

The work of the blade: Why the practice of FGM continues in Nigeria?

by

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Abstract

Female genital mutilation, also known as FGM, is a traditional cultural ceremony that has been practiced for hundreds of years in Africa, Asia, South Asia, and some parts of Europe. Girls from infancy to marriage or motherhood have been subjected to the partial or total removal of female genitalia as a rite of passage to ensure protection of purity and cleanliness. FGM is an ongoing cultural practice in Nigeria because of social conditioning. The results of the research show that the involvement of community members (victims of FGM, elders, and medical professionals) and leaders (spiritual, cultural, and political) will play a big role in reducing the practice of FGM in Nigeria. This portfolio synthesis includes methodology, methods, components, theoretical framework, knowledge of dissemination, and plan transfer. I explore why FGM is still an accepted practice in Nigeria and how social norm practices actively contribute to the ongoing practice of FGM. I had originally planned to travel to Nigeria to collect the data for this portfolio by dissertation. Due to COVID-19 travel restrictions, I was unable to travel and instead resorted to using different social media platforms such as WhatsApp to collect my data. This portfolio synthesis presents an overview of the following three components of the dissertation by portfolio: 1) a journal article submitted to *African Studies Quarterly* journal detailing the results and answers to the FGM research questions through 30 WhatsApp phone interviews of participants in Nigeria; 2) a 3D animation documentary of the real-life experience of a victim of FGM and its harmful effects; and 3) a peer reviewed conference presentation published in the proceedings at the Royal Roads University *Social Engaging Applied Research Conference* (August, 2021) comprised of a literature review defining FGM and outlining why it is continued.

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Dissertation by Portfolio Synthesis

Statement of the Problem

Female genital mutilation, also known as FGM, female cutting, or female circumcision, is the partial or total removal of the female genitalia (WHO, 2020). This traditional practice is performed on girls for many different reasons such as hygiene, rite of passage, and giving birth. FGM is most commonly performed to maintain the modesty, purity, and virginity of girls for marriage by removing the most sensitive area of their genitalia, which in turn decreases their libido and sexual desires (Anuforo, Oyedele, & Pacquiao, 2004). It is believed that FGM will prevent unwanted and/or teenage pregnancies and curb women's sexual desire to commit infidelity within their marriages. FGM is a social norm that is upheld within many rural communities in Southwestern Nigeria. FGM has no health benefits and instead poses many physical, emotional, and psychological long-term and short-term harmful effects (Anyaehe, Ezenyeaku, & Okeke, 2012). With an aim to address why this practice is ongoing, this research asks the following questions: Why is FGM a continued practice in Nigeria? What roles do social norm practices play in the continuation of the practice?

Contextualization of the Research

FGM and the Nigerian Context

Female Genital Mutilation/Cutting (FGM/C) is commonly practiced in 29 countries (WHO, 2008). Many of those countries are located in Western and Eastern Africa, Asia, and the Middle East. Nigeria accounts for one-tenth of the 200 million girls and women who have undergone FGM (28 Too Many, 2018). Demographically, Nigeria

is the most populous country in Africa with an estimated population of 170 million. The Yoruba ethnic group has the highest prevalence of FGM at 54.5% (Kandala et al., 2009, p. 785). According to the 2013 Nigeria demographic household survey (DHS, 2013), the highest prevalence of FGM in Nigeria is in Osun State at 76.7%.

The WHO identifies four types of FGM. Type 1 is the partial or total removal of the clitoris including the clitoris hood or the fold of skin surrounding the clitoris. Type 2 is the partial or total removal of the clitoris and the labia (the labia are the “lips” that surround the clitoris) with or without the excision of the outer labia. Type 3 is the narrowing of the vaginal opening by creating a covering seal. This seal is formed by cutting and repositioning the inner and outer labia with or without the removal of the clitoris. Type 4 comprises all other harmful procedures to the female genitalia for non-medical purposes such as piercing, scraping, burning, and pricking the genital area (WHO, 2020).

Given the invasive nature of such procedures, health implications of FGM have been well documented. Previous research from organizations such as WHO (2020), UN (2013), and 28 Too Many (2018) have shown the significant health risks associated with FGM and why the practice needs to be abandoned. Despite several worldwide advocacy campaigns, laws, and policies to eliminate FGM, this practice is still conducted, and an estimated 3 million girls are at risk of FGM annually (WHO, 2020). According to Andro and Lesclingand (2016), FGM raises additional issues of discrimination, human rights and the right to health, public health in terms of risk prevention for girls, and sexual reproductive and maternal health for women who have undergone the procedure.

Among Nigeria's population of over 200 million, the prevalence of FGM is 18.4% (MICS, 2016/2017). Approximately 20 million women and girls in Nigeria have undergone FGM; this represents 10% of the global total. According to WHO, 41% have undergone Type 2 FGM, the most common type of FGM, while 10% have undergone Type 1 FGM and 6% have undergone Type 3 FGM. FGM is most commonly performed on girls under the age of five, with the median age of four years old. FGM is more prevalent in Southwest Nigeria at 41.1% and in Southeast Nigeria at 32.5%.

Nigerians pride themselves on cultural diversity with over 250 ethnic groups and over 200 dialects (Anyaehe, Ezenyeaku, & Okeke, 2012). Each ethnic group has its own style of dress, worship, marital customs, and traditions. When it comes to cultural beliefs and traditions, religious and cultural beliefs are often intertwined in Nigeria. Depending on the community, many traditions that are still practiced are seen as social norms. For example, in Southwestern Nigeria, to respectfully greet an older man or woman you must prostrate if you are a man and kneel down if you are a woman. You cannot just wave or say "good morning" without addressing the elder with a "sir" or "ma" and without prostrating or kneeling (Opoola & Adeoye, 2019). If you do not do these things, you convey disrespect. This behaviour will signify that you were not raised or trained properly. This connection between traditions and cultural norms is also seen in the practice of FGM. Uncircumcised daughters are viewed as promiscuous daughters who were not raised or trained properly.

Nigeria is a multi-religious country. Many of the moral decisions and values that are socially accepted within a community are often influenced and driven by the predominant religion in that specific area (Bodunrin, 1999). The population in Nigeria is

very spiritual: over 53.5% are Muslim; 45.9% are Christian (10% of these are Catholic and the remaining 35.9% belong to other Christian denominations including Baptist, Pentecostal, Presbyterian, Redeem, Mountain on Fire, Winners Chapel, and many more); and 0.6% are traditional worshippers (oracle or deity worshippers) (statistics.org). Due to the fact that the dominant religion in Nigeria is Islam, a social belief is that people of Muslim faith practice the highest rate of FGM. Research shows, however, that for those of Christian-based faith in Nigeria, the rate of FGM is higher (28toonany.org). In some rural communities in Nigeria, FGM is additionally practiced for various reasons including rite of passage, polygamy, protective measure while giving birth, protection of family honour, marriage eligibility, removal of impurities, and prevention of promiscuous behaviour (Freymeyer & Johnson, 2007). Other known social norms are discussed in the next section.

Research Rationale

This research seeks to illuminate the reasons why FGM is still valued in some aspects of Nigerian culture (Herlund, Mackie, & Shell-Duncan, 2000). While topics of discourse in both academic and popular literature about FGM have focused on human rights, child abuse, abuse of women's sexual and reproductive rights, and social norms embedded in FGM, few studies have tried to understand the values that sustain the practice and how communities might approach the practice differently (Gbadebo, 2017).

Present Research

My research focuses on why FGM continues amongst practicing communities in Nigeria and what roles social norm practices play. In this research, I focus on the social-cultural contexts and community narratives surrounding the ongoing practice of FGM in

Nigeria. Using a qualitative approach, my research explores the relationships between social norm practices and decision-making, especially decisions made by authoritative figures such as religious leaders, elders, community influencers, and women. I interview 30 research participants, including representatives in each of these population subsets. Exploring the perspectives of both Nigerian men and women will enable a well-rounded understanding of the cultural meaning and understanding of FGM and social norms within Nigeria's communities. Indeed, according to the results of an FGM study in Sudan by Ahmed et al. (2009), when community leaders/elders changed their position on FGM, community members followed. It is thus hoped that examining the influence of community figures in the decision-making surrounding FGM will shed light on why it is a continued practice in Nigeria. Additionally, throughout this portfolio, I hope to clarify certain assumptions, opinions, or misconceptions surrounding the ongoing practice of FGM in order to understand why it is a continued practice in these communities.

