

Influence of communication on Sustainable Development Goals (SDGs) campaign against Female Genital Mutilation (FGM) in Ebonyi State, Nigeria.

Chike Onwe, Mkpuma Enyinna Omoke and Patience Basil Eze

Department of Mass Communication Ebonyi State University, Abakaliki.

ABSTRACT

The paper investigated the influence of communication on Sustainable Development Goals (SDGs) campaign against Female Genital Mutilation (FGM) in Ebonyi State. The aim, among other things is to ascertain the extent the campaign depicts the negative experiences of FGM victims and also determine if the campaigns has led to reduction in FGM practices in Ebonyi State. The study is anchored on agenda setting theory and survey method was adopted. Four hundred (400) respondents were drawn from three (3) Senatorial Zones of Ebonyi state. Structured questionnaire were administered, 390 out of 400 copies were valid. Data were analyzed using tables, frequency and sample percentage. The result revealed that Ebonyi citizens are aware of SDG campaign against FGM, but since visual evidence of the health implication of FGM were lacking, the campaign tends not to have much influence on the attitudes and behavior of Ebonyi citizens towards FGM. Also Ebonyi women are not actively involved in the campaign and so needs to be incorporated in the campaign. Therefore, the researcher recommends that visual evidence and testimonies on the health implications of FGM should accompany the campaign against FGM in Ebonyi State. Again, management of hospitals and health centers should get actively involved in the campaign against FGM by setting out time during antenatal and postnatal clinics to debate on the dangers of FGM practices.

Keywords: Communication campaign, Sustainable Development Goals, Female Genital Mutilation.

INTRODUCTION

According to the World Health Organization, it is estimated that 200 million girls and women alive today have experienced female genital mutilation (FGM) and over 3 million girls are at risk of undergoing the practice every year [1,2,3]. Female genital mutilation is the practice of partially cutting or entirely removing the external female genitalia, and also includes any other harm or injury caused to the female genital organs for non-medical reasons. United Nations (UN) through her sustainable Development goals target is to eliminate female genital mutilation because it is a flagrant violation of the girls and women rights [4]. This violence against women and girls have been around for more than a thousand years. Despite the efforts of both UN, federal and state governments, FGM is still been practice in most states in Nigeria. Female genital mutilation is a practice in whose origin and significant is shrouded in secrecy, Uncertainty, and

confusion [5]. FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it benefit the girl in some ways, such as a preparation for marriage and to preserve her virginity. But there are no acceptable reasons that justify FGM because it is a harmful practice that has no health benefit [6]. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies [7,8,9]. Traditional excisers use a variety of tools to perform FGM, including razor blades and knives, and do not usually use anesthetic. Female genital mutilation is classified into four major types [10]. The most common type of the female genital mutilation is type 2 which account for up to 80% of all cases while the most extreme form which is type 3 constitutes about 15% of the total [11,12,13,14]. Types 1 and 4 of FGM constitute the remaining 5%.

The consequences vary according to the type of FGM and severity of the procedure [15,16]. The practice of FGM has diverse repercussions on the physical, psychological, sexual and reproductive health of women, severely deteriorating their current and future quality of life [15]. The immediate complications include: severe pain, shock, hemorrhage, urinary complications, injury to adjacent tissue and even death [16,17]. The long term complications include: urinary incontinence, painful sexual intercourse, sexual dysfunction, fistula formation, infertility, menstrual dysfunctions, and difficulty with child birth [18,19]. According to United Nations Secretary of state, change can only happen through sustained media attention on the damaging public health consequences of FMG, as the abuse of the rights of millions of girls and women around the world. UNFPA launched a global campaign with the Guardian Newspaper to improve media coverage on FMG in Africa. As part of the campaign, the Pan African Award for reportage on FMG will be granted annually to an African reporter who show

