



Factors Influencing the Practice of Female Genital Mutilation in Ueken Community, Tai Local Government Area of Rivers State

Udo Orukwou* and Chinemere Onyema

Department of Nursing Sciences, Faculty of Basic Medical Sciences, College of Medical Sciences, Rivers State University, Nigeria.

*Corresponding author email: udo.orukwou@ust.edu.ng; Phone: +2349060039098

Abstract	Article History
<p>This study was conducted to determine the factors influencing the continuous practice of female genital mutilation, and to create awareness of health risk factors (complications) and its prevention in Ueken Community in Tai Local Government Area of Rivers State. Four (4) research questions and one (1) hypothesis were formulated. Copious literature was reviewed which x-rayed the opinion of several authors on the topic. The target population was 150 females. A purposive non-probability sampling technique was used to select the sample size of 100 female adolescents. The instrument used for data collection was a questionnaire developed by the researcher. The questionnaire consisted of sections “A” demographic data of respondents and “B” of multiple questions on variables of the study. Data were presented and analyzed using frequency tables and figures. Finding from the research question revealed that the majority of the females have heard about female genital mutilation, that circumcised girls may be forced with psychological and health risks after female genital mutilation. Chi-square (X^2) statistical tool was used to test the null hypothesis at a 0.05 level of significance. The X^2 calculated of 1.164 was lesser than the X^2 table of 3.84. Following the statistical rule, the null hypothesis was accepted thus; there is no significant relationship between the factors influencing the continuous practice of female genital mutilation in Ueken community in Tai Local Government Area, Rivers State. Based on the findings and results from the study, the implications for nursing were spelt out and recommendations were made.</p> <p>Keywords: Female genital mutilation, Health risks, Health complications, Ueken community, WHA61.16</p>	<p>Received: 15 March 2022 Accepted: 12 April 2022 Published: 15 April 2022</p> <p>Scan QR code to view*</p>  <p>License: CC BY 4.0*</p>  <p>Open Access article.</p>
<p>How to cite this paper: Orukwou, U. and Onyema, C. (2022). Factors Influencing the Practice of Female Genital Mutilation in Ueken Community, Tai Local Government Area of Rivers State. <i>IPS Journal of Public Health</i>, 1(3), 1–6. https://doi.org/10.54117/ijph.v1i3.6</p>	

1. INTRODUCTION

Female genital mutilation is a traditional practice that involves the partial or total removal of the female external genitalia or other injuries to the female genital organs for cultural or other non-therapeutic reasons (UNFPA, 2022). Female genital mutilation is practiced in Ueken community in Tai local government area in Rivers State. Despite its crude nature. It is practiced in a crude way, unpleasant environment and by non-medical personnel and a lot of complications that can be immediate and or long term may occur.

Thy ages of those who undergo this barbaric procedure ranges from a few days old to adolescence many of those who practiced female genital mutilation believed that it has religious roots. Female genital mutilation is recognized as a harmful practice that abrogates human rights (WHO, 2006). From the medical point of view, female genital mutilation offers no benefit contrary to what is believed by many who practiced it especially in Ueken community where this study was carried out considering the fact that this act is carried out in filthy environment and most times without anesthesia thereby leading to immediate or post complications resulting from this harmful cultural practice as observed on the victims such as shock from severe pain and even death from bleeding and frequent and life-threatening (Fraser and Cooper, 2009).

Female genital mutilation in this community is performed with a razor blade and scissors. As a bonafide indigene of Ueken in Tai Local Government Area.

