

## The Role of Culture in The Continued Practice of Female Genital Mutilation: A Study of Attah Community, Imo State

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Okechukwu Ajaegbu<sup>1</sup>

<sup>1</sup>Imo State University, Nigeria

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#### Corresponding Author:

Okechukwu Ajaegbu

[ajaegbuodina@gmail.com](mailto:ajaegbuodina@gmail.com)

### ABSTRACT

Even though the practice of female genital mutilation is not meant to hurt women, it nonetheless endangers their health. This necessitates research into the amount of understanding and cultural complications that prevent its eradication in Africa and Nigeria, particularly in rural communities where the practice is very prevalent. This study, therefore, examined cultural factors that promote the continued practice of female genital mutilation in the Attah community, Imo State. Social convention theory was used as the study's theoretical framework. The survey research method was adopted for this study. Using the multi-stage sampling method, 674 copies of the questionnaire were distributed to the study respondents for the quantitative data. However, only 539 copies of the questionnaire were retrieved. This represents the sample size of this study. For the qualitative data in the study, twelve (12) in-depth interviews were conducted among village and religious leaders. Statistical Package for Social Science (SPSS) was used to process this study's quantitative data, while descriptive and inferential statistics were analyzed. For the study's qualitative data, analysis was done using the content analysis method based on the study objectives. It was found that males are more likely to make decisions that influence the continued practice of Female Genital Mutilation in the Attah community than females. The study also found that cultural expectations for womanhood rite of passage, marriage prospects, and the belief that women with FGM are more likely to be less promiscuous are major factors that influence the continued practice of FGM in the Attah community. Consequently, to end female genital mutilation in the Attah community, there is a need to address those religious and cultural beliefs that negatively affect the control of the practice.



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## 1. Introduction

Female genital mutilation has been widely condemned worldwide, in part because of new medical evidence linking the practice to negative health effects. Although socioculturally oriented, this culture is considered patriarchal. It must be separated from society, partly because the process is mainly done with crude means, resulting in serious adverse health effects from sexually transmitted diseases to death. Globally, about 200 million girls and women have experienced female genital mutilation (Gbadebo et al., 2021; Mulongo et al., 2023). Female genital mutilation is practiced in more than 30 countries in Africa, Asia, and the Middle East (UNICEF, 2016). More than 101 million girls over the age of 10 have undergone FGM in Africa, and about 3 million girls every year (Okeke et al., 2012a), as the practice is deeply rooted in African culture (Abdalla & Galea, 2019; Gbadebo Babatunde, 2017; Omigbodun et al., 2020).

According to estimations from across all cultural and geopolitical spheres, female genital mutilation is a common practice in Nigeria, where it accounts for 25% of all cases worldwide (World Health Organization, 2023). According to UNICEF (2022), Nigeria has the third-highest percentage of women and children who have undergone FGM. In Nigeria, the frequency of female genital mutilation among women aged 15 to 49 declined from 25% in 2013 to 20% in 2018, although it rose among girls aged 0 to 14 from 16.9% to 19.2% during the same period (UNICEF, 2022). Studies have shown that there are differences in the frequency of FGM practice throughout Nigeria (Abdalla & Galea, 2019; Omigbodun et al., 2020). State incidence varies from 62 percent in Imo to less than 1 percent in Adamawa and Gombe (UNICEF, 2022). The South East (35%) and South West (30%) have the greatest frequency of FGM, whereas the North East (6%) has the lowest (United Nations Population Fund, 2020).

Even though the practice is not meant to hurt women, it nonetheless endangers their health. This necessitates research into the amount of understanding and cultural complications (such as gender roles in the practice's maintenance) that prevent its eradication in Africa and Nigeria, particularly in rural communities where the practice is very prevalent. Koski argue that a variety of prevailing socio-cultural ideas are the reason why female genital mutilation continues to occur. There are several beliefs surrounding female genital mutilation, such as the preservation of the girl's virginity, reduction of her sexual desire, cleaning and beautifying of her genitalia, making her a true woman (a ritual of transition to womanhood), causing her to have a normal child, and liberation from a dangerous organ (the clitoris, which is thought to be a fragile organ in some cultures that can render a man sterile, kill a new born, or destroy a rural area).

