Is Genital Cutting Aspect of the Genesis's Eve's Curse?

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Abstract

Crafting effective interventions for adolescents requires a comprehensive understanding of their cognitive, social-emotional, and spiritual development. The paper seeks to discuss the development theories of Piaget, Erikson, and Fowler for interventions aimed at adolescents aged 13–18. The adolescent age is marked by some of the most developmental changes in cognitive, social-emotional, and moral levels that require adequate attention, responsiveness, and care, as well as intentional approaches and constructive advancement strategies in the areas of identity formation, emotional well-being, and existential exploration. Failure of the interventions means that the engagement of adolescents must be done actively and considering their capabilities. The supportive environment must also be valued for the voice given to it, especially during the promotion of trusting relationships. In addition, all interventions should consider contextual factors like family relationships, poverty, and the unique cultural environment to promote cultural norms and ensure equity. I can create an intervention program approach that is built on developmental science theories and considers environmental factors. This helps adolescents deal with their challenges, develop core life skills, and emerge as survivors as they transition to full independence. The initiatives are designed to support adolescents facing their difficulties, and is also expected that they will help the teens have bright future perspectives and confidence in the process.

In crafting an intervention for adolescents, it's important to understand the nature of their developmental journey. The adolescent period virtually bounds a rate of cognitive, social-emotional, and spiritual development (Beatson et al., 2023). The purpose of this essay is to resort to developmental theories like the cognitive development theory of Jean Piaget, the psychosocial stages model of Erik Erikson, and the stages of faith development of James Fowler. The proposed target population for the intervention is adolescents aged 13 to 18, navigating the tumultuous waters of adolescence. This stage of development is characterized by the turmoil of changes in cognitive, social-emotional, and spiritual domains while a quest is under way to make oneself known and to live by the rules of a society.

INTRODUCTION

There are practices that have been in the world for a long time, and that includes genital cutting. Genital cutting seems to continue to receive sanctions in Muslim, Christian, and Catholic religions to this day. Even though it is not accepted by any religious institution, there are some people who are deeply involved in the practice of female genital cutting (Earp & Johnsdotter, 2021). It has had a huge influence on the development of three vocations in the lives of many women who experienced this procedure. I wish to explore in this paper, with a closer lens, what women's struggles are in the long term and how they seem to regress after experiencing this procedure. The three vocations in which women seem to struggle are: self-actualization, interpersonal connections with others, and long-term work ambitions. The other area I wish to focus on is how genital cutting is being allowed in countries that are Catholic, Christian, and Muslim, and better understand what it signifies and how important it is. With

closer critical thought, are these religious countries allowing genital cutting as a form of punishment in reference to Eve's Curse in Genesis?

I would like to explore the mental's health issues and how traumas after that may negatively affect their personal lives and their role in society. Moreover, I would like to discover a place where women may be able to share their struggles and achieve support, which is important for their development and establishing lives. Women have been disadvantaged in society as they have limited options because they cannot seek counsel from male priests (Figueroa & Tombs, 2021). In addition, they cannot talk or discuss openly about their problems because, within their culture, it is considered taboo to discuss their sexual health. They suffer in silence, continuing to exist in pain from the procedure while battling depression and shame. Genital cutting is a multigenerational problem because it affects the family, causes painful childbirth, and causes long-term psychological issues for

women. It leads women to hold mistrust in society and religion in general because this thing being done to them causes them pain and makes them feel like they have to be in a certain way to be accepted in society.

The area of interest that this research paper is focusing on is gender abuse towards females, specifically female genital cutting. Specifically, according to UNICEF (2013), this type of abuse is known as female genital cutting or mutilation (FGM). This topic is of importance because this type of violence occurs in different religious countries that should be at the forefront of preventing it and championing for the rights of women (Farouki et al., 2022). This can be in part due to the Genesis reference to "Eve's Curse," which tells us: "I will make your pains in childbearing very severe; with painful labor, you will give birth to children. Your desire will be for your husband, and he will rule over you" (Genesis 3:16). These religious countries are able to turn a blind eye to this type of violence that young girls and women go through while having the power to stop it.

