International Journal of Research and Reports in Gynaecology

3(2): 13-20, 2020; Article no.IJRRGY.58869

Female Genital Mutilation: A Dehumanizing Practice against Womanhood in Nigeria

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Authors' contributions

This work was carried out in collaboration between both authors. Author AG designed the study and wrote the protocol. Both authors wrote the first draft of the manuscript. Author ER managed the literature searches. Both authors read and approved the final manuscript.

Article Information

Editor(s):
(1) Dr. Sevgul Donmez, Gaziantep University, Turkey.
Reviewers:
(1) Consolata Kirigia, University of Embu, Kenya.
(2) William Muchono, Zimbabwe Ezekiel Guti University, Zimbabwe.
Complete Peer review History: http://www.sdiarticle4.com/review-history/58869

Review Article

Received 26 April 2020
Accepted 01 July 2020
Published 09 July 2020

ABSTRACT

Female Genital Mutilation (FGM) is a dehumanizing cultural practice, depriving women of sexual satisfaction and freedom; and the right to decide what happens to their body qualifying it a public health issue globally. The aim of this article is to examine the practice of female genital mutilation in Nigeria through review of empirical studies related to the meaning, types, prevalence, justifications for FGM, complication and elimination of FGM in Nigeria and globally. Articles related to FGM were reviewed. Nigeria has a 25% prevalence rate among women of childbearing age (15 – 45), accounting for one-quarter of the estimated 200 million globally. Its prevalence among geopolitical zones and states varies with types in Osun state (77%), Ebonyi (74%), Ekiti (72%), Imo (68%), Lagos (45%), Kaduna (34%), Kano (13%) and Katsina (0.1%). Types I and II are practiced in the south–south while types III and IV are practiced in the Northern zone. Justification for the practice of FGM include hygiene and aesthetics, initiation into womanhood, acceptability for marriage, control of female sexuality, increased sexual satisfaction for men, and culture. World conferences and summits have been held in the past which re-affirm human rights and call upon governments to strive for their full respect, protection and fulfilment. However, it still persists to some degree in some communities as implementation of laws still pose problems. The royal fathers, chiefs, elders

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in the communities as custodians of the culture and tradition of the people should be educated on the complications of the practice and its implication on the right of women and girls. Aggressive health education campaigns should be carried out through various media houses and social media such as twitter, facebook, Instagram and Whatsapp. All hands should be on deck to keep pushing for a total ban on Female Genital Mutilation (FGM).

Keywords: Female genital mutilation; dehumanizing practice; culture; Nigeria.

1. INTRODUCTION

Female Genital Mutilation (FGM) is a procedure performed mainly as a cultural rite that typically includes the partial or total excision of the external genitalia, especially the clitoris and labia minora [1] (Merriam-Webster Dictionary, 2019). According to Abdulcadir, Margairaz, Boulvain & Irion [2], it is a harmful traditional practice that concerns all procedures involving partial or total removal of the external female genitalia, or damage to the female genital organs for non-medical reasons. Aikman [3] opined that the cultural practice of FGM is in conflict with and violates several international human rights norms and in terms of international law, the right not to be “subjected to torture or to cruel, inhuman or degrading treatment and punishment.

World Health Organization describes female genital mutilation as a violation of human rights of girls and women internationally [4]. It reflects the deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women and girls. It is nearly always carried out on minors without consent and is a violation of the rights of children. The practice also violates a person’s right to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results to death. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls’ and women’s bodies. Generally, the risk increases with increasing severity of the procedure. Some others opined that since it’s a tradition of the people, the procedure should be done medically by health care providers. However based on it done medically, WHO and Other UN partners strongly urge health professional s not to perform such procedure.

