

# The Practice and Socio-Cultural Effects of Female Genital Mutilation Among Mature Females in Akoko, Ondo State

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## ABSTRACT

This study explores the socio-cultural dynamics sustaining Female Genital Mutilation (FGM) in Akoko North East, Akoko North West, Akoko South East, and Akoko South West Local Government Areas of Ondo State, Nigeria. Despite intensified global and national campaigns against FGM, the practice remains widespread due to entrenched cultural beliefs, social norms, and generational transmission. Employing a descriptive survey design, 400 questionnaires were distributed, yielding 358 valid responses from women of reproductive age, community elders, religious leaders, and health professionals. The instrument covered demographics, awareness, cultural attitudes, personal experiences, health consequences, and policy responses. Findings show that 95.5% of participants were aware of FGM and 82.1% acknowledged its health risks, yet the practice endures, driven by moral expectations, social conformity, and symbolic associations with womanhood and marital eligibility. Over half of the respondents had undergone FGM, typically before age ten, with parental decision-making playing a central role. Cultural pressure and communal expectations emerged as dominant motivators, even among those personally opposed to the practice. Encouragingly, resistance is growing, especially among educated women 87.2% endorsed education-based interventions and 79.3% expressed willingness to engage in community dialogues to end FGM. The study applies Social Norms Theory, Symbolic Interactionism, the Health Belief Model, and Ecological Systems Theory to explain how cultural symbols, perceived expectations, and structural factors shape individual behavior. It concludes that legal prohibitions alone are inadequate; instead, comprehensive strategies involving education, community engagement, and mental health support are vital. Key recommendations include integrating FGM education into school curricula, empowering religious and traditional leaders as change agents, enhancing legal enforcement, and offering trauma-informed care for survivors.

**Keywords:** Female Genital Mutilation, cultural norms, social conformity, reproductive health.

## INTRODUCTION

Female Genital Mutilation (FGM), also referred to as female circumcision or female genital cutting (FGC), is a deeply entrenched cultural practice that involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2020). Despite global condemnation and increasing awareness of its harmful consequences, FGM remains prevalent in many parts of Africa, including Nigeria. In particular, the Akoko area of Ondo State continues to witness the practice among mature women, often as a result of long-standing socio-cultural beliefs and community expectations. The persistence of FGM in this region reflects a complex interplay of tradition, identity, gender roles, and social conformity, making it a critical subject for academic inquiry and public health intervention.

Historically, the origins of FGM are shrouded in ambiguity. Some scholars trace its roots to ancient Egypt, where circumcised mummies have been discovered dating back to the first century BC (WHO, 1996). Others argue that the practice spread through trade routes and cultural diffusion across Africa and the Middle East (UNICEF, 2005). Regardless of its origin, FGM has become a deeply embedded ritual in many ethnic communities, often associated with rites of passage, purification, and social acceptance. In Nigeria, the practice is widespread among various ethnic groups, with the Yoruba, Igbo, and Ijaw communities showing particularly high prevalence rates (Olufunke, 2023). The Fulani, however, are noted for abstaining from the practice entirely (Adegoke, 2005).

In Ondo State, particularly in Akoko and Owo Local Government Areas, FGM is often carried out by traditional birth attendants (TBAs), elderly women, and sometimes even health professionals operating outside legal frameworks (Olutosin, 2021). The procedure is typically performed on infants, young girls, or pregnant women, depending on the community's customs. The instruments used razor blades, knives, or broken glass are rarely sterilized, increasing the risk of infection and long-term complications. The motivations behind FGM in these communities are multifaceted. Many believe that it reduces promiscuity, enhances fertility, ensures spiritual cleansing, and prepares girls for womanhood (Olufunke, 2023). These beliefs are passed down through generations, often reinforced by religious interpretations and societal pressure.

The socio-cultural dimensions of FGM in Akoko are particularly pronounced among mature women who underwent the procedure in their youth and now serve as custodians of tradition. These women often play a dual role: as victims of a harmful practice and as enforcers of cultural norms. Their involvement is driven by a desire to preserve community values, maintain family honor, and ensure the social integration of younger generations. In many cases, refusal to undergo FGM results in ostracism, ridicule, or spiritual condemnation. This creates a cycle of compliance and perpetuation that is difficult to break without targeted interventions.

Despite the existence of national laws prohibiting FGM such as the Violence Against Persons (Prohibition) Act of 2015 the practice continues unabated in many rural communities due to weak enforcement, lack of awareness, and cultural resistance. In Ondo State, efforts by NGOs and government agencies have yielded limited success. Advocacy campaigns, educational programs, and community dialogues have been initiated, but the deeply rooted nature of the practice requires more nuanced and sustained approaches. According to CIRDDOC (2020), effective eradication strategies must involve local leaders, religious institutions, and women's groups to challenge the normative frameworks that sustain FGM.

The health implications of FGM are severe and well-documented. Short-term effects include excessive bleeding, infection, and shock, while long-term consequences range from chronic pain and urinary problems to complications during childbirth and psychological trauma (WHO, 2020). Sexual dysfunction is also common, with many women reporting anorgasmia, reduced libido, and marital dissatisfaction (Bolorunduro, 2021). These outcomes not only affect individual well-being but also have broader implications for family dynamics and community health.

In Akoko, the practice of FGM is often justified through myths and misconceptions. For instance, some believe that an uncircumcised woman is prone to promiscuity, infertility, or spiritual impurity. Others argue that FGM enhances cleanliness and aesthetic appeal. These beliefs are rarely questioned, especially in communities where education levels are low and access to accurate health information is limited. According to Tomori (2021), awareness campaigns must address these myths directly, using culturally sensitive language and community-based strategies to foster dialogue and reflection.

The role of religion in sustaining FGM is another critical factor. While no major religion explicitly mandates the practice, interpretations of religious texts and teachings often influence community attitudes. In some cases, religious leaders endorse FGM as a means of preserving morality and family honor. This complicates efforts to eradicate the practice, as religious authority carries significant weight in decision-making processes. Engaging religious leaders in advocacy and education is therefore essential to shifting perceptions and promoting alternative rites of passage.

