Eubios Journal of Asian and International Bioethics

EJAIB Vol. 28 (2) March 2018

www.eubios.info

ISSN 1173-2571 (Print) ISSN 2350-3106 (Online)

Official Journal of the Asian Bioethics Association (ABA)

Contents

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EJAIB adopts and complies with the Committee on Publication Ethics (COPE) **Publication ethics and malpractice policy**. All potential authors should have read these guidelines and by submission of an article for publication you acknowledge that you have complied with this policy. Violations will be handled in proportion to the intention and seriousness of the violation.

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Editorial: Ethics, knowledge and body functions

This is the issue of *EJAIB* is extended to 44 pages to include several lengthy papers that present aspects of biomedical ethics in areas which are not often, if ever, explored. We can ask questions about the application of the knowledge of our body, and how this may be and should or should not be explored in new ways.

The ethical impacts of routine use of digital eyeglasses on the doctor-patient interaction are explored by Sody Naimer. As our lifes are driven to render most of us some form of cyborg (even by wearing basic sight or hearing aids), we are presented with technology that can provide us new information about our daily interactions. The data could be gathered to better monitor what we do – but do we all consent to such data gathering? This comes at a time when there is concern over the data collection of social media platforms.

Two papers explore dentistry. Kasuma et al. show how palatal rugae pattern identification has been used determine family lineage in Minangkabau, West Sumatera, Indonesia. This also raises questions of privacy versus familial solidarity.

Despite legal bans, the practice of female genital cutting continues, and some of the reasons for this continued abuse of often young women and girls are explored by Joseph Nkang Ogar and Bassey Samuel Akpan. Sexuality and culture are themes in common with the analysis of interviews described by Bikash Thapa in his Masters 's thesis research on the bases of Early Marriage and Consequences on the Well-being of Mother and Child in Jhirubas, Palpa, Nepal Despite the many health problems, early marriage is still common in many countries.

Md. Anower Hussain Mian et al. conducted a dental and oral hygiene survey among Illicit Drug Abusers in Dhaka, and we can see that this is a neglected group who are also neglecting their teeth.

. - Darryl Macer

larger sample size to reach an ultimate conclusion. The results of this study indicate that there are hereditary factors in the rugae patterns, which makes them very useful for the identification of individuals. Chemicals, disease, heat, and trauma cannot alter palatal rugae patterns. Cheeks, lips, tongue, buccal pad of fat, teeth and bones protect palatal rugae from trauma and high temperature. Although we acknowledge that the limited number of families studied does not allow us to reach a final deduction, it is important to note that rugae patterns may be used as genetic markers for further research. We hope this research is a contribution of data in the field of forensic
odontology on individuals, especially ethnics of the *Minangkabau* and the *Deutro Melayu*.

Source of Funding: This research was funded by the Indonesian Ministry of Research and Technology (Kemrestek DIKTI) under the Elite Research Skim of Higher Education. The authors are grateful to LPPM and the Rector of Andalas University for faciliting this research.

Conflict of Interest*:* The authors confirm that there are no conflicts of interest to disclose.

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Female genital cutting: a philosophical exposition

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Abstract

Female genital cutting as practiced in most African countries has attracted wide condemnation. This practice involves partial or total removal of the external female genital organ for nonmedical reasons. Consequently, it causes damage to healthy or normal genital tissue and thus, interferes with the natural function of the girls or woman's body. Female genital cutting is usually carried out on girls within the ages of 10 and 22 years old. Most health experts attribute so many infections suffered by women of child bearing age to it. Also, barrenness, excessive bleeding during child birth or delivery is sometimes blamed on female genital cutting. A lot of infections including HIV have been associated with this cruel practice. It is the position of this paper that, such act is barbaric, and a violation of the human rights of the girl child and womanhood. Therefore, it should in all quarters be discouraged and possibly stopped because it violates a person's right to health, freedom from torture and security, and integrity.

Introduction

Female genital cutting is a subject that attracts much concern from many disciplines including religious, philosophical, sociological, legal and medical aspects. This kind of practice usually finds support in some traditional and cultural beliefs. It is usually performed by traditional practitioners who have no formal training on the proper use of equipment and surgical procedures, hence the practice is both against medical practices and

unhygienic. It was observed that implements or tools for these practices include knives, razors and blades made from bamboo trees (Nicoletti 2007). Again, in most cases it is carried out in the bush or a highly infectious environment thereby making the victim more prone to infections and danger. Some enlightened citizens who still want to follow the culture of their people, may still deploy the service of community health care providers to perpetrate such barbaric practices. It is the position of this paper that female genital cutting even if it were to be carried out in the best hospital in the world, is wrong and should be stopped.