My great grand-mother narrated how this practice was carried out, especially among the Bua Ueken she narrated that the Girl (usually between the ages 11 -16) is usually convinced that if she undergoes the practice, she will culturally be accessed as a full-grown woman. She is being lied down to the village bank with a group of women usually older than she is she narrated that after getting to the “operation site” the girl is stripped naked being blindfolded. She is made to lie flat holding back her hands and legs by the elderly women, two to the legs and two to the hands. Another woman will sit on her chest to prevent further movement of the body. A piece of cloth will then be forced into her mouth to prevent her from screaming and she will be thoroughly shaved before the act of carrying out. When the operation begins she will struggle because of the unbearable pains it carries. Sometime during the operation, she could be hurt and bleeding results. As the procedure is ongoing. The other women throw themselves into a joyful mood, singing, dancing and chanting songs. Their beliefs are that she has turned to a full woman. This is conducted annually and it is called “Koo” in the in Tai language, later on in life, it was observed that females who went through female genital mutilation passed through difficulties during pregnancy and childbirth which may result to some complications in life infection, hemorrhage and even death and they may also experience increased pain during intercourse, reduction in sexual satisfaction and reproduction in sexual desire (UNFPA, 2022). Sometimes after circumcision, wounds may end up being infected, for my scar and keloids.

♦ This work is published open access under the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits free reuse, remix, redistribution and transformation provided due credit is given.

However, female genital mutilation is associated with the cultural ideal of femininity and modesty which include the notion that girls are “Clear” “beautiful” after the removal of body parts and also as leaty to prepare her for adulthood and marriage.

It is practiced in more than 28 countries in Africa, European countries and limited state (UNFPA, 2022). In December 2012, the united nation general assembly accepted a resolution on the elimination of female genital mutilation. In 2010, world health organization passed a resolution (WHA61.16) on the elimination of female genital cutting emphasizing the need for concerted action in all sectors, ministries of health, education finances, justice and woman affirm with there, the researcher deem it important to research on this topic and come up with the listed solutions.

Statement of Problems

Female genital cutting is a common practice in Bua-Ueken, sometimes reason(s) being tied to certain religious and cultural beliefs. Due to it severe consequences, the government through her numerous healthy agencies including medical personnel have carried put several enlightenment campaign against this practice.

From experience, the females in Ueken community present with certain health consequences, but even at that, female teenagers are still made to go through it in this communities therefore this interest the researcher to investigate into what could be the factors influence genital mutilation in Ueken in Tai local government Area, Rivers state and to proffer solution and suggestion on how it can be stopped.

Objectives of the Study

The objective of the study is to determine the factor responsible/influence female genital mutilation in Ueken Tai, but in a specific terms, the study will achieve the following objective.

- i. To identify reasons for practice of female genital mutilation in Ueken Tai.
- ii. To assess the risk of female genital mutilation practice in Bua-Ueken Tai.
- iii. To assess the method adopt in the practice of female genital mutilation.
- iv. To create awareness on the dangers associated with female genital mutilation so as to prevent/stop its practice.

Significance of the Study

The study is to enlighten the people of Bua Uekem on the health and other implications of female genital mutilation and may also enable them to see the needs to put a stop to it practice.

The study will be of great benefit to social workers, guidance and counselor, psychologist nurses, medical doctors, psychotherapists, public health workers and parents to health education and encourage them to embark more extensive campaigns against family incitation and counseling on associated complications and of female genital mutilation.

The study will arouse Tai local government’s interest to become aware of practice of female genital mutilation in Ueken Tai and the formidable efforts geared towards its.

It will save as a source of reference to the research.

Scope of the Study

The study researched into female genital mutilation in the community (Uekem Tai).

The study will be carried out in Bua Ueken in Tai Local Government Area of Rivers State. Factors influencing the practice of female genital mutilation in the Area is the main focus of the study, married men, women, and youth of the community will be used for the study to get their views on the practice of female genital mutilation in the community.

Literate and illiterate respondent will be used for the study.

Research Questions

- i. What are the reasons for the practice of female genital mutilation in Bua Uekem community in Tai local Government Area of Rivers State?
- ii. What method(s) do the people of Bua Ueken Tai adopt in the practice of female genital mutilation?

- iii. What are risks of female genital mutilation practice in Ueken community?
- iv. How awareness on the dangers associated with female genital mutilation crated a positive change in Ueken community in Tai Local Government Area of Rivers State.

