

Assessing the Knowledge and Intention towards the Continuation of FGM Practice among Young Girls in South West Nigeria

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How to cite this paper: Robinson, R., Ojajuni, O. P., Owolabi, I. O., Olunuga, O., & Oni, E. I. (2022). Assessing the Knowledge and Intention towards the Continuation of FGM Practice among Young Girls in South West Nigeria. *Open Journal of Social Sciences*, 10, 271-283.

<https://doi.org/10.4236/jss.2022.104020>

Received: March 10, 2022

Accepted: April 18, 2022

Published: April 21, 2022

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Abstract

Nigeria is the third largest country with women and girls who have undergone FGM in the world with 21.6 million of them genitally mutilated. Some studies have revealed that despite the increased sensitization on the dangers of FGM, several women are still willing to continue the practice of FGM. However, there are few or no studies that assessed the intention to continue FGM practice among young girls who are future mothers and will be responsible for making important decisions for their children. This study, therefore, focused on assessing the knowledge and intention towards the continuation of FGM practice among young girls in South-West Nigeria. This study was a qualitative study conducted among young females aged 18 - 24 years in Osun, Oyo and Ekiti state. Purposive sampling technique was used to select participants who were interviewed. The interviews were transcribed verbatim and cleaned for typographical and grammatical errors. The transcripts were coded both inductively and deductively and thematic analysis was done on the coded transcripts. In this study, few of the participants agreed that FGM can lead to complications. Some of the complications stated were bleeding, painful urination, the transmission of infections, HIV, pain during menstruation, death and sexual displeasure. Majority of the study participants were not aware of any available law and policies that protect women and girls from FGM. Almost half of the young girls had the intention to continue FGM practice. This study revealed that young girls have low knowledge of FGM and laws and policies against the practice. Some of the girls have intention to continue the practice of FGM despite the efforts of stakeholders across communities to raise awareness on the dangers of FGM and the need for its abandonment. These findings emphasize the importance of implementing interventions that focus on educating young girls through school campaigns,

peer teachings, and community discussions to enhance girls' understanding of FGM and available laws and change their intention to continue FGM practice.

Keywords

Female Genital Mutilation, Women, Girls, Harmful Traditional Practices

1. Introduction

Female Genital Mutilation (FGM) is described as any procedure that involves the partial or total removal of the external female genitalia and/or injury to the female genital organs for cultural or other non-therapeutic reasons (WHO, 2006). A global study across 30 countries where data on FGM/C exists reported that 200 million girls and women alive today have experienced genital mutilation (UNICEF, 2016). The FGM practice is common among more than 28 countries in Africa, but a significant burden is found in countries with strong old traditional and cultural practice such as Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana (Odoi, 2005). Nigeria is the third largest country with women and girls who have undergone FGM in the world with 21.6 million of them genitally mutilated. This shows that 1 in 4 women aged 15 - 49 years in Nigeria have been genitally mutilated (UNFPA & UNICEF Nigeria, 2016). Based on the geopolitical zones, the highest prevalence of FGM among adult women is found in the South East (35%), followed by South West (30%) and lowest in the North East (6%) region of Nigeria (NPC & ICF, 2019).

FGM has no reported health benefits, but it's characterized by a long list of immediate health risks, variety of long-term complications affecting women's physical, mental and sexual health throughout the life-course. The direct financial cost of treating the negative health complications caused by FGM can span generations, starting as early as childbirth. This puts a significant economic burden on health systems and national budgets, especially in countries with rates of FGM greater than 10% (WHO, 2020).

Nigeria has so far taken commendable steps toward the eradication of FGM in local communities by creating laws and policies that protect women and girls from the practice, and supporting local and international organizations efforts in their advocacy and campaign activities. However, there is still recent reported incidence of FGM. Some of the factors that contribute to the continuation of this practice are false beliefs on the benefits of FGM, desire to conform to the culture of the community, and the willingness or intention to practice FGM.

