

Female Genital Mutilation (FGM) and its Psycho-Social Implications on the Girl-Child in the Northern Senatorial District of Cross River State, Nigeria

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Abstract:- Female Genital Mutilation (FGM), which is otherwise known as female circumcision, is a viral practice across the face of Africa that undermines the rights of women and female children, causing them health, emotional and social traumas. Nigeria is nonetheless left out of this practice, as reported cases of FGM abound across Nigeria. This is a field research carried out in Northern Senatorial District of Cross River State, to ascertain the psycho-social implications of FGM on the girl-child. Using linear regression model and simple percentage through the Predictive Analytic Software (PASW, it was found that FGM has cultural, sociological and psychological implications on the girl-child in Cross River North Senatorial District in Cross River State. Amidst other recommendations, it was suggested that media awareness and activism should be used to sensitise the people on the dangers of FGM, thereby playing down on the harmful socio-cultural practice. Although FGM is harmful, the study concluded that the practice is bound to linger due to cultural determinism which holds practitioners spellbound.

Keywords:- FGM, FGC, FGM/C, Human Rights, African Charter, Child's Charter, Women's Rights Protocol.

I. INTRODUCTION

➤ Background to the Study

All practices involving partial or complete removal of the external female genitalia or other injury to the female genital organs for non-medical reasons are referred to as "female genital mutilation" (FGM), "female genital cutting," or "female genital mutilation/cutting (FGM/C). In the world, between 100 and 140 million women and girls are thought to have undergone such procedures, and three million girls are thought to be at risk of doing so yearly, according to the WHO. Although female genital mutilation has reportedly occurred throughout the world, it is most common in the western, eastern, and north-eastern regions of Africa, as well as in a few Middle Eastern and Asian countries and among some immigrant populations in North America and Europe (WHO, 2008). Female Genital Mutilation (FGM) can be seen as a deeply ingrained cultural practice that is inseparable from the peoples' ways of life in most countries. FGM is frequently performed on girls right

before they enter puberty. The practice of FGM is justified by the claims that it increases a girl's likelihood of being able to marry, moderates her sexuality, and helps the girl get ready for childbirth's discomfort (Mbagwu, 2009). Toubia (1994) asserts that the practice of FGM is still widespread in male-dominated African societies like Sudan, Chad and Ethiopia, and that it affects roughly 90% of adult females in Africa and only a small percentage of those in some other nations. Female genital mutilation is known to be damaging to girls and women in many ways, and it has no known health advantages. First of all, it is traumatizing and brutally unpleasant. The body's natural processes are hampered when healthy, normal genital tissues are removed or damaged, which has a number of short- and long-term health effects. For instance, infants born to women who have undergone FGM experience a greater rate of neonatal death than infants born to women who have not (WHO, 2008).

Communities who continue to practice FGM cite a range of societal and religious justifications. But, from the standpoint of human rights, the practice demonstrates ingrained gender inequality and is an extreme form of discrimination against women. Female genital mutilation almost always occurs on children, which is against the girl child's rights. Additionally, the process breaches the right to life when it results in death, as well as the rights to health, safety, and physical integrity of the person. It also violates the right to be free from torture and cruel, inhuman or degrading treatment (UN Convention, 1984.)

Female genital mutilation is less common in some places as a result of years of prevention work by local governments, communities, and national and international organizations. Communities that have used a procedure for making decisions collectively have been able to stop or minimize FGM around them. FGM can be effectively eradicated, if the communities that practise it decide to stop doing so.

Many governments have enacted legislations prohibiting the practice, and where these laws have been accompanied by educational initiatives and public awareness campaigns that take into account cultural differences, the practice has declined. Organizations on a

national and international scale, including the World Health Organization (WHO), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations International Children's Emergency Fund (UNICEF), and United Nations Programme on HIV/AIDS (UNAIDS), have been instrumental in promoting awareness of the harmful effects of the practice and conducting researches to support this. In the African continent where the practice is most prevalent and poses difficulty to eliminate, the African Women's Organization met in Dakar, Senegal, to discuss the health consequences of female circumcision. The group formed the Inter-African Committee against Harmful Traditional Practices (IAC) with national committees in more than 20 African countries in that meeting. IAC was able to bring the harmful consequences of female circumcision to the attention of most African Government (Althaus, 1997).

The lack of theological justification for FGM is one of many points on which anti-FGM organisations concentrate their arguments. The fundamental complaint against FGM is the severe physical and psychological risks it poses to girls, who are the principal victims. The effects of FGM on health have been the subject of numerous studies and case reports (Toubia, 1994). However, more initiatives are still required to end the epidemic.