Hypothesis

There will be no significance relationship between factors influence female genital mutilation and the practice of female genital mutilation in Uekem community in Tai Local Government Area of Ricers State.

Limitations of the Study

During the course of this researcher certain factors constituted a significant setback to the researcher, they include.

- Financial constraints due to high cost of printing and materials require in research work. However, the researcher attended to the above challenges wisely and fatefully and it did not in any way affect the research project.
- Tight academic schedule: The researcher missed some lectures at the expense of the study. The researcher joined group studied to meet up.

The distance between the location of research and where the research work was carrying out this also posed a constrained to the researcher in cause of research work. Hence weekends were substituted to meet up..

2. METHODOLOGY

Research Design

This is a descriptive study which described the factors contributing to the continuous practice of female genital cutting in Ueken Community in Tai Local Government Area.

Rivers State. Descriptive non Experimental research was used for the study. The researcher collected data, analyzed and use it factors contributing to the continuous practice of female genital mutilation in Ueken community.

Setting

The study was carried out in Ueken community of Tai Local Government Area of Rivers State. This community is made up of seven (7) compounds the village is divided in to zones using the English. A to G. The area “B” was chosen because female genital cutting is dominant there. The major occupation of the villagers is farming and trading there are features denoting government presence in the community which include primary health center electricity and primary and secondary schools it is the peace of the birth researcher hence, collection of data was made at first hand.

Target Population

The target population for this study was 150 adolescents young girls who is between 12-21 tears of age who are indigenes and living in Ueken community.

Sample and Sampling Technique

This sample size for this study was one hundred (100) female adolescents between 12-21 years. The samplings technique that was used to select respondent’s for the study was simple random sampling technique. The seven (7) villages was clustered into (10) zones, random numbers was assigned and ten (100) were selected from each zone making up to 100 adolescents girls. The selected 100 adolescent girls were then used for the study.

Instruments for Data Collection

The instrument for data collection was a self-constructed questionnaire. The questionnaire consisted of sections A and B. Section A consisted of personal data of respondents, while section B contains items which focused on the variables of the study

Variability and Reliability of Instrument

The questionnaire was given to the research supervisor to access the suitable which was rewritten by the researcher by integrating the suggestions and corrections pointed out by the supervisor thus making it valid. The reliability of the instrument was determined by the pretest methods, copies of the questionnaire were selected by persons in Ueken Tai community in Tai Local Government Area of Rivers State.

The pretest was done to identify Areas of ambiguity in the questionnaire that could pose problem to respondents.

Method of Data Collection

The questionnaire was distributed personally to respondents and Explanations guiding the filling were necessarily given to the researcher thereafter retrieved from the respondents were retrieved.

Method of Data Analysis

The data was analyzed in accordance with the research questions and hypothesis of the study the data obtained through the questionnaire were tailed, placed on frequency distribution tables and figures. Statistical tool of chi-square (χ^2) was used to test the null hypothesis at significance level of 0.05 and generalization made with findings and result gotten.

Ethical Consideration

An introductory/permission letter was collected from the school authority to His Royal highness of the community. This gave the researcher access to the community and they enacted without hindrance.

3. RESULTS

This section deals with the presentation of data and results with respect to the research questions and hypothesis stated in the study.

The research was conducted to ascertain the factors influencing continuous practice of female genital mutilation in Ueken community in Tai local government Area of Rivers State.

In order to achieve this, one hundred (100) questionnaires were distributed to one hundred (100) respondent within (7) clans of Ueken community. Eight (80) completed copies of questionnaires were retrieved out of the one hundred (100) copies that were distributed. Personal data of respondents Tables 1-4.

Table 1 shows that Age group 13-15years has highest percentage of respondents being 50, 16 - 18 has 20 while 19-21 years has the lowest respondents which is 10.

Table 1: Age group of respondents

Age Group	Frequency	Percentage (%)
13 -15	50	62.5
16 – 18	20	25
19-21	10	12.5
Total	80	100

Table 2 shows that 65 (81.3%) of respondents air Christians, 5 (6.25%) of respondents are Muslims while 10 (12.5%) of respondents are of the African traditional religion (ATR).