Statement of the research problem

United Nations through its sustainable development goals advocate for human right and gender equality which female genital mutilation militates against greatly. According to Nigeria Demographic and health survey in 2008, about 40% of females have suffered from one form of FGM or the other in almost all states of the federation. This practice has continued to attract local and global attention and criticism yet most communities are still glue to this pattern of life with the believe that they are protecting and preserving their cultural heritage. People that do not believe in these perceived benefits of cutting this most essential part of women organ, still subject their children to female genital mutilation because of cultural orientation, to ensure their acceptability in the society and improve their chances of marriage [9]. The practice of FGM has been a source of personal income for the elderly female members of the community, traditional healers and birth attendants who carry out the procedure [5], and [11] observed

innovation and commitment in covering FNG practices [20,21]. In Nigeria as well, the federal government led by President Goodluck Jonathan banned the practice of FGM in the country in may 15, 2015. In the same vein, Ebonyi State through governor Dave Umahihas on May 1 2018 launched the Violence Against Persons Prohibition (VAPP) law in the State. The law forbids violence against persons, prohibits Female Genital Mutilation (FGM) and protects women against all manners of violence, including wife battering. <https://www.endfgm.EU.pubmed> [22]. All these efforts are to ensure FGM practices are eradicated in our Nation. Communication campaigns are aimed at improving knowledge and influencing the attitude, and behavior of their target audience. The mass media has this crucial role in the fight against Female Genital mutilation and cutting by reporting the problematic issues surrounding the practice and also highlights the side effects of FGM with the aim of persuading people to dissuade from the FGM practices [23 ,24].

that family honour and social expectations, social norms, the fear of moral judgments and social sanctions, the desire to protect girls and to give them the best possible chance to have a future are the factors that perpetuate the practice of FGM in most communities. Therefore, in communities where it is practiced, FGM is not viewed as a dangerous act and a violation of rights, but as a necessary step to raise a girl 'properly', to protect her and, in many instances, to make her eligible for marriage. Parents get their daughter's genital mutilated so as to secure the best possible future for them [16]. However, [20] among many other scholars contend that the practice is highly inimical to health because it causes the growth of cyst, the development of bladder fistulae, which can lead to infertility, illness, bleeding and even death, pain during sexual intercourse, shock, urine retention, damage to the urethra, and ulceration of the genital region. Furthermore, [18] argue that the practice is a serious human

rights violation. The dynamic nature of the society demands that these patterns of behaviour should be modified or eradicated for the sake of modernization and development. [20], observed that the practice of FGM as well as the campaign to eradicate the practice are universal phenomenal which ride on the use of effective communication. [21], advocate for the establishment of guidance and counseling offices in various communities to assist in the sensitization process. In addition to this, many International and National Non-Governmental Organizations (NGOs) embarked on educational and mobilization campaigns to eradicate the practice of FGM in Nigeria, albeit using the mass media as their channel of communication [8]. Many states in Nigeria, particularly Ebonyi State adopted different strategies to sensitize and mobilize the rural people against FGM practice. In Ebonyi State, enabling laws that criminalize the practice of FGM were enacted, while relevant agencies embarked on organizing workshops and seminars, introduced mass media advocacy and activities, and sponsorship of civil society activities on the eradication of FGM in the state [8]. For example, The National Association of

Women Journalists (NAWOJ) launched a media programme known as Ndukaku (an Igbo expression, meaning, health is better than wealth), while Women Action Research Organization (WARO) engaged in awareness campaign, community dialogue about the practice, cultural and socio-economic issues that reinforced the practice, and community advocacy for people to abandon the practice. The electronic media, which comprise television, radio, and film, were extensively used in sensitizing and mobilizing the rural populace against the practice of FGM. Media stations such as Nigerian Television Authority (NTA), Ebonyi State Television (ETV), Ebonyi State Broadcasting Corporation (Ebbc), and Unity FM, are the major stations involved in the campaign to eradicate FGM. In spite of these efforts and approaches, [9,14] and the Women's Rights to Education Programme (WREP) in 2006 note that the practice of FGM remains widespread throughout Nigerian rural and urban communities. It is against this backdrop, that there is need to study the influence of communication on sustainable development goal (SDG) campaign against female genital mutilations in Ebonyi state.

Objectives of the study

The general objective of this study is to examine the influence of communication on sustainable development goals (SDG) campaign against female genital mutilation in Ebonyi state. Based on this general objective, the researcher focuses on the following specific objectives:

1. To determine the level of awareness of Ebonyi people on SDGs communication campaign against FGM

2. To find out the extent to which(SDGs) communication campaign depicts the negative experiences associated with FGM.
3. To find out the extent to which communication campaign against FGM influences the attitude and behavior of Ebonyi people.
4. To determine the level of participation of Ebonyi women in communication campaign against FGM.

