Information and Knowledge Management
ISSN 2224-5758 (Paper) ISSN 2224-896X (Online)
Vol.7, No.11, 2017

The Impact of Female Genital Mutilation (FGM) on Hemorrhage During Child Birth Among Rural Women of Cross River State

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Abstract
This study investigates the cultural practice of "Female Genital "Cut" (otherwise known as female genital mutilation (FGM)) and its Effects on a particular factor of Maternal Health Risks (Hemorrhage) with focus on Women of Child Bearing Age in the rural communities of Agbo, Abi Local Government Area of Cross River State, Nigeria. To give the study its direction, one (1) research question was stated and one (1) hypothesis was formulated thus: there is no significant relationship between female genital "cut" and hemorrhage during child birth among Agbo women. The hypothesis formulated was tested using Chi-square statistical tool. The result of the analysis showed that there is a significant relationship between female genital "cut" and hemorrhage. Based on the findings of this study, conclusion was drawn, it was recommended among others, that the women folk should be given the right to take part in decision making concerning their health; since women who have had female genital "cut" are significantly more likely to experience difficulties during child birth (as a result of the higher risks of hemorrhage), and are in a better position to take decisions of elimination of such harmful cultural practices because they are the ones directly affected by the practice.

INTRODUCTION

Culture is a distinctive way of life of a group of people AND their complete design for living. Every culture has practices attached it, these practices are usually held in high esteem by persons/people of that particular culture. Osarenren, (1997) observes that traditional practices evolve from people's culture and value system. Traditional cultural practices reflect values and beliefs held by members of a community for periods spanning generations. Every social grouping in the world has specific traditional, cultural practices and beliefs, some of which are beneficial to all members, while others could be harmful to specific groups. In the African context, Akumadu, (2000), identifies some of these traditional practices which may have either direct or indirect effects on the society to include traditional obstetrics, widowhood practices, Female genital "cut" and polygyny.

Cultural practice grows incrementally with time through the efforts of man and nature. And this is done through the process of diffusion. Diffusion is also another method of increasing cultural stock. Another word for diffusion is borrowing. It is the movement or transmission of cultural traits or culture complex from one culture to another. Diffusion takes place whenever people from two or more cultures come in contact. Physical contact and interaction were initially the prerequisites for culture borrowing. It is generally believed that the cultural practice of female "genital cut" was borrowed from Arochukwu in Abia State of Nigeria to Abi Local Government Area of Cross River State, the study area. (Charles, 2005).

In Nigeria, harmful cultural practices are wide-spread among different ethnic and linguistic groups, geographical boundaries, educational levels, social strata and age-grade. One deep-rooted harmful traditional practice that has severe health consequences for women, is Female genital "cut" (FGC) or Female Circumcision (FC) as it was popularly known. Female genital "cut" has been defined as "all procedures, which involve partial or total removal of the female external genital organs, for cultural reasons which is non-therapeutic" (WHO, 1996; WHO/UNICEF/UNFPA, 1997). The practice of FGC remains high in the rural areas of Cross River State and Nigeria at large.

Statement of the problem

Female Genital "Cut" (FGC) has been described as unnecessary surgery on women's reproductive organs, which serves no useful purpose whatsoever. The practice of Female Genital "Cut" (FGC) infringes on the physical and psychosexual integrity of women as well as girls and triggered certain health problems in women within the reproductive age, like excessive bleeding during childbirth, urinary incontinence and perinea tear. Given the fact that this mendacious practice is still widely done in these modern times in several rural communities of Cross River State and Nigeria, this is a begging problem in need of urgent attention and possible solution.

It is also notable that maternal health risks (mortality and morbidity) remain high in the rural communities of

Cross River State and Nigeria at large. Observation of rural communities from the experience of the researcher in 2010 suggested that FGC is connected with certain maternal health risks. The researcher witnessed the lamentation and cry of a certain community health extension worker who doubled as a midwife; concerning a woman under labour that bled profusely to death in a rural community. Attracted by this lamentation and tears, the researcher was moved to enquire into the cause of such health issues which the health worker explained was due to the cultural practice of Female Genital "Cut" which she called (female circumcision). This has given rise to such a study as this to bring about sensitization about the risks attached to FGC in relation to the maternal health of women.