Table 2: Religion of Respondents

Religion	Frequency	Percentage (%)
Christianity	65	81.25
Islam	5	6.25
African Tradition Religion	10	12.5
Total	80	100

Table 3 shows that 20 (25%) of respondents have acquired primary education 50 (62.5%) of respondents have had their secondary education 5 (6.25%) have had their tertiary education while 5 (6.25%) have no formal education.

Table 3: Educational status of respondents

Educational Status	Frequency	Percentage (%)
Primary	20	25
Secondary	50	62.5
Tertiary	5	6.25
No formal education	5	6.25
Total	80	100

Table 4 shows that 2 (2.5%) of respondents are traders, 60 (75%) of respondents are students while 8 (10%) of respondents are applicants.

On the variables of the study tables 5-20.

Table 4: Occupation of Respondents

Occupation	Frequency	Percentage (%)
Civil servants	2	2.5
Trading	10	12.5
Students	60	75
Applicator	8	10
Total	80	100

Research question one

What the reasons are for continues practice of female genital mutilation in Ueken community state. Tables 5-9

Table 5 above shows that 70 (87.5%) of respondents have heard of female circumcision while 10 (12.5%) of respondents have not heard of female circumcision.

Table 5: Have you heard of female genital mutilation?

Response	Frequency	Percentage (%)
Yes	79	87.5
NO.	10	12.5
No	10	12.5
Total	80	100

Table 6 shows that 50 (62.5%) of respondents religion support the practice of female genital cutting while 30 (37.5%) of respondents religion does not support female circumcision.

Table 6: Does your religion support the practice of female circumcision?

Response	Frequency	Percentage (%)
Yes	50	62.5
No	30	37.5
Total	80	100

Table 7 shows that 45 (56.25%) of the respondents agreed to go through the practice of female genital cutting while 35 (43.75%) says no to this.

Table 7: Would you like to go through this practice as a girl because of the prestige attached to the bride price

Response	Frequency	Percentage (%)
Yes	45	56.25
No	35	43.75
Total	80	100

Table 8 shows that 62 (77.5%) of respondents agreed that circumcised girls are more respondents in their community than their uncircumcised counterpart while 18 (22.5%) disagreed.

Table 8: Response on circumcision

Response	Frequency	Percentage (%)
Yes	62	77.5
No	18	22.5
Total	80	100

Table 9 shows that 70 (88.5%) of respondents said Ueken people do not remove the clitoris while 10 (12.5%) of respondent said Ueken people do not remove their clitoris only during circumcision.

Table 9: Response on the removal of clitoris

Response	Frequency	Percentage (%)
Yes	70	87.5
No	10	12.5
Total	80	100

Table 10 shows that 30 (37.5%) of respondent agree that Ueken people remove the clitoris and part of the folds while 50 (62.5%) say no.

Table 10: When people remove the clitoris and part of the skin folds during female genital mutilation?

Response	Frequency	Percentage (%)
Yes	30	37.5
No	50	62.5
Total	80	100

Table 11 shows that 16 (20%) of respondents said that Ueken people who remove all the external genitalia while 64 (80%) said the Ueken people do not remove all external genitalia.

Table 11: Ueken people remove all the external genital in female genital mutilation?

Response	Frequency	Percentage (%)
Yes	16	20
No	64	80
Total	80	100

Table 12 shows that 10 (12.5%) respondents said that Ueken people pierces and introduce substance in the vaginal while 70 (87.5%) of respondents confirmed that Ueken people do not pierce and introduce the substance in the vagina.

Table 12: Ueken people pierce and introduce substance in to the vagina in female genital mutilation?

Response	Frequency	Percentage (%)
Yes	10	12.5
No	70	87.5
Total	80	100

Table 13 shows that 78 (97.5%) of respondents said yes that genital cutting girls can contact infection during female genital cutting while

2(2.5%) said not that circumcised girls cannot contact infection they circumcision.

