Socio-Cultural Issues and Consequences of Female Genital Mutilation (FGM) Practices in South-East Nigeria

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Abstract
Violence against women remains a significant problem in all societies and female genital mutilation is one of the most severe manifestations. Female genital mutilation is a harmful traditional practice and a form of violence that directly infringes upon women's and girls' rights to physical, psychological and social health. Female genital mutilation is the procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is on this note that the study examined the socio-cultural issues and consequences of female genital mutilation in South-East Nigeria. The theoretical frameworks for the study are radical feminist theory and social convention theory. The mixed methods research design involving a combination of quantitative and qualitative methods were adopted. Quantitative data were collected through questionnaire while the qualitative data were gathered through in-depth-interview. The purposive sampling technique was adopted for the study. A sample of 1,037 respondents participated in the quantitative aspect of the study while twenty-four interviews were conducted to generate the qualitative data. The quantitative data were processed using statistical package for the social sciences (SPSS) and was analyzed using descriptive and inferential statistics. The findings revealed that FGM is still practiced in South-East Nigeria even though the extent of its practice is diminishing compared to what it was in the past. The major reason in the continued practice of FGM in the South-East Nigeria is that FGM reduces women's sexual urge and keeps them faithful in marriage. It was found that FGM practice was culturally sustained in South-East Nigeria by the belief that it purifies women. Secondly, FGM is a part of initiation into womanhood. Thirdly, men express strong preference for women with FGM than women without FGM. Fourthly, lack of awareness of health problems associated with FGM and the need for social acceptability. Finally, it was found that FGM could be eradicated in the study area through education, awareness creation and government sanctions. It was therefore recommended that local government authorities and community leaders should come together in agreement to offer solution; a concerted effort is needed.
Keywords: Culture, Female Genital Mutilation, Gender, Violence, Women's Rights

Introduction

Violence against women remains a significant problem in all societies and female genital mutilation is one of the most severe manifestations (WHO, 2016). Female genital mutilation is a harmful traditional practice and a form of violence that directly infringes upon women's and girls' rights to physical, psychological and social health (WHO, 2016). In a joint statement, the World Health Organisation, United Nations Children's Fund and United Nations Population Fund collectively defined female genital mutilation as an act, which comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for culture or other non-therapeutic reasons (WHO, 2016). United Nations Children's Fund estimates that approximately 135 million women and girls have undergone FGM, with 3 million girls and women remaining at risk of the procedure each year (Akinsulure-Smith, 2017). It is also calculated that 100,000 women and teenagers die from complications related to FGM in childbirth per annum (Gbadebo, 2017). FGM constitutes a violation of human rights of girls and women internationally and it reflects inequalities that drive an extreme form of discrimination against women and girls (UN General Assembly, 2012; Azuonwu & Ezekiel, 2020). Globally, it is estimated that over 200 million girls and women have undergone Female Genital Mutilation (UNICEF, 2016). The number of girls estimated to be at risk of FGM will increase from 4.1 million girls in 2019 to 4.6 million in 2030 if current levels of risk prevail (UNFPA 2020). There are global calls for the elimination of FGM following the 2012 United Nations (UN) resolution (67/146) banning FGM in recognition of the devastating and irreversible consequences on health and human rights (UN General Assembly, 2012). The Sustainable Development Goals also incorporate a target to eliminate harmful traditional practices such as FGM by 2030 under Goal (5). Female genital mutilation is a global health issue; the type of female genital mutilation practiced varies widely across countries as well as the prevalence. There is a disproportionate distribution of the practice with majority of those affected (or at risk) living in Africa, Middle East and Asia (UNICEF, 2016a). The practice of FGM is also common among women migrating from African and Asian countries to Western countries (Azuonwu & Ezekiel, 2020; Odo, Dibia, Nwagu, Umoke & Umoke, 2020). African countries with the highest prevalence of FGM (above 80%) include, Sudan and Egypt in North Africa; Mali, Guinea Bissau and Sierra Leone in West Africa; Somalia, Eritrea and Djibouti in East Africa. Ethiopia, Mauritania, Liberia, and Burkina Faso have prevalence rates between 51

and 80%. Approximately two thirds of females who have been cut are from four African countries: Sudan, Egypt, Ethiopia, Nigeria (UNICEF, 2016a).