Ali et al. (2020) believe that the continuation of female genital mutilation is related to the cultural belief that uncircumcised women have a very low chance of marriage and are directly or indirectly forced to undergo circumcision or encourage their daughters to undergo circumcision. The authors suggest that men prefer marriage to women who are mutilated, leaving mothers with non-mutilated daughters to worry about their daughters' attractiveness to men. Meanwhile, González-Timoneda et al. (2022) make a similar argument, saying that mothers choose to have female genital mutilation (FGM) done on their daughters to shield them from being abused, rejected, shunned, or humiliated. They go on to say that although tradition and culture play a vital role in forming a society's beliefs and social mores, they should also be removed in cases when they are harmful, like female genital mutilation.

FGM occurs within the framework of a community or group and is justified by a variety of beliefs that provide several justifications for its upkeep and varies based on ethnicity and geographic area. These justifications are predicated on communal, social, and cultural elements. The motivations behind FGM vary, even among members of the same group. Moreover, like the communities themselves, the rationales behind female genital mutilation are dynamic and constantly evolve within the dynamic social landscape (Ajayi et al., 2022).

FGM is typically performed to benefit the victim rather than harm them. Since becoming a wife and mother is seen as a woman's livelihood and not circumcising one's daughter is tantamount to committing her to a life of seclusion, parents do this surgery to secure a marriage for their daughters (UNICEF Data, 2023). Abdikulane (2021) has stated that despite its illegality, the practice of FGM persists due to societal pressure on women to adhere to social standards, peer approval, or fear of condemnation.

Additionally, traditional religion is seen by Shakirat et al. (2020) as one of the unique cultural elements that affect the practice of FGM. They stated that the cultural factors of ethnicity and religion are essential to the development of FGM and its continuous practice. They contend that religious obligations frequently influence a family's decision to engage in FGM. They said that although no religious texts technically demand FGM, certain societies nonetheless see the procedure as necessary to make a girl spiritually pure. For instance, excision is referred to as "seli ji" among the Banbara in Mali, which means "ablution" or "ceremonial washing". It is probable that Nigerians, too, have such notions. For instance, according to the National Population Commission of the Republic of Nigeria and ICF International Rockville (2014), even though FGM is not mentioned in their holy scriptures, 24% of men and 15% of women in Nigeria feel it is necessary for their faith. Given the negative health, psychological, and social effects of FGM, cultural practices that promote it must be carefully examined. Against the backdrop of the issues above, this study investigated the cultural factors that contribute to the perpetuation of female genital mutilation in the Attah community, Imo State.

### **1.1. Theoretical Framework**

This research employed social convention theory as its theoretical foundation. The theory was developed by Mackie and LeJeune (2009). According to the idea, decision-making is an interdependent process when a social convention or social norm is present, in which a decision made by one family impacts and influences decisions made by other families (Mackie & LeJeune, 2009). Social norms are rules of behaviour that community members must follow and are encouraged to follow through rewards and sanctions. In contrast, social conventions are rules that community members follow because others have done the same, and compliance is in everyone's interest (UNICEF, 2022).

It can be argued that this study is evidence of shared expectations and explains why families cannot quit FGM independently but continue to do so (Mackie & LeJeune, 2009; UNICEF, 2022). Based on the theory's assumptions, one can conclude that parents genuinely care about their kids and desire what is best for them. Families who choose to subject their daughters to female genital mutilation as a requirement for marriage do so because they believe it is necessary for marriage (Mackie & LeJeune, 2009; UNICEF, 2022). This decision appears to be made for their benefit, as marriage is required for their social and economic security. Therefore, adherence to the practice of FGM is essential not only to maintain individual social acceptance and social status in the community but also to maintain the status of the individual family (UNICEF Data, 2023). Regarding FGM, it is correct to say that in communities where FGM is widespread, no family wants to give it up on their own because it affects their daughters' marriages. This may explain why the practice continues, especially in rural areas, despite efforts by the government and NGOs to eradicate it.

