ROLE OF LIBRARIANS IN USING INFORMATION DISSEMINATION TECHNIQUES ON THE HEALTH AND SOCIAL IMPLICATIONS OF FEMALE GENITAL MUTILATION (FGM) IN NIGERIA

By

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ABSTRACT

Female genital mutilation is the excision of any part of the female genital organs without medical reasons. This culture is peculiar to many cultures. FGM has attracted attention at both national and international levels due to its violation to human rights. World Health Organization, other government and non governmental agencies have condemned this dehumanizing practice. Despite efforts from many sources the practice has hardly abated in Nigeria. Therefore, the objective of this study is to investigate into (1) the health implications of female genital mutilation(FGM), (2) examine the social implications of female genital mutilation (FGM), (3) inquire into the appropriate information dissemination techniques that can be used against the practice of female genital mutilation, (FGM) (4) find out the challenges librarians encounter in disseminating information on female genital mutilation and (5) find out strategies that will enhance librarians' information dissemination on female genital mutilation (FGM). The study adopted a descriptive survey research design. A sample size of 229 respondents comprising of 111 librarians and 118 health practitioners was used for the study. The findings of the study showed that FGM has some serious social and health implications for women and therefore should be discouraged. The finding also showed that appropriate information dissemination techniques can be used against the practice of FGM and that if the strategies for information dissemination about the consequences of FGM are properly carried out by librarians, it will go a long way in enhancing the awareness of FGM in Nigeria and will also reduce the risk women face as a result of FGM. Finally, a conclusion was given.

Key word: Librarians, information dissemination, techniques, health and social implications, female genital mutilation.

Introduction

The ancient practice of female genital mutilation (FGM) or female circumcision as it is generally called, has a detrimental health and social effect that affect many women have been an issue of concern because of the barbaric and harmful nature of the practice. WHO (2010) saw FGM as a public health issue which was first identified as a serious threat to women‟s health in 1979 and a violation of the victim‟s right to the highest attainment of health as it damages healthy genital tissues and can lead to severe consequences for girls‟ and women‟s physical health. Okeke, Anyaehie and Ezenyeaku (2012) acknowledged FGM worldwide as a fundamental violation of the human rights of girls and women which reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination againstwomen. It involves violation of rights of the children and violation of a person's right to

health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies.

The World Health Organization (2010), has condemned this act as cruel and an infringement on women's rights and freedom. Just as Olatunji (2000) explained that Female genital mutilation makes intercourse very unsatisfactory because it involves the trimming down of the clitoris which is essential part for arousing sexual urge in women. He further stated that it is the clitoris that eventually leads to orgasm, because it is the female sex organ. The WHO gave a further insight into all the procedures that are involved in the partial or total removalof the external female genitalia, or other injuries to the female genital organs for *non-medical* reasons, which are in three types, each ranging greatly in severity and lifelong consequences. The first and least severe type is a *clitoridectomy*, which involves the partial or total removal of the clitoris. The second type of FGM is *excision*, which also removes the labia minora. Thethird and most severe type of FGM is *infibulation*. This involves narrowing the vaginal opening through the creation of a covering seal. One of the writers of this article was a victimof circumcision as a child according to her mother seeing her grow into motherhood was a mystery to her because in the course of this barbaric act (circumcision) a mistake occurred which led to an abnormality in urination. This made her mother to regret why this was carriedout on her. Momoh (2005) described the "Health complications of FGM as the 'three feminine sorrows: sorrows on the day FGM takes place, the night of the wedding where oftenthe woman has to be cut prior to intercourse and when the woman gives birth and the vaginal opening is not large enough for a safe delivery."

Kiragu(1995) cited in Umoh (2005) reported that in Nigeria, female genital mutilation, is a serious cultural behavior affecting maternal health especially during pregnancy and child delivery. They described the health risks of the practice as numerous, including heavy bleeding, development of sepsis, urinary tract infections, cysts and infertile. This culture which is widely practised in Nigeria is deeply entrenched in the Nigerian society,as grandmothers, mothers, grandfathers, fathers and opinion leaders in the villages, encourageit (1) as control for sexual desire in females, preservation of chastity and virginity before marriage and fidelity during marriage, (2) for identification with the cultural heritage, initiation of girls into womanhood, social integration and maintenance of social cohesion and social acceptance (3) for hygiene and aesthetics (4) for religious reasons (5) enhancement of fertility. The WHO (2018) also gave reasons why female genital mutilation is performed as it varies from one region to another as well as over time, and include a mix of socio-cultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is

expected to further discourage extramarital sexual intercourse among women with this type of FGM.

