



FACTORS INFLUENCING THE PRACTICE OF FEMALE GENITAL MUTILATION: HEALTH IMPLICATIONS IN AHOADA WEST LOCAL GOVERNMENT AREA, RIVERS STATE NIGERIA

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Abstract

The likelihood that certain practices meted on women in some localities could greatly impact their health and well-being is high. This study investigated factors influencing the practice of female genital mutilation: health implications in Ahoada West Local Government Area, Rivers State, Nigeria. As a result, the four study goals transformed into the four developed research questions and four hypotheses that served as the study's guiding principles. The study adopted a correlational design. The population of the study comprised 94, 836 adult females (18-50 years) out of which 450 respondents were randomly selected for the study. A 40-item expert-validated 4-point rating scale titled "Factors Influencing Practice of Female Genital Mutilation and Health Implication Scale" (FIPFGMHIS) was designed by the researcher for data collection. The reliability of the instrument was 0.75. The collected data were analyzed using Pearson Product Moment Correlation (PPMC(r). The study revealed a low positive relationship between education and the religious practice of female genital mutilation, respectively, while culture had a high positive relationship with the practice of female genital mutilation in Ahoada West Local Government Area of Rivers State. It was concluded that the practice of FGM continued unabated in the study area despite its health implications. The study recommended, amongst others, that the governmental, educational and religious bodies or institutions should embark on public enlightenment targeted at informing the populace on the health implications of engaging in female genital mutilation.

Keywords: Female Genital Mutilation, Health Implications, Practice, Ahoada West Local Government Area

Introduction

Certain practices meted on women, especially in developing countries under the guise of culture, religion, and other primordial sentiments and flawed perspectives, can continuously put them under the clutches of suppression, vulnerability and danger. In light of this, female genital mutilation (FGM), a traditional and culturally induced practice, appropriately fits into this narrative as a procedure with serious immediate and long-term health complications, harm or injury, and lifelong psychological trauma that could occasionally be harmful and completely contrary to the healthiness of the females. In the majority of Sub-Saharan African countries, female genital mutilation is a practice that is deeply embedded or well-established (Kaplan et al., 2011). This entails damage to the female genital organs, including partial or whole loss of the external female genitalia. WHO (2008) identifies culture, religion, tradition, marriage, and other superficial or non-medical factors as the main drivers of this practice.

The prevalence or concentration of this practice in Nigeria, especially, in the entire Northern and Southern regions where women of reproductive age (15-49 years) are at different stages of their lives, are exposed to such a barbaric and anti-modernity act perpetuated mostly by traditionalists based on non-clinical reasons. But rather for pedestrian reasons (like culture, tradition, religion, marriage rites, etc.) that continue to dehumanize, violate their rights, endanger their health, and leave them perplexed all their life. It is thus, inexplicable the rationale behind the continuation of practices like female genital mutilation in our society. According to Adam et al. (2010), performing female genital mutilation for non-medical reasons comes with obstetric costs that leave victims with

vaginal issues such as discharge, itching, bacterial vaginosis, and other infections that hurt their health in several different ways.

Furthermore, the practice of female genital mutilation, according to UNICEF (2018), is both locally and internationally recognized as a form of discrimination, subjugation, and violation of the human rights and dignity of females (children, youth, and old). Corroborating their view, Epundu et al. (2018) assert that female genital mutilation suffices as a life-threatening procedure with the propensity of severe health consequences, including emotional pains that can last throughout that victim's lifetime and sometimes adversely lead to the victim's death. It was observed by Kaplan et al. (2011) that the non-clinical reasons underlying the practice of female genital mutilation could be responsible for this dehumanizing practice undertaken by traditional circumcisers. Also, the practice is prone to unprofessional and unsanitary conduct that could predispose FGM patients to health complications. To prevent infidelity and maintain certain cultural or traditional practices, the World Health Organization claims that the cutting and removal of female genital tissue associated with female genital mutilation (FGM) is mistakenly carried out. This will eventually lead to damage to the well-being and normal functioning of the female body and reproductive functions (WHO, 2020). WHO (2020) strongly advises against performing FGM due to the significant risks, even though it may be necessary for rare and serious medical crises to save the lives of medicalized patients.

