COMMUNICATION Impact!
June 2005 • Number 18

# Strategic Communication Changes Norms, Intentions Related to FGC in Nigeria

*Women from the Akpamanya hamlet in the Nimbo community celebrate at a yam festival. This group of women participated in a formative research health situation analysis for the Ndukaka Project in Enugu State, Nigeria*

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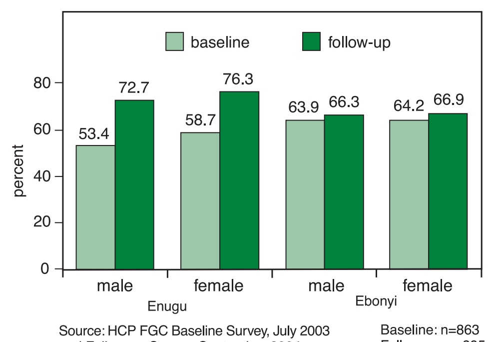
In Nigeria's Enugu State, girls typically have some of their genitalia removed during infancy, a cultural practice, known as female genital cutting (FGC). Various cultural factors and beliefs influence the practice including the fact that women who have not undergone the procedure are believed to be promiscuous, unclean, and not likely to get married. The cutting of the clitoris is thought to reduce the natural tendency for promiscuity in women. Another important belief that supports the practice is that FGC makes female genitals more beautiful.

While considerable efforts have been made in Enugu, support for FGC persists in many parts of the state. Against this background, the Health Communication Partnership (HCP) in collaboration with two Nigeria-based nongovernmental organizations–the National Association of Women Journalists (NAWOJ) and Women Action Research Organization (WARO)–designed a multi-tiered, multimedia program aimed at helping eliminate FGC in Enugu State. Entitled Ndukaku (Igbo for "Health is better than wealth"), the program focused on three local government areas (LGAs) in Enugu State: Uzo-Uwani, Isi-Uzo, and Enugu South. After one year, researchers found that both support for discontinuing FGC in Enugu State and the intention not to perform FGC on daughters increased significantly when compared to a control area.

FGC is the collective term used to refer to any practice that involves the partial removal, total removal, or other injury to the female genitals. Like male circumcision, FGC is found throughout history and in many cultures, but there is no definite documentation of when or why this practice began.

**Figure 1: Percent reporting the intention not to perform FGC on daughters, by gender, state, and survey**




The World Health Organization classifies FGC into four categories. Type I involves removing the prepuce, with or without the removal of all or part of the clitoris. Type II includes removal of the clitoris with partial or total excision of the labia minora (the inner vaginal lips). Type III is the most extreme form and involves the partial or total removal of the external genitalia and infibulation (stitching or narrowing of the vaginal opening with a small opening to allow for flow of urine and menstrual blood). Type IV covers a variety of procedures including angurya cuts (scraping of the tissue around the vaginal opening), "gishiri cuts" (posterior cuts from the vagina into the perineum), stretching of the clitoris and/or labia, cauterization by burning of the clitoris and surrounding tissue, and introduction of corrosive substances into the vagina.

About 30 million Nigerian women have experienced FGC. According to the 2003 Nigeria Demographic and Health Survey, FGC is most common in the southeast and southwest regions. A 1999 survey revealed a prevalence rate of 59% in Enugu State and 76% in Ebonyi State. The most common forms were Type I and Type II. In Enugu and Ebonyi States, FGC commonly involves removing the prepuce and/or the clitoris with partial or total excision of the labia minora. While Types I and II are the least invasive forms, the potential health and social complications are numerous. Such complications range from short-term side effects such as severe bleeding, infection, and shock to long-term complications, such as problems with pregnancy or labor.

## Challenging Long-Held Beliefs

The Ndukaku Initiative aimed to decrease the number of families in high prevalence communities that practice FGC on their daughters. HCP's approach to this highly sensitive topic was non-confrontational, with a goal of creating an open dialogue on FGC that enabled people to make educated decisions. Ndukaku used a multi-pronged

approach that challenged individuals and communities to examine their beliefs and values around FGC and encouraged individual and community action toward the elimination of FGC.

The multi-channel approach of Ndukaku combined community capacity strengthening and mobilization with targeted advocacy and mass media interventions across three levels: hamlet (the smallest unit of social organization), LGA, and state.