- Where it is believed that being cut increases marriage eligibility, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

Nigeria, since the past decade has the highest absolute number of cases of FGM in the world amounting for about one quarter of the estimated 115-130 million circumcised women in the world. - Nigeria has a projected population of 126 million - Total female population is 61.5 million - Female population 10years and above 44.9 million - Female population married aged 10years and above 29.7 million Prevalence of FGM among adult women by geo – political zones North East 1.3 per cent North Central .6 per cent North West 0.4per cent South West 56.9 per cent South East 40.8 per cent, South South 34.7 per cent (Source: Nigeria Demographic and Health Survey: 2003).

Ven with proven evidence of medical complications prevalent among circumcised females, this harmful practice is still common in rural areas in most developed and developing counties like Nigeria. This is why Onyejiuwa (2016) in his report narrated on how the Imo state governor Rochas Okorocha launched a campaign against FGM and gave orders that anyone caught in this practice should be jailed without option of bail. Despite all serious efforts by governments and non- governmental organizations to eliminate this harmful practice and violence against women in different countries of the world, FGM is still high in around thirty countries in Africa and the Middle East as recorded by Momoh (2005), which prompted the question, "what should be the way forward"? This question aroused the interest of the authors in examining the roles of librarians in using information dissemination techniques on the health and social implications of female genital mutilation in Nigeria.

Information as defined by Uhegu (2007) is a vehicle for national development, contributing immensely to educational enhancement, science and technology, manpower development, promotion of national objectives, and increasing a nation‟s international cooperation. Das (2008) saw information flow as fundamental principles for bridging the gap between the privileged and the unprivileged. This is why UNESCO‟s overall mandate is to place information and knowledge at the doorsteps of every community (www.unesco.org). The means of information delivery is a key part of the strategy for better information.

Information dissemination needs to be planned in such a way that the message and needs of the audience are met. This is why Orr (2003) emphasized that if information is to be used and empowered, it must be disseminated in a manner that best facilitates its reception. However, information is delivered in a multitude of manners and the challenge is to determine which method is the most appropriate to the audience to be reached.

Librarians are the key players in information dissemination. Traditionally ,the librarian is known as person located in a library building to carry out tasks like acquiring, organizing, preserving the printed documents besides helping the readers in locating the information needed by them. This picture has changed in these last decades because of the advancement in information technology. Librarians as information providers now have the opportunity to use modern tools to provide quicker, more complete and more sophisticated services to users. Therefore, using different information dissemination techniques like Librarians‟ rally, seminar/workshops, provision of appropriate resources, talks at village meetings, librarians voluntary counselling unit, provision of adequate resources, organizing drama on FGM, advertisement on media, use of information communication technology, useof bill boards, use of stickers and promotional materials, making use of village town criers, disseminating information in market places, establishment of rural libraries and information service to rural dwellers can make the librarian a strong agent in the fight against FGM.

Problem Statement

This dehumanizing traditional practice of FGM exposes victims to social and health hazards and other serious infections. In spite of various campaigns and legislations against the practice which medical complications according to WHO (2003), include: bleeding, infection, prolonged labour, lacerations and sometimes death. Existing data in Nigeria reveal that the FGM practice is still flourishing rather than diminishing. For example, two data from the Nigerian Demographic and Health Survey (NDHS) reveal that there is an increase in the practice of FGM in the country from 19 percent in 2003 to 30 percent in 2008 (NPC and ICF Macro, 2004; 2009). Librarians seem not to be proactive in carrying out their function as information providers by using different techniques in disseminating information on FGM thereby eliminating this health and social challenge faced by women all over the world. This study is therefore designed to intensify actions against FGM by librarians using information dissemination techniques to eradicate this practice that has caused a lot of damage to womanhood.

Purpose of the Study

The general purpose of this study is to determine the role of librarians in using Information dissemination techniques on the health and social implications of female genital mutilation (FGM) in Nigeria. Specifically, the study seeks to determine;

1. the health implications of Female Genital Mutilation.
2. the social implications of Female Genital Mutilation
3. the appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation
4. the challenges librarians encounter in disseminating information on Female Genital Mutilation
5. the strategies that will enhance librarians‟ information dissemination on Female Genital Mutilation.