On the other hand, there are three types I, II, and III of female genital mutilation, each of which has serious short- and long-term health effects (UNICEF, 2018). Excruciating pain, profuse bleeding (hemorrhage), swelling of the genital tissue, fever, infections like tetanus, urinary problems, problems with wound healing, damage to the surrounding genital tissue, shock, and death were specifically listed as the immediate health complications resulting from FGM by WHO (2020). While urinary problems, including painful urination and urinary tract infections, are among the long-term side effects, vaginal problems are also a concern (discharge, itching, bacterial vaginosis and other infections). The need for later surgeries, such as the sealing or narrowing of the vaginal opening (Type 3), can cause painful menstrual cycles, difficulty passing menstrual blood, and sexual problems, such as pain during intercourse, decreased satisfaction, etc. An increased risk of childbirth complications, such as difficult deliveries, excessive bleeding, caesarean sections, the need to resuscitate the baby, etc., and newborn deaths, may also result in painful menstrual periods, difficulty passing menstrual blood (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.). FGM also violates a person's rights to health, safety, and bodily integrity, as well as their right to life when the procedure results in death.

Additionally, it infringes on the freedom from torture and other forms of cruel, brutal, or degrading treatment (UNICEF, 2018). In particular, in the Northern West region (Garba et al., 2012), the North Central region (Adeniran et al., 2015), as well as the South-East region and South West zone (Ezenyeaku et al., 2011; Obi et al., 2014), where the practice of female genital mutilation is widespread or highly concentrated, education would be an effective strategy for ending the concentration of female genital mutilation in Nigeria. The practice of female genital mutilation can be predicted or influenced by several variables, according to research. For instance, culture (Yoder et al., 2004), traditional demand and reduction of promiscuity (Geofrey et al., 2015); level of education and religion (Ahinkorah, 2021). However, this study is focused on the relationship between influencing factors of female genital mutilation practice and health consequences incurred ignorantly by the victims of FGM. Ezenyeaku et al. (2011) said that women in South-Eastern Nigeria also share a similar view and obsession that female genital mutilation is a practice that leaves severe health and emotional problems that could last all through the victims' lifetime. This practice is not just considered harmful given the health consequences, but it could also lead to death. The effects and results of female genital mutilation are painful that leave the victim with nostalgia, psychological trauma, emotional bewilderment, regret, and anger over the course of female's lifetime, especially when the individual recall any experience of painful penetration and unpleasant sexual encounters, including difficult deliveries. (Adeniran et al., 2015). These challenges are not different from the situation in Ahoada West local Government Area as FGM is regrettably being practiced among the study population as observed by the researcher. This practice might be associated with some obvious health consequences as the victims of genital mutilation may be suffering from psychological trauma severe pains, infections and even death. Thus this study investigates Factors influencing the practice of Female Genital Mutilation: Health Implication in Ahoada West Local Government Area, Rivers State, Nigeria.

The purpose of the study was to investigate factors influencing the practice of female genital mutilation: health implications in Ahoada West Local Government Area, Rivers State Nigeria. Specifically, the following objectives were set to guide the study;

1. Assess education as a factor influencing the practice of FGM in Ahoada West Local Government Area.
2. Investigate culture as a factor influencing the practice of FGM in Ahoada West Local Government Area
3. Examine religion as a factor influencing the practice of FGM in Ahoada West Local Government Area
4. Investigate the extent practice of FGM affects the health of victims in Ahoada West Local Government Area.

Research Questions

The following research questions guided the study.

1. How does education relate to the practice of FGM in the Ahoada West Local Government Area?
2. What is the relationship between cultural influence and the practice of FGM in Ahoada West Local Government Area?
3. How do religious beliefs relate to the practice of FGM in Ahoada West Local Government Area?
4. What is the relationship between the practice of FGM and the health of victims in the Ahoada West Local Government Area?

