FEMALE GENITAL MUTILATION AND WOMEN HEALTH:  
A STUDY OF EFIK WOMEN OF CALABAR MUNICIPALITY

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ABSTRACT
The focus of this research work is on how female genital mutilation affects women's health and also how to proffer solutions to curbing it. The sample area of the survey was Calabar Municipality. It was found out that female genital mutilation have a long-term and short term effects on women such short-term effects are severe pains, hemorrhage shock, infection, urinary retention, tetanus, and also some long term effects such as cysts and abscesses, psychological and sexual problems, Keloids, painful sexual intercourse, urinary inconveniences, HIV/AIDS, Hepatitis B and other blood borne diseases. Some of the recommendations of this research have it that, governments should ensure constitutional protection of the rights of women and girls. Non-governmental organizations should be permitted to organize and operate without government interference. Government should devote resources to supporting information about the harmful effects of female genital mutilation to communities in which it is practiced and also support human rights education. The media should be used as dialogue on female genital mutilation and on the right of women and girls.

keywords; Female Genital Mutilation, Health, Psychological, Sexual Problems and Human Rights Education.

INTRODUCTION
Throughout history, customs harmful to women's health have been practiced. There were diverse reasons for this. This includes making women seem more attractive or likely to marry. The practice of female genital mutilation as a rite of passage is an example of efforts to manipulates women's sexually, ensure their subjugation and control their reproductive functions.

Dorkennoo (1995:4) maintained that female genital mutilation is a striking example of the dilemma between local demands and the need to obtain cultural identity on the other hand and modern, civilized claims for individual rights and freedoms on the other hand. It is the collective name given to several different traditional practices that involve the cutting of female genitals.

Rahman and Toubia (2000:4) posits that indigenous populations use a variety of terms in local dialects to describe the practice which are often synonymous with purification or cleansing such as the terms "Tahara" in Egypt, "Tahur" in Sudan and "Bahokoli" in Mali.

In some cultures it is practiced as early as a few days after birth and at late as just prior to marriage or after first pregnancy. It is generally performed by a Traditional practitioner - often an older woman who comes from a family in which generations of women have been traditional practitioners. However, more recently in some countries it is also performed by trained health personnel including physicians, nurses and midwives.

Justifications for the practice ranges from custom and tradition, women's sexuality, religion to social pressure. Female genital mutilation embraces different forms of genital mutilation varying from one ethnic group to another and differing in decree depending on the extent of genital removal.
Hence, women and girls who "undergo this rite of passage experience pain, trauma, and frequently severe physical complications such as bleeding, infections. Long term physical complications associated with the practice are numerous and there appear to be substantial psychological effects on women's self-image and sexual lives.

STATEMENT OF THE PROBLEM

The phenomenon of female genital mutilation is a cultural practice among the Efik people of Cross River State in Nigeria. The practice is so deeply rooted into the society that many think it is a way of life of the people.

Thus when a female child is born, she is made to pass through certain rites of passage and female circumcision is one of those rites. This explains the craze with which parents rush their daughters into genital mutilation. Female genital mutilation is a practice that is associated with various health problems, some of these health problems are immediate while others either last for life or leave a life of long health consequences.

Moreover, female genital mutilation is the removal of a part or whole organ of the valve of a female. In the new era, the practice is discovered by many in the society as controversial and the reasons behind it are not reasonable for its continued practice.

Scholars have maintained that there is no clear evidence in the Bible, Quaran supporting female genital mutilation causes untold pain and enormous health hazards such as Hemorrhage, which might lead to death, shock from acute pain, severe infection life vesico vaginal fistula, pelvic inflammatory disease, formation of scar tissue and colloids, painful and difficult labour, risk of catching blood transmitted diseased like (HIV, Hepatitis B) etc.

These problems are likely to induce family separation, divorce, polygamy and disruption of family unity.

Based on the above problems this study was motivated to investigate critically the effects of female genital mutilation amongst the people of Cross River State.

FEMINIST THEORY

Feminist theory emerged as early as 1792-1920's in such publications as "The changing woman", Ain't I a woman", "speech after Arrest for illegal voting" and so on.

Feminist theory is the extension of feminism into theoretical, or philosophical discourse, aims to understand the nature of gender inequality. It examines woman's social roles and life's experience and feminist politics in a variety of fields such as anthropology, sociology and so on, while generally providing a critique of social relations, much of feminist theory also focuses on analyzing gender inequality and promotion of women's rights, interests and issues.