Literature Review

In a study carried out by Okhiai, Idonije and Asika (2011) on the awareness of health risks of female genital mutilation among women of child bearing age in two rural communities in Nigeria. The study revealed that 162 (42.6 %) respondents are aware of the physical health risk of FGM while 218 (57. 4%) are unaware of the risk. 163 (42.9%) respondents are aware of the emotional health risk while 217 (27.1%) are unaware. With regards to the social health risks, 105 (27.6%) of the respondents are aware while 275 (74%) are unaware. From this study women who had non-formal education, 24 (22.4%) are aware of the health risks of FGM while 83 (77.6%) unaware of the health risk of FGM. This confirms what Onodu (2014) said that FGM is an important health problem which is not a disease, but is deeply rooted in traditional practice that affect many women in many parts of the world especially Africa. The study emphasized that FGM is a practice that is detrimental and has a profound physical and psychological effect on women throughout their lives. Similarly, Anyamene, Nwokolo, Anyachebelu (2012) revealed that the respondents accepted that sexual pains, urineretention, poor health, contact of HIV/AIDS, sexual transmitted diseases, damage of urethra, damage in relationship, all lower women‟s self esteem, Promiscuity, divorce and bladder fistulae as the effect of FGM. This study is in line with the study carried out by Alo and Adetula (2005) that women experience cyst, development of bladder fistulae as a result of mutilation which can lead to infertility and divorce. The finding also agrees with Apenda et al(2009) who observe that sexual pain, shock, hemorrhage and urine retention are as a result mutilation suffered by women which can affect the individual for life. On this note Uwasomba (2003) acknowledged that knowledge and consequences of FGM are much because of the social factors, social structures and religious belief and that its wide publicity notwithstanding the consequences are generally unknown to the practioners or the victims, except the health workers involved in maternal care in the areas where it is practiced. Teare (2000) supported this view that neither the adults who carry out this operation, nor the young girls in whom these operations are performed are aware of the health hazards involved and the psychological trauma that FGM brings. The study carried out by Umar and Oche (2014) on medicalization of female genital mutilation among professional health care workers in a referral hospital, North Western Nigeria found out that respondents‟ commonest source of information on FGM was during formal classroom sessions with (45%) and services training programms with (27%). They also noted that (28%) of the respondents are active learners not only to browse the internet but also search for information from scientific journals. In the same study, none of the respondents gave mass media as his/her source of information which according to them is in variance to study in Southern Nigeria by Onu et al (2006) where morethan a tenth indicated that mass media is their major source of information. In this case Onuh, Igbarase, Umeora, Okognin, Otoide and Gharoro (2016) accepted in their study that mass media has a reach, but doubtful, if highly technical information such as the types of FGM be adequately slated to the level of knowledge expected of health care professionals. They also acknowledged that information from mass media tends to target lager audience who are not health care professionals and therefore may not contain scientific details, This study encouraged evidence based information that will build knowledge and skills expectedof health care professionals in order to provide a holistic qualitative services. Kolawole and Anke (2010) in their study on Review of determinants of female genital mutilation in Nigeria,which they reviewed books and journal articles retrieved using the catalogues of the KIT and Vrije University libraries etc. They reviewed that socio-cultural determinant is the major determinant of FGM which influences lifestyle and behavior. They acknowledged that many people are still practicing FGM because it is part of the societal norm handed down to themby their mothers and grandmothers and any attempt to discontinue the practice is met with societal pressure and risk of isolation (Babatunde, 11998, Rahman, 2000, Muhammed, 2000)

as cited in Kolawole and Anke (2010). Dalal, Lawoko and Jansson (2010) in their study on Women‟s attitude towards discontinuation of female genital mutilation in Egypt, In this study, women with culturally-based beliefs about FGM (e.g. that FGM prevents adultery, is an important part of religion, and is preferred by the husbands) were more likely to justify FGM. These are women who seem to believe that FGM has a positive function for the institutions of marriage, family, and religion. Their findings also revealed that women who had heard about FGM at meetings in the community, mosque or church were less likely toopt for continuation of FGM. They concluded in the study that these findings point to the important role that the institution of religion can play in informing its believer about thehealth compromising effects of FGM. Community leaders and women‟ health advocates should also take advantage of the community gathering and events to disseminate educational information about the negative consequences of FGM to their members. In a study carried outby Yusuf (2010) on Curbing female mutilation: the role of information and libraries, she stated that popularizing the danger of female genital mutilation, partnering with NGOs, mediacampaign, organizing workshops & seminars, briefing & debriefing and mounting billboards were identified as some of the roles libraries and information can play in eradicating this injustice against women.