Research Questions

1. What is the level of awareness of Ebonyi people on SDGs communication campaign against FGM.
2. What extent do SDGs communication campaign depicts the negative experiences associated with FGM practices in Ebonyi State.

3. What extent has communication campaign against FGM influence the attitude and behavior of Ebonyi people?
4. What is the level of participation of Ebonyi women in communication campaign against FGM.

Significance of the study

The result of this Study will be of benefit to organizations, policy makers and researchers who are concerned and interested in the fight against female genital mutilation. This study will enable NGOs and policy makers to set priorities, re-strategize and be able to deploy

resources wisely to specific mass media that will be effective in achieving this goal.

It will serve as a literature which academics and researchers can make reference to.

Review of related literature

Concept of Female genital mutilation

Female genital mutilation (FGM) constitutes all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or any other non-therapeutic reasons [18]. Prior to the adoption of the term FGM, the practices were referred to as "female circumcision". FGM is carried out using special knives, scissors, razors, or pieces of glass, and cauterization (burning) is practiced in some parts of Ethiopia. Finger nails have been used to pluck out the clitoris of babies in some areas in the Gambia. The instruments may be re-used without being cleaned. The operation is usually performed by an elderly woman of the village specially designated this task, whomay also be a traditional birth attendant (TBA). Anesthesia is rarely used and the girl is held down by a number of women, frequently including her own relatives. The World Health Organization (WHO) classifies the mutilation of the female genital into four distinct categories [20]. Three of the four categories are further broken down into subcategories that classify the specific type of mutilation that was performed. Type I is known as clitorodectomy and includes any procedure that totally removes the clitoris and/or the prepuce . Type Ia is the removal of the clitoris hood or prepuce only while Type Ib includes the removal of both the clitoris and the prepuce [23]

Type II, or excision, is the partial or total removal of the labia minora unrelated to any mutilation performed on the labia majora. Type IIa includes the removal of the labia minora only. Type IIb is the removal of the labia minora and the partial or total removal of the clitoris [14]. Type IIc involves the removal of the clitoris, labia minora, and labia majora. Infibulation, or Type III, is the third category of mutilation procedures defined as the narrowing of the vaginal orifice with the sealing of the perineum by cutting and repositioning the labia minora and labia majora with or without the excision of the clitoris. Type III a references specifically procedures done with the removal and apposition of the labia minora, while Type IIIb includes procedures done with only the labia majora [6]. Type IV is a broad category that includes all other harmful procedures done without medical purpose to the female genitals. This includes any cutting, herbal treatments, or burns that alter or harm the patient's body [8]. The implications of FGM include both psychological and social factors. Prior literature reported the association between female circumcision and maternal morbidity and birth outcomes [9]. Studies have shown FGM prolonged maternal hospitalization, low birth weight, prolonged labor, obstructed labor, and increased frequency of cesarean sections.

Eradicating female genital mutilation through education

Educational rights-based approaches to eradicating FGM/C present communities with a package of opportunities for learning. However, such interventions can sometimes be perceived by communities as an unsolicited top-down approach [6] Therefore, working with communities prior to implementation is of utmost

importance. This increases community acceptance of an intervention, leading to its success [11]. Education is often favored over other rights-based approaches, such as legislation, because it is less repressive [6]. Although legal restrictions have been found to reduce the rate of FGM/C, they have also been

found to drive the practice underground [16]. In other instances, the law has led to parents subjecting their daughters to FGM/C at a younger age before they become susceptible to anti-FGM/C messages. While legal and political measures are necessary to ending FGM/C, community-based educational initiatives

are also critical and have become a key component of campaigns worldwide. Government action is necessary to create a political and legal environment that deters people from practicing FGM/C, but it is ultimately the women, their families, and their communities who must be convinced to abandon the practice [20].