Ayenigbara, Aina & Famakin [5], stressed that the practice of female genital mutilation has existed for more than 2,000 years and is performed on girls from birth, up to just before marriage and sometimes beyond. Female genital mutilation is also known as "female circumcision" or "cutting”. According to the authors, women are the victims of this outdated custom and male prejudice. Even though there are other forms of sexual subjugation, this particular one is based on the manipulation of women’s sexuality in order to assume male dominance and exploitation. The origin of such practice may be found in the family, society or religion. This obnoxious practice of female genital mutilation has been ignorantly justified and given many reasons, which include the prevention of immortality, preparing females for marriage, to ensure cleanliness, to prevent labia hypertrophy, to improve fertility, to give more pleasure to the husband (by tightening the vagina), for religious rights and obligations [6]. These justifications for the motives and functions of female genital mutilation are at first glance bewildering, often conflicting and always at odds with biological facts [5].

Muteshi et al. [7] opined that female genital mutilation is a deeply rooted social norm. Communities practice it in the belief that it will ensure a girl’s proper marriage, chastity, beauty or family honour. Some also associate it with religious beliefs, although no religious scriptures require it. The practice is such a powerful social norm that families have their daughters cut even when they are aware of the harm it could cause. If families were to stop practicing on their own, they may likely risk the marriage prospects of their daughter as well as the family’s status [8].

The experience of one of the victims of female genital mutilation (type II) ‘Mrs. E’ in the labour ward during the process of delivery would never be forgotten in a hurry, as she bled profusely from the tears of the FGM scar and almost lost her life in the process but for the timely intervention of the midwife. When she gained consciousness she made a vow not to allow her daughters go through circumcision [9]. There is no justification whatsoever for subjecting a fellow human to this torture on the altar of custom and pleasing the male counterpart at the expense of a woman’s health and life. In fact it is likened to

modern slavery of women; hence all hands must be on deck to totally put an end to this practice in its entirety. In Port Harcourt, little is known about the perception of women to this practice. This mini-review thus focuses on providing information on the attitude of some women in Trans-Amadi area of Port Harcourt to FGM as well as other relevant information about the practice.

2. OBJECTIVES OF THE PAPER

The objectives of the paper are as follows:

i. To review the prevalence of FGM;
ii. Identify reasons why it is practiced;
iii. Complications that could arise from this practice and
iv. Legislations regarding FGM.

3. METHODOLOGY

This paper is a mini-review made up of a compilation of previous studies and articles on female genital mutilation from the internet and opinion/findings from a focus group discussion of ten women of different tribes living in Amadi-Ama community, Rivers State of Nigeria. It is both qualitative and quantitative that focuses on the perception of women to the practice of FGM. The focus group questions included ascertaining the attitude of men towards the practice of genital mutilation among females, the adverse effects of FGM on the female child and woman in the society, eradication of FGM in the society and the relationship between level of education and perception of FGM in the society.

4. PREVALENCE OF FEMALE GENITAL MUTILATION

According to World Health Organization fact, (WHO) 2018, It is estimated that more than 200 million girls and women alive today have undergone female genital mutilation in the countries where it is practiced [4]. Furthermore, there are an estimated 3 million girls at risk of undergoing female genital mutilation every year. The majority of girls are cut before they turn 15 years old. Female Genital Mutilation has been documented in 30 countries, mainly in Africa, as well as in the Middle East and Asia where Female Genital Mutilation is concentrated. Some forms of female genital mutilation have also been reported in other countries, including among certain ethnic groups in South America. Moreover, growing migration has increased the number of girls and women living outside their country of origin who have undergone FGM or who may be at risk of being subjected to the practice in Europe, Australia and North America [10].

The prevalence of FGM has been estimated from large-scale national surveys asking women aged 15–49 years if they or their daughters have been cut. Considerable variations have been found between the countries, with prevalence rates over 80% in eight countries. Moreover, the prevalence varies among regions within countries, with cultural beliefs being the most influential factor [11]. The practice of FGM in Nigeria is widespread and varies from one geopolitical zone to another. The highest prevalence is reported from the southern part of the country among the Yoruba and Igbo ethnic groups. The commonest types practiced in Nigeria are types 1 and 11, while types 111 and 1V are carried out in the northern parts of the country. It is the most practiced in very remote areas where majority of the people live in poverty, ignorance, superstition, lack of basic infrastructure (good roads, portable water, electricity, health care services etc.) diverse cultural beliefs and traditions are the predominant features, so different types of FGM are practiced [12].