Methodology

This study adopted a descriptive survey research design. The area of the study was South East geo-political Zone of Nigeria. A sample of 229 respondents comprising of 111 librarians and 118 health practitioners was used for the study. The instrument used for data collection was a four- point rating scale of Strongly Agree, Agree, Disagree, Strongly Disagree, with weighted values of 4, 3, 2 and 1 respectfully. It contained a total of 84 questionnaire items based on the research questions raised for the study. The instrument was validated by 3 experts, 2 experts from the Department of Library and Information Science and one expert in measurement and evaluation, in department of science education, all from University of Nigeria, Nsukka. The comments of the validators guided the modification of the instrument. The reliability of the instrument was established using Crombach alpha. The reliability index arising from this method achieved a degree of internal consistency of the instrument. The calculated reliability indices for clusters A – E were 0.84, 0.78, 0.81, 0.80 and 0.85 respectively. The researchers administered the questionnaire by the help of 4 research assistants. A return rate of 100% was recorded. Analysis was carried out using mean with standard deviation to answer the research questions. To reach a decision, the mean of the mean of the weighting scale was calculated thus: 4+3+2+1=10/4=2.50. Any mean score of 2.50 and above was regarded as agree while items with mean below 2.50 were regarded as disagree.

Findings

The health implications of Female Genital Mutilation

Table 1: Mean and Standard Deviation of Respondents on Health Implication of Female Genital Mutilation (FGM)

S/NO	Items Statement	N	$\overline{X}$	SD	Rank	Decision
1	Severe Pain	111	3.66	0.57	1st	Agree
2	Excessive bleeding	111	3.61	0.57	2nd	Agree
3	Infection	111	3.44	0.71	3rd	Agree

4	Shock	111	3.42	0.67	4th	Agree
5	Keloids (ie excessive scar tissues)	111	3.25	0.78	5th	Agree
6	Painful Sexual intercourse	111	3.24	0.94	6th	Agree
7	Unintended libia fusion	111	3.05	0.79	7th	Agree
8	Death	111	3.03	0.90	8th	Agree
9	Difficulty in passing urine	111	3.02	0.86	9th	Agree
10	Need for surgery	111	2.82	0.86	10th	Agree
11	Chronic Pelvic infections	111	2.81	0.86	11th	Agree
12	Vesco vaginal Fistula	111	2.78	0.98	12th	Agree
13	Caesarian section	111	2.74	0.96	13th	Agree
14	Prolonged Delivery	111	2.74	1.11	13th	Agree
15	Recto Vigal Fistula	111	2.59	1.02	14th	Agree
16	Urethral charge/discharge	111	2.58	0.86	15th	Agree
17	Menstrual problems	111	2.53	0.88	16th	Agree
19	Still birth	111	2.37	0.96	17th	Disagree
20	Infertility	111	2.36	0.88	18th	Disagree
21	Insomnia (sleeplessness)	111	2.28	0.99	19th	Disagree
22	Increased risk of cervical cancer	111	2.26	0.89	20th	Disagree
23	Acute headache	111	2.16	0.93	21st	Disagree
24	Calculus Formation	111	2.13	0.84	22nd	Disagree
25	Fetal brain damage	111	2.13	0.92	22nd	Disagree
26	Abdominal pain	111	2.08	0.86	23rd	Disagree
27	Premature delivery	111	1.97	0.93	24th	Disagree
28	Peptic ulcer	111	1.91	0.86	25th	Disagree
29	Low birth weight babies	111	1.88	0.82	26th	Disagree