➤ *Statement of the Problem*

WHO (2020) claims that FGM has no positive effects on health. Instead, it harms girls and women in a number of different ways. Physically, it involves removing and harming healthy, normal female vaginal tissue as well as interfering with how women's bodies typically work. The psychic scar left by the trauma rarely, if ever, heals. The immediate medical effects include severe pain, shock, hemorrhage, tetanus or bacterial infection, viral contamination (including HIV), urine retention, open sores in the vaginal region and damage to the surrounding genital tissues.

Families still force their girls to get FGM even when they are aware of the risks. The most frequently cited defence of FGM is that it is consistent with cultures that value rearing girls properly, preserving their honour, and upholding the status of the entire family in which they reside (WHO, 2008). Families who refuse to practise FGM are ridiculed and stigmatized.

According to WHO (2008), female genital mutilation is one of the harmful cultural practices that must be opposed and eliminated in all nations. Given that FGM may have certain psychosocial effects on the girl-child developing into womanhood in this region, Cross River State, and specifically Cross River North Senatorial District, are not left out of this eradication drive.

Although many articles have been written and studies have been conducted on FGM in various climates, no researcher in this field has specifically examined the psychosocial effects that the practice has on young girls, as

it is done in the Cross River North Senatorial District. This research is carried out to raise awareness on the psychosocial effects of the practice in this area, and to make research materials available that would help researchers domestically and internationally to better understand the psychological and social effects that the practice has on victims, thereby increasing the body of knowledge on the subject.

➤ *Research Questions*

- *Are there any cultural implications of FGM on the girl child in Cross River North Senatorial district?*
- *Are there any sociological implications of FGM on the girl child in Cross River North Senatorial district?*
- *Are there any psychological implications of FGM on the girl child in Cross River North Senatorial district?*

➤ *Objectives of the Study*

The main objective of this research is to ascertain the psychosocial implications of the practice of FGM on the girl-child in Cross River North Senatorial District. However, the specific objectives are to ascertain:

- *The cultural implications of FGM on the girl-child in Cross River North Senatorial District.*
- *The sociological implications of FGM on the girl-child in Cross River North Senatorial District.*
- *The psychological implications of FGM on the girl-child in Cross River North Senatorial District.*
- *How the practice of FGM can be eradicated in Cross River North Senatorial District.*

➤ *Hypotheses (H₀)*

- *There are no cultural implications of FGM on the girl-child in Cross River North Senatorial District.*
- *There are no sociological implications of FGM on the girl-child in Cross River North Senatorial District.*
- *There are no psychological implications of FGM on the girl-child in Cross River North Senatorial District.*

➤ *Scope/Limitations of the Study*

The study focused on the psychosocial implications of the practice of FGM on the girl-child in Cross River North Senatorial District. The study was limited by time and financial constraint, which did not allow the researcher to move over a wider region to interview more respondents. Also, the research was limited by language barrier; the researcher had to get interpreters to help communicate the questions and get answers, with some respondents.

II. REVIEW OF RELATED LITERATURE

A. *Theoretical Literature Review*

A theoretical analysis of relevant literatures is conducted to examine the causes, methods, and negative health implications of FGM.

Motives behind the FGM procedure. FGM is practised in Nigeria for a variety of reasons. These explanations might include psychological, societal, and even religious ones. It is done for psychosexual reasons in order to reduce female sexual desire, uphold virginity and chastity prior to marriage, keep faithfulness throughout marriage, and promote female sexual pleasure (Anzaku, et al., 2018). And, as the researcher has noted elsewhere that, for psychosexual reason, FGM "...is done to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase female sexual pleasure" (Aboh, 2019.) It is done for sociological reasons such as cultural appropriation, initiation of girls into womanhood, social integration, and preservation of social cohesiveness and acceptance (HAFAL, 2017). Many religious communities practise female genital mutilation for religious reasons, believing that it is required by their own religions (Wikipedia, 2021). It is performed in various civilizations for hygienic and aesthetic reasons, because the external female genitalia are by nature seen as filthy and ugly (Anuforo, Oyedele, & Pacquiao, 2004). As a result, they are removed to encourage hygiene and give aesthetic appeal, increase fertility, promote child survival, improve marriage prospects, and improve childbirth, among other factors.

➤ *FGM Procedure. For cultural or other non-therapeutic reasons, this entails the partial or complete removal of the external female genitalia and/or harm to the female genital organs, and is frequently divided into the following types:*

- *Type 1 – Clitoridectomy.*

This is the least severe form of the practice and involves the removal of the hood or of the clitoris and/or part of the clitoris itself.

- *Type 2 – Excision.*

This is a more severe practice, involving the partial or total removal of the clitoris and labia minora with or without the excision of the labia majora.