Empirical Review

A study carried out by [2], Strategies for Eradicating Female Genital Mutilation and Cutting Practice: Implication for Counseling, examined the strategies for eradicating female genital mutilation cutting. One hundred and thirty-two counselors from the nine universities in the South East, Nigeria were used for the study. Two research questions and one null hypothesis were formulated to guide the study. Two Experts in Guidance and Counseling; one from NnamdiAzikiwe University, Awka and the other from Ebonyi State University, Abakaliki validated the instrument. Result revealed that the effects of FGM/C are sexual pain, urine retention, poor health, contracting HIV/AIDS and sexually transmitted infection, damaged urethra, lowers women's self esteem, damaged relationship, promiscuity and can lead to divorce. Based on the findings, it was recommended that government should establish Guidance and Counselling units in various communities and recruit Counsellors to help check forms of maladaptive behaviours and traditional practices that affect the health condition of people in these communities. In a related study by [8] in their work on "An Overview of Female Genital Mutilation in Nigeria" south to ascertain the current status of FGM/C in Nigeria. Pertinent literature on FGM/C retrieved from internet services and African Journal Online (AJOL). Through content analysis, the researchers found out that there is no federal law banning FGM/C in Nigeria. They confirmed the need for abolition of this unhealthy practice. A multidisciplinary approach involving legislation, healthcare professional organizations, empowerment of the women in the society and education of the general public at all levels with emphasis on dangers and undesirability

of FGM/C was recommended by the researchers as paramount. Also, [11] carried out a study titled "Female Genital Cutting in the news Media: A content Analysis". The study which was quantitative content analysis, analyzed how 15 years of Newspaper coverage surrounding the launch of the Millennium Development Goals framed female genital cutting in four countries with varying prevalence levels of female genital cutting: The United States of America, Ghana, The Gambia and Kenya. The study found female genital cutting is consistently portrayed as a problematic and thematic topic, largely tied to the cultural rituals. However, coverage is minimal and inconsistent over time and does not appear to be impacted by the increase in International initiatives aimed at combating the practice. In his own study, [13] sought to find out the use of mass media to crusade and mobilize support against certain crude and inhuman cultural practices. According to him, this has remained an essential focus on the social responsibility function of the media. Hence, his study beyond opinionated conjectures empirically studied the influence of the media campaigns in the eradication of FGM/C practice in selected Communities of South-South, Nigeria. The survey research design was used to study a representative sample size of the target population. A sample size of 383 was selected and administered a twenty-one item questionnaire. Research findings revealed that the mix approach for the said campaigns meaningfully helped at influencing the attitude of the South-South rural women against the FGM/C practice. The study concluded that media campaigns against FGM/C have paid off and recommended that sensitization programmes like seminars should be

organized for traditional rulers, religious leaders and other opinion leaders to enable them use other rural media communication channels to further

sensitize and mobilize the rural women so as to consolidate the gains if the campaign and ensure total eradication of the FGM/C practice.

Theoretical framework

This paper adopts a combination of two theories, namely, the agenda setting theory and the framing theory of media role as its framework of analysis. The main proposition of the agenda setting theory is salience transfer. Salience transfer refers to the ability of the news media to transfer issues of importance from their news agenda to public agenda. Through this, they influence people's perceptions on what the most important issues of the day should be [6]. This ability to influence the salience of topics on the public agenda is known as the agenda-setting role of the news media. Thus, since the media can set agenda for the public to follow, it becomes imperative to use the media to set the agenda of eradicating FGM in Ebonyi State. The theory helps in the

understanding of the effects of new media content on individuals, particularly target audience [9]. The media can and do stimulate interest by providing the context that influence how people will talk about issues of public concern. This relates to the second theory adopted by this paper, the framing theory. The principle of framing theory is that the media focuses attention on certain events and then places them within a field of meaning. In this case, how an issue is presented (the frame) influences the choices people make [16]. This affects people's beliefs, attitudes and behaviours, by connecting them to a particular meaning or interpretation of an issue. These two theories enable this paper to assess the impact of the mass media on FGM practice in Ebonyi state, Nigeria.

METHODOLOGY

To elicit the information needed, the researcher adopted survey research method. This involves the researcher

meeting the respondents in their natural settings and selecting a sample from the population on which the study was based.

Population of study

The population of the study comprises all the residents of Ebonyi state. Ebonyi state is one the 36 state of Nigeria, they share

boundary with Enugu, Abia, Benue and Cross River states.

Sample and sample techniques

The sampling techniques involved the use of cluster multi stage, systematic and simple randomization. First, Ebonyi state was clustered into three senatorial zones namely: EbonyiNorth, Central and South. The simple random technique was used to select one LGA from each zone, where copies of questionnaire will be distributed to get their response for the study. Ebonyi north=Ebonyi LGA, Ebonyi central=Ezza south, Ebonyi South = Ohaozara. According to the 2006 population

projection, these LGA have a total population of 483169. The sample size was determined using taro Yamane sampling techniques to be 400. Twenty copies of the questionnaire were presented in a test retest pilot study carried in Amaorji Nike in Enugu state in two weeks interval. Pearson's r correction coefficient of 0.95 confirmed the reliability of the instrument. The Questionnaire contains structured five point Likert scale questions.