Daly (1973) analyzed the feminist perspective based on the fact that the primary contradiction in all societies is the antagonism between the sexes. This antagonism is seen to have its origin in the biological differences between men and women. Feminist theory has the assumption that dependence is a necessary and sufficient cause of oppression. Women are physically weaker and this made them dependent on male for physical survival thus oppression by men arises such as subjecting women to female genital mutilation which they feel will help reduce promiscuity in women, and make them stay permanently in their husband's houses.

MEANING OF FEMALE GENITAL MUTILATION

Rahman and Toubia (2000:4) stated that Female Genital Mutilation (FGM) otherwise known as Female Circumcision (FC), "involves the cutting or alteration of female genitalia for social rather than medical reasons". The term female circumcision which was used for several decades to describe the practice has been largely dropped as it implies an analogy with male circumcision.

The world book encyclopedia has it that female genital mutilation involves a partial or complete removal of the clitoris which is a sensitive part of the female genital. This operation is mainly carried out by unskilled persons and it is usually done for cultural reasons.
Toubia (2000:9) again defined female genital mutilation as a ritualistic practice where actual cutting and removal of sexual organs takes place. It is one of the traditional rituals that prepare girls for womanhood although the age at which it is practiced varies widely.

**B TYPES OF FEMALE GENITAL MUTILATION**

Although articles and study reports may have used different classifications, it is strongly recommended that health care providers and researchers use the standardized World Health Organization (WHO) classification to establish more effective professional communication and unified criteria for research.

The World Health Organization (1995) came up with a classification of female genital mutilation (FGM) operation into four (4) broad categories described below:

**TYPE I - CLITORIDECTOMY**: Excision (Removal) of the clitoral hood with or without removal of the clitoris.

**TYPE II - EXCISION**: Removal of the clitoris together with part or all of the labia minora. Bleeding is usually stopped with stitching but the vagina is not covered.

**TYPE III - INFIBULATIONS**: Removal of part or all of the external genitalia (clitoris labia minora and labia majora) and stitching or narrowing of the vagina opening leaving a small hole for urine and menstrual flow. Infibulations is the most invasive and damaging type of female genital mutilation (FGM).

**TYPE IV - UNCLASSIFIED**: The operations on the female genital include:

- Pricking, piercing, stretching or incising of the clitoris and/or labia
- Cauterization by burning the clitoris and surrounding tissues.
- Incisions to the vagina wall scraping or cutting off the vagina and surrounding tissues, and introduction of corrosive substances or herbs into the vagina.

Although the World Health Organization is comprehensive in actual practice the three most commonly encountered types of female genital mutilation which are: clitoridectomy, excision and infibulations.

However, the predominant type as practiced by the Efik (people of Calabar municipality) is the type I being clitoridectomy.


**C. ORIGIN OF THE PRACTICES**

WHO (2006) contended that where and when Female Genital Mutilation (FGM) from Egyptian mummies, suggests that a form of female circumcision was routinely practiced there some 5000 years ago. In ancient Rome, metal rings were passed through the labia minora of women slaves to prevent them from procreating. And in the United Kingdom in 19th century surgical removal of clitoris was an accepted technique for the management of epilepsy, sterility and masturbation (it is not known why an equivalent procedure was not applied in men having these ills).

In Africa and the Middle East, female genital mutilation thought to have taken root untold centuries ago. Yet, even in that part of the world there are some countries where the practice began relatively recently: the Yemen, for example, adopted female genital mutilation (FGM) in the 20th century as a result of contact with communities in the Horn of Africa, where the practice had long been ingrained in the local culture.

There is no conclusive evidence where female genital mutilation first originated from, but the Efik people of Calabar municipality believe that the practice is as old as the people.

**D. THE PRACTICE**

In cultures where it is an accepted norm female genital mutilation is practiced by followers of all religious beliefs as well as animists and non believers. It is usually performed by a traditional practitioner with crude instruments and without anaesthetic.

Al-krenawi and Wiese-Lev (2001) contend that girls may be circumcised alone or with a group of peers from their community or village.
The age at which it is performed vary from area to area. In Calabar municipality it is performed on infants of eight days old, teenagers and occasionally on matured women often before their first delivery. The instrument used is a native blade known as “akadang”.

Oral tradition has it that in Calabar municipality, it is performed by female lay people. The girl or young woman submitted to this practice is placed on plantain leaf on the ground behind their house or it could be in a bathroom outside the house. The operation is performed without any kind of anesthesia and lasts fifteen to twenty minutes depending on the attitude of the child. The practice is known as “mbobi”.