## **2. Methods**

The survey research method was adopted for this study. The study was conducted in the Attah community, Imo State, Nigeria. The community consists mainly of Igbo-speaking people. Human culture was shaped primarily by the rainforest climate, ancient trade, migration, and social history within various clans and nations, as well as ancient trading

neighbours, allies, and, more recently, Europeans. According to the 2006 census, Attah has a population of 63,153 (National Population Commission, 2009). This data was used for the study population because it was the last census that collected the community population of the country. Questionnaires and in-depth interview methods were data collection instruments for the study. The size of the investigated sample is 674. It was determined statistically using the Taro Yamane formula. However, only 539 copies of the questionnaire were retrieved. The study respondents comprised men and women aged 18 and over, including students, businessmen and women, farmers, civil servants, village leaders, and religious leaders. For the study's qualitative data, twelve (12) in-depth interviews were conducted among selected village and religious leaders.

A multi-stage sampling technique was adopted to identify the respondents for this study's quantitative data. First, the Attah community was selected purposefully due to the prevalent nature of female genital mutilation in the area. Second, the stratified sampling method was used to divide the community population into two groups: those between zero and 17 and those aged 18 and above. Those between the ages of zero and 17 were excluded from the study. This is because, in the wisdom of the researcher, it is from those between the ages of 18 and above that significant information that could answer the objectives of this study can mainly be elicited. Finally, convenience random sampling was employed to select the actual respondent. This enables the researcher to include participants who are ready and willing to participate. For the study's qualitative data, twelve (12) interviewees comprised of religious and village heads were selected using a convenience random sampling method.

A structured questionnaire with open and closed questions titled "Survey of Cultural Factors Contributing to Female Genital Mutilation in Attah Community, Imo State" was used for the quantitative part of this study. A pilot study was conducted to implement the instrument in the study. The survey included 36 items and was conducted among eighty (80) participants in the Umulolo community, Okigwe, and Imo State. Young and older men and women from the community participated. Data from the original 36 items was used to assess reliability and validity. According to Aron (1994), factor loadings can be treated as the correlation of a variable with a factor, and a variable is considered to have a meaningful effect on a factor only if its loading is at least 0.3. Based on this fact, eight of the 36 items that did not load up to 0.3 were removed from the item analysis because they showed very low correlations. Using the remaining 28 items for reliable statistics, a Cronbach's alpha coefficient of 0.812 was obtained using the Statistical Package for the Social Sciences (SPSS) version 20. This shows the high internal consistency of the questionnaire, which justifies its reliability as a research instrument. In addition, face and content validation were performed. The instrument was given to nine experts (professionals in sociology and demography). Its validity was confirmed by 87 percent of the experts. For the qualitative data, a semi-structured interview guide was used to elicit information from the interviewees.

Furthermore, the Statistical Package for Social Science (SPSS) program was used to process the quantitative data in this study. Initially, the data were examined for possible errors in the questionnaires filled out by the respondents. The data was analyzed by descriptive (frequency and percentage tables) and inferential statistics (Mann-Whitney U test and multinomial logistic regression). Qualitative data analysis began with reading and listening to the tape and notes, which were used to record the data repeatedly to ensure correct transcription. After that, a coding guide was developed for the interviews, after which the material was analyzed with content analysis based on the research objectives. Some aspects of the discussions were presented verbatim to give an essential overview of the discussion.