The World Health Organization describes four classes of FGM: the minor form is the Type I in which the clitoris is completely or partially removed. It is commonly referred to as "Clitoridectomy". Type II involves partial or total removal of the clitoris and the labia minora with or without excision of the labia majora. This is referred to as excision. The Type III is the most severe form (infibulation) where all the external genitalia are removed and the vaginal opening is stitched nearly closed, only a small opening is left for urine and menstrual blood (Sripad, Ndwiga & Keya, 2017). This type is commonly practiced in Somalia, Sudan and in parts of Egypt, Ethiopia, Kenya, Mauritania, Mali and Senegal (Rachelle, 2008). Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area (Rachelle, 2008). It is estimated that 200 million girls and women worldwide have experienced one of the four types of FGM (UNICEF, 2016b). As a consequence of the immigration and refugee movement, 60,000 girls born to mothers with FGM are now living in the United Kingdom (Macfarlane & Dorkenoo, 2015). It is approximated that annually 20,000 girls in the UK are at risk of being mutilated. This has implications for UK health, and social welfare (Yoder, Abderrahim, & Zhuzhuni, 2004; Girls Summit, 2014, Global Summit to End Sexual Violence in Conflict, 2014). Increased immigration to Europe has meant that a cultural practice previously associated with the developing world has become an issue, indeed a problem that needs to be overcome in a culturally sensitive manner in European societies, including Ireland (UN Women, UNFPA & UNICEF, 2017). In Africa, where FGM typically is practiced, maternal morbidity and mortality rates are much higher than in developed regions (Omigbodun, Bella-Awusah, Groleau, Abdulmalik, Emma-Echiegu, Adedokun & Omigbodun, 2020). Haemorrhage as the leading cause of maternal mortality seems to be an underlying factor that increases the risk of such complications (WHO, 2019). Referring to female genital mutilation as female circumcision is misleading because it implies that the procedure is similar to male circumcision, which is necessary and simple involves the removal of piece of the foreskin of the male genital organ. The procedure is far more invasive and dangerous as a large portion of health sensitive tissues of the female external genital organs are normally excised (WHO, 2019). Nigeria constitutes the Country with the third highest burden for FGM globally after Ethiopia (23.8 million) and Egypt (27.2 million) (UNICEF, 2016a).

Nigeria is the most populous country in Africa with a population of 199 million and an annual growth rate of 3.1% based on 2019 population estimates from National Bureau of Statistics (National Bureau of Statistics, 2019). Nigeria has 36 states and the Federal Capital Territory (FCT) grouped within six geopolitical zones: North Central (NC), North East (NE), North West (NW), South East (SE), South West (SW) and South-South (SS). The 36 states are divided into 774 Local Government Areas (LGAs). Rural-urban ratio in Nigeria is approximately 1:1 with an urbanisation rate is 3.7% per annum (The United Nations Statistics Division, 2017). Males constitute about 51% of the population while females constitute 49% (National Bureau of Statistics, 2019). The country has a predominant youth population; about 20% are between 15-24 years, 43% are less than 15 years and the median age of the population is 18.3 years (National Bureau of Statistics, 2017; Index Mundi, 2017). There are more than 250 ethnic groups, the largest ethnic groups are: Hausa in the North, Yoruba in the West, and Igbo in the East (National Bureau of Statistics, 2016). Osun, Ebonyi, Ekiti, Imo and Oyo states are among the states with the highest prevalence of FGM in Nigeria (NPC and ICF., 2019). Osun, Ekiti and Oyo are states located in the South Western region of Nigeria, while Imo and Ebonyi are in the South Eastern region. There are wide variations in the practice of FGM across communities in Nigeria either openly or in secret regardless of the constitutional provision against torture and human degradation (Azuonwu & Ezekiel, 2020; Odo et al., 2020). All the six largest ethnic groups (Yoruba, Hausa, Fulani, Ibo, Ijaw and Kanuri) practice FGM, the prevalence is however lowest among the Kanuris (5.6%), the South East currently has the highest prevalence while the North East has the lowest (NPC and ICF., 2019).

