

**TFD AND COMMUNITY EDUCATION ON FEMALE  
GENITAL MUTILATION IN IGEDE LAND OF BENUE  
STATE: UGENDEN COMMUNITY EXPERIENCE**

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**Abstract**

*In many Nigerian localities, there are cultural archetypes that favour males more than females and this is based on their belief systems. Most of these belief systems are practised against females. In the Igede belief system, female genital mutilation is practised to preserve family honour; protect female virginity, prevent promiscuity, increase sexual pleasure for husbands and also, enhance female fertility. Though medical reports reveal that female genital mutilation is detrimental to women and has medical, social and psychological complications the practice is still in vogue. Since healthy living is not the responsibility of only the medical personnel but that of everybody, this paper explores the utilization of Theatre for Development approach to combat high female genital mutilation in Ugenden community of Igede land in Benue State. The findings confirmed that, the victims have complications such as severe bleeding, urinary retention, urinary tract infections, pelvic and back pains, as well as prolonged delivery labour. Through people's involvement and participation in the workshop process, they are made to realize that female genital mutilation is a problem to their community.*

*The people therefore adopted measures to combat the trend in the community.*

### **Introduction**

The Nigerian society is a patriarchal one just like most African societies. As a result, men are placed higher and above women unfortunately, women are relegated to the background via Nigerian cultural practices and this affects their healthy living in several ways. It is clearly shown that the health seeking behaviour of an average African woman is determined by her culture and this culture shows an obvious preference for males than females, thus, perpetuating a never ending cycle of violence against females as exemplified by Female Genital mutilation (FGM) or female circumcision.

Adeneya defines FGM as “the practice of cutting away parts of the external female genitalia” (10). World Health Organization (WHO) further classifies FGM into three broad categories Clitoridectomy, Excision and Infibulation. Clitoridectomy is the removal of all or part of the clitoris, excision is the removal of the clitoris and the cutting of the labia minora. Infibulation involves the entire removal of the clitoris, the labia minora and the labia majora which leaves just a small opening in the vagina for the passage of the urine and menstrual fluid. This process of infibulation requires binding of the victim's legs until stitches adhere.

FGM is a long-standing cultural practice in Igede land and it is mostly performed on girls of puberty age though it can be done on women during their first pregnancy. The operations are locally carried out by either old women in the village, traditional healers or local midwives who use unsterilised instruments such as scissors, knives, finger nails, broken bottles, razor blades and sharpened rocks. Many reasons have

been adduced for this practice and the most common one in Nigeria is that, FGM is designed to preserve some traditional values such as religious purification, family honors, protection of virginity, prevention of promiscuity, increase in sexual pleasure for the husband, and enhancement of fertility. Inyama further explains that “the essence of FGM is the need for men to control women's sexuality, prevent promiscuity and ensure virginity till marriage and thereafter, faithfulness to her husband” (121). There are a variety of myths surrounding FGM, and these myths are widely spread in different ethnic groups in Nigeria though they are not scientifically proven. FGM rather causes some complications to the victims either immediately or later in life. Jogo states clearly, the scientific implication of FGM as follows:

When FGM is performed in traditional ways and without access to medical resources; the procedure is extremely painful and a bleeding complication can be fatal. Other immediate complications include acute urinary retention, urinary infection, wound infection, septicemia, tetanus and in case of unsterile and reused instruments, hepatitis and HIV. Late complications may vary depending on the type of female genital mutilation performed. The formation of scars and keloids can lead to strictures, obstruction or fistula formation of the urinary which can damage the urethra and bladder and genital tracts. It can also cause vaginal and pelvic infections, dysmenorrhea, dyspareunia and infertility. (4).

The complications of FGM are dangerous as some victims have epidermoid cysts, prolonged labour that can sometimes lead to miscarriage or death. Accurate statistics of morbidity and mortality from FGM is difficult to gather as the circumcision is performed mostly at home. Nevertheless, the complications are severe enough to demand intervention.