Method of data analysis

The data generated were presented and analyzed using

tables, frequency, and simple percentage.

Presentation of findings
Table 1: Respondents age bracket

Age range	
18-30	98.
31-45.	104
46-60.	108.
61-above.	80.
Total.	390.

The above table shows that the majority of the respondents are within the age of 31-60 years.

Table 2: Sex of the respondents.

Sex.	Frequency	Percentage
Male.	152.	39
Female.	238.	61
Total.	390.	100

The table above shows that they were more females available for the study than men.

Table 3: Marital status of the respondents.

Status	frequency	Percentage
Married	250.	64
Single.	103.	26
Widow.	30.	8
Divorce	7.	2
Total.	390.	100

The above table shows that most of the respondents were married.

Table 4: Educational qualification

Level of education.	Frequency.	Percentage
No education.	36.	9
Primary education.	146.	38
Secondary education.	183	47
Tertiary education.	25.	6
Total.	390.	100

Information on table 4 shows that most of the respondents had basic education.

Table 5: Information on the level of awareness of Ebonyi people on SDGs communication campaign against FGM

There is sufficient awareness of SDGs communication campaign against FGM in Ebonyistate.	Frequency	Percentage
Strongly agree.	174	45
Agree.	180	46
Strongly disagree	16	4
Disagree.	20	5

The information on table 5 above indicates that 91% of the respondents are highly aware of the SDGs campaign against FGM in Ebonyi. This means that if

Ebonyi people are still practicing FGM, it is not attributed to ignorance of campaign against FGM.

Table 6: Information on the extent to which SDGs communication campaign against FGM depicts the negative experiences associated with FGM.

Negative experiences of victims of FGM are pictured clearly through SDGs communication campaign.	Frequency	Percentage
Strongly agree.	74	19
Agree.	82	21
Strongly disagree	102	26
Disagree.	132	34

The information on table above shows that only 40% of the respondents are in agreement that SDGs communication campaign clearly depicts the negative experiences of victims of FGM , while 60% disagree to that meaning that campaign

against FGM should accompany with pictorial evidence of FGM health implications or recorded testimonies of the victims so as to discourage others from engaging in the practice.

Table 7: Information on the extent to which communication campaign against FGM influences the attitude and behavior of Ebonyi people.

SDGS communication campaign against FGM has lead to reduction of FGM practices in Ebonyi state:	Frequency.	Percentage
Strongly agree.	134	34
Agree.	112.	29
Strongly disagree	48	12
Disagree.	96	25

The above table shows that 63%of the respondents agree that SDGs communication campaign against FGM led to reduction of FGM practices in Ebonyi state, while 37% disagree to that.

indicated that more enlightenment campaign needs to adopt to let the people understand the dangers of exposing their children/wardstoFGM.

Table 8: Information on the level of participation of Ebonyi women in communication campaign against FGM.

Ebonyi women participate actively in SDGscommunication campaign against FGM.	Frequency.	Percentage
Strongly agree.	78	20
Agree.	97.	25
Strongly disagree	111	28
Disagree.	104	27

From above table, 45% of respondents is in agreement thatEbonyiwomen participate actively in SDGs communication campaign against FGM, while the remaining 55% disagree. This

shows that morewomen needs to incorporate in the campaign so that people can easily identify with them and believe the message more.

Summary of Findings

The study revealed that Ebonyi people are actually aware of SDG Campaign against FGM in the State but change even though is constant are not always easy to accept. So they need more education and enlightenment on the dangers of FGM practices. They need to be incorporated into active participation of the campaign against FGM in the state in their local

dialects.The findings are in agreement Okofo's, 2011 study, that SDG campaign against FGM is yielding results in term of behavioral change of Ebonyi people, but more pictorial evidence of implications of FGM practices needs to accompany the campaign, so as to convince the people more into abounding the FGM practice totally.