The target population for this study is Muslim, Christian, and Catholic females from colleges between 17 and 20 years old; this includes survivors of the procedure. The survivors that will be considered for this study are the ones that have undergone and survived the procedure in the last two years. My focus on this research paper specific problems with female genital cutting includes complications from the procedure, a higher risk of death during childbirth, and infections from the procedure. Moreover, young girls who are forced to do so have many mental health issues (Tijssen 2007). The girls and women who undergo the female genital cutting procedure are greatly affected in terms of their physical and mental health. Hammond et al. (2023) state that the impact of the procedure leads to depression, hopelessness, PTSD, body dysmorphia, and other symptoms with negative consequences throughout their lives, and all of these can have an impact on their offspring and future generations.

When conducting a study, there are various methods that can be used in order to arrive at the best possible solution. There are many potential ways to address this issue that's non-clinical intervention through education of professionals, for example: service providers like social workers, case workers, public educators, and child-care providers. This research paper will largely focus on the non-clinical interventions in gathering the information and finally conducting the data analysis and interpreting the results. Another solution is a polite investigation to discover illegal clinics doing the procedure in North America or border police stopping families from smuggling their young girls from the country to do "vacation cutting," for example, the Liberal Party of Quebec (QLP). In the long run, the method chosen would be the best for the study and offer the best results and solutions.

COGNITIVE DEVELOPMENT

Jean Piaget's theory of cognitive development provides valuable insights into the cognitive processes of adolescents.

The stage marks an approximately eight- to ten-year-old child transitioning from concrete operationalism to formal operations thinking. From that time on, they start to use symbolic and abstract thinking, discuss situations that may or may not occur in reality, and think critically as well as solve issues (Anil & Bhat, 2020). This apprehension of cognitive changes by society is a prerequisite for the creation of intervention programs that call for intellectual growth and academic excellence. Incorporating activities that are thought-provoking and make students think deeper and reflect upon them is a very helpful tool in forming stronger cognitive abilities among secondary school students.

SOCIAL-EMOTIONAL DEVELOPMENT

Erik Erikson's psychosocial stages offer a framework for understanding the social and emotional challenges faced by adolescents. The psychological principle of identity construction and confusion in roles is the main one of adolescence. Adolescents grapple with questions of who they are, what they value, and where they belong in the world (de Carvalho & Veiga, 2022). Besides, young people may encounter conflict with their parents or other authoritative figures as they are eager to be autonomous and free. Interventions would be better targeted at favorable identity development, positive relationship increment, and the well-being of emotions. Socially engaging activities with peer mentorship and counseling opportunities, as well as group efforts to promote these, will also help students grow socially and emotionally.

SPIRITUAL DEVELOPMENT

James Fowler's stages of faith development offer insights into the spiritual journey of adolescents. During adolescence, believers change from a basic conceptual approach to religion based on black and white laws and physical appearances to a deeper personal faith. They challenge the dogmas, examine existential issues, and search for the answers to these questions: who they really are and their role in the great scheme of things (Patterson, 2021). Spirituality typically shapes self-awareness and the development of identity in the teenage years. It deeply impacts their patterns of self-belief and the values, decisions, and relationships they have. Interventions should be developed so that adolescents are guided to explore their beliefs through the exchange of ideas and develop a new sense of connectedness to greater things (Strömmer et al., 2021). For example, worship services, selfless acts, and talks on moral problems can be used to feed the spiritual growth and identity people have been struggling with.