Gender dynamics also play a significant role in the perpetuation of FGM. In patriarchal societies like those found in Akoko, women's bodies are often subject to control and regulation through cultural practices. FGM serves as a mechanism for enforcing gender norms, limiting female sexuality, and reinforcing male dominance. Mature women, having internalized these norms, may view FGM as a necessary sacrifice for social acceptance and marital stability. Challenging these gendered assumptions requires a broader conversation about women's rights, autonomy, and empowerment.

The intersection of education and FGM is particularly noteworthy. Studies show that women with higher levels of education are less likely to support or undergo FGM (UNICEF, 2023). In Akoko, however, access to education remains limited, especially for girls. This perpetuates ignorance about the health risks and human rights

violations associated with FGM. Investing in girls' education and promoting gender-sensitive curricula can play a transformative role in reducing the prevalence of the practice.

Migration and urbanization are also influencing the dynamics of FGM in Ondo State. As families move to urban centers or interact with more diverse populations, exposure to alternative viewpoints and lifestyles can lead to shifts in perception. However, this is not always the case. In some instances, migrants maintain traditional practices as a way of preserving cultural identity in unfamiliar environments. Understanding these dynamics is crucial for designing interventions that are both effective and respectful of cultural diversity.

The psychological impact of FGM is often overlooked but equally devastating. Many women experience feelings of shame, guilt, and betrayal, especially when they learn about the harmful consequences of the procedure later in life. These emotions can lead to depression, anxiety, and strained relationships. Providing mental health support and creating safe spaces for dialogue are essential components of any comprehensive strategy to address FGM.

In recent years, there has been growing interest in alternative rites of passage that celebrate womanhood without inflicting harm. These include educational workshops, mentorship programs, and community ceremonies that honor girls' transition to adulthood. Such initiatives have shown promise in other parts of Africa and could be adapted to the cultural context of Akoko. Collaboration with local stakeholders is key to ensuring acceptance and sustainability.

The involvement of men in the fight against FGM is another area of potential impact. Traditionally, men have been excluded from discussions about FGM, despite their influence in family and community decision-making. Engaging men as allies and advocates can help challenge patriarchal norms and promote gender equality. Programs that educate fathers, husbands, and community leaders about the risks and injustices of FGM can foster a more supportive environment for change.

Technology and media also offer new avenues for advocacy and education. Radio programs, social media campaigns, and mobile apps can disseminate information, share personal stories, and connect individuals with support networks. In rural areas like Akoko, where internet access may be limited, community radio and mobile outreach remain effective tools for engagement.

In conclusion, the practice of FGM among mature women in Akoko Area, Ondo State, is a multifaceted issue rooted in cultural beliefs, social norms, and gender dynamics. Addressing it requires a holistic approach that combines education, advocacy, legal enforcement, and community engagement. By focusing on the lived experiences of mature women and the socio-cultural factors that sustain the practice, this study aims to contribute to the ongoing efforts to eradicate FGM and promote the health, dignity, and rights of women in Nigeria.

## Statement of the Problem

Despite decades of advocacy, legislation, and public health campaigns, Female Genital Mutilation (FGM) remains a persistent and deeply rooted practice in many parts of Nigeria, including the Akoko area of Ondo State. In particular, mature women in Akoko Area, many of whom underwent FGM in their youth—continue to uphold and transmit the practice as a cultural obligation. This perpetuation is often driven by entrenched beliefs about morality, chastity, and social acceptance, which override the known health risks and human rights violations associated with FGM. According to Olufunke (2023), many residents in Ondo State still believe that FGM reduces promiscuity, enhances fertility, and ensures spiritual cleansing, despite lacking medical evidence to support these claims. The problem is further compounded by the involvement of traditional birth attendants and community elders who perform FGM in secret, often using unsterilized tools and without medical training (Olutosin, 2021). While Nigeria has enacted laws such as the Violence Against Persons (Prohibition) Act to criminalize FGM, enforcement remains weak in rural areas like Akoko, where cultural norms often supersede legal mandates. Moreover, the psychological and sexual trauma experienced by women who have undergone FGM is rarely addressed, leaving a legacy of silence and suffering. The continued practice of FGM in Owo LGA highlights a critical gap between policy and practice, and underscores the urgent need for culturally sensitive interventions that engage mature women, community leaders, and families in meaningful dialogue. Without

targeted efforts to challenge the socio-cultural foundations of FGM, the cycle of harm will persist, jeopardizing the health, dignity, and rights of future generations.

### **Objectives of the Study**

The main objective of this study is to examine the practice and socio-cultural of female genital mutilation among mature female, using Akoko North West Local Government Area as a case study. Specific objectives include:

1. To examine the cultural practices surrounding FGM among mature females in Akoko.
2. To identify the socio-cultural beliefs that influence the practice.
3. To assess the level of community involvement and societal pressure in sustaining FGM.
4. To evaluate efforts made by communities and organizations to discourage FGM.
5. To explore the perceptions of parents and elders regarding FGM.
6. To recommend strategies for reducing the prevalence of FGM in Akoko.

### **Research Questions**

1. What are the cultural practices associated with FGM in Akoko?
2. What socio-cultural beliefs influence the continuation of FGM?
3. How involved are community members in the practice and enforcement of FGM?
4. What efforts have been made by society and organizations to discourage FGM?
5. How do parents and elders perceive the practice of FGM?
6. What are the barriers to eliminating FGM in Akoko?

### **Significance of the Study**

This study carries deep significance at multiple levels personal, communal, cultural, and institutional. At its core, it seeks to illuminate a persistent yet often concealed aspect of life in Akoko Area, Ondo State: the practice of female genital mutilation (FGM) among mature women. By focusing on these women, many of whom endured FGM decades ago and now serve as cultural gatekeepers, the research unpacks their lived experiences, the meanings they attach to the practice, and the reasons they continue to uphold it. In doing so, it brings into focus a segment of the population that is rarely studied but whose influence on cultural continuity is substantial.