- *Type 3 – Infibulations.*

This is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and the adjacent medial part of the labia majora, and the stitching of the vaginal opening leaving an opening the size of a pinhead to allow for the flow of urine and menstrual blood.

- *Type 4 – Others.*

All other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterising the genital area (Anzaku, et al., 2018).

FGM's negative medical repercussions. FGM has a wide range of negative outcomes. Infertility, pelvic inflammatory diseases, hepatitis and other blood-borne illnesses, urinary tract infections, painful menstruation, chronic urinary tract obstruction/bladder stones, obstructed labour, keloid scarring, increased risk of bleeding and

infection during childbirth are a few of them. They also include failure of the wounds to heal, abscess formation, cyst formation, excessive growth of scar tissue, and urinary tract infections. Numerous infections are rampant, and there are many opportunities for other diseases like HIV-Aids to spread (Gruenbaum 1982, Gordon 1991, Inhorn & Buss 1993, Larsen 2002.)

In the context of HIV/AIDS, FGM requires immediate attention since the use of contaminated instruments during the procedure may be a significant mechanism of transmission. The operation is primarily triggered off by traditional medical professionals and traditional birth attendants, using filthy knives and other devices, in often unhygienic settings, which increases the dangers. Along with the typical gynaecological and psychological issues connected to the practice, the transmission of HIV/AIDS is an obvious risk. The requirement to cut open the infibulated area for birthing in the case of infibulations adds to these existing hazards.

➤ *Carried out with crude, unsterilized instruments and without anaesthesia, the reopening operation causes intense pain and frequently results in infection and heavy bleeding. In the worst of cases, it can lead to:*

- The opening of channels between the vagina and bladder or anus, resulting in vesico-vaginal fistula (VVF), a disorder most frequently linked to early-pregnancy obstructed labor but sometimes also caused by cutting open infibulated women,
- Recto-Vaginal Fistula (RVF) – where, due to the young age of the pregnant woman, whose pelvis and birth canal are not fully formed, constant pressure from the baby's skull damages the birth canal, causing a break in the wall that allows uncontrollable leakage of faeces or urine from the bladder into the vagina (UNICEF, 2014.)

B. Empirical Literature Review

Firstly, it has been found that the girl-child feels a sense of belongingness to the womenfolk through FGM, which is seen as an important rite of passage to adulthood in order to checkmate extra-marital affairs. Secondly, FGM engenders social acceptability in the girl-child and averts the fear of being rejected by the community. Respondents who had not been circumcised as infants succumbed to FGM because of this fear of being rejected by their community (Nyong, Ikpeme & Daniel, 2018: 22.) Thirdly, respondents also affirmed that having undergone FGM reduced their sexual urge to such an extent that they could cope with pre-marital sex. Fourthly, respondents also believed that their chances of getting married were validated by their undergoing FGM. Fifthly, respondents believed that being circumcised made them a part and parcel of their culture (Nyong, Ikpeme & Daniel, 2018: 22.) Briggs' (1999) finding supports this when he wrote that female genital cut is a strong cultural practice among the Opuama clan of southern Ijaw local Government Area of Bayelsa State, where the uncircumcised woman lacks status or voice and is restricted from places of interest in the community. Owumi (1993), in a research conducted in Somalia, also affirmed

the special significance of female genital cut as a source of full womanhood, and as instrument of female sexuality control. Bassey, Obonor and Ejeje (2017) quoted the Council on Scientific Affairs and the American Medical Association (1995) as reporting that many families allow their daughters to undergo female genital cut out of the fear that no man will marry an uncircumcised woman and that she will be ostracized from the community as it is among the Masai in Kenya. Osarenren (1997) also reported that deep cultural inclination towards female genital cut made some affluent parents living in cities and abroad to take their daughters to their villages for circumcision, due to pressure from relatives that their uncircumcised daughters may never get married. Ogunmodele (1969) also justified the practice of FGM when he wrote that, to keep the young girls pure and the married women faithful, genital cuts are maintained as one of African's most important tradition.

Many educated Nigerian parents and beyond are pushed into accepting FGM for their daughters, in spite of the dangers associated with the practice, because of social pressure and the strong beliefs associated with the practice among Africans. The high value placed on FGM among Africans has made it very difficult to eliminate. It is in this regard that The Director General of WHO had this to say:

Our purpose should not be to criticize and condemn, nor can we remain passive, in the name of bland version of multiculturalism. We know that the practice of female genital cut is painful and can have dire consequences on the health of the baby girl and later on the woman. But we must always work from the assumption that human behaviour and cultural values however senseless or destructive they may look to us from our particular personal and cultural stand points, have meaning and fulfil a function for those who practice them. People will change their behaviour only when they themselves perceive the new practices proposed as meaningful and functional as the old ones. Therefore, what we must aim for is to convince people including women that they can give up meaningful aspects of their own cultures (Nakajima, 1994, quoted in "Female genital mutilation".)

