

Ethnological Implication of Female Genital Mutilation/Cutting on Girl Child Development and Societal Devaluation of Women in Akpabuyo Local Government of Cross River State

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Abstract: This paper is an exposition on the practice of female genital mutilation/cutting as practiced in Akpabuyo Local Government Area of Cross River State. It is seen as a violation of the human rights of girls and women. Female genital mutilation/cutting as a practice is usually done by traditional circumcisers who often play the roles in communities' childbirth. The cross sectional survey design was employed to select five communities from Akpabuyo Local Government Area. The binary logistic regression was used to test the stated hypothesis with a sample of 195 selected randomly from the study area. Result showed a strong relationship between practice of FGM/C resulting in chronic disease conditions such as, Barrenness, Postpartum haemorrhage, Pre-eclampsia, Post-traumatic stress, HIV/AIDS, Necrotizing fasciitis, Urinary tract infection to victims. It was concluded however that FGMC has crept into the health of a significant number of the girl child whereby some have become vulnerable to the HIV/AIDS virus through the use of infected tools, barrenness and complications during pregnancies and deliveries. It was recommended among others that since it has been observed that FGM/C is a violation of human right, there is need for greater awareness on the dangers of such practices on the life of the girl child who has been mutilated.

Keywords: Female genital mutilation/cutting, procedures, development, cultural and social factors

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I. INTRODUCTION

Female genital mutilation/cutting is a cultural ritual or rite of passage performed in many cultures which involves the cutting of female genitalia from women for reproductive reasons peculiar to that culture. It is a cutting with procedures that injure the female genital organs for non-medical reasons. This practice is always carried out by community members, family member, paid health personnel or traditional birth attendant with the use of blade.

According to Otu, Ukwayi and Ushie (2012), this practice (FGM/C) has attracted scholarly attention across different fields of study in contemporary times as one of the deadliest harmful and violence against girl child development in the society. The practice cuts across many nations of the world especially in developed countries and Africa in particular (Adebimpe, 1986 cited in Otu, et al, 2012). In contemporary times, statistics shows that about 140 million female adolescents and women are primarily resident in Africa and a less number in Asia and the middle-east who have experienced genital cutting (Daw, 1970). It has also been estimated that it is due to increased migration rate from Africa to other continent of the world over 2 million female adolescent and women have undergone female genital cutting (Johnson, 1994). In Nigeria, southern part the practice is prevalent in states such as Cross River, Imo, Edo, Akwa Ibom, Delta, Ebonyi and Anambra State. While in Northern Nigeria the practice is within the confines of Katsina, Sokoto and Kaduna (Okolo, 2005 cited in Otu, et al, 2012).

This practice is predominant in societies with high rates of illiteracy, ignorance, poverty and low status of a girl child in some countries. It is true that about 2 million girls are at risk yearly with over 90% from African countries (Karim 2002). The World Health Organization (WHO) frowns at the involvement of medical personnel in the practice of female genital mutilation/cutting because the involvement of this group of fraud medical personnel's in such practices, has encouraged their literate and informed commonly members to continue with the practice, by pitching their tent where they assume that complications will be less and if they occur, would be attended to adequately. In spite of the efforts made by government, international organization

such as United Nation International Children Emergency Fund (UNICEF) and World Health Organization (WHO), stakeholders and other non-governmental organizations, the practice of mutilation/cutting on girl child still poses serious problems in the society. United nation international children emergency fund (2013). The exercise is mainly performed during puberty and beyond and in most cases it is conducted immediately after birth. The process is normally initiated by women who formed the believe that the practice gives the women a place in the society in which they are honored and that if a girl child does not undergo the process it may expose the girl child to social exclusion. In a layman language, female genital cutting is the removal of the clitoris hood from the inner labia and inner and outer labia and closure of the vulva. This process is known as infibulations- the small whole is left for the passage of urine and menstrual fluid; the vagina is opened for intercourse and opened further for childbirth. Jasmine (2011) in some cultures this practice is said to be an attempt to control the women's beauty, modesty and their sexuality and this is rooted in gender inequality. According to World Health Organization (WHO), United Nation International Children Emergency Funds (UNICEF) in a joint statement in 2007. The process of circumcision is a procedure 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. World Health Organization (2008). In Akpabuyo Local Government Area of Cross River State, the rate of FGM/C is as alarming as hardly for 8 out of 10 girls can go without being mutilated. Through this practices, mutilated girls are well integrated into the core womanhood with the believe that mutilated women cannot have extra-marital affairs. These practice in effect often result in a number of complications such as acquisition of the dreaded HIV/AIDS virus with infected or unsterilized tool, bleeding, urinary tract infection, fistula related conditions, barrenness amongst others. It is against this background the study sought to investigate the extent to which this practice have a significant effect on girl child development in Akpabuyo Local Government area of Cross River State, Nigeria.