Hypotheses

The formulated hypotheses were tested at a 0.05 level of significance:

- H₀₁:** There is no significant relationship between education and the practice of FGM in Ahoada West Local Government Area.
- H₀₂:** There is no significant relationship between the culture and practice of FGM in the Ahoada West Local Government Area.
- H₀₃:** There is no significant relationship between religion and the practice of FGM in the Ahoada West Local Government Area.
- H₀₄:** There is no significant relationship between the practice of FGM and the health of victims in the Ahoada West Local Government Area

Materials and Methods

The study adopted a correlational research design. To determine the relationship between the independent variable and the dependent variable, co-relational research develops a link between two or more variables, (Nwankwo, 2013). In this case, the independent variables were education, culture, and religious practice on female genital mutilation while the dependent variable was health implications that were used to describe the relationship between the dimensions and measures prescribed in the study. The population of this study consisted of all 94, 836 adult females aged 18–50 years of age in Ahoada West Local Government Area, Rivers State (National Bureau of Statistics, 2018). A sample size of 450 women participated in the study. The participants were selected using a two-phased multistage sampling technique. Firstly, cluster sampling was used in the selection of ten (10) cluster classifications of the Ahoada West Local Government Area. This led to the selection of 10 clusters namely "Akinima, Mbiama, Okarki, Joinkrama, Okube, Ubie, Akoh, Akaramirin, Akoh, and Abarikpo clusters. A simple random sampling procedure was employed to choose 450 respondents (i.e., 45 from each of the 10 clusters) for the second and final phases. This constituted a sample of 450 adult females that were selected from each of the 10 cluster classifications of Ahoada West Local Government Area.

The instrument for data collection was a structured questionnaire titled "Factors Influencing Practice of Female Genital Mutilation and Health Implication Scale" (FIPFGMHIS). The FIPFGMHIS instrument was a 40-item questionnaire that was patterned after a 4-point rating scale of "Strongly Agree" (SA, 4 points), "Agree" (A, 3 points), "Disagree" (D, 2 points) and "Strongly Disagree" (SD, 1 point). Furthermore, the FIPFGMHIS instrument consisted of three sections, Sections A consisted of the demographic information of the respondents (i.e. adult females), Section B comprised 30 item responses on the variables of female genital mutilation (with 10 each for immediate and long-term implications) for health implications of FGM), while Section C comprised a 10 item response on health implications. The FIPFGMHIS instrument was validated by three experts from the field of Health and Safety at the Ignatius Ajuru University of Education. Corrections from the experts were integrated into the final draft of the instrument and used for the study.

The reliability of the FIPFGMHIS instrument was ascertained or determined using the Cronbach Alpha method. To ascertain the reliability of the non-cognitive FIPFGMHIS instrument, forty (40) copies were administered to adult females in Ogba/Egbema/ Ndoni local Government Area who have similar characteristics to the study area. A reliability coefficient of .75 was obtained. The instrument was considered reliable based on Ogbazi and Okpala’s (2014), suggesting that if the correlation coefficient obtained in an instrument is up to 0.60 and above, the instrument should be considered good enough for use. The researchers and research assistants administered the 450 copies of the FIPFGMHIS questionnaire to the respondents using the face-to-face and direct method of delivery. Out of the 450 copies of the FIPFGMHIS instrument administered to the respondents, only 411 copies (representing a 91% return rate) were the validly retrieved copies of the FIPFGMHIS instrument that were scored, coded and used for the analysis. The collected quantitative data were analyzed using Pearson Product Moment Correlation (PPMC) (r) to answer the research and test the hypotheses at a 0.05 level of significance. All analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 22.0.