My dissertation by portfolio contributes two journal articles and a 3D animated video documentary. I seek to answer the following questions:

1. What roles do social norms play in the ongoing practice of FGM amongst members of practicing communities in Nigeria?
2. What roles do Nigerian community leaders play in advocating for continuing/discontinuing the practice of FGM?

Theoretical Framework for the Research

The theoretical framework of this research is based on Icek Ajzen's theory of planned behaviour (2011). According to Ajzen (2011), the key of this model is the intent,

with the intention being heavily influenced by the attitude. Intent and behaviour are the result of attitudes (whether or not the person is in favour of the action), subjective norms (how much social pressure the person feels to act), and perceived power/behaviour control (whether or not the person feels in control of the action in question). This research explores the extent of the role played by social norms in the ongoing practice of FGM. I apply this theory to FGM and investigate how social norms affect planned behaviour. Some of the data gathered from my interview excerpts illustrate certain elements of the theory of planned behaviour. I was able to leverage these elements to achieve my objectives towards awareness and advocacy by adding them to the transfer-of-plan section of the portfolio.

Attitudes

Attitudes and beliefs about what other people do or what other people think one should do are often guided by social approval or disapproval within cultural settings (Briggs, 2002). Actions are mostly taken based on acceptance by one's cultural group; therefore, even if a cultural group is engaging in practices which are harmful, it is often difficult to change people's behaviour or reassure people's minds through education or by providing available alternatives. According to Arias (2016), "In order to tackle harmful social norms, interventions need to create new shared beliefs within an individual's reference group, which in turn change expectations around behaviour" (p. 6). Studies by Adetunji, Dirisu, and Obianwu (2018) on social norms describe intent and behaviour as the results of attitudes. People who participate in the cultural practice of FGM will do so based on the community approval. If the practice is deemed expected and accepted, then there is a higher chance that this practice will be continued because it is perceived as a

social norm (Adetunji et al., 2018). An individual's personal preference can be overshadowed by those with greater power, influence, and authority, especially when the costs of abandoning the social norms are exclusion from social events/ceremonies, lost opportunities, and stigmas (Shell-Duncan, 2010). Attitudes, an act of conforming to societal expectations to seek approval of the community, are reinforced and become social norms (Mackie et al., 2015). According Gbadebo et al. (2021), this is seen in communities that continue the practice of FGM, it is seen normal and that is why it is continued.

Subjective Norms

Cultural social norms also play a role in the prevalence of FGM. Based on their surroundings and environment, FGM participants in certain practicing communities agree to the continuation of the practice. To erase or to force abandonment of the practice may be difficult, because many FGM supporters are firm believers in the benefits and rights of the practice (Jewkes, Flood, & Lang, 2015). Since FGM is socially accepted within certain communities, it is possible that FGM supporters would not change their attitudes because they simply see no fault in the practice (Johansen, 2020). This may be true because those who condemn this practice are usually from external communities and thus do not hold the position of decision-maker in the participating communities.

Perceived Power/Behaviour Control

The third category of the theory of planned behaviour involves people who have no say. Even if they do not believe in the merits of FGM or do not want to engage in this practice, they have no choice: they must comply (LaMorte, 2019). Perceived power/behaviour control is the notion that the person feels they are not in control of the

action in question. In the case of FGM, the person who is undergoing FGM is not in control of whether or not the action of FGM is performed or not. They must automatically conform to that which is accepted in society. This lack of control will happen regardless of the age FGM is performed. Adolescents or adults who have had FGM performed on them due to societal pressures from family members (mother, grandmothers, and in-laws) had no control because of what was viewed as socially acceptable in the community (Briggs, 2002).

Implications of the Theory of FGM and Review of the Literature

The theory of planned behaviour can help provide some insight into the practice of FGM in alignment with the literature on what is known about social norms and FGM. Behaviours include attitudes, subjective norms, and perceived power/behaviour (Johansen, 2020). These behaviours illuminate why FGM is a continued practice in Nigeria.

It is however important to clarify before reviewing the literature that in applying the theory, the normative belief element is not universal. Nigeria is not perceived of as a uniform geographical entity but rather as pockets of communities, especially among certain tribes in the rural areas of selected states where FGM is still prevalent. Thus, in the perception of norms as described in this analysis, norms differ from place to place among the mentioned tribes and communities. Different communities have different belief systems, norms, and values. Therefore, depending on one's community of origin in Nigeria, the reasoning for the practice of FGM and the age when it is practiced will vary.

Factors within the literature that are common to Nigerian context include socioeconomic status, level of education, and quality of awareness of the physical and mental health implications of the procedure. According to the 28 Too Many organization, while FGM rates are high among women with no education or low education and low economic means, FGM is less likely to occur among learned and empowered women (28toomany.org).

Of the factors responsible for the continuance of female genital mutilation in Nigeria, most prevalent is the subjective norm based on normative belief (Mackie, Moneti, Shakya, & Denny, 2015). Though there exists the element of control, FGM is influenced mostly by a community's social norms and the preference of family members or older relatives in such communities. The theory of planned behaviour, results of empirical research, and logic imply that victims of female genital mutilation would not go under the crude knife if the normative elements are absent (LaMorte, 2019). Essentially, FGM continues because it is an acceptable practice that is culturally and socially seen as normal behaviour. If the practice of FGM were seen as abnormal and morally, culturally, and socially unacceptable, then FGM would not be practiced within these communities. If social norm practices are what perpetuate the practice of FGM, then those social norms would have to be considered socially unacceptable to discontinue the practice (Herlund et al., 2000). Therefore, identifying the major stakeholder and gatekeepers of these social norms would be effective in the fight to discontinue to practice. These are the people who have the power to incite change in social norm behaviours and play a role in discontinuing the practice. As an illustration, among the Yoruba tribe, which spans approximately six states in southwest Nigeria, many parents who put their children

through female circumcision are influenced by the subjective norms they have been exposed to (Mercy & Onomerhievurhoyen, 2015). These subjective norms, which centre primarily on aesthetics and female sexuality, continue to shape their thinking (Johansen, 2020). Through miseducation on female circumcision and trending patterns from childhood to adulthood, parents have witnessed extended and immediate family members, friends, and the community at large put their females through circumcision (28toomany.org). There is then the highest tendency to drift toward the same behaviour unless the decision process is altered by proper education, empowerment, or any other strong foreign factor (Mackie, Moneti, Shakya, & Denny, 2015). Regrettably, education level and socioeconomic status are predictably low in these areas where there are norms that encourage the practice. According to Yahya and Ghose,

Beliefs and practices are also likely to vary according to an individual's socio-demographic background, educational experience and financial capacity to access the resources of health and adopt healthy behavior. Indeed, one's socioeconomic standing is a strong marker of health beliefs, self-efficacy and sensitivity to social pressure. (2018, p. 3)

It can be safely deduced that, though there is the stronghold of culture in the continuance of FGM, there are cultural factors and brokers that can be introduced or deployed to change societal attitudes toward female genital mutilation (Akinbiyi et al., 2006). According to the literature, the same people who have the influence and power to impact those who practice FGM can also influence them to change their attitudes towards FGM practice and abolish the practice (Adeyanju et al., 2017). For example, if the local king is the one with influence in the community, and the one from whom community

members seek counsel, his decree or statement against the practice of FGM may have greater impact than the government. The king is at the grassroots level with the community members and more connected to the people than the government, who is far removed from the people. There are also factors that can be deployed to upend or weaken the grip of social norms, thereby influencing behavioural beliefs which in turn influence established negative norms.

FGM is not restricted in rural areas; most rural communities in Nigeria continue to practice FGM (Babatunde, 2017). Often, the decisions made at the state and federal levels of government are only enforced in the urban cities without any follow-through or enforcement in rural communities. In rural communities, enforcement is left to people of power and influence who may not follow through. According to Gage (2015), anti-FGM legislation could change attitudes toward FGM (p. 11). This study shows that strong law enforcement can influence the attitudes and behaviours of those who practice FGM (Amusan et al., 2008). Although anti-FGM legislation has the ability to change attitudes toward FGM, literature suggests that legislation is not enough. According to Dalal et al. (2015), legislation must be incorporated with education to create adequate awareness in these communities where FGM is practiced (p. 166). Once the legal consequences of practicing FGM are stated at the governmental level, people may become more apprehensive about committing or undergoing such procedures. According to Shell-Duncan (2008), “expanded human rights formulation has been used to justify state actions to protect the rights of girls and women in the private sphere and may have encouraged the proliferation of national laws specifically banning FGC in the past decade” (p. 10).