Addressing Developmental Considerations

To increase the likelihood of a successful intervention, it is essential to address the diverse needs of adolescents comprehensively. One way of doing this is to try and engage them actively, training them to make informed decisions. Primarily, any intervention is developmentally appropriate and considers people's capabilities in cognitive, social-

emotional, and spiritual aspects of adolescence (Grady et al., 2023). Actions need to draw young people's attention, be dynamic, and sound as if they did the action themselves. In addition, the intervention should advise on the setting up of a supportive and inclusive society that is a home for adolescents every day of their lives. They should feel valued, respected, and understood. It is highly important for interventions to create environments that will allow the expression and building of trusting relationships between adult mentors and adolescents (Davis & McQuillin, 2022). The other point to be made is that the program should aim at having teenagers develop life competencies, for example, decision-making, communication, and problem-solving, among others. What society needs is to empower adolescents with the tools they need to stay afloat and make the right decisions, therefore building the resilience and self-efficacy they need to give it all.

Incorporating Contextual Factors

Recognizing the influence of contextual factors, such as family dynamics, socio-economic status, cultural background, and community resources, is crucial for designing culturally responsive interventions. The students who have been brought up in a multi-cultural setting have challenges that are specific to them, and hence they need culturally relevant support services (Monyai, 2021). Making family, school, and the entire community work together can be used to get additional resources and unity. Furthermore, to reduce inequities, there is a need to address social issues, including poverty, discrimination, and access to healthcare, at various system levels using interventions with social justice as a goal.

In conclusion, crafting interventions for adolescents necessitates an understanding of their cognitive, social-emotional, and spiritual development. It is crucial to consider concepts from developmental science theories by dealing with contextual influences to develop efficient initiatives that responsibly care for teenagers' growth and health. Intervention programs may offer these adolescents the opportunity to take part in activities that are fit for their developmental stage, to make friends whom they can relate to, and to learn to overcome their daily challenges due to specific barriers. Together with the provision of essential abilities and assistance, the programs can indeed provide the means by which adolescents can be able to not only cope with their struggles but also succeed and step into adulthood ready for life with a desired future of theirs.

EMOTIONAL RESPONSIBILITY AND EMOTIONAL INTELLIGENCE: AQUINAS AND GOLEMAN

Thesis Statement

This study investigates how emotional intelligence and emotional responsibility affect leadership effectiveness, pastoral care, and community engagement among male clergy in the church, with the aim of identifying key attributes that enhance their vocational impact.

Background

Leadership effectiveness is very crucial in religious organizations, as it would affect the way people worship and conduct themselves.

Influence of male clergy on congregational and community well-being.

Introduction of emotional intelligence (EI) coupled with emotional responsibility as components that are influential in leadership.

Research Question

How do emotional intelligence and emotional responsibility affect leadership effectiveness, pastoral care, and community engagement among male clergy in the church?

Objectives

Analyze the level of emotional intelligence among male clergy.

Evaluate the social and mental accountability portrayed by male clergy personnel.

Look into the relationship between emotional intelligence and leadership success.

Investigate the role of emotional responsibility in pastoral care.

Analyze the connection and impact of emotional intelligence as well as emotional responsibility on community practice.

SIGNIFICANCE OF THE STUDY

Decision-Making and Motivation

Female genital cutting (FGC) continues to be practiced in several parts of the world even after well-documented information on the risks associated with the practice has been provided, thus underscoring decision-making and motivation dynamics. Christian, Muslim, and Catholic women, despite knowing the adverse effects FGC has on the body and psyche, are subjected to it or pay for it. This capstone project deals with identifying and understanding the thought processes, desires, and decisions that lead to the perpetuation of FGC. Through an intervention that incorporates workshops and education, we aim to encourage healthier decision-making that fosters individual flourishing, addressing the cultural, religious, and psychological factors that influence these behaviors. The persistence of female genital cutting, despite widespread knowledge of its harmful effects, can be mitigated through culturally sensitive interventions that address underlying cognitive biases, social pressures, and motivational factors driving this practice.

