

**A SURVEY OF PERSUASION AS A VERITABLE METHOD OF STOPPING THE MENACE OF FEMALE  
GENITAL MUTILATION AMONG PROFESSIONALS IN AFRICAN COUNTRIES**

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**Abstract**

This study is a survey of persuasion as a veritable method of stopping the practice of Female Genital Mutilation among professional in African countries. A total of 1200 participants were selected from Universities located in 28 African countries. An instrument named 'Persuasion A Veritable Method of Stopping Female Genital Mutilation Questionnaire' (PAVMFGMQ) was adopted to collect data for the study. The content validity of the instrument was established and the instrument was subjected to reliability test. The coefficient of 0.75 was obtained for section B of the instrument. Also the Cronbach's alpha was applied and a coefficient of 0.70 was obtained. Three research hypotheses were formulated and tested at 0.05 critical level. Data collected were analysed using frequency counts, t-test and Analysis of Variance (ANOVA). The findings of this study will shed light on persuasion as a method of stopping the practice of female genital mutilation among Professional Counsellors in African countries.

**Key Words:** Female Genital Mutilation, Persuasion, Professional Counsellor.

## Extended Abstract

**Description of the Topic:** This study is survey of persuasion method as a veritable tool for stopping the practice of Female Genital Mutilation among professional counsellors in African countries. The researcher investigated the influence of gender, religion, year of working experience on the variables. Female Genital Mutilation (FGM) is also known as Female Circumcision (FC) and Female Genital Surgery (FGS). A number of terms have been used to refer to the practices of Female Genital Cutting, among them Female Circumcision, Female Genital Mutilation, and occasionally Female Genital Surgery (Plotnik & Kouyoumdjian, 2011).

The term 'female genital mutilation' is defined as 'all procedures which involve partial or total removal of the female external genitalia or other injury to the female genital organs for cultural and other no-therapeutic reasons' (Associated Press, 2006; MacInnis, 2006; Rosenthal, 2006; Ayena, 2008 & WHO, 2008).

The World Health Organization (WHO) estimates that about 100 to 140 million women worldwide have been subjected to FGM. There are an estimated 3 million girls at risk of undergoing the Middle East. There are also anecdotal reports on FGM among certain ethnic communities in Central and South America. Amnesty International (2002) provided a Human Rights Information Pack which contain information on African countries where FGM is being practiced, estimate percent of women and girls who undergo FGM and type of FGM practiced in each of the 28 African countries as follow.

Table Showing Estimate Percentage of Women and Girls who undergo FGM and Types in Africa

SN	COUNTRY	ESTIMATE %	TYPE OF FGM PRACTICED
1	Benin Republic	50%	Excision
2	Burkina Faso	705	Excision
3	Cameroon	20%	Clitoridectomy and Excision
4	Central African Republic	50%	Clitoridectomy and Excision
5	Chad	60%	Excision and Infibulation
6	Cote D'Ivoire	60%	Excision
7	Democratic Republic of Congo	5%	Excision
8	Djibouti	90-98%	Excision and Infibulation
9	Egypt	97%	Clitoridectomy, Excision and Infibulation
10	Eritrea	90%	Clitoridectomy, Excision and Infibulation
11	Ethiopia	90%	Clitoridectomy, Excision and Infibulation
12	The Gambia	60-90%	Excision and Infibulation
13	Ghana	15-30%	Excision
14	Guinea	70-90%	Clitoridectomy, Excision and Infibulation
15	Guinea Bissau	70-80%	Clitoridectomy and Excision
16	Kenya	50%	Clitoridectomy, Excision and

			Infibulation
17	Liberia	50-60%	Excision
18	Mali	90-94%	Clitoridectomy, Excision and Infibulation
19	Mauritania	25-95%	Clitoridectomy and Excision
20	Niger	20%	Excision
21	Nigeria	50%	Clitoridectomy, Excision and Infibulation
22	Senegal	20%	Excision
23	Sierra Leone	80-90%	Excision
24	Somalia	98%	Infibulation
25	Sudan	89%	Excision and Infibulation
26	Tanzania	10%	Excision and Infibulation
27	Togo	12%	Excision
28	Uganda	5%	Clitoridectomy and Excision

Source: Ayena, 2008

Much has been done to combat the practice of Female Genital Mutilation in African countries (USDS, 2001). The campaign against FGM has long been waged, for most part by international, national and Non-governmental organizations. However, very little has been accomplished in the area of eradication of FGM in African countries. Efforts at eradicating FGM have become very difficult because the practice is deeply embedded in culture, victims were made to swear oath of secrecy, those who agree were being rewarded, while those who refused were being punished (WHO, 1999). FGM is a source of revenue for excisors/circumcisers, there is resistance to eradication efforts, mortality and complications as a result of FGM are concealed, high illiteracy level among practitioners and faulty eradication methods by campaigners against the practice. Hence, this study is an attempt to eradicate the practice by using another method that is different from previous attempts by introducing persuasion method of Social Psychology.

Persuasion is the act of persuading someone to do something or to believe that something is true. Hence, persuasion in social psychology is the process by which a person's attitudes or behaviour are without duress, influenced by communications from other people.

**Theoretical Focus:** The theoretical focus of this study is social psychology which involves the study of social interactions, stereotypes, prejudices, attitudes, conformity, group behaviours and aggression. Specifically, persuasion has been recognized by social psychologist as one of the most effective strategies for changing attitudes. Hence, attitudes of people towards the practice of female genital mutilation can be changed by using persuasion method of social psychology.

One element of persuading someone to adopt your point of view involves the source of the message. People are more likely to believe sources which appear honest, trustworthy, have expertise and credibility, are attractive or appear similar to them (Priester & Petty, 1995). Another element of persuasion involves the content of the message (Plotnik, 2011). If the persuader is using the central route, the messages will contain convincing and understandable facts, but if the facts are complicated, a written message is better than spoken one (Chaiken & Eagly, 1976). If the persuader is using the peripheral route, the messages will be designed to arouse emotion, sentiment and loyalty (Plotnik 2011). In conclusion, persuasion has been identified as one of the most effective strategies for changing attitudes by social psychologists and has been chosen as a spring board upon

which counselling psychologists can build their strategies to achieve a solution towards the practice of female genital mutilation.

**Data and Research Method:** The research design adopted for this study is the descriptive survey. The target population of this study is all professionals in African countries. The multistage sampling method was adopted in selecting participants for the study. Hence, a total of 1200 participants were selected from Universities located in 28 African countries where Female Genital Mutilation has prevalent rate ranging between 5% and 98%. The first stage involved the use of purposive sampling technique to select universities, the second stage involved the use of stratified random sampling technique to select professionals and the third stage involved the use of simple random technique to select participants among the professionals. An instrument named 'Persuasion A Veritable Method of Stopping Female Genital Mutilation Questionnaire' (PAVMFGMQ). The content validity of the instrument was established and the instrument was subjected to reliability test, using test-retest approach in which Pearson Product-Moment Correlation Coefficient formula was used to establish the coefficient. The coefficient of 0.75 was obtained for sections B of the instrument. Also the Cronbach's alpha was applied and a coefficient of 0.70 was obtained. Three research hypotheses were formulated and tested at 0.05 critical level. Data collected were analysed using frequency counts, Analysis of Variance (ANOVA) and Duncan Multiple Range Test (DMRT) as a follow-up on ANOVA.

**Expected Findings:**

Result of this study is expected to reveal the perception of professional counsellors on persuasion as a veritable tool for stopping the practice of Female Genital Mutilation in African countries. Such persuasion routes that will be considered in this study include the central and the peripheral routes.