

Female Genital Mutilation in Nassarawa Eggon Community, Nasarawa State - Nigeria

Nalah, Augustine Bala

Department Of Psychology, Faculty Of Social Sciences, Nasarawa State University, Keffi – Nigeria
nalahaugustineb@gmail.com

Abstract

At least 87% of Nassarawa Eggon women were infibulated at the age of 7 or 8. Infibulation, also known as Pharaonic Circumcision, is the most drastic form of female genital mutilation practiced in Nassarawa Eggon. The article examines the rationale for and the consequences of the practice in establishing the differences in the level of promiscuity, sexual satisfaction, medical and adverse physical level between the circumcised (x) and uncircumcised (y), particularly in Nassarawa Eggon, Nasarawa state-Nigeria. A survey method of research was employed, where 30-circumcised (mean 62.8) and 30-uncircumcised females (mean 48.7) of Nassarawa Eggon were used as participants. Scores were scored $X=1884$, $\text{mean}=62.8$, $\text{SD}=7.5$ and $y=1460$, $\text{mean}=48.7$, $\text{SD}=8.2$ for circumcised and uncircumcised females respectively using t-test independent for the analysis. The findings of the study revealed that the major causes and reasons of female circumcision are problems relating to the cultural orientation, religious belief, social and medical reasons. It is argued that the incidence of the practice should be reduced and that policy directed towards this aim should be an integral part of other development policies. Since women's gender identity is at stake, women should be actively involved in formulating and implementing the necessary policies. Their involvement is one of the main prerequisites for progress in the abolition of infibulation and the maintenance of smooth development of psychological thought and personality development. From the above findings, it was recommended that public lectures should be organized in Nassarawa Eggon community in form of seminars, workshops, conferences and teachings through television, radio, newspapers, churches, mosque, schools, and village meetings in order to enlighten and sensitize the people on the implications and dangers of Female Genital Mutilation.

Keywords: Female Genital Mutilation; Clitoridectomy, *Sunna*, and *Infibulation circumcision*, labia minora, labia majora, Nigeria

Introduction

The road of life within the African continent in the diaspora are doffed with traditional belief, practices and culture (female circumcision) that have continued to subject millions of women to conditions that continuously militate against personal, genuine sense of satisfaction, self-control, and particularly the mental and psychological balance of women. Though, it increases women's value in Eggon eyes, it often degrades them in the eyes of the outside world.

Many people in different parts of the country (and the world) have different reasons why the practice female genital mutilation. Some say it is culturally inclined. Some say they do it to make the girl-child not to go into promiscuity when she grows up. But unfortunately the reasons they gave, as you can see, even in major areas where it is strongly practiced like Warri and Edo State-Nigeria, where girls still go into prostitution jumping from one bed to another (Mathew, 1993). The World Health Organization (1998) defined the practice as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

Female circumcision is practiced throughout the world, with the practice concentrate most heavily in Africa, Nassarawa Eggon, Nasarawa State – Nigeria inclusive. The aim of this academic study was to justify the current state of FGM in Nassarawa Eggon, Nasarawa State – Nigeria.

History of Female Circumcision

The history of female Genital Mutilation (FGM), also known as female circumcision has been traced back to the 2nd century BC, when a geographer, Agatha chides of Cnidus, wrote about female circumcision as it occurred among tribes residing on the western coast of the Red Sea-now modern-day Egypt (Toubia, 2007). Based on current geographic locations of FGM, the practice seems to have originated in Egypt and has spread south and west (Okeahalam, 2000).

Some scholars believe that female circumcision was rooted in the Pharaonic belief in the bisexuality of the gods (Molean & Graham, 1999; & Renzetti, Remandino & Judge, 2007). According to this belief, mortals reflected this trait of the gods; every individual possessed both a male and female soul. The feminine soul of the man was located in the prepuce of the penis; the masculine soul of the woman was located in the clitoris. For healthy gender development, the female soul had to be excised from the man and the male soul from the woman.

Circumcision was thus essential for boys to become men and girls to become women. Hosken (1992) added, “the origin of FGM is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity, or to protect female modesty and chastity.” Remondino (2004) supported, “the practice of female circumcision dates to ancient times and was traditionally performed to guard virginity and to reduce sexual desire.”