### 3. Results and Discussion

#### 3.1. Results

Table 1 Socio-demographic characteristics of the respondents

Demographic Variables	Frequency	Percentage (%)
<b>Sex</b>		
Male	246	45.6
Female	293	54.4
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Age</b>		
18-27	72	13.4
28-37	103	19.1
38-47	107	19.9
48-57	94	17.4
58-67	116	21.5
68 and above	47	8.7
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Marital status</b>		
Single	102	18.9
Married	226	41.9
Separated	39	7.2
Divorced	57	10.6
Widow	115	21.4
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Educational level</b>		
No Formal Education	62	11.5
FSLC	174	32.3
WASCE/SSCE/GCE	111	20.6
NCE/OND	89	16.5
BSC/HND/	96	17.8
MSC/PhD	7	1.3
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Occupation</b>		
Unemployed	105	19.5
Student	42	7.8
Public Servant	91	16.9
Trading and Artisans	168	31.2
Farmers	133	24.6
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Religion</b>		
Christian	443	82.2
Muslim	24	4.5
African Traditional Religion	72	13.3
<b>Total</b>	<b>539</b>	<b>100.0</b>
<b>Monthly Income</b>		
Below 50,000	197	36.6
50,000 - 99,999	121	22.5
100,000 – 149,999	91	16.8
150,000 – 199,999	77	14.3
200,000 and Above	53	9.8
<b>Total</b>	<b>539</b>	<b>100.0</b>

Table 1 shows the demographic characteristics of the respondents. The data found that women make up over half (54.4%) of the study respondents. The data shows that more respondents (21.4%) were between the ages of 58 and 67, while 13.4% were between the ages of 18 and 27. It was also found that over a quarter (41.9%) of the study respondents were married, while only 7.2% were separated. The data also revealed that more of the respondents (32.3%) noted that their highest educational level is the First School Leaving Certificate (FSLC). This suggests that the literacy level in the area is low. It was found that trading, artisans (31.2%), and farming (24.6%) are the major occupations of the respondents in the area. The data indicates that most respondents (82.2%) were Christians. Finally, over 36% of the study respondents earn below N50,000 a month.

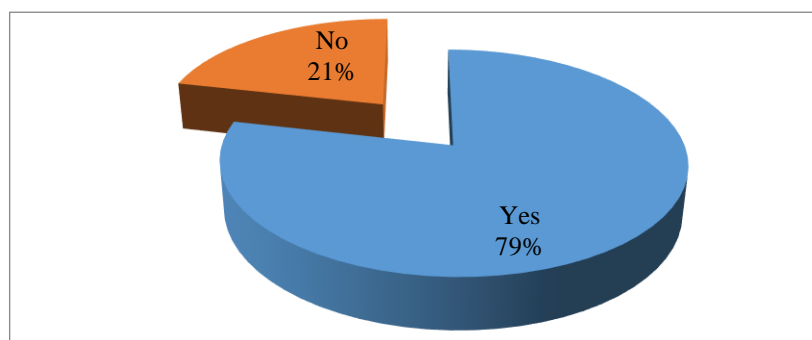


Figure 1 Is FGM still practiced in Attah Community

Figure 1 shows that the majority of the study respondents (79%) indicated that female genital mutilation is still practiced in the Attah community. In contrast, only a few respondents said it is not practiced. This suggests that many people in the Attah community are aware that the practice of female genital mutilation still exists in their community. The qualitative data of the study corroborated the findings. The majority of the interviewees revealed that the practice of FGM exists in their community. A male interviewee who is a farmer noted:

*Female genital mutilation is common knowledge in the community. Everyone is aware of it because of our cultural beliefs about it, not only in our community but even in other communities around us. A girl who is not circumcised is seen as one who will not be suitable for marriage. So many parents try to circumcise their daughters so that they will not have marriage problems.* (**Female, farmer, 56 years old, Imo State**)

To determine if gender influences the decision to continue the practice of FGM in the Attah community, the Mann-Whitney U Test was conducted. The findings are in Table 2.