In Nigeria alone, 20 million women and girls have been mutilated and this figure represents 10% of the global total. What this figure means in essence is that 1 out of every 10 mutilated girl or woman in the world is a Nigerian, according to Society for the Improvement of Rural People (SIRP, 2018). There are so many reasons why FGM is practiced in Nigeria. It ranges from cultural reasons to its being used to curb illicit sexual appetites of women and girls in the country. Federal Ministry of Health stated that, the practice of FGM is widespread in Nigeria and the age at which it is carried out and the type practiced varies from one geographical region and cultural setting to another. The Nigeria Demographic Health Survey (NDHS, 2013) reported that the prevalence of FGM among girls and women aged 15–49 years was 30%. Among girls aged 15–19 years, the percentage reported to be circumcised was 21.7%. The practice was found to be most common in the South-West (53.4%) and South-East (52.8%) regions of the country (NDHS, 2013). In other words, female genital mutilation is mostly practiced by the Yoruba and Igbo tribes who primarily reside in these two regions.

In Enugu State, FGM is normally done due to the patriarchal system which is obtainable in most communities in the State, which ensures male dominance over women (Wogu, Amonyeze, Folorunsho & Alol, 2019). It is seen as a way in which the male folks subject and dominate the women. Another reason is that FGM is also often considered a religion/cultural obligation e.g. rite of passage into adulthood (Rufus & Mathew, 2019). In most communities in Enugu State, FGM is usually carried out on the eight day after birth, to coincide with the child's naming ceremony, which is a festive event with gifts and refreshments (SIRP, 2018). The naming and cutting are linked. All this has helped this practice to thrive in Enugu State. Recently, it is found that there is modern way FGM is being practiced in some places; by using some ointment or balm to rub constantly at the girl's clitoris in the vagina, so that with time the clitoris will cut (Society for the Improvement of Rural People, 2018). Another possible reason for the continue practice of FGM may be lack of awareness and knowledge of the health problems associated with FGM (Olajumoke, Adeusi, Kolawole & Afolabi, 2020). The Women's Aid Collective (WACOL), cited in a joint British-Danish Fact-Finding Mission to Nigeria report that in states such as Enugu, Imo and Plateau, the prevalence of FGM is as high as 95% (SIRP, 2018).
In Ebonyi State, FGM is very rampant in Ebonyi Local Government Area. Ebonyi State ranks second highest most prevalent State in the practice of FGM in Nigeria with rate of 74%, coming behind Osun State – 77% (NDHS, 2013).

United Nations Children's Fund asserted that violation of the rights to physical integrity is most obvious when girls and women are forcibly restrained during the procedure and is practiced without their full consents. An unauthorized invasion of a person's body represents a disregard for fundamental rights. Although the practice has no health benefits whatsoever, they are mainly socio-cultural, plus economic reasons with harmful effects such as acute pain, bleeding, shock, infections including HIV/AIDS, birth complications, sexual difficulties, emotional problems and even death (WHO, 2016). To find out the extent to which the practice of FGM is associated with infidelity is a gap in knowledge that this study could fill. Therefore, this study is aimed at finding out the Socio-cultural issues and consequences of female genital mutilation in South-East Nigeria.