Female genital cutting

Female genital cutting includes various strategies that include the incomplete or aggregate cutting of the female outer genitalia as well as damage to the female genital organs for social or other non-therapeutic reasons (Nour 2008). Female genital cutting is portrayed as a traditional practice among various societies. In studies among the individuals who practice it, female genital cutting is regularly ascribed to traditions, albeit different reasons may be given (for example, reducing ladies' sexual desires, expanded sexual performance for men and the health of infants). This practice has existed for a long time; it might have been practiced for as long as 5,000 years in some societies (Wade 2012). An examination in Sudan in 1983 showed that nearly 83% of consulted women affirmed female genital cutting paying little heed to the type (Alien 2005). In 1985 a body attached to the UN Commission on Human Rights, the Working Group on Traditional Practices Affecting the Health of Women and Children, uncovered that 54% of people advocating female genital cutting claimed they do it because it is their tradition (Obermeyer and Carla 1999). A type of clitoridectomy was practiced in the USA and Europe amid the last half of the nineteenth century; it was seen as a 'cure' for female masturbation and mental illness (Duffy 1963).

Some time ago there was a medical view in western nations that clitoral or labial adjustment was in some cases fundamental to enhance aesthetic look, upgrade sexual pleasure, solve matrimonial issues and to cure psychosomatic sickness (Tepper 2000). A few women's magazines advanced such thoughts in the mid-1970s. The present medical view is that such claims can't be substantiated (Rushwan 2013). Infibulation is the practice of excising the clitoris and labia of a girl or woman and stitching together the edges of the vulva to prevent sexual intercourse. In a few nations where infibulation is honed, before the lady is married, it is a customary practice for women from the grooms' family to visit and examine the bride. The women check to guarantee that the lady has been infibulated and that she is still a virgin (Ford 2001). In some societies, the woman is probably going to be alienated and marriage within her society would be not likely if she is not circumcised. Toubia explains that for an African lady who accepts female genital cutting, it is a fashionable thing to do to become a real woman like an American lady who has breast enlarged to look more attractive. However, "*a critical distinction is that it is principally performed on kids, with or without their consent*" (Toubia).

Female genital cutting is practiced in more than 40 countries, including 27 African nations, the southern piece of the Arab Peninsula and the Persian Gulf (Hosken 1998). It is practiced by a few people in India, Indonesia, Malaysia and Brazil. The number of nations where female genital cutting is practiced is expanding as a result of migrations to Western nations from nations where female genital cutting is customarily performed. Nations with migrant populaces, including the United Kingdom, France, Canada and Australia are such cases. In the meantime about 88% of men sampled randomly in different countries in Africa support the practice (Leonard 2000). The primary explanations behind endorsement were tradition and religion. Customs and traditions were by and large acknowledged beyond a shadow of a doubt. Note that the tradition is bound up with the ethical code of the group and is a critical factor in identification with the entire group.

In numerous undeveloped nations, particularly in Africa a lady must be a virgin to be married and her financial survival for the most part may depend on marriage. In the minds of the individuals who practice female genital cutting, to be different is to be isolated from the group. Also, a study shows that Eritrean women trust that female genital cutting shields them from rape (Bennett 2011). Thus, there are profound and convincing connections to the tradition among the people concerned and those ties won't be easily broken.

Types of female genital cutting

There are basically four major types of female genital cutting as seen below:

Clitoridectomy: This is said to be the most widely recognized type of female genital mutilation (Slack 1988). This is a partial or total removal of the clitoris, and in rare instances only the fold of skin surrounding the clitoris is removed.

Excision: in this genital cutting, the clitoris is either partially or completely removed along side with the labia minora, with or without excision of the labia majora, that is 'the tips' that surround the vagina (Antonazzo 2003).

Infibulation: The most serious type is infibulation. This includes removal of all external female

genitalia. The whole clitoris and labia minora and a significant part of the labia majora is removed or scraped (Weston 2017). The remaining raw ends of the labia majora are afterward sewn together. In remote areas acacia tree thistles are used and held in place with catgut or sewing string. Sometimes a glue of gum arabic, sugar and egg, is utilized to close the vulva. The whole area is closed with only a little opening, about the measure of a match stick, left to pass pee and menstrual liquid. A straw, stick or bamboo is embedded in the opening so that as the injury recuperates the tissue won't grow together and close the little opening. As of late in a few territories, a few persons who play out the system sew together the labia without cutting (Antonazzo 2003).