Results

Table 1: Summary of Pearson Product Moment Correlations on the relationship between education and practice of FGM in Ahoada West Local Government Area

		Education	Practice of Female Genital Mutilation	Decision
Education	Pearson Correlation	1	.34**	Low Relationship
	N	411	411	

** . Correlation is significant at the 0.01 level (2-tailed). *r-squared = 0.116*

Decision Rule: *VH (Very High) r = 0.80- 1.00, H (High) r = 0.60- 0.79, M (Moderate) r = 0.40- 0.59 while L (Low) r = ≤ 0.39*

Table 1 shows a Pearson Correlating Coefficient (r) of 0.34 which indicates a positive and low relationship between education and the practice of FGM in the Ahoada West Local Government Area. This indicates that education contributed 12% to prevent the practice of female genital mutilation in the Ahoada West Local Government Area. In other words, education only contributed to about 12% of the observed changes in the practice of female genital mutilation in the Ahoada West Local Government Area, leaving the remaining 88% of changes to be influenced by variables that are extraneous to education. This suggests that in Ahoada West Local Government Area of Rivers State, female genital mutilation was not significantly predicted by education. Similarly, the result demonstrates that there is a statistically significant link between education and FGM practice in Ahoada West Local Government Area of Rivers State at 0.00 (i.e. $p < 0.05$ level of significance). This means that as the people are increasingly enlightened and educated, they would then acquire the knowledge that would decline the practice of female genital mutilation in Ahoada West Local Government Area of Rivers State. This also lends credence to the rejection of hypothesis one at a .05 level of significance

Table 2: Summary of Pearson Product Moment Correlations on the relationship between culture and practice of FGM in Ahoada West Local Government Area

		Culture	The practice of Female Genital Mutilation	Decision
Culture	Pearson Correlation	1	.75**	High Relationship
	N	411	411	

** . Correlation is significant at the 0.01 level (2-tailed). *r-squared = 0.563*

Table 2 shows a Pearson Correlating Coefficient (r) of 0.75 which indicates a positive and high relationship between culture and practice of FGM in Ahoada West Local Government Area. . This indicates that 56.3% of female genital mutilation cases in Ahoada West Local Government Area were caused by culture. In other words, culture accounted for about 56% of the observed changes in the practice of female genital mutilation in Ahoada West Local Government Area, leaving the remaining 44% of changes to be attributed to other factors that are

extraneous to culture. This implies that culture was a strong predictor of the practice of female genital mutilation in Ahoada West Local Government Area of Rivers State. Similarly, the result also shows that the correlation between culture and practice of FGM in Ahoada West Local Government Area of Rivers State is statistically significant at 0.00 (i.e. $p < 0.05$ level of significance). This implies that as the culture of promoting FGM continues the practice of female genital mutilation is continually being enhanced in Ahoada West Local Government Area of Rivers State. This also lends credence to the rejection of hypothesis two at a .05 level of significance.

Table 3: Summary of Pearson Product Moment Correlations on the relationship between religious beliefs and practice of FGM in Ahoada West Local Government Area

		Religion	Practice of Female Genital Mutilation	Decision
Religious beliefs	Pearson Correlation	1	.39**	Low Relationship
	N	411	411	

** . Correlation is significant at the 0.01 level (2-tailed). r-squared=0.152

Table 3 shows a Pearson Correlating Coefficient (r) of 0.39 which indicates a positive and low relationship between religion and the practice of FGM in the Ahoada West Local Government Area. This indicates that religious beliefs contributed 15.2% to the practice of female genital mutilation in the Ahoada West Local Government Area. In other words, approximately 15% of the observed changes in the practice of female genital mutilation in Ahoada West Local Government Area were attributed to religious beliefs, leaving 85% of changes to be caused by other extraneous variables that were not considered in this study. This finding demonstrates that there is a statistically significant link between religious beliefs and FGM practice in Ahoada West Local Government Area of Rivers State at 0.00 (i.e., $p < 0.05$ level of significance). This suggests that as religious belief increases, female genital mutilation practice increases as well in Ahoada West Local Government of Rivers State. This also lends credence to the rejection of hypothesis three at a .05 level of significance

Table 4: Summary of Pearson Product Moment Correlations on the relationship between the practices of FGM and the health of victims in Ahoada West Local Government Area