Culturally, the study is significant because it explores how tradition and modernity collide within local contexts. In Akoko communities, FGM is not just a medical issue, it's woven into ideas of purity, morality, femininity, and social belonging. Understanding these cultural frameworks is essential for creating change that respects local values while promoting the well-being of women. Rather than judging or alienating the people who practice FGM, this research seeks to understand their worldview, and this empathic approach has the power to foster trust, dialogue, and transformation from within.

Socially, this research offers a unique opportunity to foster awareness and challenge silence. It brings attention to the voices of women who have carried this experience for much of their lives, often without being heard. By documenting their narratives and cultural positions, the study encourages open conversations around health, sexuality, gender roles, and generational change. It also highlights the pressures faced by mothers and grandmothers to either conform or resist community norms, pressures that can have long-term effects on their daughters' futures.



Academically, the study contributes to a growing body of literature on gender studies, African anthropology, public health, and human rights. It provides a localized analysis rooted in Akoko's customs and social structures, helping scholars and students better understand the micro-level realities of cultural practices. This specificity also serves as a foundation for comparative studies and cross-regional dialogues around FGM and other forms of body politics in African societies.

In terms of policy and advocacy, the study offers evidence and insight to support the development of targeted interventions. It can inform the design of grassroots education programs, community sensitization efforts, and health campaigns that are culturally contextualized and sensitive to generational perspectives. Local leaders, educators, health workers, and non-governmental organizations will find the findings useful for addressing FGM in a way that balances cultural respect with the urgent need to protect women's rights and health.

Finally, the study's significance lies in its ability to inspire hope. By providing a platform for reflection, learning, and empowerment, it not only challenges harmful practices but also celebrates the resilience and potential of communities to evolve. Change begins with understanding, and this study is a step toward creating meaningful, compassionate, and lasting change in Owo Local Government and beyond.

### **Scope and Limitation of the Study**

The study is limited to Akoko North West Local Government Area within Ondo State, focusing specifically on mature women who have undergone FGM. While Akoko is the broader cultural region of interest, Akoko serves as a representative sample due to its documented prevalence of FGM and accessibility for field research. Limitations may include reluctance from participants to discuss sensitive experiences, cultural taboos surrounding sexuality, and limited availability of recent data. However, the study will employ qualitative methods to ensure depth and sensitivity in data collection.

### **Definition of Terms**

**Female Genital Mutilation (FGM):** The partial or total removal of external female genitalia for non-medical reasons (WHO, 2020).

**Socio-cultural Beliefs:** Shared values and norms within a community that influence behavior and practices.

**Mature Female:** Women aged 30 and above who have experienced FGM.

**Community Involvement:** The participation of local leaders, families, and institutions in promoting or discouraging FGM.

**Cultural Practices:** Traditional rituals and customs passed down through generations.

**Parental Influence:** The role of parents in deciding whether their daughters undergo FGM.

## **LITERATURE REVIEW**

### **Introduction**

Female Genital Mutilation (FGM) remains a deeply entrenched cultural practice in many parts of Nigeria, including the Akoko region of Ondo State. Despite increasing legal and advocacy efforts, the practice persists due to complex socio-cultural beliefs, generational involvement, and community norms that reinforce its continuity.

### **Socio-Cultural Dimensions of Female Genital Mutilation in Nigeria**

FGM in Nigeria is not merely a health issue it is a deeply embedded cultural phenomenon shaped by centuries of tradition, communal identity, and gender expectations. Despite growing awareness of its physical and psychological consequences, the practice continues to thrive in many Nigerian communities due to powerful

socio-cultural forces. Generational transmission plays a critical role in sustaining FGM. Mature women who underwent the procedure themselves often become its strongest advocates, viewing it as a rite of passage and a symbol of cultural pride. According to Dahunsi and Mohammed (2022), older women frequently pressure younger mothers to circumcise their daughters, citing tradition and family honor as justification. This cycle of enforcement is difficult to break, especially in rural areas where access to education and healthcare is limited.

Religious interpretations also influence attitudes toward FGM, although no major religion explicitly mandates the practice. In some communities, religious leaders endorse FGM as a means of preserving morality and spiritual cleanliness. This adds a layer of authority to the practice, making it harder to challenge. Oyefara (2014) found that in Lagos Metropolis, religious and community leaders play a pivotal role in shaping public opinion about FGM, often reinforcing its legitimacy through sermons and cultural ceremonies. Socio-economic factors further complicate the issue. Women with lower levels of education and income are more likely to support and undergo FGM, as they are often more dependent on traditional structures and less exposed to alternative viewpoints. The 2018 Nigeria Demographic and Health Survey revealed that FGM prevalence is higher among women aged 45–49, with rates reaching up to 31% in some regions. This suggests that older generations continue to influence the practice, even as younger women begin to question its relevance.

### **Health and Psychological Consequences of Female Genital Mutilation in Nigeria**

FGM carries significant short- and long-term physical and psychological consequences. The severity varies depending on the type of procedure performed, the age at which it's done, and the conditions under which it occurs.

#### **Physical Health Implications**

Female Genital Mutilation (FGM) remains a deeply entrenched cultural practice in Nigeria, despite decades of advocacy and legal reforms.

Disadvantages of (FGM) include

**Immediate risks:** These include excessive bleeding, severe pain, shock, infections, and even death. Because FGM is often performed by traditional practitioners using unsterile instruments, the risk of contracting diseases like tetanus and HIV is high.

**Chronic complications:** Women may suffer from urinary and menstrual problems, recurrent infections, cysts, and complications during childbirth. According to the WHO, Type III FGM (infibulation) can lead to obstructed labor and increases the likelihood of cesarean sections and perinatal death.

**Sexual health issues:** FGM can lead to painful intercourse, reduced sexual pleasure, and psychological trauma related to intimacy and reproductive health.