Others: Includes all other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping and cluttering of the genital area (Ekeke 2010:161).

Arguments for female genital cutting

Some reasons have been presented to justify why many cultures in Africa and Asia still practice this barbaric and dehumanizing practice not minding the wide condemnation by the World Health Organization (WHO).

Family autonomy: The general right of parents to choose what is best for their youngsters has existed for a long time and there is a desire that the State won't meddle in choices which are in the area of individual families. In other words, the "privacy" of the family has by and large been ensured by society (Petronio 2013: 46).

The right to cultural integrity: The individuals who defend the privilege of parents to have their little girls "circumcised" allude to their customary values and their entitlement to cultural integrity without impedance from people who hold different customary values. Notwithstanding, there is a distinction between neo-colonialist endeavors to force western human rights norms on Third World nations and social practices which are the same as practices in the West through which ladies are respected less than men (Regier 1991).

Psychosexual argument: To this group, female genital cutting is encouraged as an activity or practice aimed at curbing women's sexual desires. According to this, if only the prepuce of the clitoris is removed, it automatically reduces the female's or woman's sexual desire and by this guarantees her chastity or staying or maintaining her virginity until she is married (Carr 2015). To Osarenren, female genital cutting or mutilation should be sustained because it encourages fidelity as such as practice stops women from getting sexually aroused (Carr 2015: 163). But the question here is whether this heinous practice has successfully tamed women because experience has shown that woman who wish to be promiscuous have not stopped being so on excuse of genital mutilation. The psychosexual argument leaves us with little to be desired. And rather leaving us to think that chastity, fidelity or otherwise being promiscuous is related to human will and choice, rather than praised or blamed on the removal of the clitoris (Ogar and Asira 2011: 327).

Mythological argument: This argument hinges on superstitious beliefs surrounding the practice. Especially those of Yoruba is the perceived belief that when the clitoris is not cut, it will harm the fetus when it touches it during child delivery. Also, there is the belief that if the clitoris is not cut, it will grow to the size of a penis (Toubia). But as we all know, superstitious beliefs have not been proven scientifically. Again, no established case of female infertility has been traced to not cutting of the genitalia. Hence, this argument is less satisfactory as built on superstition.

Religious argument: Despite the serious campaigns against female genital cutting by activists and healthcare workers, this argument is one of the most potent one in support of the female genital cutting. In Africa for instance, many practitioners of traditional religions see it as one of the rites of passage required by their religion. That is a necessary condition to be fulfilled by young girls who are about to pass from puberty to adulthood in preparation for marriage (Toubia). According to this argument, this practice is done to reduce a women's libido, so as to help her resist illicit sexual act which is a taboo with the consequences of bringing the wrath of the gods against the community. According to this position when a virginal opening is covered or narrowed, the fear of pain of opening it, alongside the fear that this will be found out, is expected to further discourage illicit sexual intercourse among women with this type of female genital cutting (Rushwan 2013). However, World Health Organization (WHO) debunked this as lacking credibility, merely motivated by beliefs about what is considered proper sexual behavior related to premarital virginity and marital fidelity (Toubia). Neither the Christian or Islamic religion has any doctrinal basis for female genital cutting. This scripture reference in Genesis 17; 10-12 is made specifically to the (male gender), and not (female gender). 'This is my covenant with you and your descendants after you, the covenant you are to keep. Every male among you shall be circumcised on the 8th day of birth. While Abu-sahieh argued that there is no doctrinal basis for female genital cutting in Islam and Christianity. Therefore, there is no substantive evidence that female genital cutting is a religious requirement (Gronnvoll 2008).

Social argument: This argument is a result of wanting to work in conformity to the social behavior of peers. That is, being attune with the practices of the time and community. Female genital cutting in some cultures is a qualification or requirement for participation and enjoyment of full privileges and rights to the female folks in the community. In some communities, a woman whose genitalia are not cut, would be denied marrying any man in the community because they interpret uncut clitoris as a penis in a woman which must necessarily be cut to show that she is a woman (Bennett 2011: 136). This position is indeed abnormal because given an understanding between the function of penis in men and clitoris in women, no matter how big clitoris may be, it can never become penis and vice versa. So it is an unfounded position that lacks evidence.