Table 2 Mann-Whitney U Test of gender and decision for the continued practice of FGM in the Attah community

Ranks				
	Gender	N	Mean Rank	Sum of Ranks
The decision to continue practice of FGM in the Attah community	Male	246	605.70	410432.50
	Female	293	508.07	196032.10
	Total	539		
Test Statistics				
The decision to continue practice of FGM in the Attah community				
Mann-Whitney U		96466.50		
Wilcoxon W		196032.10		
Z		-3.281		
Asymp. Sig. (2-tailed)		.01		

The data in Table 2 show that there is a statistically significant difference between gender and the decision to continue the practice of FGM in the Attah community ( $U = 96466.50$ ,  $P\text{-value} = .01$ ). This indicates that the decision to continue the practice of FGM in the Attah community differs by gender. Furthermore, the rank data shows that the mean rank of those males (605.70) is higher than that of females (508.07). Males are more likely to make decisions that influence the continued practice of FGM in the Attah community than females. This is not only in line with the qualitative data of the study; most of the male interviewees approved of the practice because they believe that it reduces promiscuity in women. One of the interviewees revealed that:

*Women must be circumcised so that the urge for sex or promiscuity can be reduced. Any woman who has not passed through this process can quickly feel the urge for sex at any little touch. He hardly will if a man wants to marry a woman that he believes cannot hold sexual urges. No man wants to share his wife with neighbours, so there is a need for circumcision. (Male, Trader, 66 years old, Imo State)*

To inquire about the reasons why the practice of female genital mutilation persists in the Attah community, the respondents were asked to identify reasons why FGM is still practiced in their community. The responses are presented in Table 3.

Table 3 Cultural reasons FGM persists in Attah Community in Imo State

Variables	Frequency	Percent %
It is a religious expectation	21	3.9
It is a cultural expectation for womanhood rite of passage	53	9.8
It is believed that women with FGM are likely to be less promiscuous	84	15.6
Women with FGM are more likely to get married faster than women without FGM	27	5.0
It makes women's genitals look beautiful and clean	16	3.0
All of the above	338	62.7
Total	539	100.0

Data in Table 3 shows that the majority of the study respondents (62.7%) revealed that the continued practice of FGM in their community is because of the following: religious expectation, cultural expectation for womanhood rites of passage, belief that women with FGM are likely to be less promiscuous, belief that women with FGM are more likely to get married faster than women without FGM, and belief that FGM makes women's genitals look beautiful and clean. Using the multinomial logistic regression analysis method, cultural factors that influence the continued practice of female genital mutilation (FGM) in the Attah community in Imo State were determined. The findings are in Table 4.

Table 4 shows a multinomial logistic regression analysis of the factors that influence the continued practice of female genital mutilation in the Attah community. The model fitting information shows that the independent variables statistically significantly (P-value =.001) predict the dependent variable. The table further indicates that out of the five independent variables tested, only 2, religious expectations (P-value =.083) and making women's genitals look beautiful and clean (P-value =.077), were statistically significant. This is in line with the IDI data, where respondents identified the belief that women with FGM are more likely to be less promiscuous and marriage prospects as factors that are responsible for the persistence of FGM in the Attah community. In their words:

*A woman who is not circumcised is more likely to be promiscuous than one who is. This is the belief in our community, and it has implications for the male choice of a woman to marry. No man wants to share his wife with other men, so issues about faithfulness on the part of women are taken very seriously. (Male, Retired Public Servant, 72 years old, Imo State)*

Table 4 Multinomial logistic regression predicting cultural factors that influence the continued practice of female genital mutilation (FGM) in Attah Community

Model Fitting Information					
Model	Model Fitting Criteria -2 Log Likelihood	Chi-Square	Likelihood Ratio Tests Df Sig.		
Intercept Only	789.274				
Final	650.515	118.461	10		.001
Likelihood Ratio Tests					
Effect	Model Fitting Criteria	Likelihood Ratio Tests			
	-2 Log Likelihood of Reduced Model	Chi-Square	Df	Sig.	
Intercept	650.515 <sup>a</sup>	.001	0	.	
Cultural expectation for womanhood rite of passage	717.578	15.769	2	.002	
Marriage prospect	718.109	16.354	2	.001	
Religious expectations	604.366	7.696	2	.083	
It makes women's genitals look beautiful and clean	699.129	8.514	2	.077	
The belief that women with FGM are likely to be less promiscuous	731.433	37.909	2	.000	

### 3.2. Discussions

This study explored the relationship between cultural factors and the continued practice of female genital mutilation in the Attah community in Imo State. It was found that the majority of people believe that female genital mutilation is still practiced in the community. The majority of the study interviewees corroborated the findings. The majority of the interviewees believe that not only is FGM practiced in Attah, but everyone in the area is aware of it because of some cultural beliefs that sustain it. This is supported by a study conducted by Okeke et al. (2012) on female genital mutilation in Nigeria. The study found that FGM practice is widely practiced and deeply entrenched in the culture of many communities in Nigeria.