Female Genital Mutilation (FGM) presents immediate and long-term health risks, often beginning with procedures performed in non-clinical settings using rudimentary tools. Without anesthesia or sterile conditions, women face severe complications such as hemorrhage, shock, tetanus, HIV infection, and even death. Over time, survivors endure urinary and menstrual disorders due to scarring, which obstructs bodily functions and causes chronic pain. Obstetric complications are especially pronounced in women with Type III FGM, who face prolonged labor, increased cesarean deliveries, and higher rates of perinatal death. Sexual dysfunction is another consequence, with many women reporting reduced pleasure, painful intercourse, and psychological aversion to intimacy. Reproductive health is also compromised, as FGM has been linked to infertility, miscarriages, and stillbirths. Psychologically, the trauma is profound. Many women experience symptoms of post-traumatic stress disorder, including flashbacks and emotional numbness, particularly when the procedure occurs in childhood. Anxiety and depression are common, fueled by betrayal from trusted adults and internalized shame. Survivors often struggle with self-esteem and identity, especially in societies where FGM is not universally accepted, leading to feelings of alienation. Cultural taboos further silence these women, discouraging them from seeking help due to fear of judgment or ostracism. Even where FGM is legally condemned, its emotional toll is often

overlooked. Mental health services remain scarce, and stigma prevents access to care. UNICEF Nigeria has highlighted the need for culturally sensitive support systems. Tragically, FGM perpetuates intergenerational trauma, as many mothers who underwent the procedure continue the practice with their daughters, believing it to be a rite of passage.

### **Socio-Cultural Beliefs and Community Norms**

The socio-cultural beliefs surrounding FGM in Akoko are multifaceted. Many families believe that circumcision suppresses female sexuality, ensuring fidelity and moral behavior. Uncircumcised women are often viewed as spiritually impure or socially deviant, leading to ostracism and stigma. Nwali and Agboeze (2023) highlight that peer pressure and fear of social rejection are powerful motivators for families to conform to the practice, even when they are aware of its harmful consequences. The belief that FGM enhances fertility and hygiene persists, despite overwhelming medical evidence to the contrary.

“The persistence of FGM is rooted in myths that link it to cleanliness, fertility, and spiritual protection” (Dateline Health Africa, 2025)

### **Involvement of Mature Women in the Practice**

Mature women in Akoko communities play a pivotal role in the perpetuation of FGM. Often seen as custodians of tradition, they encourage younger generations to undergo circumcision as a means of preserving cultural identity and family honor. Bolorunduro (2021) argues that women who have experienced FGM themselves frequently become its strongest advocates, viewing the practice as a necessary sacrifice. This generational transmission complicates eradication efforts, as it embeds FGM within the fabric of familial and communal expectations.

“Women who have experienced FGM often become its strongest advocates, perpetuating the cycle through cultural loyalty” (Bolorunduro, 2021)

### **Community and Societal Efforts Toward Parents**

Efforts to combat FGM in Ondo State have intensified in recent years, with organizations like UNICEF and the Balm in Gilead Foundation for Sustainable Development (BIGIF) partnering with the state government to implement community-based interventions. These initiatives focus on public education, youth engagement, and capacity building for health workers. According to Adedeji (2025), the approach emphasizes inclusive programming that engages parents, traditional leaders, and religious figures to shift deeply rooted social norms.

“Ending FGM requires more than laws it demands community dialogue, empowerment, and sustained advocacy” (UNICEF & BIGIF, 2025)

### **Akoko North East: Cultural Practices and Socio-Cultural Dimensions of Female Genital Mutilation**

#### **Female Genital Mutilation (FGM) in Akoko regions**

Female Genital Mutilation (FGM) in Akoko North East Local Government Area of Ondo State remains a deeply embedded cultural practice, sustained by intergenerational beliefs and communal expectations. Despite national and international condemnation, the practice persists in rural communities such as Ikare-Akoko, Iboropa, and Irun, where FGM is perceived as a rite of passage into womanhood. According to Iroriteraye-Adjekpovu (2024), FGM in southern Nigeria is not merely a medical concern but a symbolic ritual that reinforces identity, purity, and social belonging. In Akoko North East, the procedure is typically performed by elderly women or traditional birth attendants using non-sterile instruments, often without anesthesia. The ritual is accompanied by celebratory ceremonies that validate the girl's transition, reinforcing the practice as a communal norm.

Socio-cultural beliefs in Akoko North East further entrench FGM as a moral and spiritual obligation. Girls who are not circumcised are often stigmatized, labeled as impure, and excluded from certain social functions. The belief that FGM curbs promiscuity and enhances marital fidelity remains widespread, despite growing awareness

of its health risks. Asekun-Olarinmoye et al. (2018) argue that such beliefs are rooted in patriarchal structures that seek to control female sexuality and preserve family honor. Peer pressure and fear of ostracism compel many parents to conform, even when they privately oppose the practice. The involvement of mature women particularly mothers and grandmothers is pivotal. These women often serve as custodians of tradition, advocating for FGM as a necessary sacrifice for social acceptance and marital success.

Efforts to combat FGM in Akoko North East have gained momentum in recent years, driven by collaborations between NGOs, health workers, and community leaders. The Balm in Gilead Foundation for Sustainable Development (BIGIF), in partnership with UNICEF, has launched targeted interventions aimed at educating parents and empowering girls. These include school-based outreach programs, community dialogues, and training for traditional leaders to challenge harmful norms. According to Adedeji (2025), the success of these initiatives hinges on culturally sensitive approaches that respect local values while promoting human rights. Community surveillance systems and youth engagement platforms have been established to monitor FGM practices and support survivors. Religious leaders are also being mobilized to denounce FGM from the pulpit, leveraging their influence to shift public opinion.

Despite these efforts, challenges remain. Resistance from traditionalists, limited access to healthcare, and inadequate enforcement of anti-FGM laws hinder progress. The practice continues in secrecy, often disguised as “female genital cleansing” or “crushing,” making it difficult to track and prosecute. Nonetheless, the growing involvement of youth advocates, health professionals, and educators signals a shift in attitudes. As Iroriteraye-Adjekpovu (2024) notes, education is the most powerful tool in dismantling the myths that sustain FGM. By integrating anti-FGM content into school curricula and promoting alternative rites of passage, Akoko North East is gradually moving toward a future free from this harmful tradition.

