Original Article

Assessing NGOs' Communication Strategies for Campaigns towards the Eradication of Female Genital Mutilation/Cutting in Select States of Nigeria

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Abstract - *The study "Assessing NGOs' Communication Strategies for Campaigns towards the Eradication of FGM/C in Select States in Nigeria" sought to examine the efforts of non-governmental organizations in causing people to abandon practices deemed harmful to women and girls in society. Specifically, the study sought to identify the communication adopted by NGOS for campaigns to end mutilation, ascertain the level of adoption, and determine their effectiveness regarding social and behavioural change. The theory of planned behaviour and communication for persuasion theory is the theoretical framework for the study. The study adopted the survey method with a total of 486 primary population size, and 400 samples from the secondary used questionnaires to elicit quantitative data upon which the findings were drawn. The study found, among others, that communication strategies adopted for communication by NGOs in FGM/C campaigns are lateral, dialogue and top-down – and they have been found to be effective. That mediums or means such as radio/TV, social media and interpersonal are the preferred communication channels is also part of the study's findings. The study's recommendation, among others, is that NGOs continue to improve communication efforts through research.*

Keywords - Cutting, Eradication, Female, Mutilation, NGOs.

1. Introduction

Across the world, the problem of violation of the rights of humans has continued to generate attention and debates in several circles, including academia. Of significant importance and concern are issues around the topic as faced by women and the girl-child. Women across the globe face the danger of seeing one form of violation of their rights or another. According to Amnesty International, the rights of women somewhere and anywhere in the world are continually being violated across different areas, and these may come in the form of discrimination in the workplace, gender-based violence, sexual violence harassment and discrimination based on gender identity and sexual orientation.

Women's rights violation in the form of sexual violence has arguably been of utmost concern in recent times. Another conventional term or nomenclature for violence against women is "Violence against Women and Girls" (VAWG). The violent acts come in different ways, including harmful ones like female genital mutilation/cutting (FMG/C), child, early and forced marriage, intimate partner abuse, non-partner sexual violence, sexual exploitation and trafficking (UN Women, 2017). One of the most prominent abuses is that which takes on the physical form – of which FMG/C is but an aspect.

A UNICEF report shows that FGM has been performed on an estimated 200 million girls and women worldwide, many of them before age 15, and it has continued for various reasons despite being acknowledged as a violation of human rights on a global scale. The act is reputed to leave a "scar" on the victims. In other words, FGM leaves the victims both physical and psychological harm. In line with the revelation of the UNICEF report referenced above, the WHO (2023) also notes that in countries in Africa, Asia and the Middle East, over 200 million girls and women have been made to undergo FGM just as the health complications arising from the practice in the areas have collectively cost the world's health system an estimated 1.4 billion USD every year.

FGM is a practice that is the partial or complete removal of the external part of the female sexual organ (UNICEF, 2023). It is often seen as a non-medical procedure based on certain belief systems or practices. However, in a case where healthcare providers conduct the practice, then the practice has been medicalized (Obiora et al., 2022). Medicalization of FGM refers to the situation in

which a health care professional carries out the FGM/C – and the location could be a health facility or at home, or any other location with the use of surgical tools and materials such as anesthetics and antiseptics with view to mitigate immediate complications that may arise from the procedure (Kimani & Shell-Duncan, 2018).

In some countries, practices that also include FGM are cultural. In other words, there is an intersection between what is globally regarded as sexual violence or human rights violation of women and the cultural beliefs and practices of certain people in the world. In such countries where the act is practiced and normalized, discourse around FGM evokes emotions, especially when the lines of cultural practices and what is considered right are given prominence. This is especially so considering media framing or coverage of the issues with the depiction as a "world problem" that requires urgent attention of all global stakeholders.

However, both governments and organizations of international standing have deployed strategies and efforts in the form of policies and programmes to mitigate the impact of the practice across the world. From the government's perspective, the main crux of the contribution has been through the creation of an enabling environment for the efforts of various organizations to be effective. This has, however, culminated in the design of policy frameworks to set up government programs to serve as complimentary actions to end the practice in Nigeria. It must be noted here that the 1999 Constitution of the Federal Republic of Nigeria is the reference point of all other legislative and policy frameworks to end FGM/C – with its provision for the protection of women and girls. Notably, the constitution set the legal age of marriage for the girl child at 18 to prevent any type of violation based on the age and maturity of the individual.

In addition to the above, the Child Rights Act "CRA" (2003) expands the human rights that the citizens derived from the 1999 constitution as it pertains to children. Another one is the Violence Against Persons (Prohibition) Act (VAPP) (2015), created to eliminate violence in both public and private life in Nigeria and to create an atmosphere where victims are adequately protected and remedied while convicted offenders are adequately punished according to the laws of the land. The law became a reality following agitations from different corners for stronger legislation protecting individuals against all forms of violent actions in Nigeria (Law Pavilion, 2016). Interestingly, components of the law that it sought protection for individuals include rape, female circumcision/FGM/C, and domestic offences, which may include abandonment of children, spouse and other wards or dependents, forceful ejection from home, incest, and spousal battery.

From the perspective of donor agencies and organizations, several NGOs are also known to be actively involved in the fight. At the forefront is the United Nations International Children's Emergency Funds (UNICEF), an organ of the UN that has voted several billions of dollars in a bid to eliminate practices that have negative impacts on women and the girl child, including FGM/C. Recent efforts by the organization in Nigeria saw the establishment of the programme codenamed "Spotlight Initiative", generally created to ensure the elimination of all forms of violence against women and girls in the country.