Methodology

Research Design

The study adopted mixed methods research design. The design was adopted because it helped the researcher to combine elements of qualitative and quantitative approaches for the purpose of breadth and depth of understanding and corroboration. Why the researcher chose mixed methods was that it helps to acquire multiple perspectives, as one data source is insufficient to view or clarify the problem. With this mixed methods, it can generate innovative insights that can emerge from the integration of the data from both approaches, thus extending the knowledge or contribution of the research. Quantitative design was more in number than qualitative design.

Area of the Study

This study was carried out in Enugu and Ebonyi States which are in the Southeast geo-political zones of Nigeria. South-East Nigeria is presently one of the six geopolitical zones in Nigeria, others being North-East, North-West, North-Central, South-West and South-South. The South-East Nigeria is presently made up of five states namely: Abia State, Anambra State, Ebonyi State, Enugu State, and Imo State. It is an Igbo speaking region with 95 local government areas that cut across its five States. The economy of the zone is characterized by primary production activities in agriculture, and commercial ventures as in Ebonyi State. Enugu State is partly a civil service State because the State played host during the colonial era as the administrative headquarters of the former Eastern Region. This is coupled with the coal mining activities within the period. The Socio-Cultural organization of the South-Eastern people of Nigeria is mainly based on membership in Kinship groups, Age grades and Women group (Umuada). There is prestige-title such as " Nze" or " Ozo" for men and "Lolo" for women (Nwoye, 2011).

Population of the Study

According to the National Population Census 2006, Southeast Nigeria has a total population of 16, 395, 555 people. Out of this number, 8,184,951 (49.92%) were males while 8, 210, 604 (50.08%) were females.

Sample Size

The sample size for this study is 1,037 respondents. This is statistically generated by using Taro Yamane statistical method of determining sample size

Sampling Techniques

The simple random sampling and purposive sampling techniques were adopted for the study. Ebonyi and Enugu States were purposively selected due to the high prevalence rates of FGM in these two states. Based on the prevalence of FGM among the states, purposive sampling method was adopted to select two communities in Ebonyi State: Isieke community and Agbaja community were selected. In Enugu State: Mmaku community and Akwuke community were selected due to prevalence rate of FGM in these communities. Thus, a total of four communities (Agbaja, Akwuke, Isieke and Mmaku) were selected for the study.

Ebonyi State has 13 Local Government Area: Abakaliki, Izzi, Ezza North, Afikpo south, Ohaukwu, Ebonyi, Oniocha, Ishielu, Ezza south, Ikwo, Afikpo north, Ohaozara and Ivo Local government area.
Enugu State has 17 LGA: Aninri, Awgu, Enugu East, Enugu North, Enugu south, Ezeagu, Igbo-Etiti, Igbo-Eze North, Igbo-Eze south, Isi-uzo, Nkanu East, Nkanu West, Nsukka, Oji River, Udenu, Udi and Uzo-uwani LGA. Enugu south and Awgu LGA were purposely selected. Enugu south LGA is in Enugu East Senatorial zone and Awgu LGA falls within Enugu West Senatorial zone. Akwuke community and Mmaku community were purposively selected under Enugu south LGA and Awgu LGA respectively. In each community, 100 men were selected for the administration of the questionnaire; while 159 women were selected each from Isieke, Agbaja, and Akwuke community respectively. And 160 women were selected from Mmaku community. A total of 1,037 respondents were selected from the 4 communities in South-East Nigeria.
The Participants for IDI (In-depth-Interview) were used to collect qualitative data. People were purposively selected for the interview, Qualitative population categories are as follows:
8 Traditional Leaders (Men), two from each of the communities
8 Women Leaders, two from each of the communities
8 Medical Personnel, two from each of the communities

Instruments for Data Collection
The questionnaire schedule and In-depth interview (IDI) guide were the instruments used in the collection of data for the study. The questionnaire was divided into two parts. The first part is the socio-demographic data of respondents such as sex, age, marital status, occupation, etc. The second part dealt with the substantive issues in socio-cultural issues and consequences of female genital mutilation in South-East Nigeria; derived from the research questions, specific objectives and hypotheses. The in-depth interview on the other hand, was employed to gather qualitative data to complement the quantitative data for fuller understanding of the socio-cultural issues of female genital mutilation in the area of study. The IDI was completely unstructured questions with necessary probes.

