: Intervention measures on FGM/C that have been carried out**

ITEM STATEMENT	SA	A	UN	SD	D	MEAN	STD DEVIATION
Conducting awareness campaigns and engaging with community leaders, religious leaders, and traditional practitioners to challenge misconceptions and change attitudes towards FGM have been carried out.	45%	15%	3%	33%	4%	150.6000	51.78127

Source: field survey (2024)

This table shows that greater number of the respondents (60%) believe that intervention measures comprising traditional, religious and social aspects of life as listed in the table have been carried out on FGM/C. Response from the FGD below also buttress the finding in the table.

**Respondent 3 (Female, 15 years from Abakaliki City)**

*Different groups of those people have visited our school. I got to know about it first when I Was in JSS2 but I'm now in SS3. So, you can see it has been long they started coming. Sometimes, they will come with human right officials who will also educate us on our rights as girls and how FGM is against our rights. They also taught us about Gender Based Violence and said it's not good and gave us their numbers to report any case immediately.*

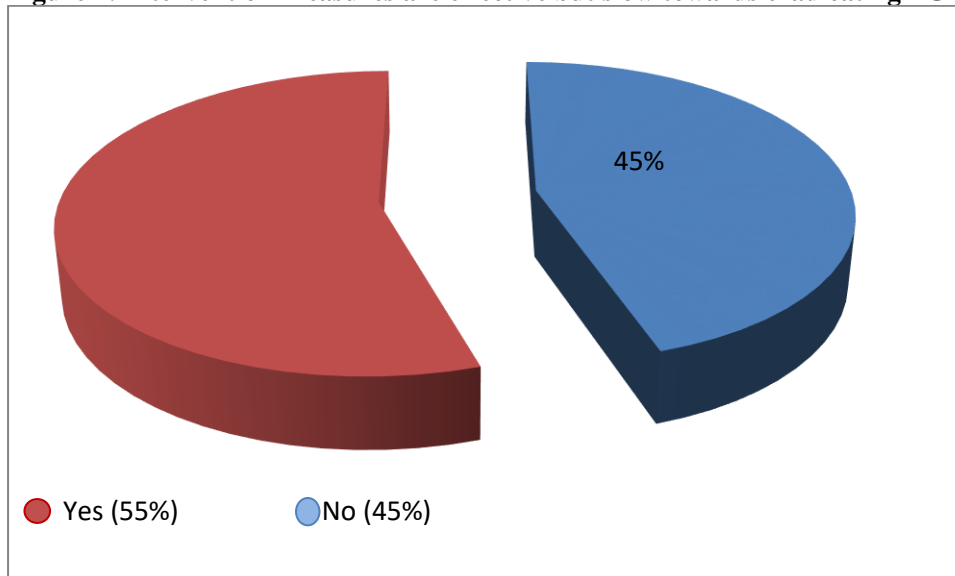
**Respondent 7 (Male, 38 from Ishielu LGA)**

*I am among those internally recruited to ensure people stop FGM in my community and that was after the most recent sensitization where all the survivors were given access to free medical care perpetrators promised to receive a reward from the state's government is they stop the practice and report any person practicing or promoting it secretly. But the problem is that you can't catch anybody doing it but you keep hearing how many girls recently underwent the process.*

From the above responses, intervention measures have been carried in the forms of sensitization/awareness campaign, education, dialogue and empowerment; to the traditional rulers, religious leaders, perpetrators, girls/women (victims) and other community members. In response to research objective 2, the above information have provided a clear understanding.

**Research objective 3: To examine the audience responses to the intervention measures on FGM in Ebonyi State**

**Figure 2: Intervention Measures are effective but slow towards eradicating FGM/C in Ebonyi State.**



In the above figure, 55% making the majority of the respondents agreed that intervention measures are affective in eradicating FGM practice in Ebonyi State but slow, thereby reducing the rate at which audience respond to the intervention measures.