According to Daniyan, Ekwedigwe, Sunday-Adeoye, Yakubu, Uguru & Dantani [9], due to its large population of Nigeria, it is said to have the highest number of absolute cases of FGM in the world, as it accounts for one-quarter of the estimated 200 million circumcised women in the world. Nigeria Demographic and Health Survey [13] reported that 25% of Nigerian women of child bearing age (15-49 years) are circumcised. It is said that knowledge about FGM is higher among Yoruba women than those in any other ethnic group in Nigeria; however FGM is most prevalent among Yoruba women (55%) in South-West Nigeria, followed by Igbo women (45%) in South-East Nigeria. Osun State has the highest prevalence (77%), followed by Ebonyi (74%) and Ekiti (72%). Katsina has the lowest prevalence (0.1%). Prevalence of 13% and 34% has been reported from Kano and Kaduna, respectively-both in North-West Nigeria. Female genital mutilation is more widespread in the Southern part of Nigeria compared to the Northern part, though the more severe forms such as Angurya, Gishiri cut and the use of corrosive substances to tighten the vagina are practiced in the north. Infibulation (type 111 & 1V) is most prevalent in Nassarawa (22%) and Kaduna States (21%) in

North-Central and North-West Nigeria, respectively.

Akingboye [14], reported in the Guardian newspaper an article titled 'FGM Still A Big Threat to the Nigerian girl child survival/ development' thus: "Recall the issue of FGM brought alive to public consciousness, when in December, 2017 a middle aged woman and mother of two, Mrs. O.F from Ondo State passionately cried out for help from threats of banishment by community youths and leaders for her refusal to allow a forcible circumcision of her two daughters. Despite international outcries against the cultural practice, the community threatened to attack and banish them, subjecting the victims to serial abuses and dehumanization. They had no option than to yield to communal pressure. Despite the law banning FGM evidence shows that FGM still thrives in Nigeria".

5. CLASSIFICATION OF FEMALE GENITAL MUTILATION

Female genital mutilation is classified into 4 major types. The type of procedure performed varies mainly with ethnicity. These include:

Type I: Often referred to as clitoridectomy and is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type II: Often referred to as excision; it is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva). This accounts for 80% of the procedure practiced globally and in Nigeria.

Type III: It is also known as infibulations and is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching with or without removal of the clitoris (clitoridectomy). This is the most severe form of FGM accounting for about 15% all procedures.

Type IV: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

6. COMMON JUSTIFICATIONS FOR PRACTICING FEMALE CIRCUMCISION AND COMPLICATIONS

There are no health benefits to female genital mutilation rather it causes much harm. Some of the health problems caused includes:

- Severe loss of blood, pain or shock
- Difficulties in urinating or menstruating
- Increased risk of bladder infection and HIV
- Psychological problems
- Issues with sexuality and pain during sex
- Sometimes death
- In pregnancy and childbirth, incontinence due to tears in bladder or rectum (fistula) [15].

The cultural practice of FGM often goes unquestioned among community members and anyone who deviates from the norm can suffer the consequences of being ostracized, stigmatized, condemned or harassed [16].

Various reasons have been adduced on why some communities practice FGM including:

- Cultural or ethnicity identity,
- Gender identity,
- Control of women's sexuality,
- Beliefs about physical cleanness, and
- Religion.
- Cultural identity is the most frequently cited reason for practicing FGM [15].