The United Nations Population Fund (UNPF), formerly known as the United Nations Funds for Population Activities (UNFPA), is another organization actively involved in efforts to end all acts of violence against women everywhere in the world. As an organ of the United Nations, UNPF has deployed programmes in the form of timely intervention to end FGM/C in Africa and Nigeria in particular. In other words, the organization has led the largest and biggest global effort to speed up FGM eradication, which has been on since 2008. In conjunction with UNICEF, the organization has worked closely with governments, grassroots organizations and other stakeholders towards preventing FGM and related practices in more than 17 world countries, including Nigeria. One strong partner of UNFPA in Nigeria is the Civil Resource Development and Documentation Center (CIRDDOC).

In a joint partnership between UNFPA and UNICEF, governments of a number of countries, grassroots community organizations, and civil society organizations have been provided with support in different ways towards the elimination of FGM/C. Primarily, efforts have been tailored towards creating legal and policy frameworks across territories, government ownership, increase in community-led engagement, provision of appropriate and quality services, and advocacy and awareness outreach (UNFPA, 2023). This is where it becomes interesting because a lot of planning and brainstorming goes into each component of the efforts by the global organization in attempts to eliminate all acts of violence against women, including FGM/C. One such effort is in the aspect of communication.

Communication is central to human organisation (Santas et al., 2023). An NGO operating without a communication plan engages its audience blindly (Funds for NGOs, 2018). Communication is so important in the life of INGOs that they have dedicated units or departments to drive identified areas of concern that involve communication. The communication needs are numerous; therefore, if it is expected to be effective, then there is a need for a comprehensive planning process. Establishing favourable relationships is the foremost need for communication in NGOs' work. The relationship could be with donors, stakeholders, volunteers, participants, or beneficiaries. The link that bridges these relationships is good communication or the right communication strategy. Besides this function, communication plans or strategies also help clarify the relationships between audience,

channels, messages, activities and materials (Network for Good, 2009).

Communication is an important tool in the fight to eradicate all forms of violence against women and girls, otherwise known as gender-based violence (GBV) (Inobemhe et al., 2021). Several stakeholders have made attempts to ensure the elimination of these practices, including the one considered as FGM/C. NGOs are at the forefront in the quest to eliminate FGM/C and have developed different programs and initiatives powered by the appropriate communication plan or strategy just to ensure the desired results are achieved within the stipulated time frame.

Therefore, this study assessed the communication strategies of select NGOs in the campaign. In the study, care was taken to holistically investigate the efforts vis á vis the exact strategy deployed to achieve success.

2. Statement of the Problem

Since communication science is evolving owing to the innovation of technology in the area, communication strategies used for any purpose continue to attract research attention. Certain NGOs have used different communication strategies to achieve their goals, such as dialogue (Awobamise et al., 2021), personal approach, group approach, and mass approach (Lubis & Wijaya, 2017), as well as verbal, non-verbal, and visual strategies (Johns & Harrington, 2022). Other communication classifications have been utilized by individuals and groups in actualizing communication goals and objectives, including lateral, vertical, diagonal, and horizontal (Alam, 2023).

The reference to NGOs as human organizations implies they are organized to proffer solutions to identified human problems. According to Duong (2017), NGOs are human organizations saddled with specific tasks to address strategic issues, which come with an inherently strategic communication pattern towards actualizing the set goals and objectives. Therefore, NGOs are known to always try and test several communication strategies aimed at ascertaining the most effective to serve their designed purpose and objective. This is to ensure that the right strategy is deployed for an effective attempt to eliminate the practice in Nigeria.

Different programmes/initiatives have been organized by the select NGOs operating in Nigeria to eliminate FGM/C in the West African country. Numerous programmes also systematically take root in the use of communication strategies, including media channels. The message is also given the right focus and attention, just as the target audience is also considered in the process.

Regardless of the efforts, FGM/C continues to constitute a major point of violence against women and girls in the country – or at least in some parts/areas of the country (as the case may be). Against this backdrop, this study investigates communication strategies adopted by select NGOs concerning the elimination of the practice and other related actions in Nigeria.

3. Research Questions

The following research questions will be answered in the study:
1. What communication strategies are adopted by select NGOs in the campaign to end FGM/C in Nigeria?
2. What is the level of adoption of the strategies to end the problems in target communities?
3. How effective are the communication strategies for social and behavioural change?

4. Review of Related Literature

A volume of literature exists in the area of communication and NGO work in Africa and Nigeria. However, for the purpose of this study, several previous works shall be explored just as scholars' positions with respect to the variables shall also be considered as part of the literature review. Communication is seen as a vital tool in any human organization (Salami et al., 2020). In other words, communication is essential in society, which is possible because of its impact on the development process. With it, all stakeholders can act and work cordially towards actualizing set goals and objectives.

Among the different types of communication often activated in times of need, health communication happens to be one of the most significant, especially when public health is at stake (Nyoni & Reid, 2019). Most often, such health communication interventions may be packaged or led by the government (Inobemhe et al., 2021) and NGOs (Adesina et al., 2020) but are most packaged to revolve around community engagement, crisis and risk communication (Adebisi et al., 2021). Health communication is seen as the essential tool through which public health objectives can be achieved, including supporting and facilitating behaviour change and eliminating discrepancies in health (Freimuth & Quinn, as cited in Porat et al., 2020).