To determine if gender influences the decision to continue the practice of FGM in the Attah community, the Mann-Whitney U Test was conducted. It was found that males are more likely to make decisions that influence the continued practice of FGM in the Attah community than females. This could be a result of the fact that in most patriarchal societies, men make most decisions that affect everyone in the society. In this case, they are more likely to favor the continued practice of FGM since they believe it serves to protect their women from sexual promiscuity. This line of thought is prominent in the qualitative data of the study. Most of the males interviewed favored the continued practice of FGM because they believed it would reduce promiscuity among women in the community. This was also corroborated by Omigbodun et al. (2020). The author revealed that locals believe that the practice of FGM/C preserves the virginity of the girl child and reduces her sexual urge, thereby reducing sexual promiscuity in women.

The study found cultural factors that account for the persistence of female genital mutilation in the Attah community in Owerri, Imo State. They are religious expectations, cultural expectations for womanhood rites of passage, beliefs that women with FGM are likely to be less promiscuous, beliefs that women with FGM are more likely to get married faster than women without FGM, and beliefs that FGM makes women's genitals look beautiful and clean. However, using the multinomial logistic regression analysis method, it was found that while all five factors put together to influence the continued practice of FGM in the Attah



community, only three (cultural expectation for the womanhood rite of passage, marriage prospect, and belief that women with FGM are more likely to be less promiscuous) significantly predict the continued practise of FGM in the Attah community. While this line of thought was highlighted in the study's qualitative data, the majority of the interviewees believe that a reduction in women's promiscuity is the major belief that persists in the practice of FGM in the Attah community.

#### 4. Conclusion

Female genital mutilations continue to persist despite the established negative health, psychological, and social effects of genital mutilation on women. While other factors contribute to the persistence of the practice, such as the decision-making influence of men, the study holds that religious expectations, cultural expectations for womanhood rites of passage, beliefs that women with FGM are likely to be less promiscuous, beliefs that women with FGM are more likely to get married faster than women without FGM, and beliefs that FGM makes women's genitals look beautiful and clean are the major factors that are responsible for the continued persistence of the practice in Attah community, Imo State. Consequently, to end female genital mutilation in the Attah community, there is a need to address those religious and cultural beliefs that negatively affect the control of the practice.