Objective of the study

The main objective of this research is to investigate Female Genital "Cut" and its effects on maternal health amongst child bearing women in rural areas of Agbo, Abi Local Government Area of Cross River State. However, the study specifically seeks to investigate the effect of FGC on hemorrhage among women of child-bearing age in rural communities of Cross River State

Research question

1. To what extent is there a significant relationship between Female Genital "Cut" and haemorrhage during child birth among Agbo women in the rural communities of Abi Local Govrnment Area?

Research hypothesis

In line with the objective of this study and research questions, the following hypothesis was formulated:

1. There is no significant relationship between Female Genital "Cut" and haemorrhage during child birth among Agbo women.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Cultural background to Female Genital "Cut"

To a lay user or any other person on the street with no sociological or anthropological training culture could mean peculiar dance steps, hair plaiting styles, styles of dressing, songs or foods which are found and used by people who come from a particular region or geographical territory and who speak a common language.

Yes, this conveys an idea about culture. The scientific meaning of culture is not restrictive and narrow but general and extended meaning of culture still leads to diverse definition of culture by scholars depending on what each scholar wants to emphasis. However E. B. Taylor (1871) in Charles (2005), classical definition tended to interactively and summarily view culture as that complex whole which includes knowledge, Art, belief, morals, law, custom and any other capabilities and habits acquired by man as a member of society. Culture therefore is a total way of life of people in any society. It does not place emphasis on just of the behavior of persons who are well behaved or "cultured" or those not well behaved or "uncultured", rather culture is that entire package or blue-print for living made possible by man. Culture is a creation of man and is transmitted, modified or change as life goes on, just like female genital "cut" was created and transmitted to Abi Local government Area.

To understand and appreciate further, why the cultural practice of female genital "cut" is embraced by some community, some understanding is required of the cultural background associated with Female Genital "Cut". Female Genital "Cut", is justified by participants based on socialization into womanhood (Modupe and Lola 1995; Agwubike and Edoghon, 1997). Akpabio (1995), in a study in Akwa Ibom State observes that female genital "cut" is sociological seen as a necessary part of preparation of a woman in the fattening room for marriage. Among the Urhobos in Delta State FGC is performed on girls as an initiation rite among females age 12-18 years (Owumi, 1993). This statement was also confirmed by Mbite (1975),. Who observes that Female Genital "Cut", like male circumcision, is an initiation rite, which marks the passage of a female from puberty to adulthood, thus, becoming a full member of the tribe. He also observes that FGC is perceived by most cultures in Africa as a qualification for the allocation of full responsibilities at home and in the communities for the enjoyment of certain privileges.

In a related study, Briggs (1999), observed that Female Genital "Cut" is a strong cultural practice among Opuama clan in the southern Ijaw local Government Area of Bayelsa State Nigeria, where the uncircumcised woman has no access to status or voice and also restricted from places of interest Owumi, (1993), in a study conducted in Somalia also reaffirmed, the special significance of Female Genital "Cut" as a source of full womanhood and as instrument for the control of female sexuality.

However, in a related development, the Council on scientific Affairs and the American medical Association (1995), in their Report stated that many facilities allow their daughters to undergo Female Genital "Cut" out of the fear that no man will marry an uncircumcised woman and that she will be ostracized from the community as it is among the Masai in Kenya. This observation was corroborated by Osarenren (1997), who also reported that as a result of the deep-rooted cultural tradition of Female Genital "Cut" some affluent parents living in urban areas and abroad still have to take their daughters to the village to be circumcised as a result of pressure from parents, kith and kin and for fear that their daughters may remain unmarried if they are not circumcised.