Female Genital Mutilation and Cutting (FGM/C) has since been recognized and designated as both a serious health issue – with negative health consequences for women and girls (Klein et al., 2018), a human rights violation as well (Gross et al., 2019). FGM, also known as circumcision, removes part or all of the female genitalia (Garefalakis et al., 2017; World Health Organisation, 2017). There are different types and classifications of the practice. According to the World Health Organisation (2017), there is a type I, known as clitoridectomy (partial removal of the clitoris), type II excision (partial or complete removal of the clitoris and labia minora, type III is infibulation (narrowing of the vagina), and type IV which refers to all non-medical procedures which may include piercing, pricking, scraping etc.

Organizations and governments have been at the forefront of the quest to end the practice in countries where

it is most prevalent. Evidence exists on the impact these efforts have had on the global fight against the practice and other related ones (UN Women, 2020). The agenda to eliminate all practices related to FGM/C is part of SDG 5, which is on gender equality and women and girls' empowerment and the deadline is set for the year 2030 (UNFPA, 2023). One of the many ways to implement the plans to eradicate the practice is through communication, and the type of communication necessary for such cause of action is health communication.

Efforts at using communication in programmes geared towards the elimination of FGM/C across the world are in motion. Such communication strategies deployed to end FGM/C have come in different ways. Some of the strategies have been in the form of information education and communication (IEC), entertainment education, interpersonal communication (IC), social marketing campaigns, health communication campaigns, and community engagement (Olaoye & Onyenankeya, 2023). In other parts, the dialogue strategy has been deployed (Awobamise et al., 2021). Another strategy adopted in parts of Africa and elsewhere in the world is the community engagement and behaviour change communication strategy – as seen in the case of the "Change Starts at Home" programme in Nepal (Clark et al., 2017).

Significant interventions to end FGMC have been in the form of legislation, where lawmakers in tune with global positions and best practices make laws to support the fight against the practice in countries of the world (Al-Nagar et al., 2017). Such efforts have also been in the form of imparting skills and knowledge to healthcare providers through training (Adogho et al., 2021). At other times, the intervention created rescue centers where women and girls who run away from FGM are sheltered (Buttia, 2015).

The quest to end FGM/C has also been taken from the perspective of addressing the challenge's root cause, which is gender inequalities and social norms (Matanda et al., 2023). Such interventions or strategies include health education interventions through the use of a health risk approach to create awareness of the issues on target community members in respect of the consequences of FGM – including physical, emotional and psychological (Galukande et al., 2015). Studies have shown that community engagement approaches have also been deployed to eradicate FGMC. These are in the form of conversation or dialogue, and individuals are seen to change once knowledge is gained (Ogalleh, as cited in Matanda et al., 2023). According to Santas and Asemah (2013), this has facilitated many changes in the lives of people, especially those who live in rural communities.

Another communication that has been widely applied to efforts to end FGM/C in Africa and across the world is social marketing and media strategies (Evans et al., 2019; Hussein & Ghattas, 2019). The media strategy has manifested in the form of television reports, mainstream newspapers, social media, SMS messaging, melodramas on radio and television, and theatre productions, which have all shown significant power to help shape conversations about FGM and increase the possibility of causing a shift in social norms towards FGM abandonment (UNICEF & UNFPA, 2017).

A viable option or approach to create awareness towards elimination and abandonment of FGM is the use of religious and cultural leaders in society – and this is made possible it is possible to occasion a change in religion and culture to support the abandonment of FGM (African Union, 2021). This is the case because religious and cultural leaders are well positioned to lead efforts to question the status quo regarding the religious basis or underpinnings of the practice and then go public with rebuking and declaration of opposition to the practice (Olilo, 2019). In several cultural and religious settings where FGM is practiced, it is seen that religious and traditional leaders sometimes wield more influence and power than the government (Al-Nagar et al., 2019), as they most often command a large following.

Based on their influence, cultural and religious leaders may be effective as they pass on messages to the community, especially those ones predisposed to change – such messages and efforts can play a significant role in the elimination of FGM-related practices at the community level (Kipchumba et al., 2019). There are available where religious leaders of the Islamic faith who issued edicts, otherwise known as (Fatwa) against FGM and related practices (Barsoum et al., as cited in Matanda et al., 2023). It is important to state that there is limited knowledge of the independence of such an edict – but taking such strong positions has some level of effect on behaviour and practices in communities with high levels of respect for leaders of faith. It also suffices to state that if religious leaders or organizations refuse to support the moves to end FGM from the religious perspective, there will be no significant progress (Al-Naggar et al., 2017; Mehari et al., 2020).

Through issuing public declarations and statements towards the abandonment of FGM, political and religious or other people of repute in communities have spearheaded efforts to end all FGM-related practices (Equality Now, 2023; Peyton & Thomson Reuters Foundation, 2018). Attempts have also been made to convert traditional leaders in communities where FGM is prevalent either through the provision of alternative sources of income to practitioners – though these efforts have not been so effective (Ruiz et al., 2017; UNICEF & UNFPA, 2017; UNICEF & UNFPA, 2018). Some of the interventions – declared not-so-effective have resulted in communities practising the acts in secrecy, having to change locations where the practice occurs (Costello, 2015). Elsewhere, it has resulted in increased medicalization of the practice (Leye et al., 2019).

At the individual level, interventions include those with the objective to create an enabling environment and empower women and girls to make informed decisions in respect of their sexual and reproductive rights. Evidence shows that formal education is an effective strategy towards reducing or ending FGM/C (Ameyaw et al., 2020). Approaches that emphasize alternative rites of passage allow girls to grow womanhood without being subjected to FGM (van Bavel et al., 2022). Some takeaways from alternative rites of passage include facilitating community support and ownership whilst maintaining key cultural practices, increasing publicity about the community-celebrations-induced change, and empowering girls through knowledge creation (Mepukori, 2016).