**Table 4: Some Individuals are indifferent to FGM Intervention Measures**

ITEM STATEMENT	SA	A	UN	SD	D	MEAN	STD DEVIATION
Some individuals remain indifferent or apathetic towards intervention measures, lacking awareness or understanding of the issue or feeling that it does not concern them personally.	39%	21%	7%	24%	9%	123.4000	62.05481

Source: field survey (2024)

The table above shows that majority of respondents (60%) affirmed that some people are indifferent to the intervention measures on FGM as a result of apathy, lack of understanding and personal concern. This can delay the effect of intervention measures. From the FGD are the responses Below:

**Participant 9(Female, 19years, Abakaliki city)** *There is a notable effect of the measures implemented on the way people carry out FGM but it is not something that can disappear once. I have seen a good number of persons, both mothers and father's who said that they regretted involving themselves in the practice in the past and will never encourage it again.*

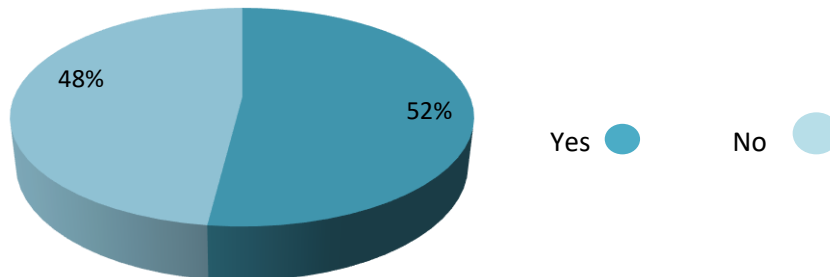
**Participant 12 (Male, 49 years, Ikwo LGA)** *I made a mistake of cutting my two girls before I attended a workshop that we were taught the dangers of FGM. I decided not to do it to anybody around me again and to report any known perpetrator. Unfortunately, my wife took my last daughter to cut her secretly the day I was not around with a reason that her friend told her that those people preaching against it also do it secretly. This was an unfortunate situation as I felt really provoked but couldn't report my wife either.*



From the above audience responses, intervention measures are effective but slow towards eradicating FGM/C in Ebonyi State, due to peer influence and lack of appropriate security.

**Research objective 4: To find out the factors influencing the audience response to the intervention measures on FGM in Ebonyi State.**

**Figure 3: FGM/C is still done secretly as a cultural practice**



The figure above shows that 52% making the majority of the respondents confirmed that FGM is still done secretly as a cultural practice. This means that the intervention carried out does not have impact on the people of that area.

**Table 5: Factors Affecting Audience Response to Intervention Measures on FGM**

Factors affecting audience response	FSLC	SSCE	OND/NCE	First Degree
Cultural Practice	42%	14.2%	6.3%	0%
Marriage purity and fertility	62%	63.6%	45.7%	16.6%
Health and safe childbirth	41.6%	11.4%	0%	0%
Right and social qualification	31.7%	41.0%	36.3%	9.5%

Source: Field survey (2024)

The table above indicates factors affecting audience response to the intervention measures on FGM/C in Ebonyi State. The FGD has the following to say:

**Participant 2 (Female, 17 years, Ishielu LGA)**

*There is no active force to defend us when we protest against FGM in the village and those perpetrators can harm you if you stand their way. Many of my village people don't believe those teachings against FGM because they said even Jesus did not destroy people's culture and girls who haven't done it are insulted and humiliated.*

**Participant 10 (Female, 20 years, Abakaliki city)**

*Even though I was cut, I cannot allow anybody around me to go through the same painful process. The other day, I quarrelled the auxiliary nurse that was about cutting a small girl and the mother of the girl almost threw big stone on me, saying that I want her daughter to be insulted that she still carries prepuce when she grows but people told me to steer clear that it was not my concern. This is the only problem we are having. They will tell you it does not concern you and sometimes, we try to call those officials but they won't take immediate actions as required.*

**Participant 11 (Male 33, Ishielu LGA)**

*We believe that if a girl is not circumcised, the clitoris will cover the vagina and affect childbirth. Our people believe that a clitoris which is uncut will kill a child if it touches the baby's head. 'In our land, if a girl is*

*uncircumcised, it is culturally believed to cause barrenness; therefore, we do it to cure infertility.' This is the reason it seems stopping the practice is difficult. Forget about people who will pretend not practice it and still hide themselves to do it; I will only tell you the truth, it is our culture.*

From the above findings, factors affecting the way people respond to the intervention measures are Socio-cultural and human factors. Socio-cultural factors includes FGM as a culture, marriage, peer influence and prepuce as a stigma. While human factors includes pressure, education and exposure, age and gender. From the study, females are more perpetrators of FGM, older persons also sponsor it because they believe that as far as they did it in their time, the present age can also do it. The uneducated or less educated are the ones promoting it mostly because of lack of information and exposure.