RECOMMENDATIONS

The researcher recommends a repackaging of SDGs communication campaign against FGM meant for Ebonyi people to allow more women get involved in the campaign.Participatory program in

indigenous language should be introducein electronics media to allow people use their local language to phone in and ask questions.SDGs communication campaign against FGM should be

accompanied with visual evidence of health implications of FGM. Management of hospitals and health centres should

Onwe *et al*
create avenue for debate on the pros and cons of FGM during antenatal and postnatal classes.

REFERENCES

1. Abubakar I,(2004), *knowledge, attitude and practice of Female Genital Mutilation in Amino Kano Teaching Hospital. Nigeria Journal of Medicine*, 12 (3) 1224.
2. Ahmadi A.B.A, (2013). *An Analytical Approach to female Genital Mutilation in West Africa. International Journal of women's Research*, 3 (1), 37-56.
3. Anyamene C. and Nwokolo F (2019) *Strategies for eradicating female genital mutilation practices implication for counseling examined the strategies for eradicating female genital mutilation: International Review of social science and Humanities* 2 (2): 62-67.
4. Alo O.A and Adetula F, (2005), *Myths and Realities surrounding female genital mutilations in Ekiti State Nigeria. International Journal of Violence and related studies* 2 (1) 315-321.
5. Babalola S. and Agbasimal A. (2006), *Impact of communication programme on female genital mutilation in Easter Nigeria. Tropical medicine and international health. Pubmed*.
6. Boyle E, Corl A; (2010), "*Law and Culture in global content: Intervention to eradicate female genital mutilation*". Annual review of law and social science.
7. Assaad, M B (2002), *Female Circumcision in Egypt: social implication, current research and prospects for change. Studies in family planning*. 11 (1) 3 - 6
8. Bella, H (2000), female circumcision. *Africa Health*, 2 (6): 32.
9. Anuforo, PO , Oyedele, L. & Pacquino D (2004) *Comparative study of meanings, beliefs and practices of female circumcision among three Nigeria tribe in the united state and Nigeria. Journal of Transcultural Nursing*, 15 (2), 103 - 113.
10. BAOBAB (2002) *Women's Access to justice and personal security in Nigeria: A synthesis report. Lagos:*
11. Ibekwe, P C, Onoh R.C, Onyebuchi R C, Ezeonu P O. *Female Genital Mutilation in South-East Nigeria: a survey on the current knowledge and practice. Journal of public health and Epidemiology*, 4 (5), 117-122.
12. Insight 1, (2010) "*The Dynamics of social change: Towards the Abandonment of female Genital Mutilation/cutting in five African Countries. Florence, Italy: The UNICEF Innocenti Research Centre. Retrieved from www.Unicef-irc.org/publication.*
14. LeJune J, (2009). *Social dynamics of abandonment of harmful practices: a new look at the theory. Innocent working paper 2009-06, UNICEF Innocenti Research Centre, Florence, May. Mandara.*
15. Nwokolo C N, (2009) *Psycho-social implications and counseling measures against female circumcison in Igbo land. Nigeria Journal of Teacher Education and Teaching*, 7 (8) - 18-24.
16. Okofo K L (2015) *The influence of media campaign in the eradication of Female Genital Mutilation practice in selected communities of south-south Nigeria. <http://www.unn.edu-ng/publications/files>*
17. Okeke T C, Anyachine US (2012), *An overview of in Nigeria. Annals of Medical and Health Science Research*, 2 (1) 70-73
18. WHO (2008) *Eliminating Female Genital Mutilation: An Interagency statement: UNAIDS, UNDP, UNECA, UNESCO, UNFPA, WHO. Geneva.*
19. WHO (2017) Female genital mutilation: [https://](https://www.seeker.com/how) Female Genital Mutilation www.seeker.com/how

www.idosr.org

- did-female genital mutilation begin
1766105357. Html.
20. World Health Organization (2010). *Prevalence of Female Genital Mutilation*. Available from: http://www.who.int/reproductivehealth/topics/fgm/fgm_22.
 21. WHO (2013) *Female Genital Mutilation: Fact-sheet No. 241*. WHO Geneva
 22. Waigwa S, Bradbury Jones (2018), *Effectiveness of Health Education as intervention designed to prevent Female Genital Mutilation*. 'A systematic Review'. *Reproductive Health Journal Review*. Pubmed.
 23. Onwe *et al* (2017) "Assessment of barriers of behavioural change to stop FGM practice among women of Kebribeyaludistrict, Somali regional, state Eastern, Ethiopia: Global Journal of medical research.