II. AIM AND STUDY OBJECTIVES

The aim of the study was to examine the extent to which Female Genital Mutilation/ Cutting affects the development of female Children and devalues women in Akpabuyo Local Government of Cross River State. The study objective was to:

Determine the extent to which the practice of female genital mutilation/cutting in Akpabuyo Local Government have immediate and after effects on a girl child development and women devaluation

III. STUDY HYPOTHESIS

The study's hypothesis is as follows

The practice of female genital mutilation/cutting in Akpabuyo Local Government Area does not have an immediate and after effect on development of a girl child and societal devaluation of women.

Study Area

The study was conducted in Akpabuyo Local Government Area of Cross River State, Nigeria. Its headquarters are in the town of Ikot Nakanda. The Local Government Area became autonomous on Tuesday 27th August 1991, following its creation from the former Odukpani Local Government Area. It became the 14th and 589th Local Government Area in Cross River State and Nigeria respectively. Akpabuyo has a population of 360,000 people and is located in the Southern Senatorial District with headquarters at Ikot Nakanda. Idundu/Anyanase, Atimbo East, Atimbo West, Ikot Edem Odo, Eneyo, Ikot Nakanda, Ikot EyoIkang North, Ikang South, Ikang Central. The major ethnic groups are the Efiks, Quas and Efuts. The major languages spoken are Efik and English, while all the major ethnic groups share a common cultural and ancestral heritage. The people of Akpabuyo Local Government Area are predominantly farmers and fishermen. Akpabuyo is a major producer of cassava, cocoyam, kola nut, coconut, palm produce as well as sea foods. The land is rich in mineral deposits such as petroleum deposits, gold, limestone, sand and slat deposits to mention a few. All these are available in commercial quantities for prospective explorers. Akpabuyo Local Government Area lies between latitude 4° 5' and 5° 40' and longitude 8° 25' and 8° 32 East. It lies within the vegetation belt of southern Nigeria and shares the Atlantic coastline with Bakassi to the East and the Republic of Cameroon to the West. Akpabuyo Local Government Area which measures approximately 28.5 square kilometres is predominantly an agricultural area, and it is known as the Food Basket of Cross River State. Thus, the agricultural policy of the Local Government Council is to boost goods and crop production, as well as encourage foreign investors to establish allied industries to supplement the existing ones. Akpabuyo Local Government is very rich in forest resources, which comprise several species of wood, which can support large-scale furniture and building ventures for both domestic consumption and export. In Akpabuyo local government area, female genital mutilation/cutting is practiced in a unified form across the ten (10) political ward and sub clans or villages in the area. The practice is usually carried out by **traditional** circumcisers in the girls homes, with or without anesthesia and the process is usually carried out by an old woman also there are communities

where the male play the part of a surgeon in carrying out the female circumcision exercise. The procedure is classified by the world health organization which ranges in types 1-3 depending on the level of tissue removed. Type 1 is the circumcision which involves the removal of the clitoral hood only and is rarely performed alone. World Health Organisation (2016) type 1b (clitoridectomy), the complete or partial removal of the clitoris glands (the visible tip of the clitoris) and clitoral hood. World Health Organisation(2014), the circumciser pulls the clitoral glands with her thumb and index finger and cuts it off. Susan and Nahid (2008). Type 11 is the excision – the complete or partial removal of the inner labia, with or without removal of the clitoral glands and outer labia. Type III is the ‘sewn closed’ which involves the removal of the external genitalia and fusion of the wound. The inner and outer labia are cut away.