Some studies have revealed that despite the increased sensitization on the dangers of FGM, a number of women are still willing to continue the practice FGM. In a study conducted among women in Bale Zone, Ethiopia, it was reported that 26.7% of the respondents were intending to perpetuate FGM either on their daughters or on other girls in the future (Bogale, Markos, & Kaso, 2015).

Another study in Mauritania showed that 64% of the respondents favored the continuation of FGM practice. This reveals one of the reasons why FGM is still being practiced in this generation. In order to ensure the practice ends in this generation and does not continue in the next, it's important to reduce the intention of the continuation of FGM practice among the younger generation.

However, there are little or no studies that assessed the intention to continue FGM practice among young girls who are the future mothers and will be tasked to make vital decisions for their children. This information will play an important role in making decisions on FGM for future generations and guide the planning and implementation of end FGM programs in local communities. This study therefore focused on assessing the knowledge and intention towards the continuation of FGM practice among young girls in South West Nigeria.

2. Methodology

2.1. Study Area

This qualitative study was conducted in Osun, Oyo and Ekiti state. These states were selected due to the reported high prevalence rate of FGM there. In Osun state, the inhabitants are mainly farmers, traders, and civil servants and while a majority is Yoruba, other ethnic groups such as the Hausas and Igbos and other ethnic minorities are equally found in the state. Ekiti state indigenes are culturally homogeneous and they speak a dialect of Yoruba language known as Ekiti. The homogeneous nature of Ekiti confers on the state some uniqueness among the states of the federation. Oyo State covers approximately an area of 28,454 square kilometres and is ranked 14th by size. The landscape consists of old hard rocks and dome-shaped hills, which rise gently from about 500 meters in the southern part and reaching a height of about 1219 metres above sea level in the northern part.

2.2. Study Design

A qualitative study was used to achieve the objectives of the research.

2.3. Study Population

The participants for the study included young females aged 18 - 24 years living in Osun, Oyo and Ekiti state. Purposive sampling method was used to select the participants in the interviews.

2.4. Study Instruments

The interview guide was structured to get in-depth answers on respondents' knowledge of FGM, and FGM policies and laws, reasons for FGM and intention towards the continuation of FGM.

2.5. Data Collection

Two research assistants with at least a university degree and a health background

were trained in each state on the data collection process, how to obtain informed consent and reassure respondents on confidentiality. Selected research assistants could speak and understand the local Yoruba language very well. For every interview session, one trained research assistant facilitated the interview while the second research assistant served as the notetaker. Interviews were recorded using a voice recorder and uploaded to a dedicated server where it was extracted for translation and transcriptions.

2.6. Data Analysis

The interviews were transcribed verbatim using Microsoft Word. The verbatim transcripts were cleaned for typographical and grammatical errors. The transcripts coded both inductively and deductively and thematic analysis was done on the coded transcripts.

2.7. Ethical Consideration

Ethical clearance was sought and obtained from the Research and Ethics Committee of the three states that were surveyed: Oyo State Ministry of Health, Osun Ministry of Health, and Ekiti State Ministry of Health, respectively. Participation in the study was voluntary. Information collected did not have identifiers and the rights of respondents were respected. Written informed consent was obtained from all participants after the purpose and objectives of the study had been properly explained to them. In this regard, the (translated) consent form was read to participants who do not understand English in the Yoruba language by the trained field staff.

2.8. Challenges and Mitigants

COVID-19: The fieldwork was implemented during Phase 2 ease of lockdown measures by the government of Nigeria. Because of the mode of transmission of the Coronavirus, household respondents and interview participants were not as receptive as they would have been before the Covid-19 era. This challenge was mitigated by factoring in refusal scenario into the data collection time and ensuring that Research Assistants are compliant to all the required Infection Prevention Control (IPC) measures.

Appointments with Key Informant: The wide range of stakeholders required for this study posed a significant challenge due to lack of availability and conflicting priorities of the key stakeholders. It was difficult to secure appointments with some interview respondents and many of them rescheduled severally before granting the interviews. This challenge was mitigated by snowballing to get interview respondents where possible.