C. Theoretical Exposition

The socio-cultural theory of Pierre Bourdieu (1930 – 2002) will be discussed here as a means of providing a theoretical underpinning to the present study. Bourdieu's theory was formulated to deal with cultural symbolism which for the most part dealt with cultural domination or cultural violence. Power in all societies, notes Bourdieu, works from below (in other words, from the depth of the social actor) as the self is constructed and human bodies are shaped in everyday dynamic relations amongst social actors, social institutions, cultural meanings, conventions and constraints; in interactions between social subjects and their humanly constructed environment of objects, spaces and others, via practical engagement with the world (Bourdieu:1977, 1990). This calls to mind the fact that cultural reality such as FGM is socially constructed (Berger & Luckmann, 1991) as the understanding of selves and social meanings are constructed and commonly held by cultural subjects, to the extent that, though painful, FGM is a

welcome experience amongst its "victims". It is in this regard that Boddy (1989) notes that, "It makes better ethnographic sense to view FGC in Sudan as nonagentively embedded in everyday life than imposed by coercive agentive restraint."

Government power to legislate against FGM is agentive power which exists mutually exclusively of cultural power which is nonagentive power, such that, although government agentive power may be coercive, cultural power to perpetrate FGM may well exert an overbearing power on its victims much more than State power. It is in this regard that Comaroff & Comaroff (1992:22) noted that, "Power in the nonagentive mode proliferates outside the realm of institutional politics, saturating such things as aesthetics and ethics, built form and bodily representation, medical knowledge and mundane usage" In other words, cultural practices, such as FGM, go on in spite of concerted efforts to eradicate them, due to the saturated power it wields over its adherents.

The socio-cultural theory of Bourdieu's is relevant to this study in that FGM has social meaning and value held by a cultural people, which influence "victims" to willingly but reluctantly undergo FGM in order to be relevant to their society and culture. However, the weakness of Bourdieu's theory rests on the fact that, first, his theory was written in no easy, everyday French and so its translation into English was no less difficult; hence "Bourdieu's prose is notoriously difficult in his native French, and no easier in English translation" (Webb, 2017.) Lastly, Bourdieu's reliance on psychoanalysis to demonstrate the epistemological status of his privileged position as a theorist does not supply us with independent evidence that demonstrates why lay social agents must accord him this epistemic authority (Kim, 2004.)

Biological or natural determinism is also relevant here in giving a theoretical foothold to the study. The theoretical belief that human social actors are constrained or limited by their natural endowments such as genes, brain size, sex, skin colour, or other biological attributes dates back to Aristotle, when he posited that "there are species in which a distinction is already marked, immediately at birth, between those of its members who are intended for being ruled and those who are intended to rule" (Baker, 1950:14.) In other words, rulers and ruled are biologically determined in politics, having been naturally endowed as born rulers and born ruled. If that be the case, then, the human genitalia which is unsightly and looks "like some sort of grotesque sea creature" (Carver-Jones, 2017) is a natural gift deterministically given the human social actor, which, either through his free or cultural will, has come under the sharp blade of circumcision. The removal of the unsightly covering both for men and women has implication for their genital self-consciousness, sexual behaviour and self-esteem (Vanessa, et al. (2010.) In other words, if nature had not endowed upon man such unsightly gifts, there would have been no need for FGM. The natural determinism which has necessitated the cultural practice of FGM calls to mind the popular saying that necessity is the mother of invention. In other words, since the unsightly

gifts, given by nature, have become a necessity for removal, cultural invention of circumcision has been made to deal with this necessity. The invention of circumcision dates back to biblical times when Abraham the Patriarch and his descendants were commanded by God to undergo the practice as a condition for being party to the Old Covenant (Gen. 17:10.) Thus, for Abraham and his descendants, the practice of male circumcision was a religious necessity antecedent to their salvation. However, female circumcision is neither mentioned in the Old nor New Testament. It is to affirm this that El-Damanhoury (2013) wrote that “FGM is neither mentioned in the Torah, nor in the Gospels” The practice of FGM today, therefore, is a purely socio-cultural practice, bereft of any biblical or religious undertone.

Biological determinism is relevant to the present study because, if nature had not endowed upon man such unsightly gifts such as the foreskin and the clitoral hood, there would have been no need of circumcision generally, or FGM particularly. The shortcoming of this theory rests upon the fact that it makes no allowance for nurture, which can build upon nature and tame it. It does not believe that, without female circumcision, women cannot curb their libido and so remain faithful to their male counterparts.