Ethnological and cultural justification for the practice of FGM/C in Akpabuyo

Like any other society in the world, Akpabuyo Local Government Area as a rural area in southern senatorial district of Cross river state practices FGM/C first as fundamental ritual for the passage of women to full time womanhood. It is seen as an important ritual or rite of passage for the girl child into full time adulthood to avert marital infidelity and extra-marital affairs. Although, the reasons FGM/C as a practice is carried out varies from one society to the other, but howbeit, however and whatever the reason is to this practice, it is believed to be a social or cultural creation. Furthermore, other reasons for the practices in Akpabuyo Local Government Area are as follows;

- FGM/C is a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivation to perpetrate the practice. In some communities, FGM/C is almost universally performed and unquestioned
- FGM/C is considered a necessary part of raising a girl and a way of preparing her for adulthood and marriage.
- FGM/C is often motivated by belief system about what is considered acceptable sexually behavior. It aims to ensure premarital virginity and marital fidelity. FGM/C in many communities believed to reduce a woman libido and therefore believed to help her resist extramarital sexual acts.
- When a vaginal opening is covered or narrowed (type 3), the fear of the pain to open it and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM/C.
- Where it is believed that being cut increases marriageability, FGM/C is more likely to be carried out
- Practitioners believed the practice has religious support
- In most communities FGM/C is considered a cultural tradition which is often used as an argument for its continuation.

Effect Of Fgm/C

The deliveries of women who had undergone genital mutilation were significantly more likely to be complicated by caesarean section, postpartum haemorrhage and prolonged maternal hospitalization than those of women who had not. Women who had undergone the most serious form of genital mutilation (type III) had a 30% higher risk for delivery by caesarean section than those who had not had genital mutilation. Similarly, women with type III mutilation had a 70% higher risk of postpartum hemorrhage than women who had not undergone genital mutilation.

The rates of infant resuscitation and prenatal death were higher among infants born to women who had undergone genital mutilation than among those born to mothers who had not, and the severity of the adverse outcomes increased with the severity of female genital mutilation.

According to (Rigmor, 2014) female genital mutilation harms women physical and emotional health throughout their lives. It has no known health benefits and its late and short term complications depends on the type of female genitalcutting whether the practitioner had medical training and used anti biotic and sterilized or single -use surgical instruments. The common short terms complication includes swelling, excessive bleeding, pain, urine retention and health problems/ wound infection. A systematic review according to Rigmor (2014) 56 studies that recorded immediate complications suggested that each of these occurred in more than one in ten girls and women undergoing any form of Female Genital Mutilation/Cutting, including symbolic nicking of the clitoris (Type IV) although the risk increased with type III. The review also suggested that there were under-reporting, other complicated issues recorded under short-termed included fatal bleeding, anaemia, urinary infection, septicemia, and tetanus, gangrene, necrotizing fasciitis (flesh eating disease) and endometritis and the number of girls and women who died as a result of the practice. The use of the shared instrument by practitioners is thought to aid the transmission of hepatitis B, hepatitis C and HIV although no epidemiological studies have shown that. Dan& Sarah (2015).Late complications vary depending on the type of FGC. They include the formation of scars and keloids that leads to structures and obstruction, epidermoid cysts that may

become infected, and neuron information (growth of nerves tissue) involving nerves that supplied the clitoris (Elizabeth & Paula, 2005).