Administration of Instruments
The questionnaire was administered by the researcher with the help of four research assistants. The research assistants were recruited on the basis of ability to read and write, speak and understand both English and local dialects of the communities. The qualifications of the research assistants: three are graduates, and one is HND holder. The research assistants were trained on how to administer the questionnaire based on the objectives of the research. They were assigned the tasks of distributing and retrieving copies of the research questionnaire. The in-depth interview was conducted by the researcher with one of the research assistant who is from the community. The reason is to close the gap of dialect differences between the researcher and the interviewees, to ensure that every bit of information given by our interviewees is captured. The researcher moderated the interview while the assistant did the note-taking and recording respectively.

Methods of Data Analysis
The quantitative data collected through the questionnaire was processed with Statistical Package for Social Sciences (SPSS). The qualitative data gathered through IDI was coded and analysed thematically, using narrative quotes extracted from the interview. The socio-demographic characteristics of respondents were analyzed using descriptive statistics. The stated hypotheses were tested with Chi-Square (x^2) statistics; while regression analysis was used to predict the relationship between the independent and dependent variables in the study as shown in table below.

The Findings

Socio-demographic distribution of respondents

Variables	Frequency	Percentage
SEX		
Male	548	60.8
Female	354	39.2
Total	**902**	**100**
AGE		
20-24	254	28.2
25-29	114	12.6
30-34	133	14.7
35-39	101	11.2
40-44	129	14.3
45-49	121	13.4
50 and above	50	5.5
Total	**902**	**100**

MARITAL STATUS		
Never married	407	45.1
Married	440	48.8
Separated	11	1.2
Divorced	17	1.9
Widowed	27	3.0
Total	**902**	**100**
EDUCATION		
No formal Education	68	7.5
Primary level	94	10.4
Secondary level	336	37.3
Tertiary level	404	44.8
Total	**902**	**100**
OCCUPATION		
Civil servant	174	19.3
Trader	190	21.1
Farmer	45	5.0
Health worker	85	9.4
Self-employed	168	18.6
Unemployed	31	3.4
Student	209	23.2
Total	**902**	**100**
RELIGION		
Christianity	829	91.9
African Traditional Religion	64	7.1
Islam	3	0.3
Other, specify	6	0.7
Total	**902**	**100**
RESIDENCE		
Isieke	260	28.8
Agbaja	215	23.8
Akwuke	236	26.2
Mmaku	191	21.2
Total	**902**	**100**

Field survey, 2023

The table above shows that 60.8% of the respondents are males, while 39.2% are females. The table also indicates that a majority of the respondents 28.29% are aged between 20 – 24 years while 5.5% are aged 50 years and above. The table shows that more of the respondents 48.8% are married, while 45.1% are never married (single). The area of the educational attainment, the table also indicates that, a majority of the respondents 44.8% are on Tertiary level while 7.5% have no formal education. In terms of occupational distribution, the table shows that more of the respondents 23.2% are students while 3.4% are unemployed.

Furthermore, in terms of religious affiliation, the table shows that a majority of the respondents 91.9% are Christians, while 0.3% practices Islam. The table also indicates the respondents' places of residence which shows that a majority 28.8% are resident in Isieke Community of Ebonyi State while 21.2% are residents in Mmaku Community of Enugu State.