Table 13: What are the psychological and health risks (complications) of female genital mutilation? Table 13-16

Response	Frequency	Percentage (%)
Yes	78	97.5
No	2	2.5
Total	80	100

Table 14 shows that 40 (50%) of respondents said that circumcised girls may be faced with pains and fear for sex while 40 (50%) said circumcised girls will not be faced with pains and fear for sex life with circumcision.

Table 14: Circumcised girls may be faced with pain fear for sex in life after circumcision.

Response	Frequency	Percentage %
Yes	40	50
No	40	50
Total	80	100

Table 15 shows that 30 (37.5%) of respondents agree that circumcised girls face some problem(s) such as fear of the birth canal bladder and or rectum during child birth while 50 (62.5%) of the respondent said no that circumcised girls do not face some problem during child birth in their life time.

Table 15: Do circumcised girls face some problems such as fear of the birth canal, bladder and or rectum during child birth in their life time?

Response	Frequency	Percentage (%)
Yes	30	37.5
No	50	62.5
Total	80	100

Table 16 shows that 60 (75%) of respondents said that female genital mutilation can lead to excessive- bleeding which may lead to death while 20 (20%) of respondents said no that female genital mutilation cannot lead to excessive bleeding which may lead to death.

Table 16: Female circumcision could lead to excessive bleeding which may further lead to death.

Response	Frequency	Percentage (%)
Yes	60	75.5
No	20	25.5
Total	80	100

Research Question 4

How can awareness on dangers associated with the cultural practice of female genital mutilation be created in Ueken community in Tai local Government area of Rivers State?

Table 17 shows that 80 (100%) of respondents said that the use of town crier can let the community known about the dangers involved in the practice (s) of female genital mutilation.

Table 17: Use of town crier and community meeting (s) can let the community know about its dangers and help prevent it continuous practice.

Response	Frequency	Percentage (%)
Yes	80	100
No	-	-
Total	80	100

Table 18 shows that 75 (93.75%) of respondent said yes awareness through mass media is also a way to stop to stop this practice while 5(6.25%) said no.

Table 18: Awareness through mass media is also a way to stop this practice

Response	Frequency	Percentage (%)
Yes	75	93.75
No	5	6.25
Total	80	100

Table 19 shows that 78(97.5%) of respondents said yes that the circumcised girls in their own way can tell others about the dangers of the practice while 2(2.5%) said No.

Table 19: About communication on the dangers of circumcision

Response	Frequency	Percentage (%)
Yes	78	97.5
No	2	2.5
Total	80	100

Table 20 shows that 62(77.5%) of respondent said yes that the dangers of the cultural act should be publicized in the community while 18(22.5%) said no.

Table 20: The dangers of the cultural act should be published in the community.

Response	Frequency	Percentage (%)
Yes	62	77.5
No	18	22.5
Total	80	100

Test of Hypothesis

Hypothesis: There will be no significant relationship between the factors and continuous practice of female genital mutilation in Tai Local Government Area of Rivers State.

Chi - square formula (for data calculation in Table 21).

$$= X^2 = \frac{\sum (of - ef)^2}{ef}$$

where X^2 = Chi - Square
of = observed frequency
ef = expected frequency

Table 21: Factors for Chi square determination

Response	Reasons/Factor	Psychological	Total
	Continuous practice of female genital cutting (Tables 13-16)	and health risk of the cultural practices of female genital cutting (tables 16-19)	
Total Yes	a.227 (217.5)	c) 208 (217.5)	435
Total No	b. 93 (102.5)	d) 192 (102.5)	205
Grand Total	320	320	640

Interpretation

The X^2 calculation value = 1.164 while X^2 table value = 3.84 (Table 22). Therefore since X^2 calculated which is 1.164 is less than the critical value of 3.84, the null hypothesis (H_0) was therefore accepted, thus there is no significance relationship between the factors influencing female genital mutilation and the continuous practice of female genital mutilation in Ueken Community in Tai Local Government Area of Rivers State.