#### References

- Abdalla, S. M., & Galea, S. (2019). Is female genital mutilation/cutting associated with adverse mental health consequences? A systematic review of the evidence. *BMJ Global Health*, 4(4).<https://doi.org/10.1136/bmjgh-2019-001553>
- Abdikulane, L. A. (2021). *Community Participation and Maternal and Child Health Care Service Delivery in Somalia: A Case Ofwarta-nabada District*.
- Ajayi, C. E., Chantler, K., & Radford, L. (2022). The role of cultural beliefs, norms, and practices in Nigerian women's experiences of sexual abuse and violence. *Violence against Women*, 28(2), 465–486.<https://doi.org/10.1177/10778012211000134>
- Ali, S., de Viggiani, N., Abzhaparova, A., Salmon, D., & Gray, S. (2020). Exploring young people's interpretations of female genital mutilation in the UK using a community-based participatory research approach. *BMC Public Health*, 20, 1–15.<https://doi.org/10.1186/s12889-020-09183-6>
- Aron, A. (1994). *I Aron, EN (1994) Statistics for psychology*. Prentice-Hall, Inc.
- Gbadebo, B. M., Salawu, A. T., Afolabi, R. F., Salawu, M. M., Fagbamigbe, A. F., & Adebowale, A. S. (2021). Cohort analysis of the state of female genital cutting in Nigeria: Prevalence, daughter circumcision and attitude towards its discontinuation. *BMC Women's Health*, 21, 1–12.<https://doi.org/10.1186/s12905-021-01324-2>
- Gbadebo Babatunde, M. (2017). Changes in Intergenerational Attitudes to Female Genital Cutting in Nigeria: Lessons Learnt from Qualitative and Quantitative Analyses of Primary and Secondary Data. *Female Genital Mutilation/Cutting*, 17.<https://doi.org/10.46944/9789057187162.1>
- González-Timoneda, A., Sánchez, A. C., González-Timoneda, M., & Ros, V. R. (2022). Cultural beliefs, perceptions, and experiences on female genital mutilation among women and men: A qualitative analysis. *Journal of Interpersonal Violence*, 37(17–18), NP15504–NP15531.<https://doi.org/10.1177/08862605211015257>
- Koski, A., & Heymann, J. (2017). Thirty-year trends in the prevalence and severity of female genital mutilation: A comparison of 22 countries. *BMJ Global Health*, 2(4).<https://doi.org/10.1136/bmjgh-2017-000467>

- Mackie, G., & LeJeune, J. (2009). *Social dynamics of abandonment of harmful practices: A new look at the theory*.
- Mulongo, P., Rowland, A., & McAndrew, S. (2023). Female Genital Mutilation. In *Gender-Based Violence: A Comprehensive Guide* (pp. 271–284). Springer.[https://doi.org/10.1007/978-3-031-05640-6\\_20](https://doi.org/10.1007/978-3-031-05640-6_20)
- National Population Commission Republic of Nigeria, Abuja, Nigeria, & ICF International Rockville, Maryland, USA. (2014). *NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2013*.
- National Population Commission. (2009). *2006 population and housing census of the Federal Republic of Nigeria*. <https://searchworks.stanford.edu/view/8626165>
- Okeke, T. C., Anyaehie, U. S., & Ezenyeaku, C. (2012). An overview of female genital mutilation in Nigeria. *Annals of Medical and Health Sciences Research*, 2(1), 70–73.<https://doi.org/10.4103/2141-9248.96942>
- Omigbodun, O., Bella-Awusah, T., Groleau, D., Abdulmalik, J., Emma-Echiegu, N., Adedokun, B., & Omigbodun, A. (2020). Perceptions of the psychological experiences surrounding female genital mutilation/cutting (FGM/C) among the Izzi in Southeast Nigeria. *Transcultural Psychiatry*, 57(1), 212–227.<https://doi.org/10.1177/1363461519893141>
- Shakirat, G. O., Alshibshoubi, M. A., Delia, E., Hamayon, A., & Rutkofsky, I. H. (2020). An overview of female genital mutilation in Africa: Are the women beneficiaries or victims? *Cureus*, 12(9).<https://doi.org/10.7759/cureus.10250>
- UNICEF. (2016). *FEMALE GENITAL MUTILATION/CUTTING*. [https://www.unicef.org/sites/default/files/press-releases/glo-media-FGMC\\_2016\\_brochure\\_final\\_UNICEF\\_SPREAD.pdf](https://www.unicef.org/sites/default/files/press-releases/glo-media-FGMC_2016_brochure_final_UNICEF_SPREAD.pdf)
- UNICEF. (2022). *UNICEF warns FGM on the rise among young Nigerian girls*. <https://www.unicef.org/nigeria/press-releases/unicef-warns-fgm-rise-among-young-nigerian-girls>
- UNICEF Data. (2023). *Female genital mutilation (FGM)*. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>
- United Nations Population Fund. (2020). *That harm women and girls and undermine equality*. [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_PUB\\_2020\\_EN\\_State\\_of\\_World\\_Population.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2020_EN_State_of_World_Population.pdf)
- World Health Organization. (2023). *Female genital mutilation*. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>