The Academic American Encyclopedia (2003) maintained that, “in the United States and Europe, it was a treatment for women who were depressed or were considered too sexually active.” This practice continued through Africa, Nigeria inclusive.

Female Genital Mutilation in Nassarawa Eggon, Nasarawa State, Nigeria

In Nigeria, subjection of girls and women to obscure traditional practices is legendary (Odoi, 2005). Female Genital Mutilation (FGM) is an unhealthy traditional practice inflicted on girls and women worldwide. FGM is widely recognized as a violation of human rights, which is deeply rooted in cultural beliefs and perceptions over decades and generations with no easy task for change. FGM is widely practiced in Nigeria, and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115-130 million circumcised women worldwide (UNICEF, 2001).

Nigeria has a population of 150 million people with the women population forming 52% (Odoi, 2005). The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want FGM to continue (UNICEF, 2001). 661% of women who do not want FGM said it was a bad harmful tradition and 22% said it was against religion. Other reasons cited were medical complications (22%, painful personal experiences – psychological (10%), and the view that FGM is against the dignity of women - 10% (Odoi, 2005). However, among the people of Central Nigeria, Nassarawa Eggon –Nasarawa State, the practice of FGM is still striving, although not as much as it used to be in the past. This custom and tradition is said to prepare the young girl for the challenges that she is expected to face in her marital life (Mathew, 1993). In the not-too distance past, it was mandatory for girls between the age of eighteen (18) to twenty-two (22) years to undergo this traditional ritual (Balk & Benini, 1999).

Female circumcision is a traditional practice whereby part or the whole organs of the vulva are carefully removed. Only very few elderly women in the Eggon land are engaged in the operation processes. These “*special*” women used to be feared by the young ladies and they served as the ordained women priest in the society. Also, female circumcision is seen as one of the last stage, a young lady must undergo before she moves finally to her husband house in marriage.

Types of Female Genital Mutilation in Nigeria

FGM practiced in Nigeria is classified into four types (WHO, 1998) as follows: The Clitoridectomy or Type-I (the least sever form of the practice); it involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves excision of only a part of the clitoris. Sunna or TypeII is a more severe practice that involves the removal of the clitoris along with partial or total excision of the labia minora. Type-I and Type-II are more widespread but less harmful compared to Type-III. The type-III or Infibulation (Pharaonic circumcision), which is the most popular one being practiced by the Eggon community. It is the most severe type of the ritual. During this process, the whole of the female clitoris, the labia minora and the inner walls of the labia majora (thick outer lips consist of non-erectile tissue, whose upper parts are normally covered with hairs that give a protective covers for the inner parts-clitoris, labia minora, urethra, vaginal and hymen) are removed, leaving an opening of the size of a pin head to allow for menstrual flow or urine. Before the circumcision day, the girl undergoes series of interview about her life, and she is expected to name all men who friend her, including those she had sex with. Considering the pains she is forced to tell the truth.

The result of her confession becomes either a shame or pride to herself, parents, relatives and of course her husband to be. Similarly, traditional punishment is expected to be administered on those whose names were given by the girl, especially if they have any close relationship with the girls’ fiancé as an in-law or uncle. The accused is expected to pay a goat for his forgiveness. If otherwise, he will be ex-communicated and send to an exile.

The Type-IV or other classified types recognized by include introcision and gishiri cuts, pricking, piercing, or incision of the clitoris and/or labia, scraping and/or cutting of the vagina (angry cuts), stretching the clitoris and/or labia, cauterization of corrosive substances and herbs in the vagina, and other forms. However, in Nigeria, of the six largest ethnic groups; the Yoruba, Hausa (and Eggon group of central north), Fulani, Igbo, Ijaw, and Kanuri, only the Fulani do not practice any form (Anzaku, 2006). One may wonder why this practice was mandatory for the early Eggon women. The reasons for this ritual are not far-fetched:

Reasons for the practice of Female Genital Mutilation among Eggon People

First, this is to prepare the girl for her motherhood. It is superstitiously believed that if girl/woman is not circumcised, she is vulnerable to giving birth to dead children (Okeahalam, 2000). This is confirmed by the statement given by an elderly woman (mama Ebba, meaning Ebba's mother) in Wakama Lashe, one of the villages in Nassarawa Eggon Local Government Area of Nasarawa State-Nigeria during the investigation. Mama Ebba who specialized in both male and female circumcision saying, "it could cause dead of a child if the clitoris or *labia-minora* is allowed to touch the baby's head during child birth."