Implications on Advocacy

Shell-Duncan (2008) notes that fighting FGM on the pedestal of rights alone might not yield desired results. There should be a concerted effort to deploy the different approaches (Shell-Duncan, 2008). First, through an education-based approach, there is the need to continually talk about FGM especially within communities where the practice is still in place and among the age groups and social classes that support the practice. Education coupled with human rights-based programs achieves a two-way effect of enlightening the dangers of FGM and also promoting consciousness in victims, potential victims, and even abettors of the practice of the existence of choice and the right to choose. Williams (2018) suggests, “Human rights-based programs that foster women’s economic empowerment contribute to progress, as they provide incentives for changing patterns of traditional behaviour to which women and girls are bound as dependent members of the household” (p. 18). In this work, the theory of planned behaviour by Icek Ajzen is used to evaluate and explore how subjective norms affect behaviour and attitudes that contribute to the continuation of FGM in Nigeria.

Methodology

The methodology of non-invasive qualitative study is used for this research to investigate why FGM is a continued practice. Data were analyzed thematically to uncover patterns in thoughts and opinions and dive deeper into the discourse surrounding FGM. Through the interviews, I used narrative research to collect data for my video documentary. The case study was used in my video documentary to showcase the story and journey of one FGM victim.

Due to the limitations posed by COVID-19 restrictions, all the interviews were conducted through WhatsApp calls. I scheduled the interviews at times that were most convenient for participants. Before conducting the interviews, I made sure that all my participants were at least 18 years of age. Nigeria time is six hours ahead of Ontario time. Thus, I would conduct meetings at 3 a.m. in Ontario before the participant had to start work at 9:45 a.m. or 10 a.m. in Nigeria. At first, I was quite disappointed that I was not able to travel to Nigeria to conduct the interviews in person. Over time, I noticed that being on the WhatsApp phone call instead of a video call allowed the participants to be more comfortable because they were in their own environment. Due to the visual disconnect, participants could not read my facial expressions that may have otherwise altered their answers. For example, if a participant had been talking about how they feel about FGM over video call, it is possible that I would have responded with a facial expression that could communicate that I was either shocked, displeased, or taken aback by their answer. In this case, it is likely that a participant could have altered their answer or stopped sharing based on my facial expression.

Non-invasive and open-ended interview questions allowed the interviewees to express themselves in as much detail as possible. I would let interviewees completely finish one answer before asking another question. Sometimes, their answers would generate additional probing questions. For example, while interviewing a nurse or a doctor, the interviewee might describe a patient who was a victim of FGM and pregnant with a girl child. I would then ask questions about hospital policy. I asked if there had been any discussion about FGM during prenatal care, and I asked about policies for patients who circumcise their daughters when they bring their children in for routine

check-ups. For each interviewees, I would ask some major questions that were standard for all. For example, I asked, “When did you first hear of FGM?” Midway through the questions, depending on their area of expertise, I would alter the questions. For example, I would ask, “When you hear the term FGM, what does that mean to you?” At the end of each interview, I would ask, “Is there anything you would like to add that maybe I didn’t ask or you would like to touch on?” This would give the interviewee the opportunity to bring up other issues concerning FGM. Sometimes, depending on what they had added, I would create another question for the next person I was interviewing. I was not strict with my questions. Instead, my questions served as a guide that was usually revised as new information emerged. After conducting 30 interviews, I transcribed and categorized them.

A qualitative approach also facilitated an in-depth exploration of the way the participants came to understand, act, and manage their day-to-day situations in particular settings surrounding FGM. For the documentary, I used an interviewing style to gather the narrative for the documentary voice-over. I prepared the interviewee for the documentary to make sure she was comfortable before we recorded, and then I just let her talk while I took notes. I asked the participant to be very detailed and to explain everything from the beginning to the end of that day when she was subjected to the practice of FGM. I asked the participant to remember what the weather was like, what she was doing, and how the mutilation happened. Then, I just let the recorder go. Once it was done, I transcribed the interview and created a storyboard. This storyboard was then sent to the person I had outsourced to create the documentary. I was very involved in choosing the design, music, sounds, and colour schemes for the illustrations in the documentary. Although the small sample means that the findings cannot be generalized

to a larger population, the information can be transferred to other ongoing research as part of data collection.

Methods

Rationale for a Qualitative Study

Qualitative study is the study of understanding social interactions and behaviours that manage an individual's daily activities in a certain setting (Tedlock, 2000). The rationale behind this study was based on the use of the interviewee words to understand the social realities of individuals and why and how a phenomenon like FGM is happening. I wanted to describe and explain why FGM exists and how it is experienced by those who live it. I also wanted to investigate and evaluate interventions that aim to change what exists and to generate suggestions for means of improvement. Thirty semi-structured interviews were conducted to measure participants' approval or disapproval of FGM. The results of the interviews give an in-depth understanding of the level of social pressure attached to FGM practices. The interview questions focused on exploring the roles of social influencers, monarchs, religious leaders, socialites, and the government in communities in regards to FGM and social change. The qualitative method was a naturalistic approach, studying real-world situations as they unfold naturally. As such, this approach was non-manipulative and non-controlling (Denzin, 2005). People who continue the practice do so because it is seen as a social norm (shared acceptable behaviour amongst a certain group); it is expected (Johansen, 2020). The interviews were conducted to identify who is responsible for change in these communities.

A qualitative approach was used for this research study. Based on the research problem, I wanted to explore how social norm behaviours affect the continued practice of

FGM in Southwest Nigeria amongst the Yoruba people. I wanted to gain a deeper understanding and second-hand experience of how our decisions are made based on our surroundings and social and cultural environment. I sought to obtain a more realistic view of the lived experience that cannot be understood or experienced through numeric statistics (Anderson, 2010). I wanted to identify who is in charge of those thoughts, beliefs, and attitudes. The qualitative approach was well-suited for this study to gain a clearer and more in-depth understanding of attitudes and behaviour (LaMorte, 2019). This approach yielded results that can be helpful in finding new ways of understanding FGM. Also, this approach provided me with the perspective of the participants of the study through immersion of FGM practice and social norms in Nigeria as a result of direct interaction with the interviewee (Anderson, 2010).

Participant Sampling

Exploring the perspectives of both Nigerian men and women enabled a well-rounded understanding of social norms surrounding FGM in the context of Southwestern Nigeria's communities. Of the 30 participants, 21 women and nine men ranging from 28 to 78 years old were interviewed. The majority of interviewees (27) were in their 30s. Twenty-seven participants were married and three were unmarried. Twenty-eight participants had at least one child, and two participants were childless. Education levels of the participants ranged from college degree to medical or law degree. All but one participant had an undergraduate degree. There were 12 medical doctors, five nurses, three lawyers, three NGO workers, one banker, one educator, one entrepreneur, and four government workers. Of the 30 participants, 22 hailed from the Yoruba tribe, five hailed

from the Igbo tribe, and three hailed from other tribes outside the major three tribes. Nonprobability sampling was used in this research. According to Ben-Shlomo et al. (2013), snowballing sampling is used in social science to investigate hard to reach groups and study their behaviour. This snowballing sampling was most effective because it helped answer the research question and contributed to generating a new hypothesis (Bastos et al., 2016). Participants suggested other individuals with similar characteristics to partake in the research. This process is useful in investigating certain populations such as those affected by FGM because participants are hard to find (Bastos et al., 2016). With FM being such a sensitive and vulnerable topic, snowball sampling helps the new participants to feel more comfortable about being included in the research (Ben-Shlomo et al., 2013). Exponential non-discriminative snowballing sampling was used; I did not discriminate. I allowed the first participant to refer other participants and those participants referred others (Geddes, 2019).

Research Settings

All the interviews were carried out through WhatsApp phone calls. This was not only cost-effective for both myself and the participants but it allowed for the participants to be more comfortable discussing such a sensitive matter in their own safe spaces. Not being able to see each other virtually allowed the participants to be themselves and give as much detail or be as descriptive as possible. Although as the researcher I was not able to observe facial expressions, hand gestures, and other descriptive non-verbal communication behaviours, I could make observations of participants' tone and expressions. Based on the sensitivity of this research, I believe that using the WhatsApp

platform for phone interviews was most suitable, as it allowed the participants to be themselves.