A study by Udeh (2021) revealed that the adoption of communication strategies is reasonable with respect to rural healthcare delivery in parts of Northern Nigeria. Aside from communication, other efforts have reached a significant adoption stage in the fight to eradicate FGM/C-related practices. Related studies also show similar results as to the adoption of communication strategies and community-led efforts to end FGM/C in parts of Nigeria and elsewhere in Africa and the world at large (Matanda et al., 2023; Njue et al., 2019).

Some communication strategies used in the quest to end female genital mutilation in Africa and elsewhere have shown promising signs of effectiveness (Matanda et al., 2023). When it relates to efforts aimed at modifying social norms and changing people's attitudes towards FGM – and sometimes reducing the practice, media strategy and social marketing have been effective (Buttia, 2015; Mehari et al., 2020; UNICEF & UNFPA, 2017). The study by Buttia also revealed that effective communication strategies have shown good signs, as effective sensitization campaigns have empowered girls to refuse FGM. It encouraged them to report to authorities whenever they assess the situation and see they are at risk. Sensitization campaigns have also shown effectiveness in the sense that people are made aware of not just the illegality of FGM practices but also of the consequences (Njue et al., 2019). This is coupled with awareness of the implications of infibulation (Evans et al., 2019).

The effectiveness of communication strategies has also been shown in sensitization and training efforts, leading to increased knowledge and awareness of consequences and involvement in FGM. This is also predicted to be the reason for several disapproval and abandonment of the practice and associated social norms (Hussein & Ghattas, 2019).

It has also been argued that young people can tap into social media to raise awareness about gender equality and FGM – and this is because the promotion of FGM abandonment across social networks has accorded communities an opportunity to see the possibility of widespread and rapid change along that line (UNFPA-UNICEF, 2018). However, regardless of the adoption of communication strategies, certain communities continue the practices, implying that there is not much effect of FGM abandonment (Bedri & Mohammed, 2020).

5. Theoretical Framework

This study is hinged on two theories: the theory of planned behaviour and the communication for persuasion theory. The Theory of Planned Behaviour (TPB) is called the Theory of Reasoned Action (TRA). It is considered as being purely a behavioural change theory. It also takes on the name "Theory of planned behaviour/reasoned action" (Neighbors et al., 2013). However, for this study, the focus is on the TPB that was developed from TRA (Mimiaga et al., 2009). This theory was propounded in 1967 by Martin Fishbein and Icerk Ajzen 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 (Asemah et al., 2017).

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 (La-Barbera, 2009).

Again, a significant understanding of TPB is that it is the construct of subjective norms (Neighbors et al., 2013). Others are of the opinion that it is based on three – namely behavioural beliefs, which birth attitudes towards the behaviour; normative beliefs, which have to do with perceived attitudes of peers and respected figures towards the behaviour; and control beliefs, otherwise known as the perceived ability to perform the behaviour (Mimiaga et al., 2009). According to Neighbors et al., the construct of subjective norms is said to be analogous to the component of injunctive norms of various other social norms theories. The subjective norms construct refers to how others (whom we care so much about) will react when an individual engages in a particular behaviour (Ham et al., 2015). Therefore, the perpetrators should consider the idea that an important person or group will approve and support a particular behaviour such as FGM/C-related practice.

Therefore, based on the key postulation of the theory, people's attitudes and behaviour towards this practice should be tweaked in such a way that they understand the detrimental effects FGM/C practices have on the overall health and well-being of women and girls. This is the importance of social and behavioural change communications as it constitutes a thorough investigation of how it can successfully be used to implement a change of beliefs, attitude, and behaviour, thereby putting an end to FGM/C in local communities in Nigeria. This theory

forms part of the theoretical basis because of its explanatory powers being able to explain the intention of an individual to act or engage in certain behaviours in society.

This is the second theory upon which this study rests. Communication for persuasion theory is both a communication and behavioural theory developed by social psychologist William McGuire in 1984, focusing on how people process information. There are twelve interdependent steps in the process of persuasive communication (McGuire, 1984, as cited in Alcalay & Bell, 2000). According to the scholars, for a person to assimilate and perform a new behaviour, such an individual should: i) be exposed to the message, ii) pay attention to it, iii) make attempts aimed at finding it interesting or personally relevant, iv) understand it, v) endeavour to figure out how the new behaviour could possibly fit in his or her life, v) accept the change that is being proposed, vi) recollect and validate the message, vii) have the ability to think of the message in relevant contexts or real-life situations, viii) make decisions based on the retrieved information or message, ix) behave in line with that decision, x) receive positive reinforcement for that behavior, and xi) integrate the new behavior into his or her life (Schiavo, 2007).

As suggested above, the model also holds that these twelve steps are interdependent and interrelated. It also follows that if any of the steps is to be achieved, it is strictly contingent on success at all prior steps. For a message to be effective and, by extension, persuasive, it rests on certain factors, which include message design, the credibility of the messenger, channels of communication being considered and adopted, and the characteristics that both the intended audiences possess and the recommended behaviour, which should be intended to fit easily in the lives of people. In other words, these factors combine all influences and affect behavioural outcomes.

McGuire's steps for persuasion are strategic in recommending a valid framework for approaching key audiences and stakeholders. It is towards securing their initial endorsement and eventual involvement and input in the health issue. With that in mind, it is equally imperative to remember that the characteristics of a particular audience are subject to change at any point in time. It is a popular expectation that should propel communicators and experts in strategic health communication to incorporate these changes and create a mindset that is never forgetting any of them in the process of designing and delivery of messages in addition to redefining recommended behaviours in function of the lifestyles and needs of the people.