3. Results

Knowledge of FGM

Most of the participants have heard about Female Genital Mutilation and dis-

played varying knowledge on the practice. The participants described FGM based on what they have heard about the practice in their community. In some of the discussion, participants used phrases which indicated a disparity in knowledge previously and recently known.

A participant said that:

They said circumcising a female child is dangerous but what I know before is that they said it is important to circumcise a female child and that if it is not done, it is possible that if they quickly have sexual relations or something like that, that it might affect them or so. That's what I know. But now, it was being said on the radio that it's not good to circumcise a female child and that it is only beneficial for the male child. Even in our place, when a baby is born now, they don't really circumcise a female child anymore again because it is said that it's not good to still be circumcising a girl child.

Another participant stated that:

Actually I don't know but from my findings and talking with elderly men, some of them said that because some girls are they are moving from one place to another as in it is a form of castrating them. Some of them starting from a younger age to start doing what they are supposed to do at a mature age they will hinder them while during my finding like if you hinder that person by removing the sex organ at that tender age, when the person is now off age, you cannot bring it back again so what is the need.

Another participant said that:

What I know is that it is said that it is good to perform circumcision for both the male and female child. But now, people don't want to circumcise a female child anymore because it is said that if they don't circumcise a child, she will start having sexual relations early in life. But previously, a female child is usually being circumcised.

Only two of the participants described FGM as the partial or total removal of the part of the female genitalia due to certain beliefs and misconception.

A participant reported that:

I have heard of ermmm female genital mutilation before and ermmm I heard it through a radio program and that was where I learnt that it is a partial or total removal of female clitoris from the body and the reason why they normally do it is to hinder girls or girl child from going into adultery from being promiscuous so that and then number two for easy delivery because they believe that if the clitoris should touch the head of the baby it will make the baby to die. And it doesn't have a specific origin but it is a cultural practice that is being passed from one generation to another.

Another participant said that:

Actually I've heard of female circumcision and what me I know that they do

call it is “IBO ABE FUN OMOBIRIN” a girl child and I don’t really know where it started from but I know it is the removal of they will cut part of the clitoris, they will cut the vulva and so on like that sha. They will make use of local blade and apart from that it is very very bad, me I see it as wickedness because all those olden days babas and mamas believe that it will curb the child from being wayward which is not really true and you doing that is like you committing murder. And as a result of that, anything could happen to the child and also you have infection. So that is that, that is all I know.

Knowledge of Complications of FGM:

FGM is associated with complications that affect the physical, mental, emotional and sexual health of the individuals. Diverse studies have reported the occurrence of some of these complications such as sexual displeasure, bleeding, painful urination, in survivors. In this study, few of the participants agreed that FGM can lead to complications. Some of the complications stated were bleeding, painful urination, transmission of infections, HIV, pain during menstruation, death and sexual displeasure.

A participant said that:

The dangers I read about it, bleeding in the process of cutting such person can bleed to death and pains after it has been done the person pass though pains whether when the person is urinating or whether the person is having monthly flow. Those are the few dangers I know.

Another participant stated that:

For me the side effect I’ve heard that that some face group errmm facebook group chat when some persons complain they don’t enjoy sex married not for single and when questions were being thrown they found out the circumcise they found out that they can never there is no solution to it and I was like this very act now that our parents did with the aim of protection you, now there is no solution. That means you will remain like that if at all you are married you just have to do anything you are doing in your marriage just to please your husband not for your own self so that is just the side effect that I know.

Another participant said that:

I’ve met with one person and the person is somehow like a close relative and what me I notice about the person, the person is like emotionless. She doesn’t have will I say, should I say a moan or I don’t know like that sha so I have met with someone like that before and she doesn’t really have flare for sex though the person is happily married and what will the husband do, he has already gotten married to her. There is something that is called hemorrhage that and also, it could lead to death and also you have menstrual problem and for people like that depression, shock and peradventure tetanus gets into that one, it will cause something else from the blade used or

whatever used if it is not sterilized it could cause infection or disease or something like that. That is that:

Many of the participants who agreed that FGM can cause complication believed that it cannot lead to sexual displeasure.