Ogunmodele (1969) who justified this position by reporting that, in order to keep the young girls pure, and the married women faithful, genital operations are maintained as one of African's most tradition. Some young educated mothers in Africa and in Sudan in particular are pushed into accepting circumcision for their daughters became\use of social pressure. This is so because of the strong beliefs associated with female circumcision among Africans. "The popularity and high value place on Female Genital "Cut" among African cultures have made it very difficult to completely stop this practice. The Director General of WHO, at the World health Organization' Global Commission of Women's Health on the 12th of April 1994, had this to say:

> *"Our purpose should not be to criticize and condemn, nor can we remain passive, in the name of bland version of multiculturalism. We know that the practice of female genital "cut" is painful and can have dire consequences on the health of the baby girl and later on the woman. But we must always work from the assumption that human behaviour and cultural values however senseless or destructive they may look to us from our particular personal and cultural stand points, have meaning and fulfill a function for those who practice them. People will change their behaviour only when they themselves perceive the new practices proposed as meaningful and functional as the old ones. Therefore, what we must aim for is to convince people including women that they can give up meaningful aspects of their own culture".*

The Council on Scientific Affairs and American Medical Association (1995) also reported that, in some tribes, infibulation is performed as to protect lineage, through ensuring that wives are virgins at marriage and that the children are verifiably the men's descendants. Light Foot-Klein (1989), in a study where she interviewed more than 400 respondents concerning clitoridectomy and infibulation, pointed out that women look at this operation as something they do 'for' their daughters instead of 'to' them as a means of securing their economic and social future.

Female Genital "Cut" and maternal health

Female Genital "Cut" (FGC) has been described as unnecessary surgery on the women reproductive part, which serves no useful purpose whatsoever (Thomas, 1995). Its practice is universally unacceptable, since it infringes on the physical and psychosexual integrity of women and girls (WHO, 1986; 1996; WHO/UNICEF/UNFPA, 1997, WHO 1998). According to UNFPA Report, there are over 100-132 million girls subjected to Female Genital "Cut", and each year two million girls are at risk of the practice. This practice is thus widespread. Most victims are from African countries, Europe, Canada, Australia, New Zealand and the United States of America. It has been observed that the few cases observed in the US was as a result of immigration (WHO, 1998).

According to the Nigerian Demographic and Health Survey, (2003) the prevalence of Female Genital "Cut" among adult women by geo-political zones are North East 1.3 per cent, North Central 9.6 per cent, North West 0.4 per cent, South West 56.9 per cent, South East 40.8 per cent, South South 34.7 per cent. Despite the horrifying experience of Female Genital "Cut" its "medicalization" by some health care providers has continued to encourage and abet this inhuman act in most African Communities. (WHO, 1998). WHO, (1997) reported Female Genital "Cut" as a deliberate procedure, which causes grave damage to children and women resulting in traumatic, catastrophe, physical consequences such as hemorrhage, shock, infection and problems in pregnancy and childbirth and even death in complicated cases.

According to Briggs (1999) several women advocacy groups have placed FGC on the agenda of government as well as regional and international organizations. The WHO, the United Nation Children Fund (UNICEF), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID) and the International Federation of governments to prohibit FGC wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religions institutions to eliminate the practice (UN, 1994).

There has been specific law against FGC in some countries like Belgium, Ghana, Sweden and United Kingdom (Black and Debelle 1995, Dorkenoor, 1995. Inter-African Committee, 1995). The Khartoun seminar of 1979, the Dakar seminar of 1984, the Safe Motherhood Conference, Niamey 1989, the UN seminar on Human Rights Burkina Faso 1991, the fourth world conference on women, Beijing 1995, and the Inter-Africa Committees, Regional Conferences of 1998, 1990, 1994 all related to traditional practices affecting the Health of Women. Their recommendations stated that governments should adopt clear national policies to abolish FGC, and to intensify educational programmes to inform the public (women and men) about the harmfulness of FGC (WHO, 1998).

