THE PRACTICE OF FEMALE GENITAL MUTILATION IN ESAN LAND OF EDO STATE, NIGERIA: A SOCIOLOGICAL ANALYSIS

Dibua, V. A
Department of Social Sciences and Humanities
Auchi Polytechnic, Auchi, Edo State, Nigeria

Agweda, T. O.
Eromonsele, A. O.
Department of Sociology
Ambrose Alli University
Ekpoma, Edo State, Nigeria

ABSTRACT

This paper attempted a sociological analysis of the practice of FGM in the society. It is the contention of the paper, that FGM though a harmful practice, is deeply rooted in the culture of the societies where it is practiced. Two hundred and ten women participated in the study and Focus Group Discussion and in-depth interview were used to collect information from the respondents. Some of the findings of this study are that FGM is deeply rooted in the culture of many societies, many factors ranging from cultural to religious beliefs help to perpetrate the practice, most of the respondents are not conscious of the harmful effects of FGM in the society and are not aware of any legislation outlawing the practice of FGM in the society. It is the suggestion of this paper, that any effort geared towards the eradication of FGM in the society, should be holistic and integrative. Such a holistic and eclectic approach to the eradication of FGM in the society should be culture based.

Keywords: *female genital mutilation, Esan land, effect*

INTRODUCTION

Female circumcision/female genital mutilation (FGM) is the collective name given to several different practices that involve the cutting of female genitalia. The practice of female genital mutilation (FGM), has received a great deal of attention both at the national level and international level. In recent years, the increasing interest in human right of woman and children has brought additional call for the practice of FGM to be stopped (World Conference on Women, Copenhagen Human Right, Vienna 1993, Beijing 1995, International Conference on Population and Development, Cairo 1994, world Summit for Social Development Copen Hagan, 1995). The negative publicity which the practice of FGM in societies has received in recent years can be attributed to the hazards associated with the practice in the society.FGM is widely practiced in many regions of the world. According to UNIFPA (1992), an estimated 130 million girls and women have undergone FC/FGM. At least two million girls a year are at the risk of undergoing the form of the Pressure. According to World Health Organisation (WHO) 1997, FGM is practiced in about 28 African Countries as well as scattered communities in other parts of the world. It

is heavily concentrated in the horns of Africa, Egypt and part of West and East Africa, where it has been a part of the tradition and culture of the various ethnic groups. The highest prevalence is found in Somolia and Djibouti where it is virtually in all parts of the people's culture. The current estimate of female genital mutilation in 28 African countries is about 28% in Burkina Faso, 20% in Cameroon. 43% in Central African Republic, 63% in Chad, 43% in Coite Deviore, 85% in Ethiopia, 80% in Gambia, 30% in Guinea, 50% in Nigeria, 20% in Senegal, 90% in Seria Leone, 98% in Somalia, 89% in Sudan, 50% in Uganda, 50% in Republic of Benin, 50% in Democratic Republic of Congo, 90% in Eritrea, 60% in Liberia, 94% in Mali, 50% in Togo, 89% in Sudan, 10% in United Republic of Tanzania, 25% in Mauritania (WHO, 1997). As can be seen from the above, FGM is a cultural practice that is widely spread in Africa. In the preface to the Monograph on FGM in Nigeria published by the Inter African Committee (Nigeria) on practices affecting the health of woman and children, Thomas (1997) observes that:

> *Many traditional practices in Nigeria are harmful to women and children. For example, the genital of close to eighty million African women have been mutilated, majority at an age when they were unable to recognize or resist the irreparable damage that was being inflicted on them for religious and cultural reasons. More and more girls-children/women are still subjected to female genital mutilation (FGM) despite the efforts which are being made to eradicate it. Harmful practices such as FGM not only constrain the capacity of girls - children/women to live a healthy and productive live but also undermine their women right.*

Also, the draft National Policy on FGM asserts as follows: *The practice of different types of FGM, cuts across religious and cultural boundaries and are either done in secretes or with fanfare. Victims often display a sense of helplessness and often unaware of the irrelevance and potential danger of the practice.*