Methods and Procedure of Data Collection

For data collection, I recruited 30 people to participate in a non-invasive, semi-structured interview process. Semi-structured interviews helped me capture the opinions, perspectives, and experiences of participants (Goldman, 2013). I designed my questions by first looking at my research question and trying to determine which questions I could ask to best find answers. I asked between 15 and 20 questions per interview. I posed 10 general questions to each participant. Then, I asked more specific questions depending on the participant's profession. Some of the general questions included "What do you think the government, NGO, and community leaders can do to decrease the number of people practicing FGM in Nigeria?"; "What advice would you give to someone who expressed interest in circumcising their daughter?"; or "What roles do you think sex education in the schools play in speaking against FGM?" I always invited the participant to share any additional information.

This gave the participant the chance to engage beyond the interview questions (Sutton, 2015). Although my participants had already agreed to be part of my research, I remained aware that the subject matter is very sensitive. Thus, I tried to design questions in a way that would make the participant feel comfortable and not force them to divulge painful information. I would begin by asking casual questions to create a safe and comfortable space for my participants before building up to the more sensitive questions (Sutton, 2015). I would also use the terms FGM and female circumcision interchangeably depending on the question. I would ask the following initial questions: "What does FGM

mean to you when you hear it? At what age did you first hear about FGM? To the best of your understanding, how do people celebrate FGM? Have you ever heard of any positive experiences of FGM? What do you believe the main differences are between male circumcision and female circumcision?” Then, I would ask the questions: “Why do you believe people practice FGM? What role does location play in people performing FGM? What roles do decision leaders and community influencers play in who is circumcised and who is not circumcised? Do you believe FGM is based more on ignorance or cultural belief?”

I tried to use neutral, unbiased language while designing my questions. I assessed how many questions I wanted to ask, decided on the information required, created and revised a list of questions, ordered the questions in the appropriate sequence, finalized my questions, and pre-tested them with a volunteer from Nigeria.

Recruitment and Sampling

I started with convenience sampling and then utilized snowballing sampling. I began with six interviews of people I had met through mutual friends and family members in Nigeria. Often, at the end of an interview, the interviewee would typically say, “I know someone or somebody that you can also talk to if you need more interviews.” I would reply, “Yes, that would be helpful if it is not too much trouble.” Thus, I recruited the rest of my samples through snowball sampling of local social networks. The major limitation of this approach is that some of the participants had only basic knowledge about the topic and I found myself having to readjust and make up new interview questions to better suit the interviewee. The major benefit of this approach was

that it was time effective and I had participants who were ready and willing to be interviewed.

Methods and Procedure of Data Analysis

As per RRU ethics board approval, I used a recording device to record the interviews over WhatsApp call. I also obtained approval from RRU ethics board to record interviews and store them on a password-protected hard drive. I followed an informed consent process. I saved the recorded interviews on my computer and then transcribed them. After each transcription, I would go through the main themes by looking at keywords and major talking points. I used thematic analysis for my research, and I used the qualitative data analysis method to go through transcripts from my in-depth interviews (Moules et al., 2017). For example, some interviews focused heavily on the healthcare system in Nigeria while others focused on government or church involvement. I organized the interviews by theme and then decided how I would present the information in the paper. This well-organized approach provided a strong interpretation of FGM and how social norms play a role according to the theory of change.

Ethical Issues

I was very mindful of ethical issues while conducting this research. FGM is a highly sensitive topic that affects a vulnerable population. I knew while conducting this research that I would run into many ethical issues, especially with the qualitative type of research I wanted to do. I ensured that all my participants understood the consent to participate form. I also ensured participants' awareness that they did not have to answer any questions that they did not want to answer. Participants were informed that they

could decide to no longer participate in the research if they felt uncomfortable, and that all of their recorded information would be destroyed three days after the interview was conducted. To avoid further complicating my ethical review, I made sure I did not interview actual victims of FGM for my research data collection. Instead, I interviewed participants who knew about FGM through a friend, a family member, or a spouse. Any direct triggering or re-traumatizing effects from my research were mitigated by interviewing participants who were indirectly affected.

I made sure to communicate to participants that their identities and the data collected would be protected. I also offered interested participants copies of the research articles and the video documentary. Before beginning my research, I obtained approval from the Royal Roads University ethical review board. I needed this approval in order to collect my raw data and create my documentary. To protect the victim's identity, we had someone else read the transcription for the documentary. I checked with the victim of FGM who shared her story for the documentary several times, and she assured me that she was not re-traumatized by watching the documentary.

Positionality

As a Nigerian-Canadian researcher, I found my experience of conducting research on FGM in Nigeria to be enlightening. Before any research and data collection, like most people, I had incorrect preconceived notions of FGM and its rationale. The most humbling experience of the data collection was sitting down with the FGM victim and listening to her story for my video documentary. While it is one thing to conduct in-depth research on a certain phenomenon, it is another thing to be present and have a firsthand

encounter with a victim. Many times during the interview process, I wanted to cry or console the victim because of how descriptive and emotional her story is. My positionality is important. Researchers such as Ali et al. (2020), Barrett et al. (2013), and Katz et al. (2021) were able to influence and impact change within their communities through their research on FGM, and they have inspired me to do the same. This entire portfolio by dissertation journey has inspired me to continue the advocacy work in order to educate and spread awareness.

This research took considerable time and effort. The six-hour time difference played a role. With Nigeria's time zone being six hours ahead of Toronto's, I had to work with participants' schedules. Due to connectivity issues with the internet, an average interview took a minimum of one hour. The transcribing was also quite time-consuming because the quality of the phone interview format was not very strong. Thus, I had to go over the interviews at least two to three times to make sure I captured everything without missing a word or a reaction. After transcribing the interviews, I organized the content into major themes. The rationale I developed during the course of this research included a goal to make this research impactful by speaking with a diverse group of people from various social, economic, marital, education, religious, and tribal backgrounds.

My neutral position allowed me to work with community influencers. Being Nigerian-Canadian, I understand many of the cultural traditional norms and expectations especially when speaking with people in decision-making roles or affiliates. Certain customs, offerings, and even languages play a role in gaining access to certain people and spaces. Being a Nigerian-Canadian allowed me to have certain power dynamics with my participants. First, I understand the Nigerian cultural social norms and so I was more

relatable to the participants. Second, being a Canadian, I was able to attain a certain level of respect and authority.

I was able to establish trust with my participants based on the snowball method. Participants were more comfortable discussing FGM with me based on the trust of who had referred them. My positionality was part of my own theory of planned behaviour in constructing my research design because I believe that there can be an end to FGM. I hoped that finding out why FGM is a continued practice would allow for discussions to implement change. Therefore, the interview method was very effective as participants were able to voice their opinions and suggest ways they believe would be effective to implement change from their own understanding of cultural social norms in Nigeria.

Technological and Practical Limitations

There were three main limitations of these methods, Covid19 restrictions, internet connection and time difference.

COVID-19 Restrictions

First, my research was limited by COVID-19 restrictions and geographical distance. I had planned to travel to Nigeria and conduct the interviews in person. However, when the first wave of COVID-19 arrived in both Nigeria and Canada, I was unable to travel. I had to reformulate my data collection process and establish relationships of trust about a very personal and socially-fraught subject at a distance. Having referrals from other participants assisted in creating trust. Referrals have the advantage of using strong social bonds between people to establish trust.

Internet Connection

Second, my research was limited by weak internet and Wi-Fi infrastructure. As a result of this limitation, I attempted to conduct my interviews over the phone. However, the phone connection made the quality of my calls very poor and thus difficult to transcribe. Next, I tried WhatsApp call, and this method provided better quality. However, I also experienced certain limitations with WhatsApp call. For example, the internet connection in Nigeria would sometimes drop, and I would disconnect and reconnect. Sometimes the participants did not know the call was disconnected and would continue talking. Once the phone was reconnected, sometimes the participants would change their answer.

Time Difference

Third, my research was limited by geographical distance. With a six-hour time difference between Nigeria and Ontario, my participants would only be available in the mornings or on weekends when they were not at work. Some participants would request 7 a.m. interviews which would be 1 a.m. in Toronto, Canada. Some participants would request interviews at 11 a.m. or at noon, which would be 5 or 6 a.m. in Toronto, Canada. I would always adhere to the days and times requested by the participants. However, sometimes they forgot and requested another day or time. Occasionally, I had back-to-back interviews from 1 to 5 a.m.