Table 22: Results of test hypothesis

X^2 Cal	X^2 Table	df	Significant Level	Decision Rule
1.164	3.84	1	0.05	X^2 Cal < X^2 table, H_0 accepted and H_1 rejected.

4. DISCUSSION

A total number of one hundred (100) respondents in Ueken community were used for the study by eighty (80) questionnaires were retrieved the demographic data showed that so responders were between the ages of 13 -15 years, 20 were between the ages 16-18years while 10 were between the ages 19 - 21 years concerning religion distribution, 65 (81.225%) were Christians, 5 (6.25%) were Muslims while 10 (12.5%) were African traditional religion, in terms of Education status, 20 (%) acquired primary educational, 50 (62.5%) on marital status, 70 of the respondents were singles 8 married 5 widowed, and 2 divorced in terms of occupational status 2 (2.5%) were civil servants, Olo (12.5%) were trader, 60 (75%) were students when 8 (10%) were applicants.

Research question (1) one

What are the reasons for the continuous practice of female genital mutilation in Ueken community, in Tai Local Government Area of Rivers State?

The analysis data on table 4.5 showed that majority of female of 87.5% have heard about female genital mutilation. The data analyzed revealed that the respondents also supports the practice of female genital mutilation in Ueken community, this is in line with world health organization (WHO, 2012) that religion is one of the misconceptions about female genital mutilation.

Research Question (2) Two

What method(s) do the people of Uekem community adopt in practice of female genital mutilation?

The data analyzed on Table 9 showed the method adopted by Ueken people was removal of the clitoris, which is one the increase as showing analyzed data has led to the continuous practice of female genital mutilation the Area.

Research Question 3**What are psychological and health risks (complications) of female genital mutilation?**

The analyzed data on Tables 3-16 revealed that circumcised girls may be faced with psychological and health risks (complication) after female genital mutilation and as such, the continuous practice of female genital mutilation, this is in line with that of Royal college of midwives (2012) which explained certain risks of female genital mutilation.

Research Question 4**How can awareness on dangers associate with the cultural practice of female genital mutilation be created in Ueken Tai Local Government Area of Rives State?**

This is in line with world health organization (2013) who agreed that the practice of female genital mutilation can be abolished if there be awareness campaigns.

Result of Hypothesis There will be no significant relationship between the factors, and continuous practice of female genital cutting in Ueken community. The above stated hypothesis was tested using chi-square (χ^2) statistical tool at 0.05 level of significance and at degree of freedom (df) of and critical value of 3.8-. gotten the calculated values was 1.164, thus the null hypothesis was accepted, hence, there is no significance relationship between the factor influencing and continuous practice of female genital cutting in Ueken community.

Implication for Nursing

From the study, analyzed factors influencing continuous practice of female genital mutilation findings showed that Ueken people still practice female genital mutilation despite lots of dangers associated with the practice of female genital mutilation the major reason for female genital mutilation they said was to preserve the culture and reduce sexual desire in women, the adverse effect of this practice is very harmful; to the adolescent girl, the nurse should health educate the community on the factors and associated dangers of female

Summary/Conclusion

The research study was carried out on the topic “factors influencing the continuous practice of female genital cutting in Ueken Community in Tai Local Government Area of Rivers State. Literatures were reviewed in with the topic.

The instrument used for data collection was questionnaires; the study revealed that the greater age groups affected were adolescents. This shows that female genital mutilation is usually done at the adolescent age. The reason for female genital mutilation was to preserve the mutilation of the community and control women’s excessive sexual desire.

Concluding the findings above, showed that the factors contributing to the continuous practice of female genital mutilation presentation of culture and that the adolescents should be made aware of campaigns against female genital mutilation

Recommendations

From the findings of this study, the following recommendation was made. Traditional birth attendants, healers, elderly women and the general public should be health educated on the dangers of female genital mutilation. Public enlightenment campaign by was of lectures dramas and film shows at the village level should also be organized by health workers which can help to effect positive changes of mind Government should encourage adult education, especially in the rural areas including female genital cutting it complications in the educational curriculum from primary, secondary, tertiary institutions and in adults school’s curriculum. Enactment and enforcement of laws against the practice of female genital

mutilation should be set up and violations be dealt with according to the stipulated law.