The theory was adopted for this study because it provides clear planning stages that can be followed to obtain favourable outcomes. For NGOs that carry out campaign programmes aimed at eradicating all practices of FGM/C in communities across Nigeria, the theory becomes a useful tool for understanding people and also helps in packaging the right content for the purpose of persuasion. The theory can also help practitioners to identify and consider appropriate channels and strategies through which outcomes of publicity or campaigns can be determined. It is on this note that the theory provides a theoretical base for this study.

6. Methods
6.1. Research Design
The research design for this study is quantitative survey research. In other words, the study relies on both numerical data and secondary sources. Survey design is a research method where subjective opinions are obtained from a sample of subjects (often a representative of the entire population) and analyzed (Lau, 2017). This implies that it requires some degree of care for success to be achieved.

6.2. Study Population
In any research focus, the population refers to the totality of the target group from which information is sought. According to Momoh (2023), population in research refers to a pool of individuals from which a sample is drawn for the purpose of conducting a study. Based on the nature of this study, two distinct populations, primary and secondary, are determined. The primary population of this study consists of staff (full and ad-hoc) of the three select NGOs that actively championed campaigns to end FGM/C in Nigeria, namely UNFPA, UNICEF, and CIRDDOC. A breakdown of the information shows that the distribution is in the following order: UNFPA [62], UNICEF [404], and CIRDDOC [20], and that translates to a total of 486.

The secondary population herein refers to individuals who have actively taken part in efforts to end the practice at the community level in select states in Nigeria. For the purpose of representation, a geographical delimitation is done in selecting the specific population for the study. Consequently, a state in the South and North of Nigeria is selected: FCT-Abuja is selected to represent the North, while Cross River is selected as the state in the South. Conversely, the secondary population comprises individuals in Nigeria's select states, namely FCT and Cross River. The estimates of the population of the two states, as reported by the National Bureau of Statistics, stand at 7,430,395. Whereas that of the Federal Capital Territory, Abuja, is 3,564,126, the population of Cross River state is 3,866,269.

6.3. Sample Size and Sampling Technique
As defined above, the primary population for this study includes staff of the select NGOs operating in Nigeria, which stands at 486. The size is manageable, and the entire primary population of this study is therefore studied. Based on this, a census which involves the sampling of the entire population is preferred for this study. Census in research is the quantitative method that involves the complete enumeration of population members

(Oribhabor & Anyanwu, 2019). Using Taro Yamane's sample determination formula, a sample of 400 was determined from the population figure of 7,430,395 of the secondary population for this study.

Therefore, a multistage sampling method is utilized for this study. The sampling technique for this study is the total population sampling for the primary population; a randomized sampling method (simple random) is adopted for the secondary population. Glen (2018) asserts that it is most practicable to do a total population sampling when the size is manageable, in this case, a sub-group of a larger population. All members of the population were given the opportunity to be selected with the use of a sample random sampling technique.

6.4. Data Collection Instruments

The instrument of data collection for this study is the questionnaire. According to McLeod (2023), a questionnaire refers to an instrument that consists of a series of questions used to gather information from respondents in a research or study. The questionnaire for this study was designed to reflect both closed and open-ended questions. As a result of the distinct population and research objectives, two questionnaires were designed for this study – one for the primary population and the other for the secondary population. It is imperative to state here that the first questionnaire provides answers to research questions 1 and 2, while the second answers research question 3, a direct enquiry to gauge the perception of the respondents as to the effectiveness of the communication strategies. In this case, two states were selected in the South and North of Nigeria.

6.5. Data Collection Method

The efforts at data collection and analysis are significant to research because, without the interconnected exercises, there may be no accurate data, rendering the result or findings of the exercise meaningless. One of the instruments for data collection for the research is the questionnaire, and one way to administer it is through online means. In line with the foregoing, the link to the questionnaire for this study was sent to the respondents through WhatsApp contacts. The link to the questionnaire for the secondary population was equally sent to the community head and mobilizers to enable them to complete it in record time and revert.

6.6. Method of Data Analysis

The quantitative data was analyzed using descriptive data analysis, and the simple statistical tool, such as the "percentage" method, proved useful. According to Kelley (2023), descriptive analysis has to do with providing summarisation and description of the main features of a dataset. Therefore, the study also resorted to using percentages in a manual format to ensure the presentation of survey data was manually inputted to ensure conformity to a particular structure.

7. Findings

Table 1. Demographic data

Gender of Respondents			
S/N	**Gender**	**Frequency**	**Percentages [%]**
1	Male	225	47
2	Female	248	52
3	Prefer not to say	7	1
Total		**480**	**100**
Education			
S/N	**Variable**	**Frequency**	**Percentages [%]**
1	SSCE/GCE	10	2
2	ND/NCE	19	4
3	HND/BSc	331	69
4	MSc and Above	120	25
Total		**480**	**100**

Source: Field Survey, 2023

In Table 1, the study shows that more women took the survey as the positions taken by respondents show male respondents being 47%, which amounts to 225, while females number 248, a representative of 52 percent. The implication of the foregoing is that the women respondents are 5% more than their male counterparts. In addition, the respondents in the primary population possess the requisite education to take the survey, and this is because 25% hold Master of Science (MSc) degrees while 69% possess Higher National Diploma (HND) and a Bachelor of Science degree (BSc), while 4% are holders of National

Diploma (ND) and National Certification in Education (NCE). From the data presented in Table 1, it is clear that the sample, being a representative of the entire population, possesses the quality to take part in the survey and results.