Aesthetic argument: In Kenya like in many communities in Nigeria and Africa at large, this unhealthy trend of genital mutilation is still highly upheld. They maintain the position that unless a female or woman clitoris is cut, she is sacrilegious (Bennett 2011). This argument upholds the view that until the female clitoris is cut, she is not truly beautiful and is followed with grim consequences such as causing a lack of arousement or feeling of sex even when they are married with the result that many of them end up in broken marriages because of constant or near constant sex apathy in their spouses.

Medical and ethical arguments against female genital cutting

There are numerous immediate and long haul health results of female genital cutting, both physical and mental. Inconveniences from the method can bring about barrenness. Issues can remain with the girl into adulthood and prompt obstetrical challenges which imperil the life of both the woman and her wards. It is likewise understood to be regular for infibulated ladies to under-eat amid pregnancy with the goal that they will have smaller kids. Doctors in Sudan have evaluated that the number of fatalities because of infibulation is around 33% of all young ladies in zones where anti-infection agents are not accessible (Lyman 2013).

Death because of female genital mutilation is one of numerous variables adding to the high infant mortality rates in these nations (Slack 1988). For instance, Somalia, which has one of the highest rates of circumcised ladies on the planet, has the world's fourth most noteworthy high infant mortality rate (Nour 2008). The medical issues related with female genital mutilation are more noteworthy with clitoridectomy and infibulation because these procedures include more radical surgery. The health impacts of female genital mutilation, particularly infibulation, can incorporate acute infection, shock, hemorrhage (attributable to the instruments utilized and medications set on the injuries), tetanus, harm to nearby organs, death, and septicemia. Most times after infibulation the young lady's excrement is caught by bandages and this fuels different complication issues.

It has been proposed that more than 100 million women are “missing” in Africa and Asia as a result of an absence of medications, health care and nourishment (Slack 1988). A huge proportion of these could well be ascribed to the act of female genital mutilation. Numerous young ladies bleed to death in light of the fact that clumsy operators have cut into the pudendal corridor or the dorsal vein of the clitoris. Other young ladies die of post-operative shock because of not being able to revitalize the girls or take them to the doctor’s facility or center (Pauls). Studies in Sudan demonstrate that all infibulated women detailed critical issues in urinating. The normal timeframe it takes an infibulated lady to urinate is 10-15 minutes (Nour 2008). They need to compel the urine out drop by drop. Extreme infections can prompt incontinence. Sometimes the gap left after infibulation is too little and keeps the stream of menstrual blood which gathers in the abdomen.

There have been occasions where young ladies have been murdered to safeguard their family's respect when the swelling of their bellies and the nonappearance of feminine cycle have been wrongly translated as pregnancy (Armstrong 1999). In an examination in Sudan in 1983 it was discovered that almost all infibulated women announced anguishing periods, in which the menstrual stream was blocked to some degree. This brought about clotted tissue requiring surgical intervention (Armstrong 1999). Troubles in childbirth for infibulated women happen much of the time and can be serious because of scarring and solidified tissue hindering the section during childbirth. Deferred births are normal and there can be brain damage and death of the infant due to absence of oxygen. Sometimes the lives of both the mother and youngster can be undermined in light of the fact that the opening is too small (Slack 1988). There have been few investigations of the full mental outcomes of female genital mutilation to date, however suicides have been accounted for among young ladies in Burkina Faso (Youngblood 2014). Slack proposes that such extraordinary torment in an amazingly sensitive, unpredictable and vital physical zone, when experienced by young ladies in their developmental years could bring about significant mental issues (Slack 1988).

Whether these issues would cause emotional damage isn't clear. When they are mature enough

to understand what female genital cutting includes, the young ladies regularly experience nervousness before, and in expectation of the procedure. The occasion itself is likewise alarming as the young ladies are held down by force and frequently no pain reliever is utilized. Torment is said to keep going for quite a long time and may continue throughout life; for instance, the pain of menstruation, intercourse amid the primary periods of marriage and at labor (Slack 1988).

Before having the procedure done, the contention of sentiments in the child are said to be impressive. From one viewpoint, there is the desire to please guardians, grandparents and relatives by accomplishing something that is exceptionally esteemed and endorsed of; and there is a desire to be normal. The feeling is compared to the young lady's expectation of torment, the stories of anguish and the sheer dread of hearing the shouting of other girls being circumcised. At last, there is simply the experience: being held down with force while part of the body is cut off (Toubia).