In Nigeria there is no law against FGC, although Draft National Policy on the Elimination of FGM has been written by the FMOH in 1998, same has not been put into law. What the National Association of Nigerian Nurses and Midwives (NANNM) did was to mobilize its members with the assistance of PATH (Programme for Appropriate Technology in Health), which is working towards keeping the attention of the news media focused on the issue (PATH, 1991: Gilbert, 1993; Hosken 1993).

Female Genital "Cut" sometimes called female circumcision is one of the traditional practices that are deeply

entrenched in many cultures and traditions world-wide with the practise more prominent in Africa including Nigeria. The practise involves the partial removal of the external female genitalia for either cultural or religious reasons (Ebong, 2010).

There are so many beliefs that are attributed to the significance of Female Genital "Cut" in Nigeria. For instance, in the Northern part of the country, it is believed that Female Genital "Cut" makes the girl more fertile and aid easy delivery. Also, among some Igbo tribes, a female is not regarded as a woman until she undergoes Female Genital "Cut", as she has attained high social status compared to her uncircumcised colleagues. But the most popular reason for this practise is to make the female to live a chaste life before and after marriage and in turn reduce level of promiscuity.

Theoretical framework

Sick-role model

The sick role model is associated with Talcott Parsons (1979). It is a functionalist approach to the sociology of health and illness. The theory posits that all social actions can be understood in terms of how they help society to function effectively or not. When a person is sick, he is unable to perform his social role normally. Parsons argued that the best way to understand illness sociologically is therefore to view it as a form of deviances, which disturbs society's functioning in just the same way crime does Haralambos and Holborn, (2008).

This theoretical approach sees medicine as important to the overall functioning of the society by making members healthy. It has been observed that lay people consult others in the course of managing their illnesses. Their claims of illnesses require conforming to the society's sick role as to be considered legitimate. Parsons described the sick role as a temporary, medical sanctioned from deviant behaviour. The basic uses of the sick role mechanism are that: in order to be excused from their usual duties and to be considered not to be responsible for their conditions, the sick people are expected to seek professional advice and to adhere to treatments regimen in order to get well.

Pearson, (1951), in Shilling, (2002), identified the physician's role based on their physicians specialized knowledge. This is the point when the role of the sick person becomes articulated with that of the physician in a contemporary role structure. Parsons idea that illness is detrimental to society is based on the image of society as a set of interdependent roles that make up the whole, illness as a condition in which persons are unable to perform adequately in their usual role therefore reduces societal functioning.

Furthermore, not only are the ill not contributing to society but they require help and care from others (the family suffers children in particular are mostly affected). This may thereby remove their mothers or significant others as the case may be from performing their functions. Giving these negative consequences of illness on societal functioning and mechanisms there is therefore a need to minimize illness by stampeding some cultural practices like Female Genital "Cut" (FGC) which is inimical to healthy functioning of women in the society. The perspective has been criticized for portraying or describing a universal set to social change and has been attacked for its empirical inconsistency, its cultural undesirability and its clinical ineffectiveness as a model of patients' behavior (Twaddle, 1997; Turner, 1195; Shilling, 2002).

RESEARCH METHODOLOGY

Research design

The research design that was used in this study was the ex-post facto research. This design has been adjudged to be appropriate because no data manipulation is involved and all the variables had manifested in the study area before the researcher got there. It is concerned with the collection of data for the purpose of describing and interpreting existing conditions, prevailing practices, beliefs, attitudes and on-going processes. Denga and Ali (1998) observed that ex-post facto is appropriate in establishing the nature and positions of prevailing issues such as the cultural practice of Female Genital "Cut".