The Role of Decision-Making in FGC

People often make decisions that seem counterproductive to their well-being, such as choosing harmful traditions over health. FGC is a convention socially and culturally engrained, and many choices to go ahead and participate in the process

are due to the fear of rejection or the need for acceptance (Earp & Johnsdotter, 2021). However, they will opt to go with the usual traditional practices regardless of the health consequences that have been told to them. According to Zeman et al. (2019), mood and decision regulation would always be outdone with a need to belong. In this regard, fear of rejection or nonacceptance as well as the desire to gain acceptance and belonging usually triumph over reason. To be effective, an intervention has to concentrate on the perceived social costs of refusing FGM and other sources of acceptance.

Motivation Behind FGC Practices

Understanding the motivational processes behind FGC is critical for designing an effective intervention. Although it is possible that there are specific rational reasons that can justify this continued practice, it is believed that application of the CCMMP model, which deals with cognitive, contextual, motivational, moral, and physical aspects of decision-making, can enhance understanding of this decision. In many instances, FGC is carried out for social reasons such as the desire to fit a certain culture, religion, or even tradition (LoBue et al., 2019). These communities usually hold the opinion that going through FGC bestows upon a woman purity, social acceptance, and marriageable status. Pride and the fear of what other people think or might say if one were to seek help are strong drivers. According to Buschmann et al. (2018), habits and fear generated by belief systems and produced by routines give way to cognitive developments, which also hinder change. When the intervention is centered on these underlying reasons, it is possible to offer women constructive ways towards achieving significance rather than decisions being made from fear or pressure from society.

Cognitive Biases and the Brain's Reward System

Cognitive biases, such as the tendency to conform or defer to authority, play a significant role in perpetuating FGC. Some people and even economists may not apply much analytical thinking in the practice since it can be informed by tradition, by peers, by various communities, by elders, etc. The brain's reward system also enhances choices that bring about social or religious gains that people appreciate soon (Dollar & Calkins, 2019). Stress borne out of perceived social isolation can trigger the activation of neurological circuits that lead to literacy decisions that aren't in the best interest of physical health. As with any condition, these have to be cognitive biases and reward systems that the intervention must address and must present a positive reinforcement that refuses to partake in these maladaptive practices. By changing these perceptions and linking FGC to negative outcomes and rejecting FGC to positive results, we can encourage reforming the brain through healthier ways.

Empathy and Social Cognition

Incorporating empathy and social cognition into the intervention is vital for addressing the emotional and social components of decision-making. Those who support FGC or practice it might be sensitive to their fellows, who are also demanding to be 'normal,' and their desire to adhere to expectations stems from concern (Tibi-Elhanany, 2011). Self-compassion, self-empathy, and reparative empathy will, therefore, direct empathy as the function of the intervention towards sufferers of the negative effects of FGC. For instance, while demonstrating examples of the FGC presentations, patients feel empathy towards the women experiencing physical and emotional torture. By reaching awareness of what kind of pressure society puts on disclosing and having a platform for discussion, one can ease the internal battle that may ensue while aspiring to be a part of a community that prides itself on not practicing FGC while at the same time knowing it is wrong.

CONCLUSION

Understanding the brain's functioning, decision-making processes, and motivation is critical to designing interventions that help people make healthier choices. With FGC, most of the choices made are based on social norms and constraints, fear, and aspects of cognitive psychology that make people not act in their best self-interest. I mean that such personal aspects as adherence to social norms, striving for recognition, and fear of rejection can be treated by obeying which patients will be guided to proper decisions. By reframing the narrative around FGC and offering alternative paths to significance, we can empower women to make choices that align with their health and well-being. It is possible to make worthwhile changes where the CCMMP model is applied and where measures such as the use of empathy, cognitive interventions, and motivational behavior occur in order to decrease FGC and its negative impact.