7. TIGHTNESS AND MALE SEXUAL PLEASURE

The significance of infibulation persists beyond the test of a man's virility in the marriage bed; as it is seen as necessary for childbirth. At this stage, the extent of defibulation is the issue. Medical guidelines advise that defibulation at the time of marriage be sufficiently large to uncover the urethra in preparation for eventual childbirth. In practice, women enter the delivery room with various degrees of infibulation and defibulation. Some women have undergone partial penile defibulation, while others have requested only partial medicalized defibulation. Some have not been defibulated at all, although this paper does not address such cases. However, when female informants had only partial openings or refused full defibulation during childbirth, they expressed that retaining a small vaginal opening was important because they considered it a

prerequisite for male sexual pleasure. Without a tight vaginal orifice, women feared they would be unable to fulfil their husband's sexual needs, which they feared in turn would tempt men to seek sexual pleasure elsewhere and thereby endanger the marriage [17].

According to Women Health, different communities and cultures have different reasons for practicing FGM. However, social acceptability is the most common reason. Families often feel pressured to have their daughter cut so she is accepted by their community. Other reasons may include:

- To help ensure a woman remains a virgin until marriage
- Hygiene: Some communities believe that the external female genitals that are cut are unclean.
- Rite of passage: In some countries, FGM is a part of the ritual that a girl goes through to be considered a woman.
- Condition of marriage: In some countries, a girl or woman is cut in order to be considered suitable for marriage.
- Belief that FGM increases sexual pleasure for the man and
- Religious duty, although no religion's holy texts require FGM [18].

8. PSYCHOSOCIAL AND SEXUAL ASPECTS OF FEMALE CIRCUMCISION

Odukogbe et al. [19] reported that it is quite obvious that the mere notion of surgical interference in highly sensitive genital organs constitutes a serious threat to the child and that the painful operation is a source of major physical as well as psychological trauma. Anxiety, night mares with panic, subsequent sense of humiliation and being betrayed by her parents can be observed after circumcision. On the other hand, in a community with sufficient pressure put on the child to believe that her clitoris or genitals are dirty, dangerous or a source of irresistible temptation, she will feel relieved psychologically, if made like every female elsewhere. To be different produces as well anxiety and mental conflict. An unexcised non-infibulated girl is despised and made the target of ridicule and no one in the community will marry her.

9. FOCUS GROUP DISCUSSION

A focus group discussion made up of ten (10) women of childbearing age from Imo, Rivers, Delta and Bayelsa States but based in Amadi-Ama was carried out with the aim of determining what they knew about female genital mutilation, its effects on the woman/girl and if they would subject their children to such practice. The findings from the group discussion revealed that some level of education/enlightenment need to be done as four (4) of them expressed shock and ignorance at mention of the FGM, three had witnessed it but never liked the sight of it thus expressing pity over the pains the girls go through for a week or more until the wound heals. The entire ten women confirmed that the women/girls are usually helpless because it is their culture and fathers often insist their first daughters be circumcised even when the mothers oppose. They confirmed that it is still going on silently in the interior/remote communities, but they would not subject their children to it because government says it is bad.

Dibua, Agweda & Eromonsele [20] in their findings from a focus group discussion supports the one carried out above. Their findings reveal that 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 could 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 believed 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 were 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 believed 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, believed that FGM was 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 believed that the practice of FGM was bad and that it should be stopped.

10. SEXUAL COMPLICATIONS OF FEMALE CIRCUMCISION

Excision of the clitoris and/or other sensitive parts of the female genitalia reduces the female sexual response which may lead to anorgasmia and even frigidity. Cases of tight infibulations, where the husbands are unable to penetrate into the vagina, resort to anal intercourse or even used the uretheral meatus as an opening and consummation of marriage may take several weeks. The process of the infibulation is painful and may take a long time, probably up to two years to complete the consummation during which women seek medical help for infertility [21].

The psychological and social impact of being sterile is profound because a women's worth is usually measured by her fertility and being sterile can be a cause for divorce. On the other hand, some circumcised women report having satisfying sexual relations including sexual desire, pleasure and orgasm [22]. Female genital mutilation does not eliminate sexual pleasure totally for every woman who undergoes the procedure, but it does reduce the orgasm [23].