A participant said:

Sexual displeasure cannot be caused by FGM. It is being done in the olden days and it was performed on me too, I am not passing through any difficulty so I don't understand why it is being stopped.

Another participant said:

It cannot affect a female when she's having sex with her man in any way.

However, few of the participants were of the opinion that the occurrence and the severity of the complication is based on the experience and expertise of the cutter.

A participant said:

Bleeding can occur from the cutting but it depends on how expert the cutter is. A novice in Female cutting will probably make that mistake but an expert won't. It can also cause pains during urination when first done. Sexual displeasure is only based on the cutter expertise on the cutting.

Another participant said:

The reason why there is dangers associated with FGM is because the practitioners of these days are not really well learned about it.

Knowledge of Laws and Policies against FGM:

There are available laws and policies in the research study area which protects women and girls from FGM/C. These laws contain sanctions and punishments for anyone who cuts or is indirectly involved in the process of cutting. Despite the availability of these laws and its provisions, majority of the study participants were not aware of any available law and policies that protect women and girls from FGM.

A participant said:

I haven't heard about any law on FGM

Another participant said:

Although, I've not heard of any law but from advert and commentaries that I have listened to the only solution that they were proffering that parent they should not allow the girl child sex organs to be tempered with no matter what the practitioner is telling you that this one will stop the child from doing this or that they should leave your child like that. For the practitioner if there is any punishment or that for them.

Another participant said:

Where, law in this state? I don't know of any in this state.

However, only few of the participants stated that they had heard about the law on FGM and the steps that will be taken on any individual found performing the act.

I have heard about the law. It was said that anybody caught engaging in the act will be prosecuted.

I have heard that if a cutter is caught doing it or whoever will be arrest and prosecute the person.

Although not all the participants who were aware of the existence of the law could state what the law says about FGM and the provisions in it for perpetrators and aiders of FGM.

A participant said:

Most times I heard them on television and advertisement kicking against it that it is very dangerous that people involved in it should stop that. But I don't really hear about the punishment attached to it.

Another participant stated that:

I know there is a law or policy but I can't really pin point the consequence but I shall know that there is a law because they already told some like the TBAs the traditional birth attendants, the nurses that are always involved in the cutting. They already told them to stop, I don't know the actual consequence that the person that is doing the cutting will face when he or she is being cut.

Reason for FGM practice:

The participants believed that FGM is practiced to curb promiscuity by removing the sensitive part of the female genitalia. Some of the participants also stated that FGM is performed to prevent child birth difficulty. Other reasons stated for the practice of FGM were ignorance of the dangers associated with the practice and cultural norm.

A participant stated that:

My own mother told me that the main reason for female circumcision is to curb unfaithfulness among married women because they believe when those organs are there, any easy touch, a woman will be aroused whether and the person will not even check if the person touching me is my husband. She might just say after all let me do it. So they believe that when they cut that organ the woman will be able to control herself when they touch her.

Another participant said:

It is said that if a girl child is not circumcised, in the future, she may experience some delays giving birth to her children. Recently, in my area, it was said that there's something in her vagina like a penis and that if they don't

remove it, it might affect her in the future that she will have delay having children. But now we're hearing that it's bad. And people who have been at it for a long time like top bosses, not novices who just started work, have said that it affects a girl child in the future if that thing is not removed from her vagina.

Some people are still doing it because in their family they see it as a normal norms and it is something that must be done. So if you as a wife now you are coming into the house and you are saying you are not doing it, they will see you as a witch or they will see you as somebody that don't want to cooperate with them and some people do it as a means of livelihood because that is what they eat.