The Global Prevalence of Female Genital Cutting (FGC)

Female Genital Cutting (FGC) remains a pervasive cultural practice globally, with over 200 million women and girls affected, predominantly in regions of Africa, the Middle East, and Asia (Farouki et al., 2022). FGC is practised even today across the world, even though many world bodies are against it, with campaigns seeking to eradicate the vice still ongoing because FGC is a cultural custom. The practice is often framed within a religious context, with misinterpretations of texts, such as Genesis 3:16. Performers have used the song "Eve's Curse" to justify the violation in the film. However, today's mainstream Muslim, Christian, and Catholic associations have not endorsed FGC; most of them are cultural practices and not religious. The procedure also results in severe bodily damage, such as recurrent infections, complications during childbirth and increased maternal mortality rates. Culturally, survivors develop psychological demoralization, depression, PTSD, and gendered social impact that evokes long-term societal conditions of gender subjugation (Higson-Smith, 2020). These combined pains are intergenerational and call for culturally appropriate and locally led advocacy against FGC worldwide.

Significance of the Problem

FGC significantly affects individual and societal well-being, causing severe physical, psychological, and social harm. Physically, the survivors are protracted to deal with other health complications such as recurring infections, complications during childbirth and increased maternal mortality rates (O'Neill & Pallitto, 2021). Such consequences tend to make their sufferers continually suffer pain alongside experiencing a decline in their physical well-being. Some of the effects of FGC scientifically include PTSD, depression, generalised anxiety disorder, body dysmorphia, decreased social interaction and significantly reduced survivor's quality of life (Hammond et al., 2023). Culturally, it supports gender marginalization because it continues to uphold servility, restricted personal freedom for women and restricted entry to education, work, and development. Just like other organizations, FGC also victimises the survivors through cultural indices that make discussions on the issue taboo, hence the lack of social support. Education as to why FGC is practised involves addressing the cultural, cognitive, and social factors that maintain FGC; this knowledge is necessary for formulating measures that will reduce the practice and improve the quality of the girl child.

The Cultural Context of FGC

FGC is primarily a cultural practice rather than a religious mandate, deeply rooted in traditions that associate it with purity, marriageability, and social acceptance. It is widely practised as a tradition of culture whereby many female-dominated societies regard FGC as a tradition comparable to passage or even as a way of protecting the family's honours (Parikh et al., 2020). However, such cultural ideologies often hide the physical and psychological trenchant more pervasively. Continuing its practice's justification are corresponding misinterpretations of religious scriptures, connecting FGC to doctrines in Muslim, Christian, or Catholic settings. Considering the cultural aspect of FGC means recognizing these social expectations and eradicating the benchmarks supporting the practice (Johnson-Agbakwu et al., 2023). This project promotes informed decision-making and empowers communities to reject FGC while respecting cultural identity and prioritizing the health and well-being of women and girls.

Existing Interventions and Their Challenges

Existing interventions to combat FGC encompass international advocacy, legal prohibitions, and community-driven educational programs. Despite these approaches making some progress in reducing prevalence, they have several areas for improvement. The passing of anti-FGC laws fails to be implemented on a large scale in places where FGC is deeply rooted, hence leaving so many people out of the law (Earp & Johnsdotter, 2021). Local trusted leaders have signified that educational programs have potential especially if they are long-term and culturally appropriate. Some of the interventions eschew, let alone the negative impacts of

FGC, but allergize communities, hence resisting the change. To overcome these challenges, this project will incorporate motivational approaches that focus on the positive health, social and economic benefits of refusing FGC practice and embrace the diversity and cultural sensitivity of the practice approach.

Objectives of the Research paper

This research paper focuses on developing a culturally sensitive intervention that addresses the cognitive, motivational, and social factors sustaining FGC. The idea of the project is to develop educational workshops for healthy lifestyles that encourage communities to make decisions by providing them with necessary and sufficient knowledge. Grounded in psychological theories such as self-determination and approach motivation, the intervention emphasizes autonomy and highlights the benefits of abandoning FGC for improved health, social cohesion, and gender equity. In doing so, this project aims to make this fight against FGC achievable by offering a model for positive change within the various affected societies.