Post-traumatic neuromas are benign tumors that arise after resection or injury to a nerve. The neuromas are the result of regenerative disorganized proliferation of the proximal portion of the lesioned nerve; clitoral reconstruction is a surgical technique that consists of removing the peri-clitoral scar from FGM and re-exposing the clitoral stump as a neo-glans after sectioning the suspensory ligament of the clitoris. This has been shown to improve clitoral pain, sexual pleasure and body image. Because of that, this surgery is currently performed to treat clitoral pain, sexual dysfunction or improve body image [24].

Mwanri & Gatwiri [25] stressed that FGM is especially carried out on young women as part of initiation rituals into adulthood. Although these practices are meant to bring community members together- including celebrating the passage rites of girls to women; they may be associated with harmful health, psychological and social consequences on individuals, families and communities. The impacts of FGM include short term and long term health complications leading to physical, psychological and socio-cultural problems among affected individuals. Short term health complications include, but are not limited to bleeding, pain and shock, while chronic pain, genitourinary tract infections, damage to genitalia, postpartum haemorrhage, genital tissue scars and keloids, anaemia and in severe cases, maternal and foetal deaths are the known long term complications. In addition, FGM has been associated with serious psychological problems, such as anxiety, post-traumatic stress disorders and psycho-sexual conditions leading to bodily identity problems. Some women who have experienced FGM have prolonged and/or obstructed labour, which may lead to the development of obstetric fistula(s). A vaginal obstetric fistula occurs when a hole (fistula) forms between either the vagina or rectum (rectovaginal fistulas-RVF) or between the vagina and bladder (Vesico Vaginal Fistula -VVF) following prolonged childbirth complications. Among other complications, a woman with a vaginal obstetric fistula may develop urinary and/or faecal incontinence, leading to severe physical, psychological and socio-cultural problems for the women, their families and the entire affected communities. Fistulas cause complications such as foul smelling, vaginal and/or rectal discharges, urinary tract infections, dyspareunia and uncontrollable flatulence [26].

11. LEGISLATION

Female circumcision as this act is also referred to, is practiced in 28 African countries in the pretext of cultural/tradition or hygiene. Despite the constitutional provision against torture and human dignity, female genital mutilation (FGM) is widespread among various ethnic groups in Nigeria. The common type practiced in Nigeria is called clitoridectomy; this entails the removal of the clitoris and sometimes along with labia majora. It takes place mostly at infancy. It is very commonly practiced in Bayelsa State of Nigeria. Female genital mutilation has been banned in several states in Nigeria including Cross Rivers, Delta, Edo, Ogun and Bayelsa. The Nigerian constitution guarantees the rights of all against torture and other forms of inhuman or degrading

treatment. The rate of its prevalence in several cultures in Nigeria has led to some States enacting laws for its prohibition [27].

12. CONCLUSIONS

Conclusively, Female Genital Mutilation (FGM) is a cruel procedure, a cultural tradition, which deprives women of sexual satisfaction and exposes them to psychological and physical complications. It reflects deep rooted inequality and constitutes extreme violation of the reproductive and human rights of women and girls. It is now prohibited by law, but this is not sufficient to eradicate. Still we need more effort to change these cultural beliefs. Human rights—civil, cultural, economic, political and social—are codified in several international and regional treaties. The legal regime is complemented by a series of political consensus documents, such as those resulting from the United Nations world conferences and summits, which re-affirm human rights and call upon governments to strive for their full respect, protection and fulfilment.

13. RECOMMENDATIONS

Based on the available information, the following recommendations are made:

1. Royal fathers who are the custodians of the people's culture and tradition, civil society groups, faith based organizations, youth group religious leaders, teachers, women groups, town union executives and other stakeholders should be part of the crusade against this menace.
2. Aggressive health education and campaigns through the media and social media platforms should be done.
3. Adequate knowledge of the health implications of FGM is necessary to protect the health and right of girls and women.
4. Sexual counselling is recommended for preventing or treating female sexual dysfunction among women having FGM.
5. Health workers have a crucial role in helping address this global health issue in order to know how to recognize and tackle health complications.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
http://www.sdiarticle4.com/review-history/58869