There is one thing about cultural believe. Cultural believe is just like doctrine, if you are so key to your doctrine, even if any other person is saying stuff against it you will not just believe it. So people believe that this thing as being in existence since the beginning then it is left for you to do it so that is why people who are doing it and also, there are some things in each families that if you don't do it, this is what will happen to the child. There is so much believe in it that if they don't do it, there won't be any kind of protection on such child.

The reason why it is done then is to prevent female child from promiscuity. Ignorance of what the associated dangers is, is also a factor that contributes to the practice.

Continuation of FGM Practice:

A significant proportion of the participants were of the opinion that FGM should be continued. This opinion was mainly because they were previously circumcised and want to prevent their children from childbirth difficulty and promiscuity. Another predominant reason was ignorance of the dangers associated with practice.

A 19-year-old participant said that:

I will love to mutilate my own female child because it was done for me and I didn't experience any difficulty so it I don't see the reason why it shouldn't be done. Being a female that was also mutilated, I don't think it is anything wrong in performing FGM on a female child.

Another participant said:

We shouldn't stop it. Because like that child that I earlier mentioned had penis like growth in her vagina, it was said that if they were unable to remove it, it was possible that she would be unable to bear children in the future. But as we hear it recently being advertised in the radio that we should not carry out FGM on female children because it somewhat affects them, that part is still unclear to me. We don't yet know the effects and issues with it.

Another participant said:

The reason why is because of promiscuity. It is done in my household because of the same reason of promiscuity. I will love to mutilate my female child in the future if I am chanced.

However, most of the participants agreed that FGM should be stopped because there are no benefits attached and it causes more harm to the survivors.

A participant said:

It should be stopped because those that were cut and those that are not cut. The reason they are given cutting is because of promiscuity and a lot of people are into erm they are doing erm this erm they are practicing promiscuity and they are cut and they are still doing it. So it doesn't make any anything. Then biblically, there is no biblical backup then because this we call something societal believe. Something that is being passed, if they don't stop it now in our generation it won't be funny that our children will also pick it up.

Another participant said:

Yea, it should be totally eradicated because there is no impact. There is no good reason for it. Let me say maybe because maybe they are thinking because of waywardness. They should sit their kids down and with the help of God, they should give them advice.

Another participant said:

It should be stopped, because there's no nobody that can point out a good benefit. It is dangerous.

4. Discussion

The study focused on assessing the knowledge, and continuation of FGM practice among young girls in South West Nigeria. It revealed that most of the young girls displayed varying knowledge on FGM based on diverse information received in the community. Some of these information contained misconceptions and myths about the practice of FGM which is due to the quality of the information passed across to the young girls. This shows the influence of source information on the knowledge of individuals. The girls obtained the majority of their information from members of the community. This underlines the importance of not underestimating the power of word of mouth as a source of knowledge in disseminating information about FGM to the younger generation. Therefore, it is important for stakeholders to conduct sensitization effectively to ensure that the right information is received by their target audience bearing in mind that this information will be passed across to another person verbatim. Also, young girls should be focused on during sensitization programs to debunk possible myths and misconception about FGM that might shape their mindset towards promoting FGM practice in the next generation.

Many of the young girls were not aware of the complications of FGM. Com-

plications mentioned include bleeding, painful urination, infection transfer, HIV, pain during menstruation, mortality, and sexual dissatisfaction. It is worth noting that, while some of the girls are aware of the immediate consequences of FGM, many of them are unable to clearly explain the long-term consequences, particularly the pregnancy difficulties connected with it. This is critical because understanding both the immediate and long-term consequences of FGM plays a role in influencing the intention to continue FGM practice. Some of the young girls also believed that FGM could not lead to sexual dissatisfaction. This reveals that complications could differ among individuals based on the type of FGM performed on them. FGM varies in type and the effect also sometimes largely depends on the type that was carried out. However, diverse studies have reported that women who experienced FGM experienced difficulty while having sex. This has equally affected some marriages and increased promiscuity. According to [Owojuyigbe, Bolorunduro, & Busari \(2017\)](#), “the removal of or damage to the clitoris and other sensitive genital tissues, may not only affect sexual sensitivity and the quality of sexual life, but bring multiple sexual problems, not least decreased sexual pleasure and chronic pain during sex, which can be due to trapped or unprotected nerve endings”.