Limitations of Data Gathering Approaches

The larger sample size of 30 via WhatsApp and snowballing methodologies provided the best opportunity to safely and purposively achieve saturation of the data with respect to the overall five themes of culture, education, social status, economic status and location.

Smaller Sample Size

This research sampled 30 participants over WhatsApp phone calls. This large sample size provided a variety of interview answers to give a larger perspective from people of different backgrounds (Kingstone et al, 2018). Of the participants interviewed, I could have used a more targeted approach on 15 interviewees by asking more questions about certain areas of the topic. For these 15 participants, the questions could have been more specific rather than just general questions that were altered to fit the participants' educational or professional background (Malterud et al, 2016). A smaller sample size would have allowed for a narrower focus (Blaikie, 2018). For example, in speaking with lawyers, I could have asked more questions about the legalities of FGM. In speaking with a medical professional, I could have asked more medically-based questions about FGM.

Snowball Sampling

The snowball sampling technique was convenient because it was used as a quick way to find participants who were interested in being interviewed for the topic (Cohen, 2011). Having participants referred to me was time effective. If I had posted a recruitment flyer or poster of exactly who I was looking to interview, this may have presented some time constraints in terms of taking longer to find participants based on the

level of sensitivity and vulnerability of this research. However, one of the limitations of this approach was that I was unable to focus on a particular area of Nigeria (Noy, 2008). Osun State has the highest rate of FGM in Nigeria, but with snowball sampling, the majority of my participants were not from that state. Although all the participants are from Nigeria and were living in Nigeria, I was unable to target residents of Osun State in my research. If I had recruited all my participants from Osun State, this would have likely altered the results of my research and thereby altered my recommendations for further research (Dusek et al, 2015). Since the determinants of FGM vary from region to region, the generalizability of the research is limited (Woodley et al, 2016). Speaking with participants who are from the common areas or communities in Osun State where FGM is commonly practiced would have lent credibility to the findings (Noy, 2008).

Thematic Analysis

This research focused on qualitative research only. By using different probing techniques, the participant could choose to share some particular details and stories and ignore others. Also, it may be difficult to explain the difference in information dissemination obtained by the participants and arriving at different inconsistent conclusions (Anderson, 2010). Although the use of qualitative methods was strong, it is possible that a mixed methods approach would have allowed me to compare and contrast numbers using previous statistics from previous research. I would have been able to make a graph and organize the data using ANOVA SPSS software to better analyze the information from the interviews I gathered (Carminati , 2018). This would have given a more statistical, evidence-based answer to the research questions, possibly creating a

deeper understanding (McCusker et al, 2015). I also would have been able to explore deeper and see where age, education, financial status, and marriage status play a role in deciding whether girls will undergo FGM in their communities (Swygart-Hobaugh, 2019). However, the use of interviews alone for this research really gave an in-depth perspective of why FGM is a continued practice and the roles people in position of power have in the decision-making surrounding the continuation of the practice.

Limitations of Not Including Direct Victims of FGM

Interviewing participants who were only indirectly affected by FGM limited the data collection. For ethical reasons, I chose to speak with people who were not victims of FGM. I did not want to re-traumatize victims, especially if I did not have the resources available to provide them with afterwards. Also, I was a bit skeptical of how many FGM victim participants I would be able to gather. I did not know the time frame I would need to collect such data, given how personal, sensitive, and vulnerable the topic of FGM is. Looking back at my statement questions, I realize that to understand why FGM is a continued practiced and how social norms play a role in the continuation, it would be interesting to unpack and gather data from the perspectives of victims of FGM.

It would have been good to explore the interview question with victims of FGM who have been directly affected. They would have been able to give more insight from their firsthand lived experience (Gentles et al, 2015). Perhaps they would have debunked the common myths and stereotypes of FGM. Perhaps these victims would have been able to suggest recommendations and intervention methods based on their lived experience (Cohen, 2015). They would have been able to pinpoint the exact circumstances in which

FGM is culturally accepted. For example, if FGM is done to girls before marriage, then getting religious marriage officiants such as pastors, Imams, and traditional rulers involved may be more effective at stopping FGM than the state government. If a marriage officiant refuses to hold a wedding based on information that a prospective bride has not undergone FGM and the marriage is important to the community members because of what marriage represents, then this may be an entry point to explore in terms of discouraging or discontinuing the practice.

With this being said, not having participants who are direct victims of FGM was not a deal breaker to my research, as I may not have been able to find 30 victims of FGM who were willing to be interviewed. I also did not have the adequate resources to help the victims if they had been re-triggered through the interview process. It is possible that many of the victims may have pulled out after their interview. Also, if I were to have spoken to actual victims of FGM, this would have been more appropriate in person, like my interview with the victim portrayed in the video documentary, and not through WhatsApp phone calls. Therefore, speaking with people who had knowledge of FGM or who knew someone who may have been affected by FGM also facilitated a deep understanding that more awareness and advocacy is needed in order to continue the discourse of FGM. Currently in Nigeria there are not many organizations to support victims of FGM. Nigeria is a country that still practices FGM, yet the resources (medical, emotional, mental) for victims are limited. There needs to be more discourse and intervention resources for victims of FGM from the different levels of government as well as NGOs providing free access to resources for victims of FGM in states that are predominately practicing FGM. Currently, Osun State has the highest rate of FGM

practice in Nigeria, yet there are only a few organizations like the Value Female Network which are actively working in the community to provide aid to victims of FGM. The lack of agencies in Nigeria for FGM victims is something that needs more attention and focus.

Rationale for the Portfolio Format

As a solution to travel restrictions during the COVID-19 pandemic, I had to rely on technology to conduct my interviews. By utilizing my contacts who are mostly located in Abuja, Nigeria, I was able to gather 30 participants for my interviews from all over Nigeria (Abuja FCT, Osun State, Lagos State, Kwara State, Warri State, Oyo State, and Jos Plateau State). Participants came from various socioeconomic backgrounds, education backgrounds, and professions. I interviewed medical personnel, lawyers, government civil servants, NGO workers, educators, bankers, and retirees who were either indirectly affected or who had some knowledge about FGM. Each interview of 15 open-ended questions ranged in length from 25 minutes to one hour or longer depending on the details the individual shared.

I concluded that a dissertation by portfolio would better suit my research objectives than the original traditional dissertation I had planned. This portfolio better suits my research objective as it highlights and explores different approaches to spread advocacy awareness as it opens the door to a wider discussion of change. According to (Mahfouz et al, 2018) the best way to effect change through social norms is to continue the discourse of FGM through advocacy and awareness. After discussing this change and receiving approval from the RRU ethics board, I was able to proceed.

The three components I selected to best showcase my work are two journal articles and a video documentary. I feel that FGM is such a delicate and sensitive subject that it is most powerfully represented visually, especially when dealing with populations who have low literacy levels. Advocacy is my main objective with my research, and one of the strongest ways to advocate is through visual representation (Gbadebo et. al, 2021). During this current generation and time, we see that visual representation goes a long way – especially when advocating for change. Not only do images and words leave a lasting impression, but, depending on the visuals used, visual representation can also have a long-lasting impact on how we view situations, how we can become involved, and how we can advocate for change (Gbadebo et. al, 2021). I did not want my work to just sit in a library, read by only a few interested people. Instead, I wanted to create something tangible where one's level of education would not impact one's connection with the work. I did not want people to have to spend hours reading, especially for those with low levels of literacy.

Therefore, I believe that the dissertation by portfolio is the optimal format to not only disseminate the information and data that was gathered from the interviews but also to showcase the issues surrounding FGM to a wider audience using social media. This format has the potential to raise awareness and advocacy for change on a topic that is often not given enough light in discussions of gender-based violence on a global scale. When asked “What do you believe is the best way to bring awareness and change to the practice of FGM?”, many of the participants' answers included “Don't allow this important work of yours to die”, “Advocacy”, “Keep talking about it until they have no

choice other than to listen and make a change”, and “Campaign strongly against it through your work.” One respondent stated,

The work you are doing is very important and it's great that it's coming from a Nigerian abroad. Make your voice heard in any way you can and spread the news. The Nigerian government hates embarrassment, especially from outsiders. They will definitely listen.