The respondents were then asked the reasons for the continued practice of FGM. Their responses are captured in table below:

Respondents' views on the reasons for the continued practice of FGM

Variables	**Frequency**	**Percentage**
Socio-cultural reasons	319	35.4
Economic benefits	30	3.3
Preservation of virginity	84	9.3
Social acceptance	75	8.3
Increased sexual pleasure for the husband	60	6.7
Lack of awareness of the health problems associated with FGM	334	37
Total	**902**	**100**

Field survey, 2023

This table shows that majority of the respondents 37% believe that lack of awareness of the health problems associated with FGM is the reason for the continued practice of FGM, seconded by 35.4% respondents who indicated that it is socio-cultural reasons, followed by 9.3% who said that it preserves virginity while 3.3% believe that the reason for continued practice of FGM is for economic benefits, that is, the circumcisers collect money for their charges or some other gifts for performing the circumcision.

The respondents were further asked to identify the cultural factor that most influences the continued practice of FGM in their communities. Their responses are captured in table below:

Respondents' views on the cultural factor that most influences the continued practice of FGM

Variable	Frequency	Percentage
FGM is an initiation into womanhood	262	29.0
The belief that it is required by religion and the ancestors	123	19.6
It reduces marital infidelity	333	36.9
The belief that it increases fertility rate	87	9.6
The need for social acceptability of wife/daughter	97	10.8
Total	**902**	**100**

Field survey, 2023

This table shows that majority of the respondents 36.9% believe that FGM reduces marital infidelity, followed by the respondents 29.0% that believe that FGM is an initiation into womanhood, 19.6% of the respondents believe that religion and the ancestors required it. Again, 10.8% of the respondents said it is the need for social acceptance while 9.6% of the respondents believe that it increases fertility rate.

Respondents' views on the major perspective of women about female circumcision

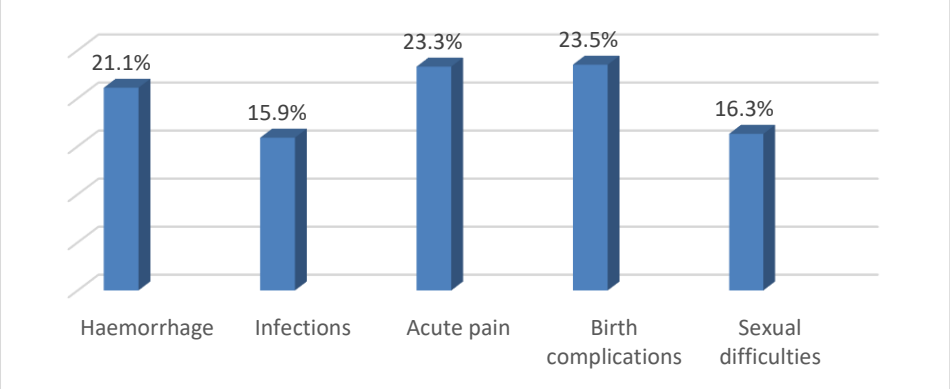
Variable	Frequency	Percentage
It helps men to have sexual satisfaction	106	11.8
It is associated with their religion	83	9.2
It reduces women's sex drive and keeps them faithful in marriage	500	55.4
It is part of the initiation into womanhood	217	24.1
Total	**902**	**100**

Field survey, 2023

The table above shows that majority of the respondents 55.4% said FGM reduces women's sex drive and keeps them faithful in marriage, 24.1% of the respondents believe it is part of the initiation into womanhood, 11.8% of the respondents indicate that it helps men to have sexual satisfaction while 9.2% said it is associated with their religion.

The respondents were further asked to identify the consequences of FGM on women/girls who undergo the procedure. Their responses are presented in figure below:

Respondents' views on the consequences of FGM on women/girls who undergo the procedure



Field survey, 2023

The figure shows that majority of the respondents 23.5% said the consequence of FGM on women/girls who undergo the procedure is birth complications, 23.5% of the respondents said that the consequence of FGM is acute

pain, 16.3% of the respondents believe that it causes sexual difficulties while 15.9% said the consequence of FGM on women/girls who undergo the procedure is infections.