An infibulated girl maybe left with an opening as small as 2-3mm which can cause prolonged drop-by-drop urination, pain while urinating, a feeling of needing to urinate all the time. Urine may collect underneath the scar, leaving the area wet which can cause infection and the formation of small stones. Rectovaginal fistula can develop (holes that allow urine or faeces to seep into the vagina) this and other damages such as painful periods are common because of the obstruction to the menstrual flow, pregnancy, childbirth for women who have undergone FGM have higher risk because it is usually difficult to obtain clear urine sample as part of prenatal care, making the diagnose of conditions such as pre-eclampsia harder. All these have hindered a proper development of a girl child in Akpabuyo community. Further study has shown that women who have undergone the practice of FGM/C tend to have some psychological effects such as depressions, anxiety and post traumatic stress disorder (Dan & Sarah, 2015)

Legislations against FGM/C

- I.** The eighteen African countries legislation enacted to criminalize FGM/C (Benin, Burkina faso, Central African Republic, chad, cote d'ivoire, Djibouti, Egypt, Entrea, Ethopia, Ghana, Guinea, Kenya, Mauritania, Niger, Senegal, South Africa, Tanzania, and Togo) with a penalty of minimum of three months to maximum of life in prison.
- II.** The United Kingdom Prohibition of Female Circumcision Act 1985, which made it an offence to perform such practice on a girl child or adults. The first persecution took place in 2015 against a doctor for performing FGM/C and another man for aiding and abetting. On the 4th of February, 2015 both were found not guilty on the grounds that he performed a single figure-of-eight stitch to stem bleeding following the birth.
- III.** Furthermore, the United State government opposes FGM/C, no matter the degree, type or level of its cultural benefits to its citizenry according to their traditional belief, the United state government perceives female genital mutilation/cutting as a serious form of gender-based violence and girl child abuse and above all, abuse on human rights.

2.2.3 Cultural Modernity theory:

The Human Development Perspective of Cultural modernity is a more recent theory by Inglehart Welzel (2005) emphasizes that the conversion of economic growth and development to cultural processes that promotes human capacity building and development leads to emancipation and empowerment among the marginalized group in the society. This according to the theory would give the marginalized group autonomy and financial independence (Welzel 2003; Welzel, Inglehart & Klingemann 2003; Inglehart & Welzel 2005). This effort either by society or corporate bodies often brings about empowerment and emancipation to women who are primarily considered the marginalized group in the society and hence included in the decision making process of the society. This rising empowerment programmes would lead to women empowerment throughout all the sectors of the society, such as in the parliament to make policy against cultural practices affecting women and in the employment sector (Welzel 2003; Inglehart, Norris & Welzel 2002; Inglehart & Welzel 2005; Inglehart & Norris 2003).

At the periphery, the theoretical foundation is closely linked to social modernization perspective of existential change. This theory advocates for changes in modern society especially that which concerns women empowerment which have a relationship between cultural modernity and public values system placed on women equality. To Welzel (2003), he stressed on the necessity on contemporary human resources which is crucial to economic development which in effect have indirect economic development impact. Inglehart & Norris (2003) this implies that their absolute control of attitude toward gender equality has been seen as the sole predictors of women political liberation to hold public offices but these findings by Inglehart & Welzel were modified in other studies.

The theory does not emphasize women absolute liberty to be compared with their male counterpart but a relative liberation of self-expression and independence to a certain degree of certainty. This modernization comes in different ways and forms. In almost all the nations of the world, gains pertaining to women well-being engender women empowerment and development. Thus, measures of economic development should strongly relate to the measures of women's empowerment.

IV. METHODOLOGY

This study employed the correlational survey design. A study is co relational when it investigates influence of variation in one variable to the other. This study, it is possible to investigate the effect variation between the effect of FGM/C on health and other physical damage on the female child (Ndiyo, 2005). The population of the study constitute the total population of Akpabuyo Local Government Area of Cross River

State, Nigeria. Akpabuyo has a population of 360,000 people and is located in the Southern Senatorial District with headquarters at IkotNakanda (NPC projected population 2012). From this population a sample was selected. The purposive sampling procedure was employed to select the five communities used for the study. These communities were chosen because they are closer to the forest areas and residents in this area can provide the needed information. The five (5) communities include idundu/Anyananse, Ikot Edem Odo, Eneyo and Ikot Nakanda. At the second stage, the researcher employed the stratified sampling techniques to delineate the study area into various clusters. The disaggregation of these communities into cluster was informed in the sense that the whole community cannot be studied given the time and budgets of this research work. From each of the selected clusters, a simple random sampling technique was employed to select participants for the study. This procedure was done through the use of a ballot paper for the delineated clusters with write-up –YES and NO. Participants who picked yes were enrolled for the research while those with no were not enrolled. This enrolment was based on a proportional sample designated from each cluster.