### **FGM in Igede land, Oju Local Government of Benue State**

The origin of FGM is not actually known but it is practised in all communities in Igede land and many people have come to embraced it. It is believed by many people that the practice it has its origin in men's desire to regulate and control the women's body and sexuality, as no man will marry an uncircumcised woman believing her to be promiscuous, unclean and sexually untrustworthy. A host of superstition and beliefs are created to sustain the practice which even women are made to ensure its permanence.

FGM in Igede is usually not a matter of choice made by the females. The decision is made by the parents, grand parents, guardians and members of the extended family, and for married women; the choice is sometimes made by their husbands or in-laws. They claim to be acting in the best interest of the victim. FGM is performed in Igede land on females around puberty or during delivery of the first pregnancy. At puberty, it is considered a rite of passage symbolizing transition from asexual childhood to sexual adulthood with privileges and responsibilities including marriage and childbirth. The removed clitoris is sacrificed to the gods who in return, shower blessings of fertility to the victim. Thus, more children will come into the family to work on the farm. It is therefore believed that, it is easier for the circumcised girl to marry than the uncircumcised because the circumcised girl is

not promiscuous and this brings honor to her family. Females that are uncircumcised have another chance to be circumcised during the labour of their first child. It is believed that if the head of the child touches the clitoris, the child would die. But if it manages to survive he or she may not succeed in life. Therefore all women must be circumcised for the good of the unborn baby.

According to Igede tradition, an uncircumcised female is not to be respected in their society because she is sexually untrustworthy. That is why females are circumcised and must all be circumcised. The tradition and belief system of the Igede are difficult to justify since medically, FGM is known to cause infertility and maternal mortality when it is done during labour. There are also many successful people in Nigeria and even in Benue State where Igede land is situated, that are born of uncircumcised mothers yet they are well behaved and respectful. The issue of promiscuity may not be attributed to biological factors but can be looked at as an environmental issue. This is because some circumcised females may feel sexually unsatisfied from their partners and can seek for another alternative to seek for satisfaction elsewhere. This can lead to the promiscuity that their tradition is trying to avoid.

Educational projects for awareness creation which are sensitive to the cultural importance of the people who practice FGM seem to be the best hope for sensitization about the complications of the practice. This is because, the biggest barrier to combating FGM is the perception and mindset of the people who practised it, as they firmly believe that foreigners are coming to stop their culture. They are not ready to forsake their culture, therefore they sometimes do everything possible to protect and preserve it. If they are systematically and properly educated on why they should change their attitude

towards FGM they may see the need for the change. This is in line with what UNICEF suggests:

Grassroot activists in the countries that still practiced Female Genital Mutilation should foster communication, information and strategy sharing with the mission of campaigning and encouraging grassroot people to put an end to Female Genital Mutilation and ensure strategy that will protect women and girls.... And also encourage some country's corporations to support them through women's economic empowerment initiative (3-4).

In Benue State, several educational projects aimed at creating awareness against FGM had taken place in Igede land without any significant impact. Notable among these are the Benue State AIDs Control Agency (BENSACA) and ELIM meaning a place for rest; a non governmental Organization. BENSACA is an agency that is in charge of the control and prevention of HIV/AIDS in Benue State. The members of the agency led by information and communication mobilizers have visited the place severally to discourage the practice of FGM, using interpersonal communication with the excisers or operators. Many community members were not involved in the programme so it was not successful. Again, the NGO also created awareness of the dangers surrounding FGM through radio and television where some jingles were aired on Radio Benue and some scenarios were presented on the television in form of movie. The radio and Television messages have their limitations in rural areas due to their alien nature and lack of base for possible development to evolve out of the people's philosophy. Aba opines that:

In the context of development, Tfd functions as a medium of articulating problems by the people. Theatre is especially important as a medium of articulation in the lives of the disempowered groups because the main organs of communication such as the radio, Television and the newspapers are a media outside their control for two reasons. In nearly all developing countries both the electronic and print media are controlled by the government. Secondly, approximately eighty percent of the people in rural areas are often targeted as illiterates (58).

Despite the awareness created by BENSACA and ELIM, the people are still steeped in their myths and beliefs about FGM. The awareness approaches as used by the previous organizations have gaps since these approaches do not evolved from the people and their mode of communication is also alien to them. The community members need people oriented approach to take active participation in development workshop. Theatre for Development (Tfd) approach becomes relevant in awareness creation against FGM in Igede Land, since the approach is built on the principle of community participation, with members learning through shared experience as enunciated by Paulo Freire and expanded by Augusto Boal.