The respondents were asked to identify a solution to FGM. Their responses are captured in table below.

Respondents' views on a better solution to the practice of FGM

Variable	Frequency	Percentage
Efforts by community, NGOs or any other group to eradicate it	175	24.4
Educating people about the dangers of FGM	500	69.7
Using law enforcement agencies	22	3.1
Punishing the perpetrators	20	2.8
Total	**717**	**100**

Field survey, 2023

The table shows that majority of the respondents 69.7% considered educating people about the danger of FGM as a better solution to the practice of female circumcision, 24.4% of the respondents said efforts by Community, NGO or any other group to eradicate FGM will bring solution, 3.1% believe that using law enforcement agencies will bring eradication of FGM while 2.8% considered punishing the perpetrators a better solution.

Discussion of Findings

The result shows that majority of the respondents 60.8% agreed that the practice of FGM has socio-cultural benefits: social benefits means that society accepts it, and cultural benefits means that culture also accepts it and those who hold the culture and tradition believe that it helps them have much control of their women so that they will not be promiscuous while 37% of the respondents also believe that the reason why the practice of FGM still continued is because of lack of awareness of the health problems associated with FGM. The study again found that majority of the respondents 77.7% said they would not like their daughters to be circumcised, while 22.3% of the respondents said they would like their daughters to be circumcised so that they will not be promiscuous. According to the findings, majority of the respondents 77.7% that said they would not like their daughters to be circumcised are young men and women who believe that the practice of FGM should stop, but some elderly men and women believe that the practice should continue because their culture demands it. There are assumptions in which women are weak in areas of emotion and they are unable to control their sexuality so far that uncircumcised girls are assumed to be promiscuous or loose moral, bringing shame to their parents. Here, FGM is expected to reduce the girl's sexual desire and prevent sexual experience before marriage, and to ensure faithfulness of the woman to her husband (Esho, 2017). This is one of the leading causes of FGM in Southeast Nigeria.

The findings show that majority of the respondents 79.5% believe that FGM can be eradicated, while 20.5% said no, it cannot be eradicated. And those that said yes were asked to proffer solution; majority of the respondents 69.7% said that educating people about the dangers of FGM is better solution to eradicate the practice of FGM.

Conclusion

This study investigated Socio-Cultural Issues and Consequences of Female Genital Mutilation in South-East Nigeria. The study found that FGM is still practiced in south-East Nigeria though it has reduced drastically unlike before now. Those who supported the practice of FGM are the elderly Men and Women, most of them are uneducated, and who don't want their culture to die. The cultural factor that most influences the continued practice of FGM is the belief that it reduces marital infidelity. FGM practice is sustained in South-East Nigeria as a result of socio-cultural beliefs and lack of awareness and knowledge of the health problems associated with FGM.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. The result shows that FGM can be eradicated thus: cultural myths and misconceptions associated with the practice should be dispelled and accurate information provided by engaging community and religious leaders through helping them understand, the need for change is imperative in generating a transformation within the culture.
2. The study found that for FGM to be eradicated communities should come together in agreement to offer solution, it is not individual affair. In other words, FGM can be abandoned if a significant number of families within a community make a collective and coordinated choice to abandon the practice.
3. The findings also show that elderly men and women are mostly the people upholding the continued practice of FGM in these communities, thus there is need for local government authorities, Non-Government Organizations and community leaders to organize Town-Hall meetings including elderly men and women in South-East communities on regular basis to address the dangers associated with FGM on women/girls. This will help to change people's perspectives about FGM in the study area, especially the perspectives that it purifies women and reduces marital infidelity.

4. The study also shows that using law enforcement agencies to fight against perpetrators would serve as deterrence to others. This will help people know that, there is no benefit in FGM in the study area.
5. The study again shows that if people are educated about the dangers of FGM like using Television, Radio, going to market places, schools and community squares to sensitize people about the health problems associated with FGM, it will reduce the practice of FGM in these communities.

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