FC/FGM is a term use to refer to any practice which involves the removal or the alteration of female genitalia. As Thomas (1995) succinctly puts it:

> *Female genital mutilation is now a universally accepted term used to describe any interference with the natural appearance of the female external genitalia using a blade knife or any sharp object instrument in order to bring about either a reduction in size of the clitoris or a complete removal of the vulva*

In legal parlance, FGM is defined as the interference with the natural appearance of the female genitalia using blade, knife or any object whatsoever in order to bring about either a reduction in the size of the clitoris or a complete removal of the vulva for cultural or any other non therapeutic reasons and include: Cauterization by burning of the Clitoris and surrounding tissues; or introduction of corrosive substances into the vaginal to cause bleeding or herbs into the vaginal with the aim of tightening it or narrowing the vaginal (Odili, 2002). The joint statement on FGM issued in 1997 by WHO, UNICEF and UNFPA, gives the following definition to the practice of FGM as follows:

Female genital mutilation comprises all procedure involving the partial or total removal of the external female genitalia or any other injury to the female genital organs whether for cultural or other non therapeutic reasons. The three agencies classified the different types of female genital mutilation as follows:

Type I: This is referred to as Sunna. This entails excision of the prepuce with or without excision of parts or the entire clitoris.

Type II: Chitoridectomy: This involves the partial or entire removal of the clitoris, as well as the crapping off of the Labia manora and labia manora. Chitoridectomy was invented by Sudanese midwives as a compromise when legislation forbade the most extreme operation in 1946.

Type III: Excision of parts or all of the external genitalia and stitching/narrowing the vaginal opening (infibulations).

Type IV: Unclassified: Include pricking, piercing or incising of the clitoris and/or Labia, stitching of the clitoris and/or Labia; cauterization by burning of the clitoris and surrounding tissue; scrapping of tissue surrounding of the vaginal orifice (angurya cuts) or cutting of the vaginal (gisuiri cut); the introduction of corrosive substances or herbs into the vaginal to cause bleeding or for the purpose of tightening or narrowing it, and, any other procedure that falls under the definition of female genital mutilation given above.

As a practice, FGM has a history which predated the coming of Christianity and Islam in Africa. Orenuga (1997) believes the FGM in Nigeria may be traced back over 500 years ago. The practice of FGM has subsisted in many cultures where it is practiced because of many factors, which perpetuate it. Some of the factors are sociological, psychological and religious. FGM is practiced in some societies in order to preserve the custom and tradition of the society; as a form of a rite to passage; social pressure from friends, significant orders and gate keepers of tradition which make many to conform to the practice; beliefs that FGM help to reduce women sexual desire and prevent them from prostitution, and, enhancement of fertility and promotion of civil survival.

In recent times, there has been public outcry against the practice of FGM because of the impact it has on women in particular and society in general. According to Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation (1997), FGM is basically an obstacle to the attainment of the goal of health development, human right not only for woman and girls, but for all members of the society. It is in view of this, that Okonofua (2006) sees FGM as the shame of the nation. As has already be pointed out, FGM has adverse effects on women in the society. The effects of FGM on women in the society, was aptly pointed out by Oserenren (1991) in the following questions.

> *How does it feel to have parts of the genital crudely sliced off with an unsterilised knife on the sand at the back of the house, without any anesthesia and with much bleeding? What is like for a teenage girl or*

adult women to be stripped naked forcefully before a strange old man whose profession is to fiddle with one of the most delicate external organs of her body and witnessed by many others? Imagine the pain, trauma and humiliation.