Secondly, the Eggon people regarded FGM as a tribal traditional practice (the custom is a good tradition that has to be protected), as a superstitious belief practiced for preservation of chastity and purification (AKpuaka, 2011), family honour, hygiene, esthetic reasons, protection of virginity and prevention of promiscuity, modification of socio-sexual attitudes (countering failure of a woman to attain orgasm), increasing sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. The cut edges of the external genitalia are smeared with secretions from a snail footpad with the belief that the snail being a slow animal would influence the circumcised girl to "go slow" with sexual activities in the future.

Thirdly, it is believed that circumcision reduces the female libido thereby preventing promiscuity. Anzaku (2006) added, "in the past it used to be a curse to the family or parent of any lady found not circumcised before marriage and if noticed the girl/lady will be forced to get back to her parents for the ritual to be performed." By this, therefore, it is considered as a cultural ritual in Eggon land as being practiced in other African societies like the Igbo in Nigeria, that every female adult should and must undergo before marriage.

Eggon people use circumcision to know the virginity of the girl. During the '*operation*' process which is done in the open, and because of the pains, the girl is asked to confess her '*sins*', especially by naming all the boys she had sexual affairs with them. This is a period her parents would either be put to shame or be proud, depending on her confession. Ladies that are known to be of bad characters have been punished by allowing not only female to be present during their circumcision, but males. This is done to serve as a punishment and to serve as a lesson to the younger ones who would now behave themselves well to avoid such shamefully acts. On the other hand, it is a pride to the ladies, their parents, and their husbands in the making (husband to be) if they keep to their virginity till marriage.

Another report portraying the importance of the practice in Eggon land was provided by Anna Ayuku in the course of the investigation, who is also a specialist in operation, she maintained that, "it could have anesthetic value on the girl and prevent pains during sexual intercourse. She further lamented that, if the clitoris is not removed, it could harm the male organ (penis) and therefore could interfere with sex." Infact, female circumcision was believed to serve as an advantage to make man penetrate the virginal easily during sexual intercourse, which also allows free flow of sperm to give room for early pregnancy.

Implications of Practicing Female Circumcision

Female circumcision has been characterized as a practice that violates the right of infants and children to good health and well-being (Nze, 2004). The humanitarian organizations led by women from cultures in which female circumcision is practiced have adopted a strong position against the procedure because of its serious physical, psychological and related consequences. Below are some of the implications of practicing female circumcision.

Medical and Health Complication

Different types of female circumcision have been reported in the medical literatures. The procedure has no health benefits for girls and women. Adverse consequences of FGM; usually immediate and late complications such as immediate shock from pain and hemorrhage, bleeding, chronic pelvic infection, acute urinary retention following such trauma, tetanus, damage to the urethra or anus in the struggle of the victim during the procedure making the extent of the operation dictated in making cases by chance, acquired gynaecosis resulting in hematocolpos, vulva swelling, dysmenorrhea, retention cysts, injury to bladder, injury to rectum, and purpural sepsis, prolonged labour and delivery leading to fistulae formation, coital difficulties such as severe pain at penetration and during sexual intercourse, difficulty in menstruation, lack of orgasm or sexual gratification, and increased prenatal morbidity and mortality.

Psychological Implication

Serious psychological implications of female circumcision are numerous and most have been reported by the victims, students and scholars of behaviours and mental health. Yen (1998) in his book title 'sexual mutilation' maintained that, "the available information on this aspect indicates that the immediate physical complications of female circumcision, especially the physical pain (the unforgettable experiences) associated with the operation form an instant source of psychological hazards to circumcised female children/victims." Kopelman (2000) added that, "the fear-provoking situation associated with it combined to disturb the mental state of circumcised

girls to the extent where they cause worry, anxiety, sleeplessness, and nightmares and even panic and neuroses.”

In addition, Freud (1952) stressed, “in such circumstances young girls may experience personality changes; a lively innocent and friendly child becoming timid and introspective.” Hickey and Annah (1987) cited in New England Journal of Medicine (2002) supported this fact and maintained, as girls grow up and the adverse and late physical implications set in mental injuries in form of distorted images about menstruation, sex, marriage and childbirth tend to increase.” This indicates that the mental and psychological agony attached with FGM is deemed the most serious complication because the problem does not manifest outwardly for help to be offered. The young girl is in constant fear of the procedure and after the ritual she dreads sex because of anticipated pain and dreads childbirth because of complication cause by FGM. Such girls may not complain but end up becoming frigid and withdrawn resulting in marital disharmony (Odoi, 2005).