Sequentially, after the operation behind their house or bathroom outside the house and are restrained by other women usually relatives. The operation lasts twenty to thirty minutes depending on the attitude or the struggles of the girl, the degree of mutilation and the skill of excision (Wright, 1996, Para. 6). Analgesia or anesthesia is not traditionally used; however, currently, local anesthesia is being used in some urban areas. In Calabar municipality, the practice is known as "Mbobi".

Sequentially, after the operation they are kept indoors where rich foods are given to them to replenish the lost blood. This period is normally referred to as "Nkuho" that is fattening room. It is indeed a period generally created to teach young maidens the intricacies of marriage. The significance of the practice lies in the fact that it enables young women deliver safely.

E. REASONS FOR THE PRACTICE

Tradition is at the root of Female Genital Mutilation (FGM) practice although it varies from society to society. In some societies:

i) Female genital mutilation is a rite of passage to womanhood performed at puberty or at the time of marriage Rahman and Toubia (2000:5-6).

ii) It is performed as a celebration of womanhood,

iii) Preservation of custom, tradition or as a symbol of ethnic identity. The ritual serves as an act of socialization into cultural values and an imp era-connection to family, community and ancestors. Tostan from analysis of data from Senegal indicates that the ceremonies involve two interrelated aspects:

(a) Educational: A girl learns her place in society and her role as a woman, wife and mother.

(b) Physical: A girl must undergo physical pain to prove she is capable of assuming her new role courageously without showing suffering or pain.

iv) Physiological, psychological and marital reasons for female genital mutilation. Some communities believe that it preserves the girl's virginity, protects marital fidelity and diminishes a woman's sexual desire. Some other reason include giving pleasure to the husband religious mandate, cleanliness, identity, maintaining good health and achieving good social standing (PRB, 2001:6). It is believed to render a woman marriageable and that a circumcised woman will bring more benefit to her family by attracting favorable bride price.

v) Parental interest engineers the practice, as it is perceived as an act of love for daughters. Parents want to provide a stable life for their daughters and ensure their full participation in the community. Many girls and women receive little formal education and are valued primarily for their role as sources of cheap family labour and producers of children.

vi) The practice is viewed as status symbols. As PRB (2001:6) puts it “for girls and women being circumcised it means that they have no access to status or a voice in their community. Because of adherence to these traditions, many women who say they disapprove of FGM still submit themselves and their daughters to the practice”.

vii) It is for aesthetic reason, on the excuse that it makes a woman look more beautiful down at the virginal region.

G. HEALTH CONSEQUENCE OF FEMALE GENITAL MUTILATION

In World Health Organization fact sheet No. 241; June 2000, it is stated that genital mutilation may leave a lasting mark on the life and mind of the women who has undergone it. Women may suffer feelings of incompleteness, anxiety and depression as a result of genital mutilation. The side effects can be classified into immediate and long-term effects.

(i) Immediate potential side Effects: These include:
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- Severe pain
- Hemorrhage
- Injury to the adjacent tissue and organs
- Shock
- Infection
- Urinary retention
- Tetanus or sepsis
- Death

(ii) **Long Term Effects:** May include:

- Cysts and abscesses
- Urinary incontinence
- Psychological and sexual problems
- Difficulty with childbirth
- Keloids
- Painful sexual intercourse
- Dysmenorrheal
- HIV/AIDS, hepatitis B and other blood borne diseases
- Psychological effects
- Obstructed menstrual flow due to small false vagina opening.

Long and short-term health consequences of female genital mutilation vary according to the type and severity of procedure performed.

Psychosexual and psychological health consequences of female genital mutilation.

Toubia (2000:17-18) has it that the removal of the clitoris takes away the primary specialized female sexual organ. The tip of clitoris, like the tip of penis has a dense supply of nerve endings which are extremely sensitive to touch. By altering the normal anatomy of the female sexual organs, it reduces the ease with which sexual fulfillment is achieved or makes it extremely difficult unlike men's genitals, women's are clearly separated by function. The clitoris is a specialized sexual organ dedicated only to pleasure, it has no reproductive function.

The psychological aspect of human sexual arousal is an equally complex phenomenon as it involves emotions, concepts of mortality, past experience, acceptance of eroticism, fear of disease or pregnancies, dreams and fantasies. The combination of physical message from sensory organs and the emotional images culminate in a psycho physiological state during which a person is able to experience orgasm.

If female genital mutilation is performed during infancy, it is likely that the girl will not remember the event itself. Even if the trauma psychology cannot predict the extent to which this traumatic memory will be clearly linked to sexuality in her conscious mind.