These questions pose by Oserenren (1991), can help to show the torture, humiliation, deprivation and gross infringement on the right of women and girls by an insensitive tradition. Orenuga (1997), believes that some of the adverse effects of FGM stay with the victims throughout life, thus affecting their relationship with others. She pointed out that adolescents are particularly at risk as they not only have to cope with the problem of puberty, but also with the health and emotional complications occasioned by FGM. As she succinctly puts it: *They end up with emotional scares that never heal the which festers gradually until the sufferers become a victim of neurosis or even psychosis.*

FGM can lead to haemorrhage which inturn can affect the growth of the child especially if the circumcision is done at tender age; lack of sexual satisfaction and fulfillment in women; menstrual problem, obstetric and gynecological problems. Also, such complications as impairment of circulation tissue, narcoses and tissue formation, vasico vaginal fistula, can be associated with FGM. (Toubia and Izett 1998, Okonofua 2006, and Wynder et al 1994). FGM can cause such infections like HIV/AIDS, VVF and other forms of the urinary tract infections. The practice of circumstances in certain societies vis-à-vis others in which circumstance is not practiced. (Wynder et al 1954) .

As a result of the adverse effects of FGM on the health of women in the societies, many countries have made efforts to legislate against the practice and criminalize it. The United Nations, UNICEF and the World Health Organisation, have considered FUM to be a violation of human right and have made recommendations to eradicate the practice. In April 1997, WHO, UNICEF and UNFPA issued a joint statement expressing their common purpose in supporting the efforts of government and communities to promote and strengthen action for the elimination of FGM (WHO, 1998). Also, an awareness of FGM in particular, including other harmful traditional practices in part of Africa, prompted the World Health Organisation to sponsor the 1977 Cairo and 1979, Khartoum meetings. Following these meetings, WHO along with other United Nation agencies like UNICEF, UNFPA, embark on programmes to support the eradication of the practice of FGM/FGC in the World. Some National governments have made a clear and public commitments to stop FGM through laws, professional regulations and by signing international declarations that condemn the practice of FGM.

The launching of the WHO Africa Regional Plan of Action for Accelerating the Elimination of Female Genital Mutilations in Africa in March 1997, has contributed to the growing interest among governments in the elimination of FGM. Following the growing interest of the government, non governmental organizations and researchers, countries have embarked on various measures mostly through

legislation to criminalize the practice of FGM. Guinea prohibited FGM/FC in 1965, defining the offence as castration which includes mutilation of the organ of either man or woman, Central Africa prohibited the practice of FGM in 1966 to conform to the universal declaration human right. FGM was banned in France in 1978, Sweden made it an offence in 1982 and the penalties became more severe in 1990, prohibiting the operation on female external genital organ whether to mutilate or produce other permanent damage in them. The United Kingdom in 1985 prohibited FGM, in 1992 Ghana prohibited all traditional practices that are minimal and dehumanizing with an amendment in 1994 to punish who ever is guilty with not less than three years in prison, in 1992 Ethiopia made provision providing that woman have right to protection against harmful custom, Canada amends its law in 1997 which terms FGM as aggregate assault, Coite Devoire in 1998 enacted a law punishing anybody of genital mutilation, the United States of America in 1996 enacted a law punishing with either fine or imprisonment or both of a person guilty of genital mutilation of a girl under the age of Eighteen (Centre for Reproductive Law and Policy 2000). Inspite of the various efforts by many governments to outlaw and even criminalize the practice of female genital mutilation, the practice remains unabated in the society. As has been pointed out by WHO (1997), two millions girls a year are at risk of undergoing some form genital mutilation. This situation may be attributed to the fact that the practice of FGM has a long history and is well ingrained in our culture.

In this research, the cultural bound theory of disease shall provide the theoretical orientation for the study. The cultural bound theory of disease is a theoretical perspective which sees disease or health problem as culturally determined. Culture has been found to play a vital role in health behaviour of people (Jeghede 1998, Erinoso and Oke 1994). Studies have shown that there is relationship between socio-cultural factors and causes of disease and utilization of modern health facilities in the society (Verbrugge- 1976, Buckley 1985, and Jeghede 1996) In other words, certain diseases or health problems are seen as products of cultural beliefs and their treatment are the therefore based on cultural consideration. Lambo (1995) and Yap (1951) are of the view that health and diseases are to some extent shaped by culture. It is in view of this, that Erinoso (1998) contends that normality is determined to a large extent by socio-cultural factors in the sense that behaviour patterns which are regarded as normal in one society, may been seen as abnormal in another. Genital Mutilation is deeply rooted in the culture of the society in which it is practiced and this is why the various attempts to legislate against the practice have met with little success. In the societies where FGM is practiced, it is seen as normal and essential for the development of a woman and her integration into the society and this has perpetrated the practice despite the various attempts to outlaw it.