		Practice of FGM	Health of Victims	Decision
Practice of FGM	Pearson Correlation	1	.72**	Strong Relationship
	Sig. (2-tailed)		.00	
	N	411	411	

** . Correlation is significant at the 0.01 level (2-tailed). r-squared=0.518

Table 4 shows a Pearson Correlating Coefficient (r) of 0.72 which indicates a positive and high relationship between the practice of FGM and the health of victims in the Ahoada West Local Government Area. This implies that the practice of FGM contributed about 52% to the associated health implications of FGM victims in the Ahoada West Local Government Area. In other words, approximately 52% of the observed changes in the health situation of victims in Ahoada West Local Government Area were caused by the practice of female genital mutilation, thereby leaving 48% of changes to be caused by other extraneous variables which were not considered in this study. This finding demonstrates that there is a statistically significant link between the practice of FGM and the health of the victims in Ahoada West Local Government Area of Rivers State (i.e., $p = 0.05$). This suggests that as practices of FGM increase, the health implications will also rise in Ahoada West Local Government of Rivers State. This also lends credence to the rejection of hypothesis four at a .05 level of significance

Discussion of Findings

The finding on the relationship between education and the practice of FGM revealed an r-value of 0.34. This indicates a positive low relationship between education and the practice of FGM. This implies that education was a low predictor in terms of influencing the practice of female genital mutilation in the Ahoada West Local Government Area. This finding was not surprising because sometimes the culture or tradition of ethnicity may supersede their educational status. This finding is in line with the position of Integrated Regional Information Networks (IRIN, 2005) that despite being aware of the complications connected with FGC, educated Maasai men

and women continue to practice the FGC, and no matter how highly educated or well-positioned a Maasai woman may be social, an uncircumcised girl is seen as one who cannot find a husband and still faces rejection and isolation from the community. This finding disagreed with Ahinkorah (2021) whose study found that highly educated women and their husbands in Chad have a desire for FGM. This contradicts the assertion of Sherif et al. (2015) that education increases the knowledge and prognosis of female genital mutilation in Nigeria.

Findings on the relationship between the culture and practice of FGM show an "r" of 0.75 which indicates a positive and high relationship between the culture and practice of FGM in the Ahoada West Local Government Area. This is an indication that FGM is significantly influenced by the culture of the people. This finding is not surprising because the culture of the people serves as the Norm of that society and as such controls their attitude and practice. This finding is in agreement with the position of Ofor (2015) that culture plays a role in humiliating impacts on the dignity of girls exposed to the practice of female genital mutilation (including infants, adolescents, and adults).

Findings of the relationship between religion and the practice of FGM show a Pearson Correlating Coefficient (r) of 0.39 which indicates a positive and low relationship between religion and the practice of FGM. This implies that as religious belief increases practice of female genital mutilation also decreases in Ahoada West Local Government Area of Rivers State. This result was not surprising because religion is a set belief and doctrine which is meant to shape the mind and attitude of the group toward practising what is right and acceptable in the sight of whom they are worshipping. However, there is not a verse of the Holy bible used by the Christian religion that supports FGM. This finding is in agreement with the finding of Ahmed et al. (2014) which showed that there is no connection between the religion of Islam and FGC. In actuality, there isn't a single passage in the Holy Quran that supports FGC. However, it has numerous verses that disapproved of any of the behaviour that endangers humans. This finding is at variance with the result of Ali (2012) and Ashimi et al. (2014) who discovered that religion is a strong predictor of FGM among women and girls in Chad. Also revealed that FGC practice is often seen as a significant religious requirement in many societies,