The clitoris is an essential female sexual organ. The tip of the clitoris has a thick supply of nerve endings which are extremely sensitive to the touch. The vagina has limits with regards to sexual reaction. Therefore, female genital cutting aims to evacuate the lady's sexual organ while abandoning her conceptive capacity in place (Toubia). Following marriage the spouse must penetrate the infibulated vulva. Regular penetration is troublesome and an opening must be made with a blade or knife. Some ladies experience a slow procedure of entrance which can take a few months.

In a few nations the infibulated vulva is opened routinely with a blade before marriage is concluded. In Somalia the spouse utilizes his fingers, a blade or a razor to extend the opening in his wife. In different societies the spouse's mother or grandma measures his penis, makes a wooden copy of a similar size and cuts the infibulated opening of the bride as needed. This permits penetration, which in the beginning will be frequent, to keep the opening injury from closing once more (Slack 1988). On account of infibulation, the primary reason is by all accounts to ensure the bride's virginity. The small opening left after infibulation makes sex for all intents and purposes unimaginable without reviving the vagina.

Women's and children's rights: Female genital cutting is a critical infringement of human rights - especially ladies and children's rights - and results in serious difficulties, including but not limited to death, premature delivery, disability, sexual dysfunction, stillbirth, hemorrhage, discharge, sepsis and post-traumatic stress disorder. Distinctive researchers have examined human rights harmed by the act of FGM. For instance, Efua Dorkenoo contended that female genital mutilation is an exhibit of sex based human rights infringement, which means to control women's sexuality and flexibility (Laurance 2014).

Right to health: The International Human Rights law including the Universal Declaration of Human Rights (1948) advocates the privilege for every single individual to live in conditions that enable them to appreciate healthcare and good health. The issues related with the methodology of FGM frequently have brutal results for a woman's physical and emotional well-being. A wide range of FGC caused health complexities result from the technique frequently being performed outside healthcare facilities by non-experts utilizing unsterile cutting instruments (Evans 2002).

The privilege of the child: The casualties of this unsafe conventional practice include children and young girls. Joined States Department of State, Ethiopia additionally contended that FGM disregards the privileges of children since it is generally performed on young women. This implies the practice of FGM negates Art. 3 of CRC which instructs that "…the best interests of the child shall be a primary consideration which is a central notion of the Convention on Rights of Child'' (Riggio 2002).

The privilege to sexual and physical integrity: Female genital cutting damages the privileges of women and girls to sexual and physical respect (Johnson 2002). Violations of the privilege to physical integrity are most evident when girls and women are coercively controlled amid the procedure. FGM is performed without women and girls full conent. An unapproved attack on someone's body speaks to elimination of that basic right.

Right to be free from discrimination: The act of FGM is likewise sex-based victimization for marriage. Many persons will allow it since it is essential to increase financial and social security. For example, in Gikuyu society there is a convention that disallows men to wed uncircumcised women (Helland 2013).

Freedom from torment, unfeeling, barbaric and degrading treatment: The UN Special Rapporteur on Violence against women has unmistakably expressed that FGM adds up to torment. The report "*views cultural practices that involve pain and suffering and violation of physical integrity*" as amounting to torture under customary international law, attaching to such practices strict penal sanctions and maximum international scrutiny regardless of ratification of CEDAW or reservations made thereto (Morgan 2015).

Generally, FGM is a customary hurtful practice that disregards the rights and dignity of ladies and girls, the rights to wellbeing and life (in cases where

it results in death), sexuality and physical respect of the individual, and the privilege to be free from torment and degrading treatment.

Conclusion

The paper, after a careful analysis and evaluation of the subject of female genital cutting with reasons to justify such pratices such as religious, social, psychosexual, mythological and aesthetic, found all as lacking credibility in their arguments, leaving women with long and short terms consequences like excruciating pain, loss of blood resulting in anemia, hemorrhage, shock, infections, fibrous scar, shrinking of artificial opening in virginal, pelvic pain, sex phobia, depression, anxiety, etc. This ugly trend has no medical support, neither has it any sustained social and scriptural justification for such cruelty against females. It is the position of this paper to conclude that female genital cutting is unequivocally inhumane, hence a clarion call on women activists to step up their effort and advocate it outright condemnation.

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