### **Discussion**

This work evaluated audience response to the intervention measures on female genital mutilation/cut in Ebonyi State. The study found that FGM/C is a tradition relating to practices such as: social acceptance, adulthood, marriage and cultural identity. From the research, adolescent girls mobilize themselves to be cut, in order to escape this social segregation while sabotaging is another ugly practice where the community leaders who oversee the activities of the campaigners against FGM are also the ones promoting sneak and cut strategies in the communities. This is why people's positive responses are discouraged, since everybody tends to have the cultural identity associated with FGM. However, findings on how some community members have abandoned the practice in response to intervention measures, exit. Notwithstanding, if the above mentioned socio-cultural factors which are major life practices could be subject to FGM in a community, then, marginalization is on the increase; hence the need for immediate attention beyond the status quo, because, this has proven to be a process and government should equally adopt constructive process to end it. "FGM is more like a process than just an act, circumcisers are health workers and women leaders and knowledge of health implications of FGM has proven to be low among those who practice it" (Odo et al, 2017). Again, if economic empowerment is effectively carried out on the people, then, such unhealthy cultural practice will lose attention permanently.

This study also revealed through survey and FGD that intervention measures have been carried in the forms of sensitization, education, dialogue and empowerment; to the traditional rulers, religious leaders, perpetrators, girls/women (victims) and other community members. Haven implemented these measures is a need for sustainability through action plan. This can be done by forming different reinforcement clusters which give report to the appropriate quarters and receive stipend in return. With this, effect will continue produce positive results.

Another finding from the research is that intervention measures are effective but slow towards eradicating FGM/C in Ebonyi State, due to peer influence and lack of appropriate security. This is a situation where audience have quick and positive responses but some lack the capacity to fight factors affecting their responses to those intervention measures. There is equally lack of defense mechanism to strengthen them. If the government could provide immediate and stable defense mechanism, the issue of fear and threat in communities would have been defeated and many steps forward would be recorded in the fight.

The study further revealed that the major factors affecting audience response to the intervention measures are Human and Socio-cultural factors, which are further categorized into: FGM as a culture, marriage, peer influence, prepuce as a stigma, pressure, education and exposure, age and gender. The situation through the above mentioned factors poses a threat to life and drastic measures for zero tolerance should be adapted. The government should address the factors revealed through free, quality and compulsory education; setting of monitoring and law enforcement agencies. Kaplan and Akin (2019) argue that media can reinforce or change socio-cultural norms surrounding FGM. This is an evidence that the media can be employed as a contending tool against the mechanism of fighting audience response through the aforementioned factors. resulting to less effective intervention measures. Again, sensitization should be effectively done on the United Nations General Assembly 6TH February International Day of Zero Tolerance for FGM and FGM Medical Test Initiative launched. Just like other medical tests, this FGM test should serve as a prerequisite for several life

opportunities, including employments and awards. When girls/women are denied opportunities for being mutilated/cut/circumcised, the society will learn fastest without enforcement.

### Conclusion

The study concludes that audience response to the intervention measures on FGM/C is positive. However, there are dominant factors fighting their decision and action, thereby slowing down the effectiveness of those intervention measures. Therefore, there is a need for an active force to be put in place for immediate defense and discipline, as this will foster a quicker result to the course of eradicating FGM in Ebonyi State.

### Recommendation

Based on the findings, Ebonyi State government should engage the media to reinforce awareness raised about the physical and psychological consequences of FGM and debunk the misconceptions surrounding this harmful practice; Engage with recipients of intervention measures on how to overcome afterwards influence and pressure, form active monitoring team in rural areas, Improve access to quality healthcare services, including sexual and reproductive health services, strengthen the enforcement of existing laws and policies against FGM, Foster collaboration between government agencies, civil society organizations, and international bodies to collectively work towards empowering survivors and reporters while bringing to face the law, the perpetrators and influencers and then, completely eradicate FGM.