The American Academic of Pediatrics (1987) released a statement on post traumatic stress disorder, where it wrote, “... other responses in circumcised females are suggestive of integrated emotional and behavioural responses to pain and are retained in memory long enough to modify subsequent behaviour patterns.” Taddio and Toubia (2006) reported that, “females who are circumcised with inadequate anesthesia by unqualified surgeon exhibit behaviour changes that are suggestive of post-traumatic-stress-disorder.” Benini (1999) concluded that, “delay complications of female circumcision, especially deformity in the female genitalia, swelling and the development of fistulae may cause serious psychopathological changes and precipitates series abnormal psychological disturbances (post-traumatic-stress-disorder).”

Drug Use Implication

The proponents of this view suggested that, “there is a relationship between female circumcision and drug use (Renzetti, Remandino, & Judge, 2007; & Okreahalam, 2000).” Female circumcision distorts sexual relations. Very few health males carefully succeed in bringing a circumcised woman to orgasm (Kopelman, 1994). She has lost her capacity of pleasure. The man will soon have to admit that he alone cannot do it. El-Mossy (2002) added that, “narcotics are widely used in Egypt, because they are linked with peoples mind to sexual activities. The man will resort to narcotics to satisfy his wife sexually.” Excision is responsible for her lack of arousal or stimulation and the husband has to take drugs to be able to hold his erection as long as possible.

Molean and Graham (2006) added, “women are the one to request that their husbands used drugs before sex.” They know from experience that it is their only chance of reaching orgasm, that is, the only cure to their mutilated clitoris. Furthermore, Kopelman (1999) draws the following conclusions, “it you want to fight against narcotics, ban excision.”

Objective of the Study

The objective of the study is to examine the consequences of Female Genital Mutilation (female circumcision) in Nassarawa Eggon Local Government Area of Nasarawa State-Nigeria. In order to achieve this aim, the study therefore posed the following hypotheses:

- (i) There will be a significant difference in the level of medical, physical and psychological fitness between the circumcised and uncircumcised women.
- (ii) The incidence of promiscuity, sexual satisfaction, and libidinal urge will be lower in circumcised women than the uncircumcised ones.

Methodology

Research Design

The study seeks to explore the consequences of Female Genital Mutilation (female circumcision) in Nassarawa Eggon Local Government Area of Nasarawa State-Nigeria. To meet up the expectation of the study, survey research design was adopted, which will enable the researcher to move to the study area and administered an instrument to the participants who are Eggon women residing in any part of Nassarawa Eggon Local Government Area of Nasarawa State.

Population

The population for this study includes Eggon women residing in any part of Nassarawa Eggon metropolis, Nasarawa State. This includes both the circumcised and the uncircumcised women of Eggon speaking language.

Sample

Sixty (60) respondents were randomly and incidentally drawn from the Nassarawa Eggon metropolis, Nasarawa State. The participants comprise of twenty five (25) adolescents, twenty (20) adults, and fifteen (15) old-aged females. A total of 60 females comprising of 30 circumcised and 30 uncircumcised were used for the study. Of this sample, mean was 62.8 and 48.7, and standard deviation 7.5 and 8.2, for circumcised and uncircumcised women respectively. The respondents were matched on the bases of age, religion, community, marital status, occupation and variables - circumcised and uncircumcised females. The age ranged between 15-65 years.

Instruments

A five point-Likert-type questionnaire was administered to the respondents at various point of interaction. These include offices, residential houses, shops, and schools. At each of the points, respondents were given a questionnaire each to fill and return to the researcher immediately. Where a respondent could not fill the questionnaire immediately, the research had to leave it behind and come back for collection other days. Where classes were used to administer the questionnaires it was done in groups, and the respondents waited upon to fill and return the completed questionnaire to the researcher.

The instrument was taken for content and face validity. The validity of the questionnaire was achieved through factor analysis. This is seen through the extraction of the principal factors using communalities estimates and t-test. The factor analysis ranges from .542 to .948 and the t-test measures significant difference in the level of promiscuity, sexual satisfaction/gratification, and psychological fitness between the variables - circumcised and uncircumcised with the Cal. $t=7.6$ & Obs. $t=2.2$ at 0.05 level of significance.