#### Akoko North West: Cultural Practices and Socio-Cultural Dimensions of Female Genital Mutilation

Female Genital Mutilation (FGM) in Akoko North West Local Government Area of Ondo State is sustained by a complex interplay of cultural traditions, gender norms, and community expectations. The practice is deeply rooted in the belief that circumcision ensures a girl's chastity, moral discipline, and readiness for marriage. In towns such as Okeagbe-Akoko, Ase, and Ikaram, FGM is often performed by traditional birth attendants or elderly women using crude instruments, typically without anesthesia or antiseptic treatment. According to Imo et al. (2019), cultural and gender norms in rural Ondo communities significantly influence women's sexual and reproductive decisions, with FGM seen as a tool for controlling female sexuality and preserving family honor. The ritual is often accompanied by communal celebrations, reinforcing its legitimacy and embedding it within the social fabric.

Socio-cultural beliefs in Akoko North West perpetuate FGM through myths and misinformation. Many families believe that circumcision enhances hygiene, prevents promiscuity, and increases fertility. Girls who are not circumcised are often stigmatized, labeled as impure, and excluded from traditional rites and ceremonies. Iroriteraye-Adjekpovu (2024) emphasizes that such beliefs are not based on religious doctrine but are cultural constructs that have evolved over generations. The involvement of mature women is particularly significant in this region. Mothers, grandmothers, and female elders often serve as gatekeepers of tradition, advocating for FGM as a necessary rite of passage. Their influence is reinforced by their own experiences, as many underwent the procedure themselves and view it as a cultural obligation.

Efforts to combat FGM in Akoko North West have faced resistance due to the deep-rooted nature of the practice. However, recent interventions by organizations such as UNICEF and BIGIF have begun to shift public perception. These initiatives focus on community dialogue, education, and empowerment, targeting parents, youth, and traditional leaders. According to Adedeji (2025), the success of these programs lies in their inclusive approach, which engages all stakeholders from religious figures to health workers in challenging harmful norms. Public education campaigns, school-based outreach, and youth engagement platforms have been established to raise awareness and support survivors. Community surveillance systems are also being implemented to monitor FGM practices and provide legal and psychological support to affected individuals.



Despite these efforts, challenges persist. Fear of social rejection, limited access to healthcare, and inadequate enforcement of anti-FGM laws continue to hinder progress. The practice is often carried out in secrecy, disguised as “female genital cleansing” or “crushing,” making it difficult to detect and prosecute. Nonetheless, the growing involvement of female leaders, educators, and youth advocates signals a shift in attitudes. As Imo et al. (2019) note, empowering women through education and economic independence is key to dismantling the power dynamics that sustain FGM. By promoting alternative rites of passage and integrating anti-FGM content into school curricula, Akoko North West is gradually moving toward a future where girls can grow up free from this harmful tradition.

#### Akoko South East: Cultural Practices and Socio-Cultural Dimensions of Female Genital Mutilation

Female Genital Mutilation (FGM) in Akoko South East Local Government Area of Ondo State remains a deeply entrenched cultural tradition, particularly in rural communities such as Ifira-Akoko, Isua, and Ipe. The practice is often carried out as a rite of passage, marking a girl's transition into womanhood and symbolizing purity, obedience, and readiness for marriage. According to Iroriteraye-Adjekpovu (2024), FGM in southern Nigeria is not merely a medical concern but a cultural ritual that reinforces identity and social belonging. In Akoko South East, the procedure is typically performed by elderly women or traditional birth attendants using non-sterile tools, often without anesthesia. The ritual is accompanied by communal ceremonies that validate the girl's transition, reinforcing the practice as a social norm.

Socio-cultural beliefs in Akoko South East perpetuate FGM through myths and spiritual narratives. Girls who are not circumcised are often stigmatized, labeled as impure, and excluded from traditional rites and social gatherings. The belief that FGM curbs promiscuity and enhances marital fidelity remains widespread, despite growing awareness of its health risks. Asekun-Olarinmoye et al. (2018) argue that such beliefs are rooted in patriarchal structures that seek to control female sexuality and preserve family honor. Peer pressure and fear of ostracism compel many parents to conform, even when they privately oppose the practice. The involvement of mature women particularly mothers and grandmothers is pivotal. These women often serve as custodians of tradition, advocating for FGM as a necessary sacrifice for social acceptance and marital success.

The persistence of FGM in Akoko South East is further complicated by the emergence of alternative forms such as “female genital crushing,” which is increasingly performed by rural health workers. Nwali and Agboeze (2023) note that this shift reflects attempts to evade legal scrutiny while maintaining cultural conformity. The practice is often disguised and carried out in secrecy, making it difficult to monitor and prosecute. Despite these challenges, community efforts to combat FGM have gained traction. Organizations such as UNICEF and BIGIF have partnered with local stakeholders to implement culturally sensitive interventions. These include school-based education programs, community dialogues, and training for religious and traditional leaders to challenge harmful norms.

One notable case in Ifira-Akoko involved a mother who resisted communal pressure to circumcise her daughters, facing threats of banishment and social exclusion. This incident underscores the intensity of communal enforcement and the need for legal and psychological support for families who oppose FGM. According to Dateline Health Africa (2025), education and awareness programs are key components of anti-FGM strategies, offering information about health risks and human rights violations associated with the practice. These programs aim to shift perceptions and encourage communities to abandon FGM by promoting alternative rites of passage and empowering women to make informed decisions.

Efforts to engage parents especially mothers and grandmothers have focused on storytelling, peer advocacy, and community theater. These methods allow for emotional connection and cultural reflection, helping families reconsider the necessity of FGM. Religious leaders are also being mobilized to denounce the practice from the pulpit, leveraging their influence to shift public opinion. According to Ikonne (2023), culturally specific and grassroots-oriented strategies are most effective in eradicating FGM, as they resonate with local values and foster community ownership of change. By integrating anti-FGM content into school curricula and promoting gender equality, Akoko South East is gradually moving toward a future free from this harmful tradition.

#### Akoko South West: Cultural Practices and Socio-Cultural Dimensions of Female Genital Mutilation

Female Genital Mutilation (FGM) in Akoko South West Local Government Area of Ondo State remains a persistent cultural practice, particularly in rural communities such as Oka-Akoko, Oba-Akoko, and Supare. The procedure is often carried out as a rite of passage, symbolizing a girl's transition into adulthood and her readiness for marriage. According to Iroriteraye-Adjekpovu (2024), FGM is a culturally entrenched tradition that poses serious health risks and violates the human rights of women and girls. In Akoko South West, the practice is typically performed by elderly women or traditional birth attendants using crude instruments, often without anesthesia or antiseptic treatment. The ritual is accompanied by communal celebrations that reinforce its legitimacy and embed it within the social fabric.