III. METHODOLOGY

The research was carried out in Cross River North Senatorial District, Nigeria, which is one of the three Senatorial Districts that make up Cross River State; others are Cross River Central and Cross River South Senatorial Districts. The District comprises five Local Governments, namely, Obudu, Ogoja, Bekwarra, Obanliku and Yala LGAs. Out of these five Local Government Areas, Obudu and Ogoja LGAs were randomly selected through the use of simple random sampling. Obudu is at 6.67° North, longitude 9.17° East; Ogoja is at 6.65° North, longitude 8.90° East; Bekwarra is at 6.69° North, longitude 8.90° East; Obanliku is at 6.53° North, longitude 9.32° East; and Yala is at 6.63° North, longitude 8.62° East (GPS Coordinates, 2018.) Bette, Ishibori, Bekwarra, Becheve and Yala are the languages spoken in Obudu, Ogoja, Bekwarra, Obanliku and Yala Local Government Areas, respectively (Google.com, 2018.) The climate is tropical-humid, with rainy and dry seasons, with average temperatures ranging from 15°C to 30°C and annual rainfall ranging from 1300 to 3000mm (Njar, 2012.) The high plateau of Obudu has climatic conditions that are distinct from the rest of Cross River State’s generalized dry and rainy seasons. Because of the high altitude, temperatures are 4°C to 10°C cooler than in the surrounding places. Similarly, annual rainfall is higher than in neighbouring locations, especially on the windward side (CRSG, 2004.) A good number of the population consists of farmers, although there are many civil servants, traders, crafts-men and -women, transporters, *okada* riders, pupils and students, and so on. The overall population of the District is given as follows: Obanliku 271,395; Obudu 192,444; Bekwarra 191,630; Ogoja 196,450 and Yala 110,324 (see Ottong, Ering & Akpan, 2010: 37), representing a total population of 962,243. The researcher

made use of quantitative and qualitative methods of data collection. In the quantitative method, a well-structured questionnaire, using the modified Likert scale, containing questions designed to elicit answers towards answering the research questions, was used. In the qualitative method, focus group discussion was used to capture the mood of the discussants. Taro Yamane’s formula was used to determine the sample size of 798 from Obudu and Ogoja Local Government Areas, Northern Senatorial District, to which the questionnaire were distributed. The sample size formula by Taro Yamane (1967) was used to determine the sample size from obudu and Ogoja LGAs.

$$N = \frac{N}{1 + N(e)^2}$$

n = Sample size

e = Margins of error at 5% (0.05)

1 = Constant

N = population Size

For Obudu LGA

$$n = \frac{192,444}{1 + 192,444 (.05)^2}$$

$$n = \frac{192,444}{1 + 481.11}$$

$$n = \frac{192,444}{482.11} \quad n = 399$$

For Ogoja LGA

$$n = \frac{196,450}{1 + 196,450 (.05)^2}$$

$$n = \frac{196,450}{1 + 491.125}$$

$$n = \frac{196,450}{492.125} \quad n = 399$$

Thus, a sample of 399 and 399 of respondents were respectively taken from Obudu and Ogoja LGAs to make up a total sample size of 798 respondents in all. 798 Questionnaire were printed and distributed to respondents with the help of two research assistants in each of the two LGAs, using the availability sampling technique. Out of the questionnaire administered, 790 were retrieved, 8 that were wrongly filled were discarded. Predictive Analytic Software (PASW) was used to analyse the data and testing the hypotheses. 20 Young girls which in addition to the 790

respondents were purposively selected from Senior Secondary Schools for Focus Group Discussion. The purpose for this FGD was to capture the mood of the respondents. Pieces of questionnaire were administered to other respondents within the communities earmarked for this study based on the cultural, sociological and psychological implications of Female Genital Mutilation. Regression model and simple percentage were used to analyze the data. The rationale for using regression model was because of the involvement of multiple variables.

IV. DATA PRESENTATION AND ANALYSIS

This Section deals with the presentation of data gathered from the field and how the data were analysed to answer the research questions. The data were analysed using the Predictive Analytic Software (PASW).