The reliability of the questionnaire was determined by the Cronbach's Alpha reliability level of .892 and the case valid percentage of the case processing summary of 98.9.

Procedure

Data were collected using twenty five (25) item Likert-type questionnaire by the researcher through administration and subsequent collection of the instrument. The instrument was administered on the participants at home, offices, schools, shops, and markets. Participation was on voluntary basis and the participants were assured of confidentiality of their responses.

Data Analysis

The study used the t-test independent statistics to analyze the data in order to examine the extent of differences on the consequences of female circumcision between the circumcised and uncircumcised Eggon women. The corresponding t-table value was obtained at the 0.05 level of significance to ascertain the significance or otherwise of the computed t values.

Results

Table 1: The table below shows the summary of calculation done using t-test independence between circumcised and uncircumcised females.

CIRCUMCISED (X)	UNCIRCUMCISED (Y)
$\sum X$ 1884	$\sum Y$ 1460
$\sum X^2$ 119928	$\sum Y^2$ 72984
$(\sum X)^2$ 3549456	$(\sum Y)^2$ 2131600
N 30	N 30
\bar{X} 62.8	\bar{Y} 48.7
SD 7.5	SD 8.2
SS_1 1612.8	SS_2 1930.7

Note: The rules for t-test states that, equal proportion (0) indicate no difference while unequal proportion (0) shows differences.

Table 2:

Below is a comparative analysis table showing the level of promiscuity, sexual satisfaction, medical, physical and psychological fitness between the circumcised and uncircumcised women.

Variable	N	\bar{X}	SD	df	Cal.t	Obs.t	Prob.
Circumcised	30	62.8	7.5	11	7.6	2.2	P< .05
Uncircumcised	30	48.7	8.2				

The table summary is as follow:

Summary:

t. Cal = 7.6; df = 2; P<.05

Interpretation:

The table above shows that the calculated $t=7.6$ is greater than the observed $t=2.2$ at 0.05 level of significance. This means that there is significance in the level of promiscuity, sexual satisfaction, medical, physical, and psychological fitness between the circumcised and the uncircumcised women.

Table 3
Reliability
Scale: Pilot Study

Case Processing Summary		
	Number (N)	Percentage (%)
Cases Valid	41	98.9
Excluded	1	1.1
Total	42	100.0

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized	Number of Items
.892	.814	25

TABLE 4:
FACTOR ANALYSIS

Communalities		
QS	INITIAL	EXTRACTION
Q1	1.000	.542
Q2	1.000	.891
Q3	1.000	.701
Q4	1.000	.733
Q5	1.000	.689
Q6	1.000	.792
Q7	1.000	.884
Q8	1.000	.698
Q9	1.000	.799
Q10	1.000	.847
Q11	1.000	.912
Q12	1.000	.811
Q13	1.000	.765
Q14	1.000	.698
Q15	1.000	.777
Q16	1.000	.942
Q17	1.000	.896
Q18	1.000	.764
Q19	1.000	.901
Q20	1.000	.888
Q21	1.000	.912
Q22	1.000	.739
Q23	1.000	.697
Q24	1.000	.878
Q25	1.000	.948

Extraction Method: Principal Component Analysis

Discussion

The United Nations has supported the right of member states to grant refugee status to women who fear being mutilated if they are returned to their country of origin. Canada has granted such status to women and declared it through the Canadian Federal Court as a "*Cruel and barbaric practice*" (Kopelman, 2000). In 1999 CNN broadcast, "footage of the circumcision of 10 year old Egyptian girl by an unskilled practitioner". This programme drew international attention to the operation. A 500 million dollar lawsuit was brought against CNN for allegedly damaging Egypt's reputation; it was rejected in Britain, Canada, France, Sweden, Switzerland and United States. A United States Federal bill, "Federal Prohibition of Female Genital Mutilation 1995 was passed September 1996." Section 273.3 of the Canadian criminal code protects children who are residing in Canada (as citizens or landed migrants) from being subjected to female genital mutilation (FGM) or female circumcision. In United States and Canada, the very small percentage of immigrants who wish to continue the practice often finds it impossible to find a doctor who will cooperate. The operation is often done in the home of the family.