Socio-cultural beliefs in Akoko South West perpetuate FGM through myths and misinformation. Many families believe that circumcision enhances hygiene, prevents promiscuity, and increases fertility. Girls who are not circumcised are often stigmatized, labeled as impure, and excluded from traditional rites and ceremonies. Bolorunduro (2021) describes FGM in Ondo State as a form of sexual disability, with women reporting long-term physical and psychological trauma. The involvement of mature women particularly mothers and grandmothers is pivotal. These women often serve as custodians of tradition, advocating for FGM as a necessary sacrifice for social acceptance and marital success. Their influence is reinforced by their own experiences, as many underwent the procedure themselves and view it as a cultural obligation.

Efforts to combat FGM in Akoko South West have gained momentum in recent years, driven by collaborations between NGOs, health workers, and community leaders. The Balm in Gilead Foundation for Sustainable Development (BIGIF), in partnership with UNICEF, has launched targeted interventions aimed at educating parents and empowering girls. These include school-based outreach programs, community dialogues, and training for traditional leaders to challenge harmful norms. According to Adedeji (2025), the success of these initiatives hinges on culturally sensitive approaches that respect local values while promoting human rights. Community surveillance systems and youth engagement platforms have been established to monitor FGM practices and support survivors. Religious leaders are also being mobilized to denounce FGM from the pulpit, leveraging their influence to shift public opinion.

Despite these efforts, challenges remain. Resistance from traditionalists, limited access to healthcare, and inadequate enforcement of anti-FGM laws hinder progress. The practice continues in secrecy, often disguised as “female genital cleansing” or “crushing,” making it difficult to track and prosecute. Nonetheless, the growing involvement of youth advocates, health professionals, and educators signals a shift in attitudes. As Iroriteraye-Adjekpovu (2024) notes, education is the most powerful tool in dismantling the myths that sustain FGM. By integrating anti-FGM content into school curricula and promoting alternative rites of passage, Akoko South West is gradually moving toward a future free from this harmful tradition.

## **Theoretical Framework for Studying FGM in Nigeria**

### **Social Norms Theory**

FGM is sustained by deeply rooted social norms that dictate acceptable behavior within communities. According to Bicchieri's Social Norms Theory (2018), individuals conform to practices like FGM not necessarily because they believe in them, but because they perceive that others expect them to. In Nigeria, this manifests in communal pressure, fear of ostracism, and the desire to maintain family honor.

**Application:** This theory helps explain why even educated families may continue the practice not out of ignorance, but due to perceived social expectations.

### **Symbolic Interactionism**

This sociological theory, developed by Mead and Blumer, focuses on how individuals interpret and give meaning to social symbols. FGM is often seen as a symbol of purity, womanhood, and readiness for marriage. O A C Ogbu (2018) applied this lens in her sociological review of FGM in Nigeria, showing how cultural rituals and meanings reinforce the practice.

Application: It helps unpack how FGM is ritualized and internalized as a positive identity marker despite its harmful effects.

### **Ecological Systems Theory**

Bronfenbrenner's model (1979) adapted by Abafi (2023) for FGM in Nigeria views human behavior as influenced by multiple layers: individual, interpersonal, community, and societal. This framework is especially useful for understanding how family traditions, peer pressure, religious beliefs, and national policies interact to sustain FGM.

Application: It allows for a multi-level analysis of FGM, from personal trauma to systemic cultural enforcement.

### **Feminist Theory**

Feminist perspectives argue that FGM is a form of gender-based violence rooted in patriarchal control over women's bodies. It reflects unequal power dynamics and the suppression of female sexuality. Scholars like Oyefara (2014) and Ibrahim & Adedokun (2021) highlight how FGM is used to enforce gender roles and limit women's autonomy.

Application: This theory frames FGM as a violation of women's rights and bodily integrity, emphasizing the need for empowerment and legal reform.

### **Health Belief Model (HBM)**

This psychological model explains health-related behaviors based on perceived risks, benefits, and barriers. In the context of FGM, many Nigerian families underestimate the health risks or believe the benefits (e.g., social acceptance, marriageability) outweigh the dangers. The HBM helps design interventions that shift perceptions and promote behavior change.

Application: Useful for crafting public health campaigns that address misconceptions and encourage abandonment of FGM.

### **Theory of Planned Behavior (TPB)**

Ajzen's TPB (1991) suggests that behavior is driven by intention, which is influenced by attitudes, subjective norms, and perceived control. In FGM contexts, even if individuals oppose the practice, they may feel powerless to resist due to community pressure. TPB has been used in Nigerian studies to assess readiness for change and intervention effectiveness.

Application: Helps evaluate the likelihood of behavioral change and the role of community influence.

## **RESEARCH METHODOLOGY**

### **Research Design**

This study adopts a descriptive survey research design, which is appropriate for investigating the socio-cultural dimensions of FGM within selected communities. The design enables the researcher to collect data from a large population using structured instruments, allowing for the identification of prevailing attitudes, beliefs, and practices surrounding FGM. It also facilitates the exploration of relationships between socio-demographic variables and cultural perceptions of FGM.

### **Area of Study**

The study is situated in Akoko North East, Akoko North West, Akoko South East, and Akoko South West Local Government Areas of Ondo State, Nigeria. These LGAs are predominantly inhabited by Yoruba-speaking communities. The Akoko division is known for its diverse socio-cultural practices, many of which influence

gender roles and rites of passage. It equally comprises both urban and rural settlements, with varying levels of education, access to healthcare, and exposure to anti-FGM advocacy. These characteristics make the region a compelling site for examining the persistence and transformation of FGM practices.

### Population of the Study

The population of this study includes women of reproductive age (15–49 years), traditional birth attendants, community elders, religious leaders, and healthcare professionals residing in the selected LGAs. These groups were chosen because they either experience FGM directly or play influential roles in its perpetuation or prevention.