RATIONALE FOR THE STUDY

FGM is a practice, though inimical to the health of women in particular and the attainment of the societal optimum health goal, it is highly ingrained in our culture.

It is a practice which predates the advent of Christianity and Islam in Africa and is still up to date embedded in our culture. It is in view of this, that Okonofua (2006) sees the practice of FGM as the shame of our nation since it has no known medical and social benefits and yet is still practiced on large scale in many societies. On his part, Thomas (1995) believes that FGM is archaic and pointless and should be regarded as a sign of economic underdevelopment and retrogression affecting the individual, the family, community and the nation. As Sarkis (2004) aptly observe, even though FGM is currently illegal in many counties in Africa and Middle East, this has not reduce the number of girls that are mutilated each year. There are between eight and ten million girls in the Middle East and in Africa, who are at risk of undergoing different types of genital mutilation. This has made empirical study into the practice of genital mutilation in the society imperative. Such empirical study can help to identify the various cultural and environmental factors in the society that tend to perpetuate the practice of female genital mutilation in the Society. Thus, an empirical study of this nature into the practice of FGM, can help identify the reasons why the practice is unabated despite the legislation and other forms of measures meant to eradicate the practice. The postulations, generalization and the findings of this study can help to debunk certain myths in the society which perpetuate the practices of FGM.

Also, an empirical study of this nature can help to suggest ways in which the practice of FGM can be eradicated in the society. This is because an empirical study of this nature, entails looking at the practice in the cultural setting of the people and this can help to provide appropriate mix between cultural measures and legislative measures geared towards the eradication of FGM in the society. Such a mix of cultural and legislative measures, can help to sensitize people's interest against the practice of FGM and with such sensitization, legislations by national government and conventions of the various international bodies against the practice, will be successful.

With the widespread of practice FGM in many countries in Africa and the Middle East despite the criticism against the practice and the attempt of many countries to legislate against the practice and criminalize it, this study wants to do a sociological analysis of the practice by using Esan Land in Edo State of Nigeria as a case study.

The following research questions shall direct the thrust of the study.

(a) What are the reasons for the practice of genital mutilation in the society.?

(b) Are men favourably dispose to the practice of genital mutilation?

(c) Can genital mutilation adversely affect the health of women in the society?

(d) Does the level of education affect people's perception of genital mutilation in the society?

(e) Can genital mutilation be eradicated in the society?

(f) Are there legislations against the practice of FGM in the society?

METHODOLOGY

The study was carried out in Esan Land of Edo State, Nigeria. The people of Esan Land make up the Edo Central Senatorial District of Edo State. There are five Local Government Areas in Edo Central Senatorial District which make up the Esan Land, namely, Esan West, Esan North East, Esan South East, Esan Central and Igueben Local Government Area. In each of the five Local Government Areas that make up the Edo Central Senatorial District, two towns/Villages, were selected for the study. Two hundred and ten women were selected on random to participate in the study.

The qualitative methods of data collection were used in this study. Studies have shown that culture and behaviour can be best explored by using ethnographic and Focus Group Discussion (FGD) techniques (Ojo 1966, Knodel 1984, Ringheim 1993 and Jeghede 1998). Thus, in this study, the in-depth interview was used because it will enable the researcher to get detailed information from the respondents since FGM is a practice that is deeply rooted in the culture of the communities in which it is practiced. In the course of the interview, questions based on the types of FGM, reasons for FGM, effects of FGM and eradicating FGM in the society, were asked

Three Focus Group Discussion sessions were held in each of the communities included in this study. A Focus Group Session was made up of 5-6 participants and it was held in one of the Primary Schools in each of the communities included in the study. The Focus Group Discussion was held on Sunday and the Esan Traditional day of rest known as "Edeze". These two days were chosen because these are the days of the week most Esan woman set outside to rest from their busy schedule. Most of the questions that were asked during the interview were also asked in the Focus Group Discussion Session.