The result of the study as presented in Table 1 shows mean and standard deviation of respondents on the health implications of female genital mutilation (FGM) in Nigeria. Result shows that items 1-17 had mean ratings of 3.66, 3.61, 3.44, 3.42, 3.25, 3.24, 3.05, 3.03, 3.02, 2.82, 2.81, 2.78, 2.74, 2.74, 2.59, 2.58, 2.53 respectively, these mean values are above 2.50 set as criterion for accepting an item, this implies the health implication of female genital mutilation include the following; severe pain, excessive bleeding, infection, shock, keloids (ie

excessive scar tissues), painful sexual intercourse, unintended libia fusion, death, difficulty in passing urine, need for surgery, chronic pelvic infections, vesico Vaginal fistula, caesarian section, prolonged delivery, recto vigal fistula, urethral charge/discharge and menstrual problems. However, the respondents disagreed that still birth, infertility, Insomnia (sleeplessness), increased risk of cervical cancer, Acute headache, Calculus Formation and fetal brain damage among others are health implications of female genital mutilation, this is because the mean ratings are below 2.50. Result also shows that severe pain rank the highest among the health implications of FGM while menstrual problems rank the list of the health implications of FGM.

The social implications of Female Genital Mutilation

Table 2: Mean and Standard Deviation of Respondents on Social Implication of Female Genital Mutilation (FGM)

S/No	Items Statement	N	$\overline{X}$	SD	R	Decision
1	Depression	111	3.21	0.72	1st	Agree
2	Human degradation	111	3.14	0.76	2nd	Agree
3	Phobia	111	3.13	0.88	3rd	Agree
4	Lack of Interest in sex	111	3.13	1.00	3rd	Agree
5	subjugation on woman (forced control by other)	111	3.11	0.76	4th	Agree
6	Dehumanization	111	3.10	0.76	5th	Agree
7	Self withdrawal	111	3.07	0.89	6th	Agree
8	Matrimonial conflict	111	2.92	0.80	7th	Agree
9	Rigidity	111	2.91	0.88	8th	Agree
10	Female delinquency	111	2.89	0.85	9th	Agree
11	Suicidal tendency	111	2.86	0.87	10th	Agree
12	Disruption of family	111	2.85	0.87	11th	Agree
13	Psychosis (severe mental disorder)	111	2.82	0.93	12th	Agree
14	Death	111	2.81	0.80	13th	Agree
15	Promiscuity	111	2.74	1.01	14th	Agree
16	Lack of unity	111	2.63	0.94	15th	Agree
17	Family Separation	111	2.59	0.88	16th	Agree
18	Divorce	111	2.58	1.09	17th	Agree
19	Polygamy	111	2.53	0.85	18th	Agree
20	Body odor	111	2.51	0.97	19th	Agree

The result of the study as presented in Table 2 shows that mean and standard deviation of respondents on the social implications of female genital mutilation (FGM) in Nigeria. Result shows that all the items on Table 2 had mean ratings above 2.50 set as criterion for accepting an item. This implies that the following among others are the social implications of FGM; these include; depression, human degradation, phobia, lack of interest in sex, subjugation on woman (forced control by other), dehumanization, self-withdrawal, matrimonial conflict,rigidity and female delinquency. Result shows that depression rank the highest of the social implication of FGM while body odour was rated the least of the social implications of FGM.

The appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation

Table 3: Mean and Standard Deviation of Respondents on the Information Techniques use in Dissemination against the Practices of FGM

S/No	Items Statement	N	$\overline{X}$	SD	R	Decision
1	Seminar/Workshops on FGM	111	3.58	0.61	1st	Agree
2	Use of stickers and promotional materials like t-shirts, face-caps, fotters	111	3.38	0.69	2nd	Agree
3	Talks at village meeting against the practice	111	3.36	0.76	3rd	Agree
4	Use of advertisement on the media	111	3.36	0.70	3rd	Agree
5	Librarians rally on FGM	111	3.29	0.65	4th	Agree
6	Librarians‟ voluntary counseling unit	111	3.28	0.70	5th	Agree
7	Inter personal channels	111	3.28	0.88	5th	Agree
8	Use of information communication technology	111	3.26	0.71	6th	Agree
9	Organizing drama on FGM	111	3.15	0.75	7th	Agree
10	Information services to rural dwellers	111	3.12	0.82	8th	Agree
11	Librarians disseminating information on FGM in market places	111	3.11	0.92	9th	Agree
12	Use of bill boards	111	3.10	0.77	10th	Agree
13	Establishing rural libraries	111	3.04	0.88	11th	Agree
14	Provision of appropriate resources of FGM	111	2.97	0.95	12th	Agree
15	Provision of adequate resources of FGM	111	2.87	1.07	13th	Agree
16	Librarians using town criers in villages	111	2.75	0.94	14th	Agree