### References

- Walker A. (September, 2019). *The Role and The Limits of International Law in Addressing Cultural Practices Harmful to Women and Girls: The Case of Female Genital Mutilation*, <http://urn.nb.no/URN:NBN:no-73857>
- Almroth, L. (2005). Primary infertility after genital mutilation in girlhood in Sudan: a case-control study. *Lancet*. 30 Jul-5Aug 2005;366(9483) pp.385-91.
- Bendixen B, Heir T, Minteh F, Ziyada MM, Kuye RA, Lien IL. (January, 2021). *The association between physical complications following female genital cutting and the mental health of 12-year-old Gambian girls: A community-based cross-sectional study*. PLoS One.22;16(1):e0245723. doi: 10.1371/journal.pone.0245723. PMID: 33481926; PMCID: PMC7822282.
- Brian D. E. (2020) Protecting Children from Medically Unnecessary Genital Cutting Without Stigmatizing Women's Bodies: Implications for Sexual Pleasure and Pain. *Archives of Sexual Behavior* 50:5, pages 1875
- Momoh C. Olamide O. & Redman-Pinard P. (May, 2016). What nurses need to know about female genital mutilation. *British Journal of Nursing* 25(9):S30-S34 DOI:10.12968/bjon.2016.25.9.S30
- Crista E. Johnson-Agbakwu & Manin E. (April, 2020). *Sculptors of African Women's Bodies: Forces Reshaping the Embodiment of Female Genital Cutting in the West*. <https://link.springer.com/article/10.1007/s10508-020-01710-1>
- Department of Health and Social Care. (2016) *Female Genital Mutilation Risk and Safeguarding: Guidance for Professionals*. URL: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/525390/FGM\\_safeguarding\\_report\\_A](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A).
- Ezekiel S. Asemah, Okpanachi R. A. & Leo O.N. Edegoh (2013). Academic Performance of the Undergraduate Students of Kogi State University, Anyigba, Nigeria: *Research on Humanities and Social Sciences* www.iiste.org ISSN 2222-1719 (Paper) ISSN 2222-2863 (Online) Vol.3, No.12, 2013 90 Influence of Social Media on the
- Farouki L., El-Dirani Z. Abdulrahim S. Akik C., McCall S. J. (2022). The global prevalence of female genital mutilation/cutting: a systematic review and meta-analysis of national, regional, facility, and school-based studies. *PLoS Med.* (2022) 19(9):e1004061. doi: 10.1371/journal.pmed.1004061
- Frey Meyer R.H., Johnson B.E. (2007). An exploration of attitudes toward female genital cutting in Nigeria. *Popul Res Policy Rev.* (2007) 26:69–83. doi: 10.1007/s11113-006-9016-3