Data in Table 2 reveals that more married individuals took the survey as they number 221 (46%), while the figure for single stands at 178, representing 37% of the respondents. In addition to the foregoing, 43 (9%) are widows/widowers, while 38 (8%) simply preferred not to disclose their marital statuses. The data in the table further

shows the distribution of respondents based on the organizations they work for and implies that more staff or officials of UNICEF and partners took the survey. At the same time, officials of UNFPA and partners that took the survey were 61 (13%), and CIRDDOC 20 (4%), those of UNICEF and partners number 399 (83%), which significantly implies that they had the highest number of respondents to the survey.

Table 2. Demographic data contd.

	Marital Status		
S/N	**Variable**	**Frequency**	**Percentages [%]**
1	Single	178	37
2	Married	221	46
3	Widow/Widower	43	9
4	Prefer not to say	38	8
	Total	480	100
	Organization		
S/N	**Variable**	**Frequency**	**Percentages [%]**
1	UNFPA & Partners	61	13
2	UNICEF & Partners	399	83
3	CIRDDOC	20	4
	Total	480	100

Source: Field Survey, 2023

Table 3. Programmes/Campaigns

S/N	**Variable**	**Frequency**	**Percentages [%]**
1	Spotlight Initiative, Women and Young Engagement, etc.	105	22
2	EndFGM & Public Declaration on abandonment	124	26
3	Intergenerational Dialogue/ Male engagement in rural communities	115	24
4	Advocacy/SM Campaigns	136	28
	Total	480	100

Source: Field Survey, 2023

Table 4. Strategies for campaigns

S/N	**Variable**	**Frequency**	**Percentages [%]**
1	Dialogue	130	27
2	Lateral	19	4
3	Top-down	57	12
4	All of the above	274	57
Total		**480**	**100**

Source: Field Survey, 2023

Table 5. Specific channels/tools for the campaign

S/N	**Variable**	**Frequency**	**Percentages [%]**
1	Interpersonal – face-to-face	254	53
2	Radio/TV	43	9
3	Newspaper/Magazine	-	-
4	Social Media	130	27
5	Others	53	11
Total		**480**	**100**

Source: Field Survey, 2023

In Table 3, data reveals that there are different programmes and campaigns that have been organized by the organizations, and all are focused on the quest to end FGM/C in parts of Nigeria.

Prominent among them are Spotlight Initiative, declaration for Abandonment, Women and Young Engagement, EndFGM, Social Media, etc.

Table 4 data implies that NGO studies utilized communication strategies such as dialogue, lateral, and top-down for campaigns to end FGM/C in parts of Nigeria. Respondents numbering 130 (27%) think dialogue was used for campaigns, 19 (4%) are of the opinion that the strategy used is lateral, while 57 (12%) believe that a top-down approach was utilized. However, the majority, 274, and that is representative of 57%, think the three

strategies/approaches to communication strategies for campaign purposes towards eradicating FGM/C in the communities.

In Table 5, data reveals that organizations relied on different means of communication, viz face-to-face, mass media and social media. Respondents' positions show that 254 (53%) favoured interpersonal (face-to-face) channels as the means used to disseminate information during campaigns; radio/TV was selected by 43 (9) respondents, while social media as the channel was the opinion of 130 representatives of 27 percent. Fifty-three (53) respondents, who represent 11 percent of the respondents, think other channels were utilized. Table 6 shows data that implies that the adoption of communication strategies is much.

This was the position of 288 (60%) respondents, and 163 (34%) think it is moderate. In contrast, 29 (6%) are of the opinion that the adoption is not very much.

Data in Table 8 show a near balance in the number of persons in both states that took the survey. While 185 respondents, representative of 47%, are from Cross River state, 209 (53%) are in the Federal Capital Territory. Data in Table 9 reveals communication influences social and behavioural change. This position was shared by 214 (54%) who strongly agreed to the notion that exposure to communication induced social and behavioural change and further buttressed by 153 (39%) respondents who simply agreed to the notion.

Table 6. Extent of adoption of communication strategies for campaigns

S/N	Variable	Frequency	Percentages [%]
1	Very much	288	60
2	Moderately	163	34
3	Not very much	29	6
4	Not at all	-	-
	Total	480	100

Source: Field Survey, 2023

7.1. Data Based on Findings from Survey on Communities [Secondary Population]

Table 7. Gender of respondents

S/N	Gender	Frequency	Percentages [%]
1	Male	182	46
2	Female	206	52
3	Neutral	6	2
	Total	394	100
Age Distribution			
S/N	Variable	Frequency	Percentages [%]
1	SSCE/GCE	201	51
2	ND/NCE	119	30
3	HND/BSc	54	14
4	MSc and Above	20	5
	Total	394	100

Source: Field Survey, 2023

Table 8. State

S/N	Variable	Frequency	Percentages [%]
1	Cross River	185	47
2	FCT	209	53
	Total	394	100

Source: Field Survey, 2023

Table 9. Exposure to communication inducing social and behaviour change

S/N	Variable	Frequency	Percentages [%]
1	Strongly disagree	18	5
2	Disagree	9	2
3	Strongly agree	214	54
4	Agree	153	39
Total		**394**	**100**

Source: Field Survey, 2023

Table 10. Impact of communication and campaigns on FGM/C-related practices

S/N	Variable	Frequency	Percentages [%]
1	Reduction of practices	51	13
2	Improvement of knowledge on associated dangers	99	25
3	Creation of awareness of the dangers	39	10
4	All of the above	205	52
	Total	394	100

Source: Field Survey, 2023

In Table 10, data shows that communication significantly impacts FGM/C-related. Such impacts have been felt in the reduction of practices, improvement of knowledge on associated dangers, and creation of awareness on the dangers of the practices. This was based on the position of 205 respondents – a representative of 52 percent of persons who took the survey.