The result of the study as presented in Table 3 shows the mean and standard deviation of respondents on the appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation in Nigeria. Result shows that all the items had mean ratings above 2.50 set as criterion for accepting an item. This implies that the following

among others are the appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation, these include; seminar/workshops onFGM, use of stickers and promotional materials like t-shirts, face-caps, fotters, talks at villagemeeting against the practice, use of advertisement on the media, librarians rally on FGM, librarians" voluntary counseling unit, inter personal channels, use of information communication technology, organizing drama on FGM, information services to rural dwellers, librarians disseminating information on FGM in market places, use of bill boardand establishing rural libraries. Result shows that among the appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation, Seminar/Workshops on FGM has the highest rating while Librarians using town criers in villages has the least rating.

Research Question Four: What are the Challenges Librarians Encounter in Disseminating Information on Female Genital Mutilation?

Table 4: Mean and Standard Deviation of Respondents on the Challenges Librarians Encounter in Disseminating Information against FGM Practices

S/No	Items Statement	N	$\overline{X}$	SD	R	Decision
1	Cultural background	111	3.48	0.71	1st	Agree
2	Lack of adequate fund to carry out activities against FGM practices	111	3.32	0.63	2nd	Agree
3	Nonchalant attitude of people	111	3.16	0.75	3rd	Agree
4	Lack of sustainable information dissemination techniques on FGM	111	3.11	0.65	4th	Agree
5	Lack of good roads	111	3.11	0.79	4th	Agree
6	Lack of appropriate and clear information of FGM	111	3.08	0.81	5th	Agree
7	Religious background	111	3.04	0.95	6th	Agree
8	Lack of rural libraries	111	3.03	0.79	7th	Agree
9	Nonchalant attitude of librarians on FGM activities	111	2.98	0.66	8th	Agree
10	Lack of legal support against FGM practices	111	2.91	0.95	9th	Agree
11	Lack of adequate knowledge of ICT	111	2.91	0.84	9th	Agree

The result of the study as presented in Table 4 shows the mean and standard deviation of respondents on the challenges librarians encounter in disseminating information on Female Genital Mutilation in Nigeria. The finding of the study shows that all the items had mean ratings above 2.50 set as criterion for accepting an item. This implies that the following are the challenges librarians encounter in disseminating information on Female Genital Mutilation, these include; cultural background ($\bar{x}$ =3.48), lack of adequate fund to carry out activities against FGM practices ($\bar{x}$=3.32), nonchalant attitude of people ($\bar{x}$=3.16), lack of

sustainable information dissemination techniques on FGM ($\bar{x}$ =3.11), lack of good roads lack of appropriate and clear information of FGM ($\bar{x}$ =3.08), religious background ($\bar{x}$ =3.04), lack of rural libraries ($\bar{x}$ =3.03), nonchalant attitude of librarians on FGM activities ($\bar{x}$ =2.98), lack of legal support against FGM practices ($\bar{x}$ =2.91) and lack of adequate knowledge of ICT ($\bar{x}$ =2.91). The result of the study shows that while cultural background rank the highest among the challenges librarians encounter in disseminating information on Female Genital Mutilation, lack of adequate knowledge of ICT rank the least.

Research Question Five: What are the strategies that will enhance librarians‟ Information Dissemination on Female Genital Mutilation?

Table 5: Mean and Standard Deviation of Respondents on the Strategies used to Enhance Information Dissemination on FGM

S/No	Items Statement	N	$\bar{X}$	SD	R	Decision
1	Provision of appropriate and clear information on FGM	111	3.59	0.51	**1st**	Agree
2	Provision of legal support against FGM practices	111	3.53	0.50	**2nd**	Agree
3	Provision of adequate fund to carry out activities against FGM practices	111	3.50	0.54	**3rd**	Agree
4	Sustainability of FGM information dissemination techniques by librarians	111	3.41	0.55	**4th**	Agree
5	Adequate knowledge of ICT for information dissemination	111	3.41	0.53	**4th**	Agree
6	Active and sustained mobile libraries in rural areas	111	3.35	0.64	**5th**	Agree
7	Active participation of librarians in FGM activities	111	3.32	0.52	**6th**	Agree
8	Provision of good roads in order to disseminate information to rural dwellers	111	3.22	0.68	**7th**	Agree