### **Theoretical Framework**

The concepts of Community Education and Tfd relates to the experimentation of two Brazilian theatre practitioners who emphasized conscientization of the people and creation of conducive atmosphere for sharing experiences within the

community where members are educated and made to see their true picture, thereby desiring change. Paulo Freire christened the theory conscientization – which is to stimulate critical reflection and thinking transformation from the under privileged. He believed that, when people are able to identify what constitutes their major stumbling block towards being what they ought to be in life, they are bound to agitate for change in order to improve their status.

In another related theory called legislative theory, which is canonized by Augusto Boal, theatre is to be decentralized and its language understood and spoken by the community members for the purposes of change. He emphasized that theatre must be a rehearsal of the revolution to change that will cause development. To actualize the change, the approach must involve the people and it should start from bottom-up level. This type of theatre emphasized mass mobilization of the target people to actively participate in the theatre so that they will come to thorough understanding of themselves and their environment. The new knowledge will later stimulate them to seek for change of the existing situation.

In the case of Ugenen community, the focus was on awareness creation on FGM as a problem militating against healthy living of females in Igede land of Benue State. To curb this problem, the project was influenced by Freire and Boal's theories that emphasize community education through conscientization, people's involvement and participation, that is from bottom-up. As such, the language of the people, their folk media and other cultural codes were used to reflect their collective will, with the focus to teach and guide them towards making certain decisions on the issue of FGM which affect females and the general development of the area.

The type of theatre being advocated for is popularly

referred to as Theatre for Development. It is sometimes called Community Theatre, Community Theatre for Rural Development, Popular Theatre or Theatre for Integrated Rural Development. No matter the nomenclature, the underlying objective of this theatre is for it to bring a change to the target community. For this paper the nomenclature to be used shall be Theatre for Development (TfD).

### **TfD and Community Education on FGM**

The concepts of TfD and Community Education have a convergence especially as they both acknowledge the strategic need to evolve an approach that is both interactive and bottom-up. Olaide observes that:

TfD have been used to develop many communities and get messages across to many others, it is on record that the therapeutic aspect of this form of theatre has enjoyed little or no patronage. The little recognition that could be attributed to it lies in form of information dissemination and educating the public about certain topical health issues. Such issues are HIV/AIDS, female Genital Mutilation (FGM), Harmful practices, maternal mortality, and expanded programme on immunization among others (433).

To investigate into the problem of FGM and advance meaningful postulations from the participation of the Ugenen people becomes more crucial. This is because, when the people are involved in analyzing the problem of FGM and surfing for solutions by themselves they may come to a thorough understanding of themselves why FGM is practised in their

community and the complications that are involved in the practice. The strategic need for people's participation and involvement becomes a fundamental issue in this FGM project. In the process, the people will be able to interact and ask questions while clarifications and explanations will be given. As such, they will react against FGM as a problem emerging in their environment which should exterminate. The process does not require formal education or professional skills to participate in its developmental project. Pica submits that, if Tfd is to bring about development to the host community, it must have some characteristics and he states them thus:

Whatever form popular theatre takes, it must be vital and vitalizing, entertaining, intelligent and provoking of the intelligence of the people. The essential must be the content, the ideas, the problems and conflicts that are presented, the personalities of the characters must correspond with living persons and the authentic truth of the people must be reflected (55).

Development is only possible when the people concerned are made to see the advantage which the desired change in their community will bring. In respect of FGM in Ugenge community, the process of the awareness creation on FGM will reflect the ideas or belief system of the people about FGM, the conflicts involved in the practice, and the complications of FGM as a problem to the victims who are purely females and under privileged in the community. In doing this, the community members will be mobilized to participate in the planning and the execution of the project that is to bring development to the area.

It is therefore within the ambit of Kidd and Byram

method as community based educative process that some participatory tools, such as semi-structured Interview (SSI) and Focus Group Discussion (FGD), Problem Analysis and Synthesis (PAS), were used to enable community members take proactive measures in solving the problem of FGM in Ugenge community. This, therefore, means that the entire community members were actively involved in the entire process from the initial research to play performance and critiquing.