Findings of practices of FGM and effects on the health of victims show a Pearson Correlating Coefficient (r) of 0.72 which indicates a positive and high relationship between the practice of FGM and the health consequences of victims. This showcase the magnitude of problems associated with the practice of FGM which contributed 52% to the negative health challenges of FGM victims in the Ahoada West Local Government Area. This result was expected since FGM is being carried out or performed by an untrained professional with unsterilized instruments and an unsterilized environment. Sometimes it is done without any anaesthesia or painkiller. This finding is consistent with WHO (2020) that the immediate health implications of female genital mutilation include: tetanus, injury to surrounding genital tissue, genital tissue swelling, severe pain, death, excessive bleeding (haemorrhage), urinary problems, and shocks, injury to surrounding genital tissue, genital tissue swelling, severe pain, death, excessive bleeding (haemorrhage), urinary problems, and shock. Also, the study agreed with the finding of Alsibiani and Rouzi, (2010) that women who had genital mutilation experience sexual dysfunction including obstetric complications (WHO,2016). Furthermore, the study is in agreement with the report of sexual psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.), decreased sexual satisfaction, and increased risk of childbirth complications such as bleeding (Behrendt & Moritz, 2005; UNICEF, 2018).

Conclusion

The study established that all three variables, viz: education, culture and religious beliefs of the people respectively had a significant relationship with the practice of Female Genital Mutilation (FGM) in Ahoada West Local Government Area of Rivers State of Nigeria. It was also established that the more the practice of FGM the more there will be associated health issues. These findings imply that the culture of the people, religious belief system and education are critical factors in efforts considering the discouragement of this barbaric practice. Therefore, for healthy living, the practice of FGM should be discouraged in the study area.

Recommendations

Based on the findings of the study, the following recommendations were proffered:

1. Public education campaigns about the health effects of female genital mutilation should be launched by governmental, educational, and religious entities or institutions.
2. The public should be urged to reject the culture that supports the act of female genital mutilation, which has both short- and long-term negative effects
3. Educational institutions are encouraged to review the school curriculum to incorporate the dangers of female genital mutilation.
4. The masses should be encouraged to jettison the anti-modernity mindset that makes them to still practice female genital mutilation despite its health consequences.
5. Religious organizations (Christianity and Islam) should take the lead in discouraging their adherents towards imbibing the practice of female genital mutilation.
6. Governments (federal, state, and local) are enjoined to strengthen and legislatively reinforce existing or new laws that are targeted at protecting this silent population of women that are endangered and traumatized by the practice of female genital mutilation across our communities, clans, and societies.