Research area

Agbo people are the inhabitants of Abi Local Government Area of the Cross River State of Nigeria. It is made of four large villages with a total population of about 144, 317 comprising of 73,077 males and 77,240 females. (National Population Commission 2006). The villages in Agbo clan are Igbo Ekureku, Itigidi, Adadama and Igbo Imabana. The distance from one village to another is not more than six kilometers. The language spoken in the villages is Legbo and bahomono with slight dialectical differences among the Adadama, Igbo Ekureku, Itigidi and Imabana villages. The Ibos of Ebonyi State share boundaries with the Agbos to the North West while the Yakurr, Bahumono and

Mbembe people are their neighbours in the South-east. The Cross River cut across the area. Agriculture is the mainstay occupation and rice, yams, cassava and vegetables are the major crops cultivated by the Agbo people. Hunting and fishing are also practiced. The major craft, mainly for women is weaving of sleeping mat, while the men engaged in farming, hunting and gathering, and the youths are involved in trading and cyclist riding to earn a

living.

There is a General Hospital at Itigidi having about 100 bed spaces and 38 cots with 2 doctors, a corp. member, 32 nurses and 19 ward orderlies serving, also accommodated in the hospital is a campus of the federal school of nursing (Records Department, Eja Joint Memorial Hospital Itigidi). Maternal and children's health care services are rendered in Igbo Ekureku, Adadama, Igbo Imabana and Bahomono. Few beds are maintained there, and only minor cases are treated while serious cases are referred to the General Hospital Itigidi.

Population of the study

The population of the study consisted of all women of child bearing age in Abi Local Government Area who delivered in health centers in Abi local government area between January 2012 and December 2012. Information from the 11 health centers in Abi revealed that a total of 1382 delivery cases took place during this period

Sample and Sampling procedure

For effective coverage of the study area, the research area was stratified into political wards. Five of the ten political wards in the local government area were selected and used for the study. From each of the chosen ward, the health center that was found there was used for the study. From each of the health centers used for the study, the maternity record for 2012/2013 financial year was reviewed, to ascertain the number of delivery cases. Information from the various health centers used for the study revealed that there was a total of 478 deliveries that took place during the period under study

Instrumentation

The major instrument used for data collection of the study was a checklist titled "the implication of FGC on maternal health". The instrument was constructed by the researcher with the help of the supervisor and two other experts in the Faculty of Social Sciences. The instrument was made up of two sections A and B. Section A of the instrument was made up of items designed to elicit information on personal data of the respondents. Section B of the instrument comprises of items designed to elicit information on the 3 sub-variables of the study.

Also four Focus Group Discussions, each having 12 persons. Each of these FGD took place at five political wards under study. Discussants were selected based on their knowledge about the issue under investigation, and were recruited by local guides who were highly respected and responsible in their communities.

Data collection

The researcher personally visited the healthcare centers under study on his own. Information from patients' folders was collected with the help of a checklist. Care was taken to sort out information from patients folders. This was necessary to reduce to the barest minimum the problem of wrong documentation of information.

Procedure for data analysis

The three hypotheses stated for this study were all tested using Chi Square statistical technique.

DATA ANALYSIS AND DISCUSSION OF FINDINGS

Test of hypothesis

This hypothesis states that there is no significant relationship between FGC and excessive bleeding of women during delivery in Abi LGA. Chi Square statistical technique was used to test this hypothesis. The result is presented in Table 1 below.

TABLE 1: Chi square analysis of the relationship between FGC and excessive bleeding during birth

		Excessive bleeding	No excessive bleeding	Total	Cal-X^2	d.f	Crit-X^2	P-val
FGC	Observe	159	205	364				
	Expected	149.3	214.7	364.0				
No FGC	Observe		77	114	4.52	1	3.85	0.05
	Expected	46.7	67.3	114.0				
	Total	196	282	478				

Significant at 0.05, df = 1 crt $x^2 = 3.85$

The result in Table 1 revealed that the calculated x^2 value of 4.52 was found to be greater than the critical x^2 value of 3.85 needed for significance at 0.05 level of significance with 1 degree of freedom. With this result, the null hypothesis is rejected it therefore means that there exist a significant relationship between female genital cut (FGC) and excessive bleeding birth

Discussion of findings

The findings of this hypothesis revealed that there is a significant relationship between Female Genital "Cut" and hemorrhage during childbirth. This finding agrees with the findings of Banks and Phumaphi (2006) which states that women who have had female genital cutting are significantly more likely to experience difficulties during childbirth and a dangerously heavy bleeding (haemorrhage) according to the extent and severity of the female genital 'cut'.