In 1989, the Republic Committee for the World Health Organization (WHO) for Africa passed a

resolution urging participating governments “to adopt appropriate policies and strategies in order to eradicate female circumcision” and “to forbid medicalization of female circumcision, by discouraging health professionals from performing such surgery. The Sun Newspaper, 2005, Nigerian in a reactive forum organized by Juliana Francis, Nigerians maintained the following reactions: Adedeji Kayode, “... *an uncircumcised lady gets to the peak of pleasure even when the man is an amateur. The slashing away of the ‘Clit’, which is the sensitive part of the female organ, actually causes climax and ensures maximum enjoyment but when cut off, the reverse is the case.*” Mayowa (2005) added, “*cutting away the clitoris prevents pleasure for the girl during sexual intercourse and it must be abolished. Sex was designed by God to be pleasurable.*”

In the same reaction, a 27 year old who gave his name as CB maintained that, “*well I have had it with ladies from both end and found out that there is a big difference and I will never circumcise my daughter no matter what people think about it. He added, I know that women with their clit intact do enjoy sex and of the slightest touch they respond to stimulus.*” Benjamin, another person, lamented that, “*though circumcision’s critics said it leads to disease, e.g., HIV/AIDS, but as a modernized society with improved surgical facilities and equipments, circumcision could be done without causing any damage or disease.*” Ken, (2005) added with a question saying, “*but honestly does female circumcision eliminate sexual pleasure? And answered by saying, lack of enjoyment in sex is a matter of tactics and interest.*”

In Nigeria, however, FGM is currently a widespread disease. Some socio-cultural determinants have been identified as supporting this avoidable practice. This is because the most respected stakeholders and decision makers who are opinion leaders, politicians, grandparents (mothers and women), and other influential bodies, are deeply entrenched with the belief and practice FGM (WHO, 2007). FGM is an extreme way of controlling women’s sexuality and discrimination based on sex; the practice is closely associated with girls’ marriageability (UNICEF, 2005). Parents (mothers in particular) reluctantly but unconsciously chose to subject their daughters to the practice in order to protect them from being ostracized, beaten, shunned or disgraced. Consequently, FGM was traditionally professionalized as specialization of traditional leaders who are believed to be chosen by gods to eliminate and control marital disharmony and faithfulness among women. Today, modernization has brought a new phenomenon of ‘medicalization’ which has introduced modern health practitioners and community health workers into the trade. However, the WHO is strongly against this medicalization and has advised that neither FGM must be institutionalized nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting.

Conclusion/Recommendations

The investigation revealed that female circumcision is a harmful cultural, social, and religious practice that has immediate and later consequences to the individual and the Eggon Community as a whole. Although, it is found that female circumcision has achieved in curtailing women from promiscuity, and maintaining their virginity for married life, but it has never looked at the adverse medical and psychological implications of the practice in Eggon land. The system or practice does not give attention to the women’s fundamental human right and the World Health Organizations (WHO) legislation that is against such cultural practices that are harmful to the individual (women). Thus, it destroys women socially, mentally, physically and psychologically.

It is also true that tradition and culture are important aspects of any society in helping to mold the views and behavioural patterns of the society; some traditions and cultural beliefs and practices like FGM are harmful and must be abolished. A collaborative/multidisciplinary approach to eliminate and totally eradicate the practice of FGM must acknowledge the following recommendation: There is a need for legislation in Nigeria with health education and female emancipation in the society. With improvement in education and social status of women and increased awareness of complications of FGM, most women who underwent FGM would disapprove of the practice of subjecting their daughters to such harmful procedures. The more educated, more informed, and more active socially and economically a woman is, the more she would be able to appreciate and understand the hazards of harmful practices like FGM and sees it as unnecessary procedure and would refuse to accept and subject her daughter to such an operation.

Furthermore, joint effort must be adopted in Nigeria to tackle FGM by World Health Organization (WHO), United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public by these bodies at all levels in emphasizing the dangers and undesirability of FGM would help in eliminating the harmful practice.

In conclusion, educating the society through organizing public lectures such as seminars, workshops, conferences and teachings through television, radio, newspapers, churches, mosque, schools, and village meetings on the consequences of the evil cultural practice to an individual and the society as a whole will go a long way to reduce and hopefully eradicate the practice from the face of the earth.

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