Table 3.1 sample distribution of respondents by selected communities

S / N	NAME OF COMMUNITY	SAMPLE	SELECTED
1	I d u n d u / A n y a n a n s e	4	0
2	I k o t E d e m O d o	4	0
3	E n e y o	4	0
4	I k o t N a k a n d a	4	0
	T o t a l	16	0

Source: researchers field survey 2017

A carefully structured questionnaire was used for the study. The questionnaire was used to elicit information from respondents. The questionnaire consisted of a fifteen item question to get responses from the respondents. The four point likert scale was used to structure the questionnaire such as strongly agree (SA), 3 for agree (A), 2 for disagree (D), 1 for strongly disagree (SD). On the other hand, items that shows dislike were ranked from 1 to 4, with 4 standing for strongly disagree (SD), 3 for disagree (D) 2 for agree (A) and 1 for strongly agree (SA). The researcher administered the questionnaire to respondents by self. This procedure was done stating what the research was purposed for. Respondent were promised confidentiality and the researcher informed them that study was mainly for academic purposes as part of the requirement for the completion of a program of study. Upon administration, the administered questionnaires were retrieved at the spot to ensure 100% return. To test the hypothesis formulated for the study, the variables as well as the statistical analysis techniques adopted to test the hypothesis was identified and presented. Data collected from this study shall be presented using the Statistical Package for Social Sciences (SPSS) Version 20 to perform frequency count, percentages, mean, standard deviation, while binary logistic regression used to test the hypothesis.

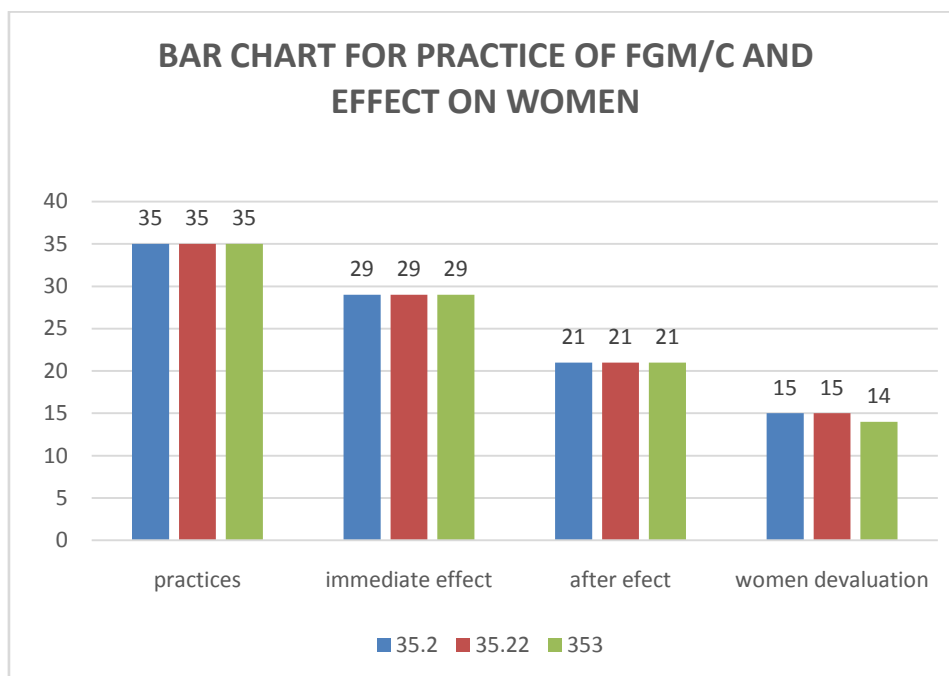
4.1 Results

Hypothesis one

Ho: Practice of female genital mutilation/cutting in Akpabuyo Local Government Area does not have an immediate and after effect on girl child development and devaluation of women