- Abdulcadir J., Manin E., Earp B.D., Ferguson E.M.N., O'Dey D.M. & Johnson-Agbakwu C. (2022) Rethinking Reconstruction: Ethical Standards and Practice Guidelines as a Prerequisite to Clitoral Reconstruction Following Female Genital Mutilation/Cutting. *Aesthetic Surgery Journal* 42:2, pages NP137-NP139.
- Hayford Sarah R., Trinitapoli Jenny. (2011). "Religious Differences in Female Genital Cutting: A Case Study from Burkina Faso." *Journal for the Scientific Study of Religion* 50(2):252–71.
- Kerubo K.R. Thesis, autumn (2010). *Diaconia, University of Applied Sciences Diak South, Järvenpää Unit Degree Programme Social Services Bachelor of Social Services (UAS)* <https://urn.fi/URN:NBN:fi:amk-2010120517152>
- Brown K., Beecham D. & Barrett H. (July, 2013). *The Applicability of Behaviour Change in Intervention Programmes Targeted at Ending Female Genital Mutilation in the EU: Integrating Social Cognitive and Community Level Approaches*. <https://www.hindawi.com/journals/ogi/2013/324362/>
- Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, and National Council for Population and Development/Kenya. (2015). *Kenya Demographic and Health Survey 2014*. Rockville, MD, USA: ICF International.
- Klein E, Helzner E, Shayowitz M, Kohlhoff S, Smith-Norowitz TA (2018). Female genital mutilation: health consequences and complications—a short literature review. *Obstet Gynecol Int.* (2018) 2018:7365715. doi: 10.1155/2018/7365715
- Lucrezia C., Mastrullo R., Caselli A., Cecere R., Omar A., Abdulcadir J. (March, 2016). Male perspectives on FGM among communities of African heritage in Italy, *International Journal of Human Rights in Healthcare* ISSN: 2056-4902
- Martinelli M, Ollé-Goig JE. (2012) Female genital mutilation in Djibouti. *Afr Health Sci.* (2012) 12(4):412–5. doi: 10.4314/ahs.v12i4.2
- Michela Fusaschi. (2022) Gendered genital modifications in critical anthropology: from discourses on FGM/C to new technologies in the sex/gender system. *International Journal of Impotence Research* 35:1, pages 6-15. NnCrossref
- Robinson M.E. James P., Mallen C.D. & Thomas A. S. (2023). BJJPO.2023.0005. DOI: <https://doi.org/10.3399/BJJPO.2023.0005>
- Ministry of Health (1999). *National plan of action for the elimination of female genital mutilation in Kenya, 1999-2019* Ministry of Health, Government of Kenya Nairobi.
- Odo A.N, Dibia S.I.C, Nwagu E.N, Umoke M, Umoke PCI. (December, 2020). Towards characterization of Female Genital Mutilation (FGM) in rural Nigeria. *Afr Health Sci.* 20(4):1968-1978. doi: 10.4314/ahs.v20i4.55. PMID: 34394263; PMCID: PMC8351817.
- Omaka-Amari, L. N., Obande-Ogbuinya, E. N., Aleke, C. O., Eunice, A. N., Nwafor, J. N., Nwankwo, O., & Igwenyi, P. I. (2021). Demographic Predictors of Cultural Practices Regarding Female Genital Mutilation among Married Women in Ebonyi State, Nigeria. *Journal of Advances in Medicine and Medical Research*, 33(8), 23–31. <https://doi.org/10.9734/jammr/2021/v33i830882>
- Onah, C.K., Ossai, E.N., Nwachukwu, O.M. et al. (2023). Factors associated with the practice of and intention to perform female genital mutilation on a female child among married women in Abakaliki Nigeria. *BMC Women's Health* 23, 376
- Oyefara J. (2014) Female genital mutilation (FGM) and theory of promiscuity: myths, realities and prospects for change in Oworonshoki community, Lagos state, Nigeria. *Genus.* (2014) 70:7–33. doi: 10.11564/29-1-696
- Ansorge R. (February, 2008) *You cannot change it in a day or night... ” Female Genital Mutilation/Cutting in the shanty towns of Port Sudan*
- Sabi Boun, S., Otu, A. & Yaya, S. (2023). Fighting female genital mutilation/cutting (FGM/C): towards the endgame and beyond. *Reprod Health* 20, 51 (2023). <https://doi.org/10.1186/s12978-023-01601-3>
- Shakirat GO, Alshibshoubi MA, Delia E, Hamayon A, Rutkofsky IH. (September 04, 2020) An Overview of Female Genital Mutilation in Africa: Are the Women Beneficiaries or Victims? *Cureus.* 2020 Sep 4;12(9):e10250. doi: 10.7759/cureus.10250. PMID: 33042689; PMCID: PMC7536110.

- Shell-Duncan, B., Hernlund, Y. (2004). Female Genital Cutting. In: Ember, C.R., Ember, M. (eds) *Encyclopedia of Medical Anthropology*. Springer, Boston, MA. [https://doi.org/10.1007/0-387-29905-X\\_30](https://doi.org/10.1007/0-387-29905-X_30)
- Okeke T.C., Anyaehie U.S.B. & Ezenyeaku, C.C.K. (June 2, 2012). An Overview of Female Genital Mutilation in Nigeria, *Ann Med Health Sci Res.* : 70–73. doi: 10.4103/2141-9248.96942 PMID: PMC3507121 PMID: 23209995
- Toubia NF, Sharief EH. (September, 2003) Female genital mutilation: have we made progress? *Int J Gynaecol Obstet.* 82(3):251-61. doi: 10.1016/s0020-7292(03)00229-7. PMID: 14499972.
- UNICEF (July 15, 2022). *Female Genital Mutilation*. UNICEF; 2022. Available from: <https://data.unicef.org/topic/child-protection/female-genital-mutilation>
- United Nations Fund for Population Activities (UNFPA) (2015). *Female Genital Mutilation (FGM) Frequently Asked Questions. 2015*. URL: [www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions](http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions). 10.1002/9781118371923.ch2
- Varol N, Dawson A, Turkmani S, Hall JJ, Nanayakkara S, Jenkins G, et al. (2016). Obstetric outcomes for women with female genital mutilation at an Australian hospital, 2006-2012: a descriptive study. *BMC Pregnancy Childbirth.* (2016) 16(1):328. doi: 10.1186/s12884-016-1123-5
- WHO (2010). *Female genital mutilation Fact sheets no 241*. Accessed on 16.07.2024 <http://www.who./mediacentre/facesheets/fs241/en>