RESULTS AND DISCUSSION

The socio-demographic analysis of the respondents shows that 75.3% are married, 13.8% widowed, 4.1% Divorced and 6.8% Single 10.5% of the respondents claimed that they have no formal western Education, 21% attended only primary school, 22.4% attended secondary school, while 14.3% attended teachers training colleges. 10.6% and 8% of the respondents attended polytechnics and colleges of education respectively. 10% of the respondents claimed that they attended University and 3.3% of the respondents fall into others. The respondents that fall into others, have certificates that do not fall into any of the categories on education, hence they are termed others. The age of the respondents ranges between 20-60 years, with the majority of the respondents (73.5%) between the ages of 26-45 years. About 76.8% of the respondents are Christians, 12.3% are Moslems, 8.1 are adherent to African traditional religion and 2.8% claim that they belong to religious groups that do not fall into any of the categories on religion, hence they are termed others.

In response to the question on the reasons for FGM in the society, 58.6% of the respondents attributed it to the attempt to reduce promiscuity in women, 28.6% claimed that it is part of their culture, 4.3% believed it is part of the rite of passage in

their communities while 8.6% of the respondents believe that FGM is practiced in order to reduce child mortality. On the question dealing with the attitude of men to the practice of FGM in the society, 80% of the respondents asserted that their husbands were favourably disposed to the practice, 15.3% believe that their husbands were not favourably dispose to the practice and 4.8% claimed that they cannot ascertain their husbands attitude towards the practice partly because they have not discuss the issue of FGM with their husbands and partly because their husbands are ambivalent towards the issue of FGM in the society.

On the adverse effects of FGM on the female child and woman in the society, 19.5% of the respondents believe that FGM is inimical to the health of women in the society. 80.5% of the respondents do not believe that there is any adverse effect of FGM on the female child and woman in the society. On the eradication of FGM in the society, 93.7% of the respondents are of the opinion that FGM cannot be eradicated while only 6.7% of the respondents believe that FGM can be eradicated in the society. On the relationship between level of education and perception of FGM in the society, 98.1% of the respondents with no formal western education believe that the practice of FGM is good in the society while only 1.9% of the respondents with no formal western education believe that the practice of FGM is bad. 61.8% of the respondents with low education, that is, those respondents who attended Primary School, Secondary and Teacher Training Colleges, believe that FGM is good. 38.2% of the respondents with low education believe that the practice of FGM is bad in the society. All the respondents with high level of education in this study believe that the practice of FGM is bad and that it should be stopped.

FGM is a practice that is deeply embedded in the culture of many societies in Africa and Middle East. As noted by Orenuga (1997), the practice of FGM spans over five centuries and it has been in practice even before the advent of Islam and Christianity in Africa. Many reasons have been advanced for the practice of FGM in the society. These reasons from sociological reasons range to religious reasons. In this study, about 87.2% of the respondents attributed the practice of FGM to the desire to reduce promiscuity in women. It is the belief of many people that the clitoris can easily stimulate women to sex and this can make them go into prostitution at the detriment of their womanhood and sanctity of the sacred values of the society. For instance, it is a common saying in many communities in Esan land that "the clitoris is the cap of prostitution which the vaginal wears from heaven". Thus, in order to check the undesired effect of clitoris on woman's promiscuity, it should be cut off. Many scholars, public commentators and social critics of traditional practices harmful to woman, have debunked the relationship between reduction of promiscuity in women and female genital mutilation. As Osakwe (1995) succinctly puts it.