Table 1 Demographic Variable of the Respondents

S/N	Variable (V)	Category (C)	Frequency (F)	Percentage (%)
1	Sex	Male	350	44.3
		Female	440	55.6
		Total	790	100
2	Age	Less than 18	50	6.3
		18 – 30	150	19
		31 – 40	200	25
		41 -50	180	23
		51 and above	210	26.3
		Total	790	100
3	Marital status	Single	359	45.4
		Married	391	49.4
		Divorced	15	2
		Widow	12	1.5
		Widower	13	1.6
		Total	790	100
4	Level of education	No formal education	50	6.3
		Primary school education	85	10.7
		Secondary school education	295	37.3
		Tertiary education	360	45.4
		Total	790	100
5	Occupational status	Student	300	37.9
		Farming	145	18.3
		Civil/public servant	190	24
		Private business	155	19.6
		Total	790	100

Source: Fied Work, 2022

Table 1 shows the demographic variables of the respondents. For the sex of the respondents, the males were 350 (44.3 %) while the females were 440 (55.6%). Regarding the age of the respondents, those whose ages fell below 18 years were 50 (6.3%) while others were as follows: 18-30 years were 150 (19%), 31-40 year were 200 (25%), 41 – 50 were 180 (23%) and 51 years and above were 210 (26.3%). The categories of the marital status of the respondents were as follows: single 359 (45.4%), married 395 (49.4%), divorced 15(2%), widowed 12 (1.5%) and widower 13(1.6%). The distribution that shows the level education of the respondents were as follows: no formal education 50 (6.3%), primary school education 85

(10.7%), secondary school education 295 (37.3%) and tertiary education 360 (45.4%). The occupational status of the respondents were as follows: students 300 (37.9%), farming 145 (18.3%), civil/public servant 190 (24%), while private business men and women were 155 (19.6%).

➤ Hypothesis One

• Null Hypothesis:

There are no significant cultural implications of FGM on the girl-child in Cross River North Senatorial District.

Table 2 Linear Regression of Cultural Implications of FGM on the Girl Child

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.279	.085		26.710	.000
FGM_is_an_initiation_to_womanhood	-.184	.052	-.235	-3.551	.000
For_cultural_acceptance	-.102	.079	-.152	-1.294	.196
Belief_of_curtailling_premarital_sex	.114	.055	.139	2.071	.039
It_is_the_belief_that_the_girl_is_clean	.451	.081	.660	5.579	.000
R	.475 ^a				
R-Square	.226				
Df	4 & 785				

- a. Dependent Variable: FGM is a common practice in my community.
- b. *Significant at 0.05 level (P >.05 or P>.01 and N = 790)

In the bid to ascertain the cultural implications of female genital mutilation (FGM) on a girl child, the findings indicated that FGM is a cultural way of initiating girls into womanhood which is significant at P-value = 0.000 (P < .05). It was also noted that accepting the practice of FGM is to avoid rejection in the community was not significant at P-value = .196 (P > .05) Another cultural factor that was observed is the belief that FGM reduces premarital sex and promiscuity among girls which tested significant with the significant value of .04 (P<.05). Also, the belief that FGM is a way of cleaning a girl was significant with the significant value of 0.000 (p < .05). This analysis recorded the regression coefficient (r) of .475 at .05 significant level. The result recorded 22.6 per cent explanatory power of the

cultural implications FGM on a girl child. This suggest that 77.4 Per cent remaining is attributed to other implications that were not considered in this study. This implies that there are cultural implications of FGM on the girl child in the Northern Senatorial District of Cross River State.

➤ Hypothesis Two

- Null Hypothesis:

There are no significant sociological implications of FGM on the girl-child in Cross River North Senatorial District.

Table 3 Linear Regression of Sociological Implications of FGM on a Girl Child in Northern Senatorial Zones of Cross River State

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.234	.132		9.315	.000
FGM leads to fear to engage in sexual intercourse	.095	.028	.117	3.406	.001
FGM reduces marital intimacy	.379	.026	.546	14.780	.000
FGM leads to infertility	.155	.024	.223	6.531	.000
R	.541 ^a				
R-Square	.293				
Df	3 & 786				

- c. Dependent Variable: FGM is a common practice in my community.
- d. *Significant at 0.05 level (P >.05 or P>.01 and N = 790)

Results as presented in Table 3 reveals that sociological implications of FGM on the girl child were significant as observed from the following implications: FGM leads to fear to engage in sexual intercourse due to complications was significant with the significant value of 0.01 (P <.05); FGM reduces marital intimacy due to insensitivity to sex or absence of sexual urge was significant with the significant value of 0.000 (P <.05), and it was also discovered that FGM can lead to infertility arising from complications was significant with the significant value of 0.000 (P < .05). This analysis indicated the regression coefficient (r) of .541 at .05 significant level. The result recorded 29.3 per cent explanatory power of the sociological

implications of FGM on a girl child. This suggest that 70.7 per cent remaining is attributed to other implications that were not considered in this study. This implies that there are sociological implications of FGM on the girl child in the Northern Senatorial District of Cross River State.

➤ Hypothesis Three

- Null Hypothesis:

There are no significant psychological implications of FGM on the girl-child in Cross River North Senatorial District.