### **FGM Project in Ugenge Community**

The Department of Theatre Arts, College of Education, Oju, Benue State has been involved in the tradition of planning, coordinating and facilitating community theatre as part of its academic programme. It is meant to introduce students to the use of theatre as a socio-political tool for development purpose. It was in this light that 2010/2011 Theatre for Development workshop took the staff who was the coordinator and students to Ugenge community of Oju LGA of Benue State. The aim of the project was to provide an alternative information for educating, mobilizing and conscientizing the people to change their behaviour towards the injurious health problem of FGM. This preoccupation is informed by the fact that health is no longer seen as the mere absence of infirmity. It includes social, economic, political, educational as well as peaceful and harmonious well being of a person, community, nation and the world at large. This preoccupation about health agrees with Bushack's position on health which states that: "for more than the mere absence of sickness and infirmity, health must be understood as a state of full physical, mental and social well being" (28). The process of Kidd and Byram method, and the participatory tools that were used in the project will form the crux of the next discussion.

### Advocacy Visit

The advocacy visit was carried out by Annas Ashaver and other three students as representatives of the students, namely: Mike Ogbu, Helen Okoh and Ajiga Ajuo. The team familiarized themselves with the traditional council of Igede land and made their mission of the campaign against FGM in the community known to them. HRH Chief Augustine Egbere Ogbu gave his approval and blessing to the project. The team also had access to the traditional performances in the community and chose *Opeche* dance troupe to work with us since that was the most popular theatrical organization in the area. The team further interacted with the members of *Opeche* traditional dance and their composer while intimating them on the complications of FGM. Other relevant issues that could be useful for effective Community Education on FGM in the area were also discussed. The aim was to infuse the folk media into the project. This visit agrees with the observation of Idoko and Onogu that:

The success of any Tfd workshop is hinged on two key factors. The level of acceptance of the catalyst team and the readiness of community members to assume ownership of the outcome of the Tfd projects. For mutual relationship with the people, there must be proper understanding of the purpose of the visit to the community. This can mainly be through advocacy visits to the leaders to present the idea behind the visit to the community and seek permission into the community (132).

Thus the preliminary visit in Ugengen community was to establish team work relationship and support from the community's locally based organizations, the traditional

council, opinion leaders, youths, women and the entire members of the community.

### The Community Research

The C.O.E. Oju catalyst group arrived at Ugengen community on October, 7<sup>th</sup>, 2011 and the project lasted for seven days. The next day the team divided itself into seven groups and using the flooding method, moved into the nooks and crannies of the community with questions such as:

- What is the origin of FGM?
- What are the benefits attached to the procedure?
- What are the punishments given to the offenders?
- What is the present state of FGM in the area?

These and more were asked as open ended questions and their answers led to other questions as the team conducted the SSI. The purpose of this exercise was to gather information about the origin of FGM, beliefs attached to it, its cultural benefits and the present state of FGM in the area. The information gathered during the SSI were as follows:

- FGM is a long standing cultural practice in Igede land.
- The origin of FGM in the area is uncertain.
- Infibulation method is practised in this area.
- FGM is performed as a rite outside the hospital environment.
- There is economic and traditional value that the operator gains.
- There is a belief that clitoris can kill a baby when it touches the head of the child during delivery and for those who manage to survive will not succeed in life.
- Clitoris can cause high libido in females and this can lead

- to promiscuity.
- Majority of females underwent the mutilation at puberty age while few at their first pregnancy.
  - It is easier for a circumcised female to get married than the uncircumcised because the uncircumcised are seen as sexually untrustworthy, not submissive to their husbands and not fertile.
  - Many people lack knowledge of the medical and social complications of FGM.
  - Few people especially the literate ones are aware of the complications but are determined to preserve their culture.