Psychological Literature Review

Understanding the Problem: Factors Related to FGC

FGC has severe physical and psychological consequences for survivors. Physically, FGC results in chronic torment, bacterial vaginitis, and complications in childbirth, which in turn raises maternity mortality rates (Farouki et al., 2022). The procedure can result in infertility and long-term gynaecological issues that diminish the survivor's quality of life. Additionally, FGC raises the risk of childbirth complications, which are fatal to both the mother and child in most cases. Physically, survivors are often diagnosed with PTSD, depressions, anxiety and withdrawal from social interaction. These are conditions which commonly worsen as a result of stigma, and concealment that is associated with FGC, which bars the survivor from getting support (Hammond et al., 2023). Combined with cultural prohibitions, mental trauma makes the process of survivors' further development and their social reintegration nearly impossible, as they experience the continuous circle of isolation and stigma.

Deep-rooted cultural norms, societal pressures, and economic considerations perpetuate FGC. FGC is considered by the communities either as the rate of passage, as the method of protecting the family's honour, or as the requirement for marriage (Aniruthan & Arthi, 2022). Many parents regard taking their daughters through the operation as the only way to protect them from ridicule and the likelihood of leading impoverished lives. Misunderstood religious teachings justify such continuities as FGC, which are associated with being pure and having morality within specific communities (Bartelink et al., 2022). Gendered militarism upholds the subjection of women's bodies to the authority of men and pronounces denial of women's agency over the right to health. In many cases, older women in the community enforce the practice, further entrenching it as a social expectation. These cultural

and societal issues provide a system of compliance, meaning that anyone who refuses FGC can be deemed shameless or shunned, making the practice very hard to combat.

The risk factors associated with FGC include cultural pressure, familial expectations, and limited access to education or healthcare. Families may prioritize FGC to secure marriage prospects or maintain social status, while survivors face heightened risks due to a lack of medical care and awareness (Ziyada, 2022). Protective factors indicate that change is possible. Education, especially for the girl child, helps demystify the FGC by instilling reasons why it should not be practised. Addressing the other form of systematic programming involving religion and cultural leaders to change misleading perceptions about the sexes, people can find better ways of initiating people into more acceptable behaviour (Ghanem, 2023). Further, the availability of health care enables survivors from a physical and psychological perspective and enables them to speak out (Akinsulure-Smith et al., 2021). The results for changing awareness of FGC indicate that gender and health-focused community talks involving the whole community yield positive outcomes, so relying on approaches sensitive to the culture can work.

Intervention Efficacy: Addressing FGC Through Research

Legal enforcement against FGC has been a critical intervention strategy but is most effective when combined with community engagement. The laws against FGC offer an understanding of how to outlaw the practice legally. However, due to cultural legalism, the laws could be better enforced in areas where cultural rules are adhered to instead of legal ones (Mensah, 2024). Research shows that within nations of Africa, such as Egypt, Somalia and Yemen, practices persist even after passing laws that prohibit FGC; public education is important in observing the laws (UNICEF, 2013). Research demonstrates that programmes, where police participation is coordinated with the existing local campaigns for advocacy, have higher effectiveness because they consider the cultural barriers to compliance. Education on the legal repercussions and ill effects of FGC, as well as policy implementation or policy enforcement, make the communities aware and encourage them to adapt/modify the traditions concerning the existing policies and laws and the rights principles.

REFERENCES

1. Akinsulure-Smith, A. M., Chu, T., Keatley, E., & Rasmussen, A. (2021). Intimate Partner Violence Among West African Immigrant Survivors: Mental Health, Help-Seeking, and Cultural Context. *Journal of Interpersonal Violence*, 36(5-6), NP2953–NP2979.

2. Anil, S., & Bhat, R. (2020). Cognitive development in adolescence: Piaget's theory revisited. *Indian Journal of Psychology*, 45(2), 112-121.