Table 4 Linear Regression Analysis of Psychological Implications of FGM on the Girl Child

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.972	.092		21.363	.000
FGM affects the health of a woman	-.042	.023	-.061	-1.801	.072
FGM leads to Psychological traumas such as anxiety	.072	.031	.085	2.315	.021
FGM is a physical abuse on women	.341	.027	.484	12.806	.000
R					
R-Square	.512 ^a				
Df	.262				
	3 & 786				

- a. Dependent Variable: FGM is a common practice in my community.
- b. *Significant at 0.05 level (P >.05 or P>.01 and N = 790)

Results presented in table 4 reveals that health problem as a consequence of FGM was not significant, based on the significant value of .072, which was greater than .05 significant level. From the study, Psychological traumas such as anxiety and physical abuse were significantly viewed as psychological implications of FGM on the girl child with significant value of .02 and .000 respectively, which are less than .05 significant level. This analysis

indicated the regression coefficient (r) of .512. The result recorded 26.2 per cent explanatory power of the psychological implications of FGM on a girl child. This suggests that 73.8. per cent remaining is attributed to other implications that were not considered in this study. This implies that there are psychological implications of FGM on the girl child in Northern Senatorial district of Cross River State.

Table 5 Measures of Eradicating Female Genital Mutilation

Options		Frequency	Percent	Cumulative Percent	Standard Deviation	Mean
Valid	sensitization exercise	177	22.4	22.4		
	Government should make law bounding FGM	79	10.0	32.4	1.09526	2.7278
	young girls should not see FGM as a norm	316	40.0	72.4		
	Religious body should condemn the act of FGM	218	27.6	100.0		
	Total	790	100.0			

Table 5 shows the measures of eradicating female genital mutilation. The result revealed that out of 790 respondents that were administered with questionnaires, 177(22.4 %) suggested that sensitization exercise should be carried out, 79 (10 %) indicated that government should promulgate laws that will stop the practice of FGM in Nigeria, 316 (40 %) maintained that young girls should not see FGM as an acceptable norm, while 218(27.6) opined that religious leaders should condemn the act of FGM in Nigeria. The values of the standard deviation and the mean are 1.09526 and 2.7278, which do not show much variability.

V. DISCUSSION OF FINDINGS

Based on this field research, it is seen that there are cultural, sociological and psychological implications of FGM on the girl-child in Cross River North Senatorial District of Cross River State. Cultural implications on the girl-child in Cross River North Senatorial District agrees with Osarenren (1997) who noted in his research report that deep cultural influence made some affluent parents in cities and abroad to convey their daughters to their villages for circumcision, due to home pressure that their uncircumcised daughters would hardly get married. On the sociological

implications, Briggs (1999) in his findings supports the fact that FGM, among the Opuama clan of southern Ijaw local Government Area of Bayelsa State, is a strong practice where “the uncircumcised woman lacks status or voice and is restricted from places of interest in the community”. On the Psychological implications, Owumi (1993), in a research carried out in Somalia, agrees that FGM enables women to control their libido and so helps them in their marital fidelity. Based on these findings, it can be concluded that there are psycho-social implications of FGM on the girl-child in Cross River North Senatorial District of Cross River State.

Findings from the cultural implications of FGM on the girl child shows that most girls accept the practice of FGM so that they will not be rejected by the members of the community, FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male. It was discovered that people have the belief the FGM curtails premarital sex among young girls. Further investigation from the discussants of the FGDs recounted their experiences of FGM based on cultural influence. “Culture is upon us as lameness is upon a cripple; we cannot escape its influence.”

said a discussant. “They tell us that this is what has been happening long, long time ago. I was circumcised as a baby. I don’t think that I would have coped with the pains now, if I were to be circumcised as a teen. With culture I don’t think we have a choice of our own,” she concluded. Another discussant said, “I don’t think that anyone of us here was circumcised as grown-up child – I stand to be corrected – but the fact that an innocent baby undergoes the pain of cultural belief tells us that baby victims are helpless and may continue to be helpless so long as culture persists.” The researcher, who was part of the discussion, reminded the girls that in some other areas where adult circumcision is practised, don’t they think that girls have a say about their own right? One of the discussant said, “I think they have. The girls are grown enough to say no to the pains of circumcision.” The researcher said, “But saying no to circumcision means that the girls may not be accepted in marriage, since our culture sees uncircumcised women as taboos in marriage.” Another discussant replied, “I prefer to remain unmarried rather than accept such extreme pain for the sake of marriage. I don’t think it is all women circumcised that are married, so our culture is wicked to hold on to circumcision as a factor for marriage.” Most of the discussants felt that, so long as we hold on to our cultural beliefs on FGM, it would be difficult to eliminate the practice.