Explain to them that stopping this practice does not mean that their culture is not preserved, but stopping it will help to reduce maternal mortality rate due to excessive bleeding during birth also, it will help to stop cross-infection such as HIV, AIDS due to the use of unsterilized instruments.

REFERENCES

- Asaad, M.B (2005). Female Circumcision in Egypt, Social Implication, Egypt Concord, P. K. (2004). Anthropology. The Exploration of Human
- Cutting in Nigeria*. Retrieved on 29th Jan., 2014 from <http://www.ncbi.nlm.nih.gov>.
- Diversity*. (10th Ed.) America, Me Graw-Hill. Federal Ministry of Health, (2006). *Syndromie Management of Sexually Transmitted Disease*. A manual for Health Workers. Abuja Author.
- Fraser D.M and Cooper M.A (2009). *Myces Textbook for Midwives* (15th ed) China, Churchill Livingstone Elsevier.
- George, (2013), *Female Genital Cutting*. Obstetric Outcome. Retrieved on 21st Jan, 2014 from www.google.com
- Hamilton, W.J. (2005), *Textbook of Human Anatomy*, London Macmillian Publishers Limited.
- Kenyatta, J. (2005). *Facing Mount Enya* (15 ed), New York, Vintage Press
- Otiti, O. And Ogionwo, W. (2006). *An Introduction to Sociological Studies*. Ibadan, Heinemann Educational Books Nig., Ltd.
- Okeke, T.C Anyachi, U.S.B. and Ezenyeaku, C.K (2014) *Overview of Female Genital Reproductive Health Outlook*, (2006). *The Impact of Maternal Deaths/Effect in the Family and Community*. Retrieved on 16th Feb. from www.wikipedia.com.
- Robert, J.S. (2004). *Psychology*. Australia Thomac Learning Smelter, S.C, Bate, E.G, Huikle, J.L.L and Cheuver, K.A.
- Roberts, H. (2004). *Women Health and Reproduction*. London, Routledge and Kegan Paul Ltd.
- Smelter, S.C, Bate, E.G, Hinkle, J.L.L and Cheuver, K.A. (2010). *Brunner and Suddarth*. China, Lippincott Williams and Wilkins.
- UNFPA, 2022. Female genital mutilation (FGM) frequently asked questions. Retrieved: 14/04/2022. Available: <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>.
- United Nation Children Emergency Fund Fund (2014), *Prevalence of Female Genital Cutting*. Retrieved on 18th Jan., 2014 from www.google.com.
- Verzin, J.A (2014). *Sequelae of Female Genital Cutting*. Retrieved on 30th Jan., 2014 from www.wikipedia.org
- Wiliams and Wikiliam, (2005). *Diagnosis and Management of Female Pelvic Infection in Primary Care Medicine*, U.S.A Authors.
- World Health Organization (2006). *Legal Aspect of Female Genital Cutting*. Retrieved on 25th Jan, 2014 from www.gogle.com
- World Health Organization (2013). *Reproductive Health Topics/Female Genital Cutting*. Retrieved on 3Qth Feb, 2014 from www.who.int/reproductive Health/topics.
- World Health Organization (2013). *Reproductive Health Topics/Female Genital Cutting*. Retrieved on 30th Feb, 2014 from www.who.int/reproductive Health/topics.
- World Health Organization (2014). *Definition of Female Genital Cutting*. Retrieved on 18th Jan, 2014 from www.gogle.com
- World Health Organization (2014). *Definition of Female Genital Cutting*. Retrieved on 18th Jan, 2014 from www.gogle.com
- Worseley, A. (2014). *Infibulations and Female Circumcision*. Retrieved on 2ⁿ Jan. 2014 from pubmed at www.medconsumer through Wikipedia.org.

• Thank you for publishing with us.