Based on participant feedback, subjective norms, or the notion of how much social pressure a person feels to act according to theory of change, are highly effective in establishing change. The Nigerian government, perhaps beginning with the human affairs minister or the women's affairs minister sectors of government, will feel the need to get involved and discuss the issues surrounding FGM if there is enough social pressure from outside stakeholders such as UN, WHO, and others. To establish discourse in this area is the beginning of change. Change can only happen once there is an acknowledgement through discussion that something is wrong, that something needs improvement, and that something needs to be implemented or abolished.

Complete Identification of Each Portfolio Component

For the completion of this dissertation by portfolio, the three chosen components are two journal articles and a 3D animated video documentary. I present below a complete list of the three components, the reasons for choosing those components, and a discussion of where these components will be best utilized for public viewership.

Required Portfolio Component: Journal Article (Peer-Reviewed)

For the dissertation by portfolio, I was required to write a journal article. I wrote a literature review for a peer-reviewed conference presentation based on the different kinds of roles social norm behaviours play in the continuation of FGM. This journal article presents a background of FGM and an introduction to the social norms attached to FGM in order to give a broader and deeper understanding of the roles played by social norm behaviours in the continuation of FGM in the rural areas of Southwestern Nigeria. In this literature review, I discuss the six major reasons why people practice FGM in Nigeria as well as the beliefs behind the practices. The title of this journal article is “Violation of rights or rites: A literature review on the reasoning behind FGM’s continued practice.” This literature review was also presented at the 2021 Royal Roads University Doctoral Socially Engaged Applied Research Conference.

The journal article was peer-reviewed, and I signed the release of the conference proceeding publication on November 12th, 2021. This is an excerpt from the abstract of the journal article:

This review looks at Western and African literature to identify the most common assumptions, myths, and truths behind why female genital mutilation (FGM) continues amongst practicing communities. This paper also explores how social norm practices contribute to the continuation of this traditional practice.

(Adewale-Olaniru, 2021)

This paper focused on the subjective norms in the theory of planned behaviour. I explored how social pressures influence an individual’s actions in regards to FGM. I looked at how the decision-makers (mothers, grandmothers, elders, and in-laws)

influence and sustain the community members into continuing the practice of FGM. In this paper, I examined how social norm practices play a role in the perpetuation of FGM in practicing communities. I looked at the myths, assumptions, and stereotypes attached to the reasoning behind the practice.

The theory of change gave me a deeper understanding of powerful social norms and pressures in relation to FGM. The theory of change is essentially how or why certain interventions can lead to a desired change (Barrett et al, 2013). At the conclusion of each interview, I asked the participant to provide a recommendation that could lead to positive change in eliminating or reducing FGM practice. Listening to different recommendations gave me a deeper understanding of the social norms/pressures people are facing in Nigeria in terms of FGM and ways in which to penetrate those norms. Some participants recommended stricter law enforcement and punishments, others recommended more programs and advocacy through international and local NGOs, and some had their own personal ideas which they felt would be more effective such as adding FGM awareness and teachings to the sex education curriculum of elementary and secondary schools in Nigeria (Mosun, 2021). It was evident through my data collection and analysis that spreading awareness is not enough; there are certain channels and spaces that need to be used and reached in order to spread awareness. For example, one of the recommendations is to have religious leaders use their platforms in religious spaces to spread awareness and effect positive change (Juliette, 2021). The attitudes and subjective norms of theory of planned behaviour and the theory of change model link together well. Essentially, if it is possible to understand intent and behaviours of social norms, then it is possible to recommend initiatives that can positively effect change (Evans, 2020).

Even though some people want to speak out against the practice, they comply to what society says they should do to “fit” in or be socially accepted so as to not be labelled or excluded from certain community activities/events or from the community as a whole (Evans, 2020). This paper was created to seek a better understanding of how the social perception about FGM influences the continuation of the practice. The theory of planned behaviour asserts that behaviour can be predicted by the strength of an individual’s intention to behave in a particular way. Behavioural intention is divided into three parts: attitudes towards behaviour, subjective norms, and perceived control over the behaviour. The purpose of this paper was to gain a better understanding of the reasons why mothers intend to allow their daughters to undergo FGM (Evans, 2020). According to Johansen (2021), different individuals in the same community may have different perceptions of social norms, and these perceptions may differ from what can be assessed as common social norms. Therefore, this introduction piece to reasoning of FGM practice was important to identify the common social norms surrounding FGM. Ajzen’s theory of change looks at how social norms are influenced. The findings of this paper presentation may help policy makers design appropriate intervention to prevent the practice amongst the new generation of girls in Nigeria. According to Johansen (2021), mothers whose attitudes are more favourable to FGM will most likely show intentions of mutilating their daughters; this indicates that interventions should focus on changing the attitudes and beliefs of the mothers.

Video Documentary

Based on my FGM research in Nigeria, I produced and directed a 3D animation documentary titled *ISE ABE (Circumcision)* to create social awareness and impact

through storytelling and film (November 2021). This film has been submitted to several film festivals for award nomination and recognition such as Health for All Film Festival, Black Women Film Network, Through Women's Eyes International Film Festival, Women's International Film Festival Nigeria, African Women Arts and Film Festival, Toronto International Women Film Festival, and Africa Human Rights Film Festival. I have also submitted this documentary to several organizations such as Women Focus Canada, Inc., Sahiyo Organization, and Value Female Network. Currently, this film has been selected for two screenings. The first screening was at the 23rd annual Through Women's Eyes International Film Festival (TWE) from March 10-14, 2022. TWE is a production of the UN Women USA Gulf Coast, and the program is integral to their advocating for gender equality. The second screening is at the African Women Arts and Film Festival in Tanzania, Africa in October. I will also upload this video on YouTube. The link to view this documentary is:

https://drive.google.com/file/d/1QnB0KSrY57yaaLkXg-opy-ETZMZGYI_u/view.

The video documentary was produced to showcase the harmful effects of this traditional practice on its victims. According to Finneran (2015), documentaries meet a deep human need to connect, and the best documentaries illuminate the human experience. This documentary was used as an advocacy piece to bring awareness to the harmful effects of FGM practices.

Before I chose my research topic, I knew that I wanted to add a visual element to my dissertation. The 3D animated video documentary I created is based on the journey of a woman who is an FGM victim. In March 2021, when I travelled to Abuja, Federal Capital Territory (FCT), Nigeria, I sat down with the sister of one of the participants.

This woman volunteered to tell her story. She agreed to have her story communicated through an animated 3D video documentary to spread awareness about FGM. I sat down with my volunteer and she discussed in detail from the beginning to the end of the interview everything she remembered about the day she was mutilated. I documented everything through the audio recorder. I encouraged her to continue recounting everything she could remember about the day the mutilation happened and how the mutilation has affected her to date. After gathering her consent and recording the interview, I asked her how she would like the story to be illustrated (play, animation, or pictures). She loved the idea of animation.

When I arrived back home, I decided that although it would be expensive, 3D animation accompanied by the participant's voice-over would be the best format through which to convey her story. I transcribed her story as a script and an actor did the voice-over that was used for the documentary. The participant did not mind sharing her name or the names of the others in the story, but because we did not have consent from the others whose names were shared, we decided to change all the names including her own name to protect the identity of the people she refers to in the recording. We decided to outsource the documentary to a filmmaker in Nigeria because we knew they would be able to capture the essence of the narrative through the characters, clothing, accents, environment, native language, and music. After an in-depth conversation about my vision with the person in charge of the visuals for the documentary, he put together the storyboard. We discussed characters' names, appearance, and clothing. We also discussed the village environment, including how it would look; the scenes that would take place; the colours; and the climate. The video documentary was chosen as the optimal format to

showcase the seriousness and impact of FGM on its victims. I decided to focus on one narrative instead of multiple stories because I feel that FGM is such a sensitive topic that each story deserves its own short documentary.

Every story is different. The participant who volunteered to tell her story was emotional and courageous. I hope that her story will motivate my advocacy to end FGM. The way that FGM impacts each individual differs as well. Therefore, I believe that everyone deserves the chance to have their story heard in completion without being rushed or leaving out any details. This qualitative research approach will allow people to gain a better understanding of what FGM victims go through and how social norms influence behaviours. I want this documentary to be the beginning of a series of documentaries. I envision each episode focusing on a victim sharing their own unique story of FGM. My hope is that this firsthand narrative will encourage other victims to come out and share their stories. This documentary was created to impact social awareness of FGM in order to discourage the practice amongst practicing communities. Finneran (2015) states that empathy created by storytelling can be a great fuel for action. This was the objective of the documentary as an important component to the portfolio. I would like to give viewers a visual representation of the severity of FGM. I would like viewers to see why FGM needs to be stopped based on the firsthand accounts of people it has affected. Some people are unaware that they are victims. This documentary may give answers to questions about FGM to both victims and non-victims.