8. Discussion of Findings

Findings based on the demography of the respondents show that the primary population comprising of staff of select NGOs shows more women took the survey. As seen in Table 1, data that 52% of females and 225 (47%) males took the survey largely conducted online. What this implies is that there are more women in the NGOs and partners dedicated to the quest to eradicate FGM/C in Nigeria. Similarly, data in Table 7 show the gender composition of the secondary population comprised of members of focal communities in Cross River and the FCT. The table shows that 206, representing 52 percent, are female, while 182 (46%) are male. The implication is that more women took the survey and demonstrated that they are interested in the plight of Nigerian women with respect to GVB in general and FGM/C in particular.

Findings of the demographic data relating to the education of the primary population presented in Table 2 show that those in the majority are 331 (69%) who are graduates and holders of Bachelor of Science (BSc) degrees or the Higher National Diploma (HND). Respondents with a Master of Science (MSc) degree and above amount to 120, which represents 25 percent, while those who are holders of National Diploma (ND) and National Certificate of Education (NCE) result are 19, a representative of 4 percent. Persons numbering 10, which represents 2 percent, indicate in the online survey that they are Senior School Certificates holders. In Nigeria, the foregoing result is known as a school certificate. The implication of the findings on the demography of the respondents is that they are equipped with the educational attainment to take the survey.

Related data on the education of the secondary population presented in Table 7 reveals that 201 (51%) are holders of school certificate result, which is the SSCE/GCE, 119 (30%) respondents are holders of National Diploma (ND) and National Certificate of Education (NCE), 54 (14%) are degree holders that possess the Higher National Diploma (HND) and Bachelor of Science (BSc). Respondents that are holders of Master of

Science (MSc) degrees and above amount to 20, which represents 5 percent. The obvious implication of the data from the secondary population is that respondents who are members of the communities have adequate requisite education to take the survey. Records of the marital statuses of the respondents, as seen in Table 2, indicate that the majority, which is 221, representing 46 percent, are married, while 178 (37%) are single. Respondents who indicated that they are widows and widowers amount to 43 (9%), while 38 (8%) did not disclose their marital statuses as per the survey.

Further demographic enquiry presented in Table 2 reveals that 61 (13%) respondents are staff of UNFPA and partner NGOs, 399 (83%) are with UNICEF and their partner agencies and organizations, and 20 (4%) are staff of CIRDDOC. However, further breakdown of the data vis á vis the population of each organization shows that out of the total sample of 62 persons for UNFPA, 61 of them took the survey – which implies that there was a 98% response rate from the NGO and partners. Similarly, out of the sample of 404 respondents for UNICEF and partners, 399 took the survey, indicating that 99% of them completed the online survey. In the same vein, 20 out of 20 sampled population of CIRDDOC took the survey, which means a 100% response rate from the NGO.

The distribution of the secondary population vis á vis the responses received – as seen in Table 7 shows that 185 (47%) respondents are from Cross River, while 209 (53%) are from the FCT. This implies that people who took part in the protest and responded to the survey from the FCT are more. However, due to the nature of the study, this data also implies that there was a near-equal representation of persons in the North and South of Nigeria in the survey. As per the variables considered in this study, the survey yielded significant results that require clear and precise discussions.

As presented in Table 3, the study found that the NGOs have organized several programmes or campaigns. The open-ended question yielded important data as to the campaigns, with the prominent being 'Spotlight Initiative', 'Women and Youth Engagement', 'EndFGM', 'Public Declaration on Abandonment', 'Intergenerational Dialogue', 'Male Engagement in Rural Community', 'Social Media Campaigns to end FGM', 'Movement to end FGM Campaign in Ekiti', 'Behaviour Change Communication', 'Surveillance for Elimination of FGM/C', 'Multi-stakeholders Campaigns' 'Media

Campaigns as in Airing of Jingles in different Nigerian Indigenous Languages', 'Male Coalition Advocating for the Elimination of FGM in Imo State', 'Consensus Building on the Abandonment of FGM' and many more.

Dialogue, lateral and top-down approaches to communication are some of the strategies identified in the study. According to data from the field survey presented in Table 4, these are all adopted for campaigns to end FGM/C. While 130 (27%) are of the opinion that dialogue is the adopted communication strategy, 19 (4%) think lateral is adopted, and 57 (12%) believe that the NGOs used the top-down approach. However, the majority, 274, which represents 57%, are of the view that their NGOs adopted the three communication strategies for campaign purposes. First of all, this finding implies that the respondents actually have knowledge of the types of communication strategies used for campaigns by their respective NGOs, and second of all, it shows that strategies were adopted for communication purposes during campaigns to end FGM/C. This is a reflection of previous studies that found that different forms of communication strategies were adopted for similar purposes (Malikhao, 2020). Also, a previous study found that dialogue is a communication strategy of import adopted for health communication (Awobamise et al., 2021).

Enquiry on the specific channels or tools adopted for the application of the strategies for campaigns to end FGM/C, the study yields, as presented in Table 5, that the tools are interpersonal (face-to-face), radio/television, and others such as IEC materials. Interpersonal (face-to-face) channel or means was selected by 254 (53%) respondents; radio and television as the means or tools was the opinion of 43 (9%) respondents, while 130 (27%) opine that the channels are social media platforms. However, 53 (11%) respondents posit that other means, such as media dialogues and a combination of channels such as radio/TV, social media and interpersonal, were utilized. Findings of similar studies and positions of scholars (such as Inobemhe et al., 2021; Ogbesoh, 2023; Santas et al., 2023; Udeh, 2021) are also in tandem with this one.