> *They claim that when you circumcise a girl, the urge for sex will not be there, therefore, she will not become a prostitute. But we know today that when we talk about women in international prostitution, this part of the country. (Edo State) dominates. And this part is the part of the country where every grown up girl is circumcised.*

Osarenren (1991) has also pointed out that promiscuity is a result of a complex number of social factors and the clitoris has no direct bearing to it. Most of the respondents included in this study, believe that there husbands were favourably dispose to the practice of FGM in the society. Infact, about 80% of the respondents believe that their husbands were favourably disposed to the practice of FGM in the society. According to some of the respondents, their husbands attitude towards the practice of FGM in the society, must have been influenced by certain beliefs about FGM, that were inculcated in them during their socialization as children. A woman in one of the communities' studied demonstrated this belief with a song usually sang by men in her community. The song goes like this:

My Father told me,
My Mother told me,
My Father told me,
My Mother told me,
Not to marry a woman who is not circumcised,
So that she will not use her clitoris to kill my children through flirting.

In the study, 80.5 of the respondents believe that FGM does not have any health hazard on women. This situation may be attributed to the poor education and information programmes which have not been able to sensitize people on the adverse implications of FGM in the society. Also, the socialization process has made many women to accept it as part of their culture and social pressure which make them to see the practice of FGM as a normal thing in the life of a woman, prevent them from being conscious of the adverse effects of the practice in the society. This has been aptly noted by Erinoso (1998) in the following words: *Normality is determined to a large extent by social cultural factors in the sense that behaviour patterns which are regarded as normal in one society may be seen as abnormal in another.*

Thus, in societies where FGM is practiced, it is seen as normal thing, which every responsible woman must pass through. This perception of the normality of FGM as a cultural practice can becloud the risk associated with the practice in the society. About 93.3% of the respondents included in the study, believe that the practice of FGM cannot be eradicated in the society. Many of the respondents believe that FGM is firmly rooted in the culture of the societies in which it is practiced and is seen as a normal thing in such societies. They further contended that there are many things in the society which tend to perpetuate the practice and make FGM unabated. The use of legislation in eradicating FGM in the society, seem not to be effective 99.4% of the respondents included in this study, claimed that they are not aware of any legislation against the practice of FGM in the society. The non awareness of legislation against the practice of FGM, may be attributed to the dearth of legislation against the practice and poor dissemination of information on the legislation against the practice of FGM in the society.

CONCLUSION AND RECOMMENDATIONS

This study looks at FGM as a cultural practice in the society. It is the contention of the study, that though there is a public outcry against the practice of FGM because of its disastrous effect on the health of the female child/women in the society, it is deeply rooted in the culture of the societies where it is practiced.

Since FGM is detrimental to the health of the female child/woman, it should be eradicated. It is the suggestion of this paper, that any programme geared towards the eradication of FGM, should be holistic and integrative in approach. Such a holistic approach should be culture based. Culture has been found to play vital role in health behavour of people (Oke 1993, Verbrugge 1976, Jeghede 1996, Captain 1993 and Erinoso and Oke 1994). Culture based holistic approach is suggested in the eradication of FGM in this paper, because FGM is a cultural practice that is deeply rooted in the culture of many societies and an approach that is cultural based, will help to look at the environmental and social factors that perpetuate the practice of FGM in the society. Recognizing the place of culture in the eradication of the practice of FGM, Otoide (1998) asserts as follows:

> *Culture is not static but is always in constant flux, adapting and reforming. People will change their behaviour if and when they understand the hazard and indignity of harmful practices and when they realise that it is possible to give up such harmful practices without giving up meaningful aspects of their culture.*

As Cohen (1994), has aptly observed, people are active in the creation of culture rather than passive in receiving it. Thus, eradication of the practice of FGM should entail creating environment that will help to militate against the practice. This should entail the demystification of the myth and cultural beliefs that help to perpetuate the practice of FGM in the society. This can be achieved through the following means: community participation, use of media outlets, women empowerment, education and information.

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