The documentary *Ise Abe (Circumcision)* takes viewers on a journey of Wura's experience in Nigeria where she is forcefully taken to the village square alongside other girls to be mutilated at the tender age of four. The documentary depicts the events that

lead up to her mutilation, what takes place on the day of her mutilation, and how she is currently experiencing the effects of the mutilation as an adult woman. I know that this documentary will be very impactful for different organizations who are working to fight against FGM, fight against gender-based violence, and fight for the rights of girls. In 2021, a short four-minute documentary on FGM created by a Nigerian woman named Anita Abada won a special award in the category of health education film for youth from the World Health Organization (WHO). This reconfirms how important this research is. A picture of the documentary poster is shown in Appendix A. Finneran (2015) explains that the creative media dimension of impact is a compelling story which increases awareness and creates engagement, in turn developing a stronger movement that impacts and leads to social change.

The screening of this documentary has been well received. Representatives of the two film festivals that selected my documentary expressed how invested and inspired they were to have my film as part of this year's line-up. I was really encouraged to hear this and to know that the advocacy work created in this film is working.

This documentary spoke loudly to the perceived power/behaviour control of the theory of planned behaviour. The FGM victim who details her story of FGM is not in control of the action of FGM being performed on her. She is simply a child who was forced into the procedure. Even though she did not want to be mutilated, she had no choice. In her recount of what happened, she said she screamed. She did not want to go after watching other little girls going through the same thing, but she was overtaken by strong men who held her down and forced her to go through with the practice. This is a direct example of perceived power/behaviour control discussed by Ajzen (2011). Because

everyone in the community at her age was getting it done, she had to get it done. It was seen as normal and accepted and that was justified by the approval of the community to which she was brought to be cut in a village square with other little girls. This documentary was created to spread awareness about the short- and long-term effects of this practice and how nonbeneficial it is to women. In order to capture this narrative, I used a transcript from the interview I conducted with the participant. In my portfolio, I aimed to explore the theory of change and its impact of social change through storytelling. According to Finneran (2015), documentary storytelling for social change can be very impactful because it captures moments of real life and generates strong emotions in the audience and can be seen as contagious empathy.

Journal Article

I wrote a journal article titled “Let there be light: Examining how social norm practices relate to the continued practice of FGM amongst the Yoruba people in Nigeria” and submitted it to the *African Studies Quarterly*, a peer-reviewed journal at the University of Florida. ASQ is a fully refereed online open access journal dedicated to publishing topics relating to the African continent. The full submission guidelines can be found on this link: <https://asq.africa.ufl.edu/submission-guidelines/>. The manuscript was submitted on December 29th, 2021. I choose this journal because it is an interdisciplinary journal that promotes research on Africans and deals with different topics related to Africa. When I looked up the journal articles that they have published, I noticed that there was nothing about FGM, and so I decided that my journal article would be a relevant and timely submission for this selected journal. I hope that this journal will continue the

discourse surrounding FGM in Nigeria and in Africa as a whole. Having my article published in this journal would add to the discourse and fill in gaps in the literature about FGM and social norms. This is the abstract from the journal article:

Social norms are societal expectations of how individuals should function and behave. Often unquestioned, these norms are exhibited and accepted because of shared beliefs of what comprises normal behaviour. Depending on one's community of origin, social norms are formed by the community decision-makers. Nigeria is home to over 200 ethnic groups and languages which all have their own ethnic traditions and customs. Many traditional customs have been passed down for generations with expectations of being upheld and continued. Female genital mutilation (FGM), the partial or total removal of the female genitalia, is a cultural social norm that is practiced on girls between the ages of two to five years old in certain communities in Nigeria to remove or reduce the sexual curiosity of female children and to curb the sexual appetite of women. With no evidence-based health benefits and with serious life-threatening effects, FGM is still practiced and considered a cultural social norm in some communities in Nigeria. This research paper examines the interviews of 30 Nigerian participants to determine the roles of social norm behaviours and social norm decision-makers in the ongoing practice of FGM in Nigeria (Adewale-Olaniru, 2021).

This journal article highlights the main points gathered throughout my data collection and research. The purpose of the journal article is to explain in detail the process and results and implications of the research.

This journal article speaks to the intent and behaviour (attitudes) of whether or not the person is in favour of the action. All the participants in this research agreed that they are against the practice of FGM and that FGM should be abolished because it serves no purpose other than to oppress women and girls. The participants believed that the intent and behaviour of FGM is barbaric and primitive and needs to end (Adewale-Olaniru, 2021). Even after understanding the many reasons why the practice is carried out, the participants were not in favour of FGM practice. The participants that were sampled for this paper all come from urban areas in Nigeria where the governing laws are strongly against FGM practice. The participants may be against the practice of FGM because it is discouraged, frowned upon, and not socially accepted in their communities. The purpose of this research was to investigate the reasoning behind the continued practice of FGM and the role social norm practices play in the ongoing practice. Icek Ajzen's (2011) theory of planned behavior discusses subjective norms and the social pressures that influence behaviour and how intent and behaviour shape and influence attitude. The interview questions used for this research were influenced by the theory of planned behaviour. The theory of planned behaviour looks at attitudes, subjective norms, and perceived power/behaviour control (Ajzen, 2011). According to Brady et al. (2021), the theory of planned behaviour suggests that norms influence thoughts and behaviours that can either be positive or negative, and those thoughts and behaviours influence norms. Therefore, if social norms change, then the thoughts and behaviours change as well (Akinbiyi et al., 2006). This research paper was able to explore how social norms are influenced, to determine who influences these thoughts, and to make recommendations of

who to target in order to change the thought processes of the individuals conducting this practice.

Conceptual Linkage Between Portfolio Components

The journal article, peer-reviewed conference paper, and video documentary facilitate an understanding of why FGM is a continued practice amongst practitioners and how social norms actually perpetuate the continued practice in Southwestern Nigeria. The aim of this research is to form a better understanding of why FGM is a continued practice and what factors social norms play in the continuation of this practice. The journal article and peer-reviewed conference presentation give a background of FGM and explore the most common reasons for the practice in regards to social norm practices. The journal article also goes into depth about the statement of interest, the research questions, the methodology and methods used, the results of the data collection, how the data was collected, the meaning of the results, and the recommendations based on the results. The peer-reviewed conference paper creates a background and introductory foundation of FGM and how social norms play a part in the continuation of the practice based on the literature. The second journal article explores the results of the applied research through qualitative studies and explains the results based on the collected data. The video documentary goes into even more depth by sharing the firsthand lived experience of an FGM victim. The documentary shares the story and hope for societal recovery from a victim of FGM by detailing her advocacy against the continued practice of FGM. The video documentary is the real-life example of the research that is summarized.

From my experience as a doctoral student conducting research, collecting data, determining results, and finally communicating the lived experience and testimony of a victim of FGM, all three components of the portfolio come together to form a unified dissertation by portfolio.

The theory of planned behaviour by Icek Ajzen explores how intentions to perform behaviours can be predicted through attitudes, social norms, and perceived behavioural control to address a variance in actual behaviour (Ajzen, 2011). All three components of this dissertation portfolio show this role played by social norms in the ongoing practice of FGM in Nigeria. Fear of being excluded from community activities, ceremonies, and opportunities trumps the individual's perception of what they think is right or wrong. The video documentary showcases what happens when people comply with social norms even though they do not want to participate in what they do not understand. The peer-reviewed conference presentation paper represents the societal pressures associated to FGM, the various reasons it is practiced, and the taboos associated to those who go against FGM in the practicing communities. The research paper identifies that the best way to incite change would be to involve active leaders at the grassroots level in the campaigns and advocacy against FGM. Local leaders (spiritual, influential, or political) have the power, resources, and tools to effect change in cultural and social norms. Ajzen's theory of planned behaviour (2011) poses that planned behaviour can be changed only if the society changes their way of thinking.