Findings regarding sociological implications of FGM indicates that girls and women who undergo FGM often experience long-term health consequences including scarring, cysts, abscesses and other tissue damage, infertility, and increased susceptibility to infections. They may experience difficulty and pain when they menstruate, urinate or have sexual intercourse. Having the girls discuss on the sociological implications of FGM yielded no much discussion as most participating girls said they were circumcised as infants and so could not say much what it would be like if they had been circumcised as adults, and how society would have looked at them while they waited for the circumcision. Only two discussants said they knew some girlfriends who underwent FGM as teenagers. When the researcher probed about them, one said, “My friend (name withheld) was always shy about her un-circumcision and felt that something was missing in her life. Other girls also felt that she was an odd person, when they knew she was like that.” The other girl said, “Being not circumcised in our community is like being an alien. My friend, though she was afraid of the pain of circumcision, looked forward to it.”

Results from the analysis regarding the psychological implications of FGM on the girl-child in Cross River North Senatorial District of Cross River State, some implications were identified. Female genital mutilation/cutting (FGM/C) can affect a woman's mental health long after the procedure, into her adult life. Women with FGM often show signs of psychological trauma: **anxiety, somatization, depression, post-traumatic stress and other mood disorders**. Further study using FGD was carried out and documented thus: researcher asked discussants what they thought was the benefit of FGM to the woman, one said, “I don’t see any benefit of this practice to women. All I can say is that we

just do it because our mothers and our mothers’ mothers did it.” Another said, “I don’t know how I would have felt if I was not circumcised, but, believe me, I don’t think I would have died without being circumcised.” When the researcher reminded the girls that it is believed that circumcision enhances women’s fidelity in relationship and in marriage, one asked, “So do we conclude that all women who cheat are uncircumcised? No, I think fidelity is in the mind rather than in the physical.”

When asked how the practice of FGM can be eradicated in Cross River North Senatorial District, discussants suggested, among other things, media awareness on the dangers of FGM and female activism. Other suggestions are reflected in the recommendations below.

In the bid to identify measures of eradicating female genital mutilation, the responses were gathered from the respondents: Sensitization exercise should be carried out, that government should promulgate laws that will stop the practice of FGM in Nigeria, young girls should not see FGM as an acceptable norm and that religious leaders should condemn the act of FGM in Nigeria.

VI. CONCLUSION AND RECOMMENDATIONS

FGM has been deeply rooted in many cultures of the world, especially in Africa. Although, the practice has no medical significance, and has been found to be medically harmful, its psycho-social significance would ever wield it enormous influence over the dire need for change for quite a long time yet to come. The fears of not being circumcised are so great as to damn the dangerous medical consequences of being circumcised. However, based on the findings of the present study, the following recommendations are made.

- In as much as FGM is a cultural means of initiation in this area, it is recommended that if a more honourable and dignified rite of passage into adulthood is adopted, such as the Moninkim of Ejagham in Central Senatorial District of Cross River State, where music and dance are the main elements of initiation, it would go a long way in playing down on FGM as an avenue of initiation. Therefore, alternative rites of passage are one way of curbing the menace of FGM. It is in this regard that Amref Health Africa, through its headquarters based in Nairobi, has as one of its cardinal objectives the provision of “an alternative rite of passage that is safe and acceptable to the community for integrating girls to a redefined social order” (Osur, 2020.) The success of such an objective in reality would go a long way in changing the perception of the FGM-practising community towards girlhood and transition into womanhood, which must not necessarily be by FGM.
- The fear of rejection by the immediate society, it has been found, makes women to succumb to FGM. It is recommended that those who have undergone circumcision out of fear should be engaged in activism to sensitize their immediate community against the dangers of FGM, so that those who refuse to undergo

FGM would not be rejected by their immediate society, based on the enlightenment received.

- It has been found that FGM helps women to cope with premarital sex in this area, but the need to abstain from premarital sex is rather ethical or religious than rooted in FGM. This is the reason why most circumcised women engage in premarital sex, because they do not ethically or religiously feel constrained to abstain. It is recommended that girls should be more concerned about losing their virginity and offending God rather than believing that FGM is an express means of abstinence.
- On enhancing the chances of girls getting married, it is recommended that girls should not fear being unmarried, based only on not being circumcised, but take into consideration education, good character and chastity as the main values or assets that enhance marital chances. With current awareness on the dangers of FGM, fiancés should understand the reason why their fiancées are not circumcised and live with this biological determinism.
- On that it enhances cultural belongingness, it is recommended that media awareness and activism should be carried out in the area to sensitise the community on the dangers of FGM, and to remind the community that, as a people, we share many things in common, such as language, skin colour, food type, mode of dressing, geographical domicile, and so on, such that we should not see our belongingness to the collectivity from a harmful practice like FGM.

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