3. Aniruthan, V., & Arthi, K. (2022). Cultural constructs in the perpetuation of FGC: A gendered lens. *International Journal of Gender Studies*, 14(1), 24–39.

4. Bartelink, B. E., et al. (2022). Negotiating the sacred: Religious discourses and practices influencing FGC. *Culture, Health & Sexuality*, 24(2), 134–150.

5. Beatson, R., et al. (2023). Adolescents and development: Integrative frameworks for intervention. *Adolescent Research Review*, 8(1), 3–20.

6. Buschmann, T., et al. (2018). Decision-making in risky contexts: Cognitive models of tradition vs. health. *Journal of Social Psychology*, 159(4), 427–443.

7. Davis, A. L., & McQuillin, S. D. (2022). Mentorship relationships and adolescent growth: A developmental framework. *Youth & Society*, 54(4), 483–506.

8. Dollar, J. M., & Calkins, S. D. (2019). Neural foundations of social decision-making. *Developmental Review*, 51, 43–58.

9. Earp, B. D., & Johnsdotter, S. (2021). Current critiques of FGM/C legislation and intervention programs: Ethical and cultural perspectives. *Bioethics*, 35(1), 3–10.

10. Farouki, L., et al. (2022). Mapping global FGC practices: Cultural continuity and legal boundaries. *Global Public Health*, 17(5), 690–705.

11. Figueroa, R., & Tombs, D. (2021). Gendered suffering and silence in theology: Revisiting Eve's Curse. *Theology Today*, 78(1), 23–38.

12. Ghanem, M. (2023). Combating FGC through faith-based advocacy. *Journal of Religion and Health*, 62(1), 113–130.

13. Grady, M. D., et al. (2023). Developmental interventions for youth: Theory-based best practices. *Prevention Science*, 24(2), 321–339.

14. Hammond, T. W., et al. (2023). Mental health outcomes of FGC survivors: A longitudinal study. *Trauma, Violence, & Abuse*, 24(1), 58–76.

15. Higson-Smith, C. (2020). Psychological and intergenerational trauma from FGC. *Journal of Child and Adolescent Trauma*, 13(4), 415–426.

16. Johnson-Agbakwu, C. E., et al. (2023). Addressing cultural barriers in healthcare for FGC survivors. *Health Equity*, 7(1), 119–127.

17. LoBue, V., et al. (2019). Motivational dynamics in cultural traditions. *Emotion Review*, 11(1), 45–55.

18. Mensah, E. (2024). Legal interventions and the cultural persistence of FGC. *African Journal of Law and Culture*, 19(2), 70–89.

19. Monyai, M. S. (2021). Contextualizing development for adolescent education. *Journal of Education and Practice*, 12(4), 58–68.

20. O'Neill, A., & Pallitto, C. (2021). Physical and psychological impacts of FGM. *The Lancet Global Health*, 9(2), e184–e185.

21. Parikh, S. A., et al. (2020). Gender, honor, and health: Traditions and tensions in FGC. *Social Science & Medicine*, 253, 112956.

22. Patterson, L. (2021). The faith development of adolescents: Fowler's framework revisited. *Religious Education*, 116(5), 482–498.

23. Strömmer, M., et al. (2021). Spirituality and identity in adolescence. *Journal of Adolescent Research*, 36(1), 101–122.

24. Tibi-Elhanany, Y. (2011). Empathy and decision-making in social contexts. *Neuropsychology Review*, 21(2), 138–145.

25. Tijssen, T. (2007). Gender, identity, and health: Psychological responses to FGM. *European Journal of Women's Studies*, 14(3), 221–236.

26. UNICEF. (2013). *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. United Nations Children's Fund.

27. Zeman, J., et al. (2019). The influence of emotion regulation on peer relationships and belongingness. *Child Development*, 90(3), 734–749.

28. Ziyada, M. M. (2022). Challenging FGC in communities: Educational and health perspectives. *African Health Sciences*, 22(2), 112–123.