The result of the study as presented in Table 5 shows the mean and standard deviation of respondents on the strategies that will enhance librarians‟ Information Dissemination on Female Genital Mutilation in Nigeria. The finding of the study shows that all the items in Table 5 had mean ratings above 2.50 set as criterion for accepting an item. This implies that the following are strategies that will enhance librarians‟ Information Dissemination on Female Genital Mutilation; these include; provision of appropriate and clear information on FGM ($\bar{x}$ =3.59), provision of legal support against FGM practices ($\bar{x}$ =3.53), provision of adequate fund to carry out activities against FGM practices ($\bar{x}$ =3.50), sustainability of FGM information dissemination techniques by librarians ($\bar{x}$ =3.41), adequate knowledge of ICT for

information dissemination and active ($\bar{x}$=3.41) and sustained mobile libraries in rural areas ($\bar{x}$=.35) among others.

Discussion of Findings

The main purpose of this study is to determine the librarians‟ role in using information dissemination techniques on the health and social implications of female genital mutilation in Nigeria. The result of the study from research question one shows that; severe pain, excessive bleeding, infection, shock, keloids (ie excessive scar tissues), painful sexual intercourse, unintended libia fusion and chronic pelvic infections are among the health implications of FGM. The finding of this study is in agreement with the view of Kiragu (1995) that female genital mutilation is a serious cultural behaviour affecting maternal health especially during pregnancy and child delivery, the author emphasized on the health risks of the practice which include heavy bleeding, developing sepsis, urinary tract infections, cysts and becoming infertile among others. This implies FGM has serious health implications on maternal health.

Research question two addresses the social implications of FGM. The result of the study shows that the social implications of FGM include; depression, human degradation, phobia, lack of interest in sex, subjugation on woman (forced control by other), dehumanization and self-withdrawal among others. The result of the study is also in line with the findings of Anyamane, Nwokolo, Anyachebelu (2012) that the consequences of FGM include; lowering of a woman‟s self-esteem, promiscuity and divorce among others. This implies that FGM hassome serious social implications for the women and therefore should be discouraged.

The finding of the study also shows that the appropriate information dissemination techniques that can be used against the practice of Female Genital Mutilation include; seminar/workshops on FGM, use of stickers and promotional materials like t-shirts, face- caps, posters, talks at village meeting against the practice, use of advertisement on the media, librarians rally on FGM, librarians‟ voluntary counseling unit and inter personal channels among others. This implies that if the strategies for information dissemination about the consequences of FGM are properly carried out by librarians, it will go a long way inenhancing the awareness about the health and social implications of FGM in Nigeria and will therefore reduce the risk women face as a result of FGM.

Conclusion

The study has established that FGM has both serious health and social implications for women. The health implications include; severe pain, excessive bleeding, infection and shockwhile the social implications among others include; depression, human degradation, phobia and lack of interest in sex. Organizing seminar/workshops on FGM, use of stickers and promotional materials like t-shirts, face-caps, posters, and talks at village meeting against the practice are some of the information dissemination techniques librarians can use against the practice of FGM. Cultural background, lack of adequate fund to carry out activities against FGM practices, nonchalant attitude of people and lack of sustainable informationdissemination techniques on FGM are some of the challenges encountered by librarians in disseminating information on FGM. Lastly, provision of appropriate and clear information onFGM, provision of legal support against FGM practices and provision of adequate fund to carry out activities against FGM practices are some of the strategies that can be adopted to enhance information dissemination on FGM.

Recommendation

Based on the challenges of the FGM practice examined in the study, it is recommended that

1. A strong national policy on the eradication of FGM practice should be established.
2. Librarians should be proactive in disseminating information on FGM practice.
3. Adequate fund should be provided by government to enable effective information dissemination by librarians.
4. The government should make use of research works from universities and research institutions on the abolishment of FGM practice.
5. There should be collaboration between state government and librarians on how to abolish this practice.
6. Librarians in rural areas should be more proactive in disseminating information on the social and health implications of FGM to rural dwellers as they practice it most.

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