Almost all of the participants were unaware of the laws and policies in place to protect women and girls against FGM. This indicates a significant gap in the implementation of laws against FGM. When people are unaware of the existence of FGM laws, which is intended to protect them, it is unlikely that it will be used. In Nigeria, the VAPP Act expressly criminalizes FGM and makes it, as well as other forms of gender-based violence, a legal offense. However, it is believed that only one out of every hundred Nigerians is aware of the existence of this Law in Nigeria, and only ten out of every 200 Nigerians understand what this Act says or implies ([28 Too Many, 2018](#)). Furthermore, the states where this study was conducted have current state laws that criminalize FGM. Some of these laws still have significant loopholes in them, limiting their effective enforcement, but users not being aware of the law's existence are an issue that should be addressed. As a result, campaign efforts should be directed on simplifying the content of laws and policies, as well as improving young girls' knowledge of laws that protect them against FGM and criminalize the practice. This understanding will help to increase the reporting of FGM cases and prevent the continuation of the practice.

According to the young girls, FGM is done to reduce promiscuity and to make childbirth easier. This reason is consistent with the findings of earlier research studies in which FGM was found to be done in order to reduce promiscuity ([Egbodo et al., 2019](#); [Okeke, Anyaehie, & Ezenyeaku, 2012](#)). The mothers of these young girls may have communicated this rationale to them in order to justify the need for and continuance of the practice. According to a survey performed among mothers in Nigeria, almost half of the mothers believe that FGM inhibits sexual promiscuity ([Omolase, Akinsanya, Faturoti, Omotayo, & Omolase, 2012](#)). Mothers' opinions may affect their children's opinions and serve as a justifica-

tion for the practice's continuation. However, the primary reason for FGM practice differs from country to country. It is permissible for a woman to be sexually active before marriage among the Rendiles in Kenya, where FGM is a traditional practice (Maslovskaya, Brown, & Padmadas, 2009). This demonstrates that the purpose of FGM among Rendiles is not to encourage chastity, but rather to uphold cultural norms. Therefore, before designing and executing initiatives to promote FGM abolition, it is critical to understand the community-specific causes for FGM practice.

Almost half of the young girls had the intention to continue FGM practice. This intention was because they were circumcised and believe FGM will protect their offspring from difficulties during delivery and promiscuity. In order to prevent the continuation of FGM practices, stakeholders should plan and implement programs that change the belief of young people towards FGM. This will include sensitization program including community outreaches and media campaigns. Also, FGM content should be mainstreamed into educational activities planned for students across all levels. There should be efforts targeted at promoting locally led FGM education among young people and effective systems to promote reporting of FGM cases and the enforcement of laws and policies against the practice.

5. Conclusion

This study revealed that young girls have low knowledge of FGM and laws and policies against the practice. Some of the girls have intention to continue the practice of FGM despite the efforts of stakeholders across communities to raise awareness on the dangers of FGM and the need for its abandonment. These findings emphasize the importance of not ignoring the younger generation in the implementation of measures to end FGM. As a result, interventions should focus on educating young girls through school campaigns, peer teachings, and community discussions to enhance girls' understanding of FGM and available laws. More research studies should be conducted to determine other factors related with young girls' low level of knowledge of FGM and intention to continue the practice at the community level.

Contributors

Rhoda Robinson, Paul Ojajuni and Isaiah Owolabi conceptualized the study, recruited staff, and sought funding. Paul Ojajuni planned the methodology. Emmanuel Oni was involved in data cleaning and completed record linkages. Oluwatomi Olunuga did the data analysis and wrote the first draft of the manuscript. All authors reviewed the manuscript and agreed with the final version. All authors had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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