Further findings of this study indicate, as presented in Table 6 above, that the adoption of the communication strategy for campaigns was to a significantly reasonable extent. Accordingly, 288 (60%) respondents believe that the extent to which the strategies are adopted is very much, 163 (34%) think the extent is moderate, and 29 (6%) are of the opinion that the adoption is not very much. The preceding finding represents that adopting strategies utilized during campaigns to end FGM/C in Nigeria was reasonably high and commendable. This reflects the findings of a study where it was revealed that communication strategies were adopted for different programmes and campaigns for social and behavioural change in Nigeria (Udeh, 2021; Ogbesoh, 2023). Specifically, Udeh (2021) focused on the use of communication strategies for healthcare delivery in rural parts of Nigeria, while Ogbesoh (2023) was about the use

of strategies to occasion social change through the #EndSARS protest in the country.

The study found, as presented and seen in Table 9, that respondents believe the adoption and utilization of communication strategies and their consequent exposure to the communication efforts brought about social and behavioural change. The foregoing is based on the position of 214 (54%) respondents who strongly agreed with the notion and another 153 (39%) who simply agreed with it. However, 18 (5%) strongly disagreed with the assertion, while 9 (2%) simply disagreed. The implication of the finding, as seen in the table, is that exposure to FGMC-related information and communication led to behaviour and social change in certain states in Nigeria. This reflects previous studies and the assertion that communication impacts social and behavioural change (Koenker et al., 2014; Ogbesoh, 2023; Udeh, 2021). It is also in line with the assertion that communication aimed at establishing behaviour change is considered a proven strategy (Akuiyibo et al., 2022).

Further findings of the study (as seen in Table 10) show that campaigns and communication by NGOs have had a significant impact on FGM/C practices in communities across Nigeria. This is based on the position of 205 (52%) respondents who are of the opinion that the impact of the campaigns and communication include a reduction in practices or total abandonment of FGM/C, improvement of knowledge on associated dangers of practices, and creation of awareness of the dangers related thereto. However, a breakdown of the distribution of the positions of the respondents as to what specific impact information and communication has had on FGM/C-related practices shows that 51 (13%) believe it brought about a reduction in practices, 99 (%) are of the opinion that it increased the knowledge of the issues and dangers surrounding FGM/C, 39 (10%) think it led to awareness creation as to the dangers. This is in accordance with the results of related studies (Alege, 2020; Evans et al., 2019).

9. Conclusion

Based on the findings presented above, this study concludes that there is adequate knowledge of communication strategies among NGOs and their partner organizations as adopted and applied during campaigns to eradicate FGM/C in communities in Nigeria. The three most prominent ones utilized are dialogue, lateral and top-down approaches to communication strategies. In addition, face-to-face, radio/TV, and social media were among the means through which the communication strategies were applied during the campaigns. Other IEC materials used in the interpersonal approach include posters, brochures, and pamphlets just as editorial, educative programmes on radio and television, and jingles, featured prominently as content packaged to create awareness of the dangers of FGM/C.

It is also part of the conclusion of this study that there is a significantly high level of adoption of the communication strategies as applied to programmes and

campaigns to eliminate all FGM/C-related practices in communities across Nigeria. This conclusion is also reached based on the frequency of use of the strategies, as they were utilized very often during campaigns. Another reason behind this conclusion is that there was satisfaction with the adoption and its impact among the communication experts responsible for the deployment. Consequent to the foregoing, the adopted strategies yielded considerable positive results as the desired objectives were achieved based on their adoption and total application.

The study also concludes that the communication strategies were effective as their use of informed participation in campaigns among members of the communities was in focus. Furthermore, exposure to the strategies was primarily responsible for social and behavioural change among the secondary population, which comprises people living in the states where the study was conducted. Some of the glaring impacts of the strategies are a reduction in practices, improved knowledge of the associative dangers, and awareness creation as to the dangers that may arise. On the basis of the exposure to the strategies deployed to end FGM/C in certain communities, the people (members of the focal communities) are not likely to get involved in related practices.

Recommendations

Based on the findings of this study, it is recommended that NGOs should continue to look at ways to improve communication with communities in Nigeria that may still indulge in FGM/C-related practices. This is informed by the notion that not all persons and communities in the country have embraced the message to discontinue or abandon the practices chiefly due to some of the people's age-long beliefs, customs and traditions. It is recommended because of the power of communication – as

constant contact with communities involved may make them open up and open up to dialogue towards ending all forms of GBV and FGM/C in particular.

INGOs and stakeholders worldwide must continue to support all just causes that champion the message to end all forms of violence against women and girls in Nigeria and other parts of sub-Saharan Africa, where it has been reported that FGM/C-related practices are still rife. This is because concerted effort is considered one of the most viable options to defeat practices that are rooted in the cultures, customs and traditions of a people. The implication of the foregoing recommendation is that there must be intervention through funding to motivate national, regional and community-level and concerned groups to lead the fight against the acts that dehumanize women and girls in Nigeria and elsewhere in Africa.

From the government's perspective, there must be concerted efforts to lead campaigns to eradicate all forms of violence against women and girls – and in line with the SDG-5, which is gender-focused. Therefore, the government must ensure that the right policy framework is created to aid NGOs and other stakeholders in embarking on meaningful engagement with the people and representatives of government. Such policies may also include mandating the ministries and agencies of concern to strengthen areas of collaboration with NGOs and other stakeholders towards ensuring that the desired goals and objectives of eliminating FGM/C-related practices in Nigeria are achieved.

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