The hypothesis was tested with Logistic regression as the most appropriate statistical tool for the study. It is used to predict whether victims of FGM/C undergo certain chronic disease conditions such as, Barrenness, Pre-eclampsia, HIV/AIDS, Urinary tract infection etc, which are a direct result of a plethora of reasons behind this practices being both immediate and after effect. From the analysis, result revealed that relationship between the categorical dependent variable (FGM/C on girl child) has hindered their development and enforced women devaluation) has a significant effect on gender inequality thereby relegated women to laborious and high unpaid work as house wives as the core dependent variables which estimate probabilities of logistic function, which showed a cumulative logistic distribution. From the first table which shows the raw data from categorical variables indicates that FGM/C from data generated from the field have adverse consequences or effects on the health of the girl child development and women in the society. Following the Omnibus Tests of Model Coefficients for the three categorical variables, the chi-square calculated values of 67.261 was considered more the table value of 3.84 at 3 degrees of freedom 0.00 level of significance. The findings or result showed a strong effect of FGM/C on the health of girl child and women in the society

The chart below showed frequency distribution of respondents, effects and after effects of FGM/C on women, and girl child development



Source: researchers field survey 2017

From the distribution, reason behind cultures (Akpabuyo LGA) practicing FGM/C was estimated at 35% percent, immediate effects such as HIV/AIDS, Necrotizing fasciitis, Urinary tract infection and death was 29% percent, after effect such as Barrenness, Postpartum haemorrhage, Pre-encampsia, Post-traumatic stress was 21% percent while it effects on women position such as gender inequalities and domestication of women as house wives in the study area had 15% percent.

4.2 Discussion of findings

From the result as presented in hypothesis one which center on the Practice of female genital mutilation in Akpabuyo Local Government Area does not have an immediate and after effect on societal devaluation of women. From the result of the hypothesis, findings showed a significant relationship. The findings agrees with Jasmine (2011) who believed that in some cultures this practice is said to be an attempt to control the women’s beauty, modesty and their sexuality and this is rooted in gender inequality. In the same vein, Rigmor, (2014) noted that female genital mutilation harms women’s physical and emotional health throughout their lives. It has no known health benefits and its late and short term complications depends on the type of female genital mutilation whether the practitioner had medical training and used anti biotic and sterilized or single -use surgical instruments. The common short terms complication includes swelling, excessive bleeding, pain, urine retention and healthy problems/ wound infection. A systematic review by Rigmor(2014) carried out 56 studies that recorded immediate complications suggested that each of these occurred in more than one in ten girls and women undergoing any form of Female Genital Mutilation, including symbolic nicking of the clitoris (Type IV) although the risk increased with type III. The review also suggested that there were under-reporting, other complicated issues recorded under short-termed included fatal bleeding, anaemia, urinary infection, septicaemia, and tetanus, gangrene, necrotizing fasciitis (flesh eating disease) and endometritis and the number of girls and women who died as a result of the practice. The use of the shared instrument by practitioners is thought to aid the transmission of hepatitis B, hepatitis C and HIV although no epidemiological studies have shown that. Dan and Sarah (2015). Late complications vary depending on the type of FGM/C. They include the formation of scars and keloids that leads to structures and obstruction, epidermoid cysts that may become infected, and neuron information (growth of nerves tissue) involving nerves that supplied the clitoris

V. CONCLUSION

From the result gotten, it is evidence that FGM is an abuse of the girl child and a direct violation of human right. It impedes on the private life of the girl child with immediate and after health implications for this practices. It could also be a form of domestic violence against women which is culturally approved as a needed ritual for integration into adulthood. In Akpabuyo Local government area, FGM/C has been a social menace where women and a girl child have no say against these practice. It has also crept into the health of a significant

number of women/girl child whereby some have become vulnerable to the HIV/AIDS virus through the use of infected tools, barrenness and complications during pregnancies and deliveries. It is on this note the following recommendations are made:

- Since it has been observed that FGM/C is a violation of human right, there is need for education on the protection of the health and wellbeing of every Nigerian child and women by the world health organisation on the dangers of such practices on the life of the girl child who has been mutilated.
- There is need for united nation international children emergency fund (unicef) and other stake holders to emphasis girl child education as this would go a long way to sensitize the women and the girl child towards developing literacy programmes that would be targeted at addressing obnoxious practices that abuses the liberty of the girl child in the society.
- United Nations International Children Emergency Funds (UNICEF) and World Health Organization (WHO) should initiate national and international legislation of Female Genital Mutilation/Cutting

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VI. APPENDIX

TABLE 4. 1

Logistic regression for Practice of female genital mutilation immediate and after effect on societal devaluation of women (N=195)

Logistic regression for Categorical Variables Coding				
	Frequency	Parameter coding		
		(1)	(2)	(3)
After effect of FGM/C B a r e n e s s	2 6	1 . 0 0 0	. 0 0 0	. 0 0 0

Immediate effect of FGM/C	Postpartum haemorrhage	3	8	. 0 0 0	1 . 0 0 0	. 0 0 0
	Pre - e n c a m p s i a	4	8	. 0 0 0	. 0 0 0	1 . 0 0 0
	Post-traumatic stress	8	3	. 0 0 0	. 0 0 0	. 0 0 0
	H I V / A I D S	5	0	1 . 0 0 0	. 0 0 0	. 0 0 0
	Necrotizing fasciitis	3	4	. 0 0 0	1 . 0 0 0	. 0 0 0
	Urinary tract infection	3	4	. 0 0 0	. 0 0 0	1 . 0 0 0
	D e a t h	7	7	. 0 0 0	. 0 0 0	. 0 0 0
	S o c i a l n o r m	8		1 . 0 0 0	. 0 0 0	. 0 0 0
	Rite of passage	6		. 0 0 0	1 . 0 0 0	. 0 0 0
	Premarital virginity	1	6	. 0 0 0	. 0 0 0	1 . 0 0 0
practice of FGM/C	Discourage extramarital intercourse	1	6	5 . 0 0 0	. 0 0 0	. 0 0 0

Source: Researchers field survey 2017

Omnibus Tests of Model Coefficients for the three categorical variables

	C h i - s q u a r e	d	f	S i g .
Step 1	6	7	. 2 6 1 3	. 0 0 0
Block	6	7	. 2 6 1 3	. 0 0 0
Model	6	7	. 2 6 1 3	. 0 0 0

Classification Table showing responses from the dependent variable

	O b s e r v e d	P r e d i c t e d		Percentage Correct
		girl child/ women devaluation	house keepers	
Step 0	girl child/women devaluation	1	0 3 0	1 0 0 . 0
	house keepers	9	2 0	. 0
Overall Percentage				5 2 . 8

- a. Constant is included in the model
- b. The cut value is 500

	Constant	practice(1)	practice(2)	practice(3)	immediate(1)	immediate(2)	immediate(3)	after(1)	after(2)	after(3)
Constant	1.000	-.093	.019	-.102	-.432	-.562	-.291	-.579	-.544	-.410
practice(1)	-.093	1.000	.069	.059	.109	.087	.128	-.075	-.188	-.099
practice(2)	.019	.069	1.000	.038	.042	-.176	.102	-.190	-.144	-.101
practice(3)	-.102	.059	.038	1.000	.084	.030	-.162	.044	.003	-.148
immediate(1)	-.432	.109	.042	.084	1.000	.312	.262	.185	.117	-.168
immediate(2)	-.562	.087	-.176	.030	.312	1.000	.233	.328	.232	.078
immediate(3)	-.291	.128	.102	-.162	.262	.233	1.000	-.085	-.125	-.129
after(1)	-.579	-.075	-.190	.044	.185	.328	-.085	1.000	.433	.344
after(2)	-.544	-.188	-.144	.003	.117	.232	-.125	.433	1.000	.382
after(3)	-.410	-.099	-.101	-.148	-.168	.078	-.129	.344	.382	1.000

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