All three components of my portfolio together answer the following research questions: Why is FGM a continued practiced in Nigeria? What roles do social norms play in the continuation of the practice? For a daughter or a wife to have an unwanted,

teenage pregnancy or to be promiscuous reflects badly on the family. Therefore, to avoid any type of public shame and disgrace, the family (usually mother, grandmother, elder, or in-law) decides to make sure to curb any sexual appetite that their daughter will have in order for her to remain pure/intact before marriage and faithful to her husband after marriage. The theory of planned behaviour shows that the social norms surrounding FGM can be changed but only if the attitudes, subjective norms, and perceived behaviours also change. All three components contribute to the intention and behaviour of those who practice FGM. Therefore, those social norms must be changed.

Knowledge Dissemination

All research participants will be given by email a PDF copy of the journal articles and a link to the video documentary. Also, my research participants are free to use my journal articles and video documentary for reference in their own research. If research participants invite me to present at their event, I would be glad to do so.

The video documentary has been submitted to other health educational websites that are based on encouraging and advocating change surrounding FGM and gender-based violence. I would also like to investigate the possibility of presenting the video at conferences focused on African health, gender-based violence, girl children, and women; FGM advocacy events; and workshops. I could partner with some FGM organizations such as Value Female Network (VFN) in Nigeria and share this documentary as a guest presenter or a guest panellist in discussions concerning FGM. The Canadian FGM networking group is a group of over 125 Canadian members of mostly women who are fighting against the ongoing practice of FGM worldwide. As a member of the Canadian

FGM networking group, I will definitely present my journal articles and video documentary to my fellow members. The video documentary has been sent to health organizations such as Sahiyo, an organization in the United States with a mission to fight against female genital mutilation. When I met with the director of the program, she expressed interest in showcasing the completed documentary on their website. The documentary will also be screened in communities to serve as a powerful and engaging educational tool.

Transfer of Plan

Each of the three components has its own specific transfer plan for its target audience. Both of the journal articles have been submitted to their designated journal, and the journal article titled “Violation of rights or rites: A literature review on the reasoning behind FGM’s continued practice” has been presented at the 2021 Royal Roads University Doctoral Socially Engaged Applied Research Conference. I hope that the journal article titled “Let there be light: Examining how social norm practices relate to the continued practice of FGM amongst the Yoruba people in Nigeria” submitted to the *African Studies Quarterly* at the University of Florida will be accepted for publication. If the journal article is rejected, I will revise based on their feedback and resubmit the same journal article. If it is again rejected, I can restructure the journal article for another appropriate journal for submission consideration such as the *Journal of Black Studies*. Engagement with the research has also uncovered additional opportunities for knowledge transfer. Representatives from organizations such as Tostan, Value Female Network, and Women Focus Canada, Inc. have expressed interest in learning more about FGM from

my research. Their platforms extend to different parts of the world and promote learning and teaching through webinars, conferences, and training.

I have entered this documentary in many film festivals and plan to enter the video documentary in other film festivals that are dedicated to ending FGM or gender-based violence such as Women Make Movies, Hot Docs Canadian International Documentary Film Festival, ConnectHER Film Festival, 16 Days 16 Films, Africa Rising/Nigeria Film Festival, BBC Africa, Africa World Documentary Film Festival, and events during the International Day of Zero Tolerance for FGM on February 6th 2023. I have already contacted several organizations such as Women Focus Canada, Inc., Sahiyo U.S.A., Value Female Networking Nigeria, and the FGM Canada network group about showcasing this documentary on their respective websites.

Participants are also encouraged to share the documentary link with their friends and family in an effort to spread the word and end FGM. This networking will be particularly valuable for those participants who have community influence and connections to the government in Nigeria and for those participants who work in the medical field. For example, as part of prenatal classes, pregnant women could view this documentary. This education is particularly relevant to those who are expecting female children. For those participants who work with NGOs, this documentary could be played at different events and workshops.

The company I have outsourced to put together the documentary will showcase it on their social media platforms as well. The person whose experience the documentary is based on will also showcase the documentary to her class, as she is a secondary school teacher in Abuja. Through her school contacts, she could advocate for this video to be

shown as part of the health or sex education curriculum to stop FGM. I also plan to circulate this documentary to some churches and mosques in Nigeria for various congregations to learn the dangers of FGM and to preach against it. This could have significant impact as it builds on the findings regarding the key people involved in FGM social norms in Nigeria. I will try to target churches and mosques with members from a diaspora that practices FGM. I believe that the documentary's strong visuals will help the message to come across. One of the best teachers is experience, and the lived experiences from women who are victims of FGM have the capacity to send a strong message to those who are continuing the practice. Testimonials of women whose mutilation has resulted in long-term emotional, physical, mental, and physiological effects convey powerful reasons for discontinuing the practice of FGM. The long-term goal following this research is to identify recommendations and alternative solutions to reduce the number of deaths, illnesses, and health-related gender inequality and psychological complications connected to the practice of FGM in Nigeria.

To summarize next steps, I am interested in sharing my knowledge and resources with other organizations that are also working within the areas of FGM and gender-based violence. By working as a consultant, I want to help strategize as well as create initiatives in FGM-practicing areas that are in need of intervention with organizations such as UNICEF, Save the Children, Plan International, Oxfam and World Vision. FGM practice is a significant issue of human rights, women's rights, and children's rights. I want to help develop frameworks such as Sustainable Development Goals (SDGs) 5 (gender equality) and UNICEF's work on SDG 5:3 in supporting girls to not only spread social awareness about the harmful effects of FGM but to also inform and educate as a way of

advocating against the practice. Building on SDG 5 would also allow for greater focus on ways to support girls agency in FGM prevention and community advocacy.

Conclusion

It was not easy navigating institutional barriers during my research. I had to read the consent form to all my participants and make sure they were fully aware of what they were consenting to. I made sure that they were fully aware of their option to not participate if the subject matter or interview became too heavy for them. Many of the participants suggested that I could consider speaking with direct victims of FGM which they could refer. However, I had to decline this suggestion based on the research ethics guidelines and also because I knew I did not have enough supportive resources to provide in case the discussion re-traumatized the victims. As well, due to COVID-19, I was unable to travel to Nigeria, and so I took advantage of the social media app WhatsApp in order to conduct my interviews. Looking back at this experience, I believe that conducting interviews over this medium was the best decision based on the sensitivity of the topic of FGM

Over the years, many approaches have been designed and implemented in a bid to eradicate female genital mutilation in Nigeria. These approaches include health risk education, campaigns, sensitization, conversion of cutters, legislations, and most recently the introduction of an alternative rite of passage; nevertheless, the desired result of completely eradicating the practice still seems far from sight. As each approach carries both strengths and weaknesses, it is important to know that just one approach in isolation

may not eradicate FGM. Instead, the different approaches must be considered along with the needs and characteristics of the communities of implementation. According to Mackie (2015), if a harmful practice like FGM is accepted in a certain society or community, then the only way to eradicate the practice will be for the community members to accept the revision (new behaviour and attitudes toward the practice) while knowing that the social expectation will be changed. With the approach of health and human risk education, the focus is on the sexual and reproductive rights of females as stated by international bodies. Women and their communities can better relate to how certain actions affect their rights and why there should be change. Once a woman understands her rights, she is able to act independently or with the help of other women who have realized their rights.

Often, organizations come into these communities with a “we want to help you” mindset; meanwhile, the mindset should be “let us work together” by encouraging community members to volunteer. The involvement of community members, especially religious leaders, will play a big role in reducing FGM. Then, community members will not just be on the receiving end of the community outreach programs but also on the giving end. Teach community members so they can teach others in the community. Communities will often be more receptive if the information and programs involve people they know in their community, not just the influential people but the locals, not just the king, but the lady who sells fish. All community members need to be empowered with knowledge so that they can teach others. When the programs are finished, community members will want to discuss their learning while they are conducting their daily activities with one another. FGM is still a cultural practice amongst the Yoruba

people in Nigeria because of social conditioning. This thinking must be changed before there is any actual change surrounding the discontinuation of FGM.

Irrespective of how the cultural values of FGM and its strong justifications are posed, consequences of the procedure are weighed against its value. Girls are not given the right to choose whether or not to undergo the process as that is largely decided by the elders in society. The risk of being outcast, being stigmatized, being denied the right to inherit property, along with the use of physical force makes the practice not only an ethical issue but a cultural issue. As a Nigerian-Canadian from the Yoruba tribe, I know firsthand how hard it is to unlearn certain cultural practices. Born in Nigeria, I narrowly escaped being mutilated. I want to use this research as a tool to spread awareness, educate, inform, and advocate against FGM in Nigeria and worldwide.

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Appendix A: Component 2, Documentary poster

Figure 1

The official documentary poster