This finding also corroborate the findings of the inter-African committee (2001) which reported that over 114 million women and girls all over the world lost their lives as a result of complications especially bleeding from female genital cutting. The findings are also in line with the view of World Health Organization (WHO) study group on female genital mutilation and obstetric outcome in 2006 which reported that the high incidence of postpartum haemorrhage, a life threatening condition, is of particular concern especially where health services exist but women cannot easily access them. Adding that, the consequences of female genital "cut" for most women who deliver outside the hospital setting are expected to be even more severe.

Similarly, this finding are in consonance with that of Ebong (2007) in Uruan Local Government Area of Akwa Ibom State using 400 women who found out that apart from the severe bleeding that accompanied female genital "cut", there were also negative effects on the born babies. He added that, most seriously, death rate among babies during and immediately after birth were higher for those born to mothers who had undergone female genital "cut" compared to those who had not. Furthermore the findings agree with Toubia and Med (1994) had this say about Female Genital "Cut". Because the specialized sensory tissue of the clitoris is concentrated in a rich neurovascular era of a few centimeters, the removal of a small amount of tissue is dangerous and has serious and irreversible effects.

CONCLUSION

The finding of this study reveals that there is a relationship between Female Genital "Cut" and haemorrhage and urinary incontinence during childbirth. This means that there are certain health implications such as excessive bleeding and inability to control urine on the people of Agbo during childbirth if they are involved in Female Genital "Cut". Other researches elsewhere have also attributed many other health risks at childbirth to the practice of female genital "cut".

The result of this study, points to the need to eradicate with a sense of urgency this barbaric and harmful traditional practice called female genital "cut" to avoid or mitigate further exposure of women and female children to the health risks that accompany the practice so as to enjoy a healthy lifestyle and womanhood.

RECOMMENDATION

Based on the findings of this study the following recommendations were made:

1. Women folk should be given the right to take part in making decision concerning their health since women who have had female genital "cut" are significantly more likely to experience difficulties during child birth and a dangerously heavy bleeding (haemorrhage) according to the extent and severity of the Female Genital "Cut".
2. That women advocacy group should intensify the campaign on the elimination of setting harmful cultural practices like Female Genital "Cut" and the campaign should start from the primary school to secondary schools and it should aimed at behaviour modification.
3. Well meaning indigenes of Abi Local Government Area, as well as philanthropic organization should help in equipping the General Hospital at Itigidi (the study area) and other health centers at Igbo Ekureku, Igbo Imabana and Adadama respectively to encourage patronage of these health facilities and to post skilled midwives to the hospital. It is the opinion of the researcher that perineal tear during child birth could be avoided since it is not due to Female Genital "Cut"; if women are encouraged to use the medical facility by way of ante natal sessions, the vaginal orifice of the mother will be checked and compared to the size of the baby, thus tear during childbirth averted by performing Caesarea section (CS) instead of allowing such a patient to put to birth normally.
4. There have been submission and affirmations through scientific and medical research that Female Genital "Cut" is injurious to health and on many occasion has led to loss of so many lives; the revelations emanating from this work is adding to the submission and affirmation above, therefore Female Genital "Cut" (FGC) as a social cankerworm and anathema to economic, political and healthy development of the society, should be fought at all front; through workshops, seminar, etc for its eradication.

Traditional rulers and women leaders, civil societies (CSOs) in Agbo land in particular and Cross River State generally, should constitute a pressure group to fight against the harmful cultural practice of Female Genital "Cut" for it eradication.

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