**METHODOLOGY**

**SAMPLE SIZE**

Due to the fact that the researcher cannot study the entire population, a portion of the population is thus selected in which at the end of this study, and the findings will be generalized on the sample size of this study is 200. This number is considered adequate and controllable within the resources and time available.

**SAMPLE TECHNIQUE**

The sampling technique used in selecting respondents is a combination of cluster and simple random techniques. This is used to choose the actual respondents for questionnaire. This technique is the most fundamental form of probability sampling.

Eventually, the researcher used a survey of respondents from five (5) Qua clans which are Akim, Big-Qua (Mbohge-mgbo), Ediba, Ikpai Ohom and Nkonib (Ikot Ansa) Clans. Each of the total number of sampling units has equal chance of being selected. Here matured people were being sleeted using a numbering method, 50 people were selected from five different zones of the community making the sample size 200.
ADMINISTRATION OF RESEARCH INSTRUMENT

A total of 200 questionnaires were administered directly by the researcher. The people were made aware of the purpose of the questionnaire on the day of administration.

However, those that were not able to fill in the responses due to lack of understanding were guided by the researcher who read and explained to them and recorded their responses and it enable the researcher to achieve a high return rate of the questionnaire item.

PRESENTATION AND ANALYSIS

This Chapter was divided into three sections, the socio demographic characteristic of respondents, analysis of research question and conclusion of findings.

SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

TABLE 1: DISTRIBUTION OF RESPONDENTS BY SEX

<table>
<thead>
<tr>
<th>Sex Categories</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Female</td>
<td>120</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2010

The data is derived from item 1 of the questionnaire. The table reveals that females are more than males with the percentage composition of 60%. This is so because the female population and their opinions is more considered by the researcher as suitable for the explanation of this research study. Though the female composition is more, the 40% of males was used to compare and contrast the opinions and arrived at a reasonable conclusion.

TABLE II: DISTRIBUTION OF RESPONDENTS BY AGE

<table>
<thead>
<tr>
<th>Age Categorizes</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18-22</td>
<td>13</td>
<td>6.5</td>
</tr>
<tr>
<td>23-26</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>27-30</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>31-34</td>
<td>82</td>
<td>41</td>
</tr>
<tr>
<td>35 and above</td>
<td>25</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study 2010.

The above data in table II is derived from Item 2 of the questionnaire. As evident from the above table, 0% of the respondents fall between the ages of 0-17, 6.5% fall between the ages of 18-22, 10% fall between the ages of 23-26, 30% fall between the ages of 27-30, 41% fall between the ages of 31-34, while 12.5% fall between the ages of 35 and above.

TABLE IV: DISTRIBUTION OF RESPONDENTS BY MARITAL STATUS
### TABLE V: DISTRIBUTION OF RESPONDENTS BY OCCUPATION

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Servants</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Students</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>House Wife</td>
<td>160</td>
<td>80</td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Business Men/Women</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Source:** Fieldwork 2010.

The data is derived from item 5 of the questionnaire. 7.5% of the respondents are civil servants, 5% are students, 80% are housewife, and 2.5% are unemployed, while 4% are business men/women.

### TABLE VI: DISTRIBUTION OF RESPONDENTS BY RELIGION

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>100</td>
<td>150%</td>
</tr>
<tr>
<td>Islam</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Traditional Worshipper</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Source:** Fieldwork 2010.
The data is derived from item 6 of questionnaire. The table reveals the religion of the respondents. The table shows that 50% of the respondents are Christian, 25% are Islam while 25% are traditional worshippers.

**ANALYSIS OF RESEARCH QUESTIONS**

Substantive issues of the research work were analyzed in this section.

**RESEARCH QUESTION I**

What are the various types of female Genital Mutilation practiced at Calabar municipality?

**TABLE VII: DISTRIBUTION OF RESPONDENTS BY THEIR OPINION ON TYPES OF FGM PRACTICED IN CALABAR**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>180</td>
<td>90</td>
</tr>
<tr>
<td>Type II</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Type III</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

*Source: Fieldwork 2010*

This data was derived from the objectives of the study from the table 90% of the respondents answered yes, 5% answered type II and 5% answered type III.

**Research Question II**

What are the reasons for the practice of female Genital mutilation at Calabar municipality?

**TABLE VIII: DISTRIBUTION OF RESPONDENTS BY OPINION ON REASONS FGM IN CALABAR**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rite of passage</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Preservation of custom</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Aesthete Reason</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Status symbol</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Marital reasons</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Parental Interest</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Fieldwork 2010*
This data is derived from the objectives of the study, from the table above, 15% of the respondents answered the reason for the practice is as rite of passage, 25% answered preservation of custom, 20% answered aesthetic reason, 10% answered status symbol, 25% answered for marital reasons while 5% answered for parental interest.