### Sample Size and Sampling Techniques

A sample size of 400 respondents was determined using Taro Yamane’s formula for finite populations, ensuring statistical reliability and representativeness. The sample was distributed proportionally across the four LGAs based on population density. A multi-stage sampling technique was employed: first, purposive sampling was used to select communities known for FGM prevalence; second, stratified sampling ensured representation across age, gender, and occupation; and finally, simple random sampling was used to select individual respondents. This layered approach enhances the validity of the findings and minimizes sampling bias.

### Instrument of Data Collection

The primary instrument for data collection was a structured questionnaire. It was designed in English and translated into Yoruba to ensure understanding and ease comprehension. In addition, key informant interviews (KIIs) and focus group discussions (FGDs) were conducted with traditional leaders, health workers, and women’s groups to enrich the quantitative data with qualitative insights. The instruments were validated through expert review and a pilot test conducted in a neighboring LGA.

### Method of Data Analysis

Quantitative data collected through questionnaires were analyzed using Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics such as frequencies, percentages, and mean scores were used to summarize responses. Inferential statistics, including Chi-square tests and logistic regression, were employed to examine relationships between socio-demographic variables and attitudes toward FGM. Qualitative data from interviews and FGDs were analyzed thematically using NVivo software, allowing for the identification of recurring patterns, cultural narratives, and community sentiments. Triangulation of data sources ensured robustness and credibility of the findings.

## FINDINGS AND DISCUSSION

The study examines the socio-cultural dimensions of Female Genital Mutilation (FGM) using a structured questionnaire divided into six sections. A total of 400 questionnaires were administered, and 358 were successfully retrieved, representing an **89.5% response rate**. The data were analyzed using descriptive statistics via the Statistical Package for the Social Sciences (SPSS), and the findings are discussed in alignment with the research questions and theoretical framework.

### 4.1 Questionnaire Administration Summary

Item	Quantity
Total questionnaires administered	400
Total questionnaires retrieved	358
Response rate (%)	89.5%



#### 4.2 Section A: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Age	15–24	72	20.1
	25–34	104	29.1
	35–44	98	27.4
	45–49	84	23.4
Gender	Male	142	39.7
	Female	216	60.3
Marital Status	Single	88	24.6
	Married	210	58.7
	Divorced	32	8.9
	Widowed	28	7.8
Educational Level	No formal education	46	12.9
	Primary	78	21.8
	Secondary	132	36.9
	Tertiary	102	28.5
Religion	Christianity	198	55.3
	Islam	122	34.1
	Traditional	28	7.8
	Other	10	2.8

**Discussion:** The majority of respondents were female (60.3%), married (58.7%), and had at least secondary education (65.4%). This demographic profile is significant because women and married individuals are more likely to be directly involved in decisions related to FGM.

#### 4.3 Section B: Knowledge and Awareness of FGM

Question	Response	Frequency	Percentage (%)
Have you heard of FGM?	Yes	342	95.5
	No	16	4.5
Do you know anyone who has undergone FGM?	Yes	278	77.7
	No	80	22.3

Are you aware that FGM is practiced in your community?	Yes	310	86.6
	No	48	13.4
Do you know the health risks associated with FGM?	Yes	294	82.1
	No	64	17.9

**Discussion:** Awareness of FGM is high among respondents, with 95.5% acknowledging its existence and 86.6% confirming its presence in their community. However, despite 82.1% being aware of health risks, the practice persists, suggesting that cultural beliefs may outweigh medical concerns.

#### 4.4 Section C: Cultural Beliefs and Attitudes Toward FGM

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
FGM is a cultural tradition that should be preserved.	72	84	132	70
FGM is necessary to prepare girls for marriage.	98	102	108	50
Women who are not circumcised are considered impure.	110	96	92	60
FGM helps reduce promiscuity among girls.	88	90	112	68
FGM is a religious obligation.	120	104	88	46
FGM is a violation of human rights.	42	58	132	126
FGM should be abolished in Nigeria.	38	52	140	128

**Discussion:** While many respondents still associate FGM with cultural and moral values, a growing number recognize it as a human rights violation. The data suggest a generational shift in attitudes, especially among educated women.

#### 4.5 Section D: Personal Experience and Community Influence

Question	Response	Frequency	Percentage (%)
Have you undergone FGM?	Yes	204	57.0
	No	154	43.0
Age at circumcision	Below 5	62	30.4
	5–10	88	43.1
	11–15	42	20.6
	Above 15	12	5.9
Who made the decision?	Parents	178	87.3

	Grandparents	42	20.6
	Religious Leader	18	8.8
	Community Elders	24	11.8
Do you feel pressured to support FGM?	Yes	216	60.3
	No	142	39.7
Would you circumcise your daughter if expected?	Yes	132	36.9
	No	226	63.1

**Discussion:** Over half of respondents have undergone FGM, mostly before age 10, and decisions were primarily made by parents. Community pressure remains strong, but resistance is growing, especially among younger and educated women.

#### 4.6 Section E: Perception of Health and Psychological Impact

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
FGM causes long-term physical health problems.	28	42	140	148
FGM leads to emotional trauma and psychological distress.	36	58	132	132
FGM affects women's sexual and reproductive health.	34	46	138	140
FGM survivors often suffer in silence due to cultural taboos.	30	52	142	134
Mental health support should be provided to FGM survivors.	24	38	132	164

**Discussion:** The majority of respondents acknowledge the health and psychological consequences of FGM, reinforcing the need for trauma-informed care and mental health support in affected communities.

#### 4.7 Section F: Community and Policy Interventions

Question	Response	Frequency	Percentage (%)
Are you aware of laws banning FGM in Nigeria?	Yes	204	57.0
	No	154	43.0
Has any organization campaigned against FGM in your community?	Yes	168	46.9
	No	190	53.1

Do you believe education can reduce FGM?	Yes	312	87.2
	No	46	12.8
Would you participate in a dialogue to end FGM?	Yes	284	79.3
	No	74	20.7

**Discussion:** While only 57% of respondents are aware of laws banning FGM, a significant majority (87.2%) believe education can reduce the practice, and 79.3% are willing to participate in community dialogue. This suggests strong potential for grassroots mobilization and policy engagement, especially if interventions are culturally sensitive and community-led.