WARO led the community action component, which relied on the Community Action Cycle (CAC) to strengthen existing women's groups to identify and address their most pressing health issues. Developed by Save the Children, the CAC works through a core group of community members that first identifies and explores health priorities and then leads a process of community-wide planning and action to achieve improvements and meet community needs. WARO assisted the core groups in identifying their health priorities, provided information on community mobilization, and conducted technical sessions where FGC and other maternal health issues were discussed and analyzed. Core group members then developed action plans for the elimination of FGC in their communities with activities that included meeting with traditional leaders and ruling councils to garner their support as well as organizing larger community meetings to discuss the dangers of FGC. The core group disseminated information learned during the WARO technical sessions through their community and traditional leader meetings and through health seminars and peer health education sessions.

Activities at the LGA level included the viewing of Communicating for Change's documentary film, Uncut - Playing with Life, at community gatherings and conducting advocacy visits to traditional leaders. NAWOJ implemented statewide activities, including regular newspaper columns, radio call-in shows, and public forums on FGC. Additional activities included anti-FGC discussions at the annual tribal "Home and Abroad" meetings, LGA town forums, and regular networking meetings among local partners.

## Impact

Researchers evaluated the program using a control-intervention design with pre- and post-intervention surveys. For the purpose of assessing the impact of program activities, HCP selected Ebonyi as the control state. Ebonyi is similar to Enugu State in terms of ethnicity, cultural practices, and socio-economic conditions. HCP conducted a baseline survey in three LGAs in Ebonyi and Enugu in 2003. In 2004, HCP conducted a follow-up survey in the same LGAs and enumeration areas as the baseline.

Exposure to program activities was relatively high: 67.1% of men and 61.4% of women in the program LGAs reported exposure to at least one program activity. The data further showed that while the attitudinal and behavioral indicators relevant to FGC either became worse or remained stagnant in Ebonyi, they improved significantly in Enugu. For example, the proportion of women that believed that there are benefits to FGC declined significantly (from 42.1% at baseline to 24.6% at follow-up) in Enugu, while this indicator did not change much in Ebonyi (from 33.9% to 28.4%). Similarly, while perceived social support for FGC discontinuation either declined or stagnated in Ebonyi, this perception became more widespread in Enugu (see Table 1). The data further showed the following improvements in Enugu but not in Ebonyi: decreased personal approval for FGC, increased perceived self-efficacy to resist the pressure to perform FGC, a decline in the belief that FGC is a religious obligation, and increased personal advocacy in favor of FGC abandonment. Furthermore, the data showed the intention not to perform FGC on daughters increased considerably in Enugu. In Ebonyi, the situation remained the same as at the baseline (Figure 1).

## Other Accomplishments

Ndukaku's success was exemplified by local accomplishments as well. In Ohuala Amede, the core group gathered more than 100 community members to discuss FGC and encourage discontinuation. The traditional ruler of Ohuala Amede, Igwe Ogbuebo, offered support, acknowledged the importance of stopping the practices in Ohuala Amede, and pledged to give his support to all future core group resolutions.

The traditional ruler of Eha Amufu, Igwe Samuel Ede, made a public pronouncement against FGC and banned FGC in his domain, with the annual circumcision ceremony conducted without actual cutting. His pronouncement triggered statewide action, leading to a health bill that included language on the elimination of FGC taken to the Enugu State House of Assembly.

Most importantly, women in the project areas became empowered advocates and change agents on health issues and FGC through the Community Action Cycle. Referring to themselves as the "Ndukaku Women", they acquired a level of awareness that has placed them in a ready position not only to campaign actively against FGC but also to replicate the CAC in other communities.

**"Who says that women should not be trained? Most inspiring is the women's willingness to put into action what they've learned."**

– Igwe Obeagu (Igwe-elect, Ohuala Amede)

**Table 1: Percent that believing that most men and women in their community favor discontinuation of FGC, by state and by survey**

| Gender | Enugu | | | Ebonyi | | |
|---|---|---|---|---|---|---|
| | *Baseline* | *Follow-up* | *Percent point change* | *Baseline* | *Follow-up* | *Percent point change* |
| Men | 24.2 | 35.4 | +11.2* | 25.4 | 19.5 | -5.9 |
| Women | 35.6 | 49.1 | +13.5*** | 20.8 | 13.7 | -7.1* |

*Source: HCP FGC Follow-up Survey, Sept. 2004*
Significance of difference between baseline and follow-up:* p<0.05; *** p<0.001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Summarizes key research and programmatic findings from the Health Communication Partnership (HCP)

Based at the Johns Hopkins Bloomberg School of Public Health/ Center for Communication Programs, HCP partners include the Academy for Educational Development, Save the Children, the International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine.

HCP is supported by the US Agency for International Development

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