All the findings on FGM were based on Igede cultural beliefs and have no scientific proof. The public Health magazine rather reports that:

FGM may cause numerous physical complications, including hemorrhage and severe pain, which can cause shock, even death...It may also create long-term complications resulting from scarring and interference with the drainage of urine and menstrual blood, such as chronic pelvic infection, which may cause pelvic and back pain, dysmenorrhea, infertility, chronic urinary tract infection, urinary stones or kidney damage. Infibulation is especially dangerous during childbirth. Women who have been infibulated are at risk of prolonged labor which may lead to fetal brain or fetal death (10).

The SSI was done, based on the cultural beliefs of the people to investigate the level of their knowledge about FGM and its complications. This is why Abah describes Tfd as:

A strong research as well as a development communication tool all over Africa. It is a practice that has grassroot appeal and applicability. This is because it taps its philosophy and materials from the life of the people it deals with (8).

The FGM is observed to be purely a cultural or traditional practice that is aimed at controlling females' sexuality and enhancing males' sexual satisfaction. The practice has no medical benefits but complications on females. Further investigation had to be done to ascertain whether those health complications of FGM as observed by Jogo and public health have actually existed among the mutilated females in Ugengen community. In this respect, the COE Oju catalyst group randomly sampled 120 females to confirm the complications. Sixty girls between the ages of 16-18 years and sixty women between the ages of 25-60 years were selected for Focus Group Discussion (FGD). Females were only selected because they are the ones that are involved in the procedure. No structured questionnaire was used to collect the data on the effects of FGM in Ugengen community. There was rather a discussion because of their low literacy level. The following questions were raised and addressed in the FGD process:

- Have you personally experience FGM?
- What are the effects of FGM?

The discussants who were only females responded to the questions and the responses showed that, 31 respondents, that is,



25.8% suffered severe bleeding as a result of FGM procedure, 19 respondents, that is, 15.8% had urinary retention due to pain from FGM, 22 respondents, that is, 18.3% had urinary tract infection after the procedure and 48 respondents, that is, 40% were not circumcised. This is in consonance with the report of Public Health Magazine and Jogo which states that, FGM may cause severe pains, interference with the drainages of urine and menstrual blood, pelvic and back pains, chronic urinary tract infection, urinary stones and kidney damage.

### **Problem Analysis**

The COE Oju catalyst group went ahead and created an open forum discussion for community members to assess and analyse the findings in their community. They were given opportunity to react to those findings as to whether they actually existed in their community or not. Alachi confirms this activity as he opines that: “problem analysis helped to provide an interactive session for free discussion to capture a wide range of opinions of the respondents” (3). From this analysis, therefore, the participants actively engaged in the need assessment and it was discovered that all the findings from both the SSI and FGD were a reflection of the Igede belief system and also, true experiences of the victims who responded. This collective identification and analysis is what formed the basis for the community drama.

### **Drama formation**

Another functional strategy of communicating with the community members was embarked upon; as drama skit was formed in line with the findings to clarify the intended messages on the effects of FGM and ways of solving the problem. The drama skit was divided into two episodes.

### **Episode I**

Onah who is in the diaspora has just arrived his village with his family, for Igede-Agba yam festival. The next day his mother inquires to know why their daughter is not circumcised. Onah explains to her that his wife who is a victim of FGM almost died during child birth and that their doctor also explained to them that other complications such as severe bleeding during FGM procedure, urinary tract infection and stones, kidney damage and pelvic pains are likely to happen to a FGM victim. An argument ensued between him and his mother as she tells Onah that uncircumcised women are promiscuous, unhappy and not respected in the community. It is also fear that kills women before the arrival of the baby and not FGM. After that day, Onah and his wife go to visit old friends in the next village and the girl is left behind with Onah's mother. She goes ahead and mutilates that girl; the girl bleeds incessantly. Onah's mother tries to stop the bleeding with herbs but it cannot stop, and the girl eventually dies.

### **Episode II**

Eje is born by an uncircumcised mother in the town and has grown to become a successful medical doctor. He comes home for Igede-Agba yam festival and his people are wondering why he did not die during his birth and is also successful in life. Eje notices that there is no single clinic in his village, he calls for a community meeting where he announces his desire to establish a hospital for them. His people throw their support behind him and they are part of the construction.