**Research Question III**

What are the consequences of Female Genital Mutilation on victims and society at large?

**TABLE IX:** DISTRIBUTION OF RESPONDENTS BY THEIR VIEW ON THE NATURE OF CONSEQUENCES OF FGM

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Short-term</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Psychosexual</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Psychological</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Fieldwork 2010.*

This data was derived from the objective of the study. The table shows that the consequences includes long-term, short-term, psychosexual and psychological. 40% of the respondents answered long-term, 30% answered short-term, 15% answered psychosexual while 15% answered psychological.

**Research Question IV:**

What measures could be used to control female Genital Mutilation in Calabar municipality?

**TABLE X:** DISTRIBUTION OF RESPONDENTS BY THEIR VIEW ON MEASURES APPROPRIATE FOR CONTROL OF FGM IN CALABAR

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Measures</td>
<td>70</td>
<td>35</td>
</tr>
<tr>
<td>Regulatory Measures</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Policy Measures</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Fieldwork 2010.*

The table shows that 35% of the respondents answered legal measures, 40% answered regulatory measures while 2.5% answered policy measures.

**DISCUSSION OF FINDINGS**

From the analysis represented, it was discovered that majority of the respondents were between the ages of 31-34 because they were 82 out of the 200 respondents representing 41% while other age ranges constitute 11.8 representing 59%. Female respondents were 120 representing 60% while male were 80 representing 40% majority of the respondents, attained tertiary education at 30% representation and 20% of them were married and respondents were mainly housewives majority of the respondents were Christians at 100 representing 50% while other religion ranges constitute 100 representing 50%.
The study was designed to investigate female Genital mutilation - its effects on female health in Calabar municipality. The finding of this work shows that female Genital mutilation is not a fair practice and so women and girls should reject it in totality.

The result of finding supports the contention of feminist organizations calling on the abolition of female genital mutilation. These organizations maintain that female Genital mutilation leads to so many unwholesome effects on the girl child and women. Irrespective of sex, the respondents agreed that it is not a fair practice and so it is therefore not surprising that the respondents rejected the idea of Female Genital mutilation.

It is important to note that a relative small proportion of respondents are yet to embrace these changes. This is perhaps because of cultural factors. They are so overwhelmed with their culture such that they find it difficult to get rid of this cultural practice. However it is the researchers hope that with more enlightenment campaign and awareness programmes sponsored by the Government, Feminist Organization, Nongovernmental organization NGO) among others, their belief on Female Genital mutilation will gradually become history.

CONCLUSION

It has been observed from this study that female genital mutilation is a pervasive phenomenon that requires a rather radical approach to stem.

From the study, it has shown that female genital mutilation has a negative effect on the altitude of women towards sex. This is because it makes women too premature for sex.

It is further observed that female genital mutilation has psychological effect on women since it leads to emotional trauma, psychological trauma, physical depression, aggression and fielding of alienation.

Finally, the finding of the research also reveals that female genital mutilation causes health problems on women. It could lead to blockage of womb, vesico vagina fistula and so on.

From the analysis so far; it is believed that if the government and other relevant non government agencies implement the policies on elimination of female genital mutilation, the phenomenon would be reduced.

RECOMMENDATIONS

Stopping the practice of female genital mutilation involves a seen change in societal and individual thinking. To effect such social change. Government action should take multiple forms and should be part of a long-term process of promoting social justice for all, particularly women.

Suggested government action can be divided into three categories:

(a) Legal Measures: Governments should ensure constitutional protection of the rights of women and girls. By this it means that the constitution should contain providing that guarantee the rights of women and should be broad enough to be interpreted to protect female against female genital mutilation

(b) Regulatory Measures: Non-governmental organizations should be permitted to organize and operate without government interference. They should be allowed to monitor government's efforts to eliminate female genital mutilation and government should finance the non-governmental organizations engaged in creating programs designed to prevent female genital mutilation.

(c) Policy Measures:

(i) Education: Education is a veritable instrument of change, so government should devote resources to supplying information about the harmful effects of female genital mutilation to communities in which it is practiced and should also support human rights education.

(ii) Media: The media should be used as instrument to facilitate public dialogue on female genital mutilation and on the right of women and girls.

Finally, the recommendation in this chapter are intended to guide governments, academicians and individuals towards taking an important step in ameliorating female genital mutilation but providing the well-being of female in our society.
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