References

- Adam, T., Bathija, H., Bishai, D., Bonnenfant, Y-T, Darwish, M., Huntington, D., & Johansen, E. (2010). Estimating the obstetric costs of female genital mutilation in six African countries. *Bulletin of World Health Organization*, 88, 281-88.
- Adeniran, A. S., Fawole, A. A., Balogun, O. R., Ijaiya, M. A., Adesina, K. T., & Adeniran, I. P. (2015). Female genital mutilation/cutting: Knowledge, practice and experiences of secondary school teachers in North Central
- Ahinkorah, B.O.(2021) Factors associated with female genital mutilation among women of reproductive age and girls aged 0–14 in Chad: a mixed-effects multilevel analysis of the 2014–2015 Chad demographic and health survey data. *BMC Public Health* <https://doi.org/10.1186/s12889-021-10293-y>
- Ahmed, H. M., Kareem, M. S., Shabila, N.P. & Morzi, B. Q. (2018). Knowledge and perspectives of female genital cutting among the local religious leaders in Erbil governorate, Iraqi Kurdistan region. *Journal of Reproductive Health* 15,44. <https://doi.org/10.1186/s12978-018-0459-x>
- Ali A. A. A. (2012). Knowledge and attitude of female genital mutilation among midwives in Eastern Sudan. *Journal of Reproductive Health* 9: 23
- Alsibiani, S. A., & Rouzi, A. A. (2010). Sexual function in women with female genital mutilation. *Fertility and Sterility*, 93(3), 722-4.
- Ashimi, A., Aliyu, L., Shittu, M., & Mole, T. (2014). A multicentre study on knowledge and attitude of nurses in northern Nigeria concerning female genital mutilation. *European Journal of Contraceptive and Reproductive Healthcare* 19; 134-140
- Behrendt, A., & Moritz, S. (2005). Posttraumatic Stress disorder and memory problems after female genital mutilation. *American Journal of Psychiatry*, 162, 1000-02.
- Epundu, U. U., Ilika, A. L., Ibeh, C. C., Nwabueze, A. S., Emelumadu, O. F., & Nnebue, C. C. (2018). The epidemiology of female genital mutilation in Nigeria: A twenty-year review. *Africa Medical Journal*, 6(1), 1-10.
- Ezenyeaku, C. C., Okeke, T. C., Chigbu, C. O., & Ikeako, L. C. (2011). Survey of women's opinions on female genital mutilation in the South East Nigeria: Study of patients attending antenatal clinic. *Annals of Medical Health Science Research*, 1(1), 15-20.
- Garba, I. D., Muhammed, Z., Abubakar, I. S., & Yukasai, I. A. (2012). Prevalence of female genital mutilation among female infants in Kano, Northern Nigeria. *Archives of Gynaecology and Obstetrics*, 286(2), 173-178.
- Geoffrey T., Peter G. O., Gatobu C., & Pauline T.(2015). Socio-Cultural Factors Influencing the Practice of Female Genital Cut among the Maasai Community of Kajiado Central Sub-County, Kenya. *International Journal of Innovation and Scientific Research*. 13 (1). 186-192
- Integrated Regional Information Networks (IRIN, 2005). *The controversy of female genital mutilation*. U.N Office for the Coordination of Humanitarian Affairs. www.irinnews.org.
- IRIN. (2005). FGM/C amongst the Maasai Community of Kenya Razor's Edge - The Controversy of Female Genital Mutilation/cut :<http://www.irinnews.org/InDepthMain.aspx?InDepthId=15&ReportId=62470>
- Kaplan, A., Hechavarrian, S., & Bonhoure, I. (2011). Health consequences of female genital mutilation/cutting in the Gambia, evidence into action. *Journal of Reproductive Health*, 8(26), 15-21.

- National Bureau of Statistics (2018). *Multiple indicator cluster survey 2016-2017, survey findings report*. National Bureau of Statistics
- Nwankwo, O. C. (2013) *A practical guide to research writing: For students of research enterprise (Revised Fifth Edition)*. Uniport Publishing Ltd.
- Obi, S. N. (2014). Female genital mutilation in south-east Nigeria. *International Journal of Gynecology & Obstetrician.*, 84(2), 183-4. 10.
- Ofor, M. (2015). Female genital mutilation: The place of culture and the debilitating effects on the dignity of the female gender. *European Scientific Journal*, 11(1), 112-121.
- Ogbazi, J.N., & Opara, J. (2014) *writing a research report: Guide for researcher in education the social and humanities*. Enugu.
- Sherif, M. A., Ahmed, Z. E., & Mostafa, A. A. (2015). Awareness and predictors of female genital mutilation/cutting among young health advocates in Nigeria. *International Journal of Women Health*, 7(2), 259-269.
- United Nations International Children Educational Fund (UNICEF, 2018). *Children's and women rights in Nigeria: A wake up call. Situation assessment and analysis of harmful traditional practice*. UNICEF Publication.
- United Nations International Children's Educational Fund (UNICEF, 2010). *The dynamics of social change towards the abandonment of female genital mutilation/cutting in five African countries*. UNICEF Research Centre. [http://www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf]
- World Health Organization (WHO, 2008). *Eliminating female genital mutilation: An interagency statement*. OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM. (http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf)
- World Health Organization (WHO, 2016). *Study group on female genital mutilation and obstetric outcome: Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries*. *Lancet*, 367(925), 1835-41.
- World Health Organization (WHO, 2020). *Female genital mutilation: Economic costs of treating health complications of FGM*. Geneva.
- Yoder, P.S., Nouredine, A., & Arlinda, Z. (2004). *Female genital cutting in the demographic and health survey: A critical and comparative analysis*. *DHS Comparative Reports*, 7(3), 300-301