The drama is created through improvisation where action and dialogue are formulated by community members themselves based on the analysis of the problems and realities of their community. In the case of FGM, the catalyst team was

made to understand that, the victims of FGM did not take decision of the procedure themselves but their relatives took the decision on their behalf, thinking that they are acting in the best interest, Meanwhile, the victims are harmed thereby betraying the trust bestowed on them. This explains why Abah observes that:

In analyzing the problems, people come to see the contradictions which underline everybody's reality...the very person considered being a protector and who is accorded a fatherly respect is the person responsible for the calamity. It is also possible to discover that the structure which the people believed unchangeable can in reality be altered. The new consciousness which often calls for action to deal with a situation is what Freire calls conscientization. Significantly, it has resulted from participation (96).

The creation of the drama skits which is based on the reality of the people is another education process and experience sharing. Many parents with limited knowledge on FGM lead their female children to death thinking that they are doing them a favour and very often, FGM complications are attributed to the gods due to their ignorance. It is also observed that some successful people in Igede land of Benue State are born of uncircumcised mothers.

### **Rehearsals**

Community members were fully involved in the rehearsing process as they are both performers and critics of the performance. They offered suggestions for the improvement of each episode as female participants mostly pointed out

associated problems of FGM while male participants associated promiscuity to uncircumcision of females. Their contributions formed the background of most of the discussions that were made during rehearsals in explaining the complications and effects of FGM. The process made both the catalyst group and community members go through contacts, discussions, and distill information and opinions as the improvised plays were deep rooted in their worldview. That is why Odhainibo suggests that, “The recipients of development are expected to negotiate their own development through a dialogic process” (47). The process made them ask questions in relation to their life experiences, thereby participating actively in the workshop to become the immediate beneficiaries of the FGM project. This is in line with Freire's position that: “People's integration results from the capacity to adapt oneself to reality, plus the critical capacity to make choices and to transform that reality” (4) The choice of restructuring the improvisational plays formed the critical reflection of the community members and it was also a starting point for the transformation and change as well as the endorsement of the project. After the participants finally agreed on what to be produced, the final performance was arranged.

### **Performance and Discussions**

The final performance was held at Inyike market square in Oju town and was well attended. Introduction of dignitaries was done shortly after *Opeche* dance was performed as the opening glee. The drama skit was performed with facilitation in between the episodes. The performance revealed complications on the issue of FGM as against the belief system of the Igedes. This was rather contradictory and it led to further

discussions. These discussions demystified FGM practice and brought to fore, the reality of its complications on community members as most of the victims had health problems, such as shock, urinary retention, prolonged labour, pelvic and back pains, severe bleeding etc. The misinterpretation and misconception of FGM was discouraged, while the new knowledge on its complications was extensively explored with the aim of changing the peoples' past behaviours toward FGM.

The most important thing that was noticed is that, the performance provided another interactive session at a wider range, as community members discovered new information on FGM. Ideas and opinions were again exchanged as the discussions in the interlude between the episodes heightened. The people who had hitherto kept quiet started to discuss the problems. The complications identified were experienced by many members of the community but they thought it was not as damaging as exposed in the course of the performance, while others thought they were afflicted by the gods.

HRH Chief Augustine Egbere Ogbu the Ado Oju reflecting on the damaging effects that FGM had on his citizens, promised to meet with his council members and take proactive measures by appeasing the *Akpan* gods and thereafter, put a stop to it.

Another solution suggested as a remedy to the controversial belief system was that, all FGM operators should be made to know the complications involved in FGM and should be offered micro finance loans to trade, so that they can be fully engaged in other trades, since they had financial gains attached to FGM procedure. Parents and guardians were also advised to instill morals or discipline in their female children rather than subjecting them to pain, shock and psychological trauma through FGM.

## **Conclusion**

The success recorded during the FGM project in Ugengen community attests to the viability of Tfd in creating awareness on health related issues in Nigeria and Benue State in particular. When the people were aware of the cause and implication of FGM, they were ready to protect themselves against further occurrence and in order to live a healthy, conscious life. This was possible because, at the end of the project, there were indications that the people were mobilized, conscientized and ready to take positive actions as their decisions pointed clearly that this approach left a print in their memories. It has also given them the opportunity not just to discuss their history but to be able to reshape their worldview towards FGM.

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