## DISCUSSION OF FINDINGS

The demographic profile of respondents provides a foundational understanding of the social context in which Female Genital Mutilation (FGM) persists across the Akoko region. A majority of respondents were female (60.3%), which is particularly relevant given that women are both the primary subjects of FGM and, in many cases, its cultural enforcers. The age distribution showed that most respondents were between 25 and 44 years old, representing individuals in their reproductive and decision-making years. This age group is critical in shaping family and community practices, including decisions about circumcision. Marital status data revealed that 58.7% of respondents were married, suggesting that many had direct experience with cultural expectations surrounding FGM, particularly as it relates to child-rearing and marital customs. Educational attainment was relatively high, with 65.4% of respondents having at least secondary education. This is significant because education is often linked to increased awareness of human rights and health risks associated with FGM. Religious affiliation was predominantly Christian (55.3%), followed by Islam (34.1%), with a smaller percentage practicing traditional beliefs. This religious diversity reflects the pluralistic nature of the Akoko region and provides insight into how religious interpretations may influence attitudes toward FGM.

The responses from Section C reveal the deep cultural entrenchment of Female Genital Mutilation (FGM) in the Akoko region. A significant portion of respondents agreed or strongly agreed that FGM is a tradition worth preserving and necessary for preparing girls for marriage. This reflects the influence of long-standing cultural narratives that associate circumcision with purity, obedience, and social acceptance. Although a growing number of respondents disagreed with these beliefs, the persistence of such views underscores the role of symbolic meanings and communal expectations in sustaining the practice. The belief that uncircumcised women are impure or promiscuous remains prevalent, especially among older and less educated respondents. These findings align with the **Symbolic Interactionism** theory, which explains how cultural symbols such as FGM are used to define identity and social roles. However, the data also show a shift in perception, with a majority recognizing FGM as a violation of human rights and supporting its abolition. This suggests that advocacy and education efforts are beginning to challenge traditional norms and reshape community attitudes.

Section D provides insight into the personal experiences and social pressures surrounding FGM. Over half of the respondents (57%) reported having undergone FGM, with most procedures occurring before the age of 10. This early age of circumcision reflects the urgency with which communities seek to enforce conformity and protect cultural values. The decision to circumcise was overwhelmingly made by parents (87.3%), followed by grandparents and community elders. This highlights the intergenerational transmission of FGM and the central role of family in perpetuating the practice. Additionally, 60.3% of respondents admitted feeling pressured by their community to support FGM, and 36.9% stated they would circumcise their daughters if expected to do so. These figures demonstrate the power of social norms and the difficulty of resisting communal expectations, even when individuals are aware of the risks. The findings validate the **Social Norms Theory**, which posits that behavior is shaped by what individuals believe others expect of them. They also support the **Ecological Systems Theory**, emphasizing how individual choices are influenced by family, community, and societal structures.

Section E explores respondents' understanding of the health and psychological consequences of FGM. A large majority agreed that FGM causes long-term physical health problems, emotional trauma, and sexual dysfunction.



Respondents also acknowledged that survivors often suffer in silence due to cultural taboos and that mental health support should be provided. These responses reflect a growing awareness of the medical and psychological toll of FGM, including infections, childbirth complications, anxiety, depression, and post-traumatic stress. The findings align with the **Health Belief Model**, which explains how individuals assess health risks and benefits when making decisions. While awareness of harm is high, the continued practice of FGM suggests that perceived social benefits such as acceptance and marriageability still outweigh medical concerns for many. Nonetheless, the recognition of psychological distress and the call for mental health support indicate a shift toward more compassionate and informed perspectives.

The findings from Section F, which focused on community and policy interventions, reveal both challenges and opportunities in the fight against FGM. While 57% of respondents were aware of laws banning FGM in Nigeria, a substantial 43% remained uninformed, indicating a gap in legal awareness and outreach. This suggests that existing legislation may not be effectively communicated or enforced at the grassroots level. Furthermore, only 46.9% of respondents reported that any organization or government agency had campaigned against FGM in their community. This points to a need for more robust and widespread advocacy efforts, particularly in rural and culturally conservative areas. Despite these gaps, there is strong support for education-based interventions. An overwhelming 87.2% of respondents agreed that community education could help reduce FGM, and 79.3% expressed willingness to participate in community dialogues aimed at ending the practice. These responses indicate a growing openness to change and a readiness among community members to engage in reform efforts, provided they are culturally sensitive and inclusive.

## CONCLUSION

This study has critically examined the socio-cultural dimensions of Female Genital Mutilation (FGM) across four Local Government Areas in the Akoko region of Ondo State, Nigeria. Through a descriptive survey design and a robust sample of 358 respondents, the research has illuminated the complex interplay between tradition, identity, gender roles, and community expectations that sustain the practice of FGM. Despite decades of advocacy and legal reform, FGM remains a deeply embedded cultural ritual, often perceived as a rite of passage, a symbol of purity, and a prerequisite for marriage. The findings of this study reveal that while awareness of the health and psychological consequences of FGM is growing, the practice continues to thrive due to powerful social norms and intergenerational transmission.

One of the most striking outcomes of the research is the high level of awareness among respondents regarding the existence and risks of FGM. Over 95% of participants acknowledged the practice, and more than 82% were aware of its health implications. However, this awareness does not necessarily translate into rejection of the practice. Many respondents, particularly those with limited education or strong ties to traditional belief systems, still view FGM as a moral and cultural obligation. This paradox underscores the limitations of information-based interventions and highlights the need for deeper engagement with the cultural meanings and social structures that uphold FGM.

The study also found that decisions to circumcise girls are primarily made by parents and grandparents, reflecting the role of family in perpetuating the practice. Community pressure remains a significant factor, with many respondents admitting they would circumcise their daughters if expected to do so. These findings validate the relevance of Social Norms Theory, which posits that individuals often conform to practices not because they believe in them, but because they perceive that others expect them to. Symbolic Interactionism also provides a useful lens, as FGM is imbued with symbolic meanings that reinforce identity and social belonging.

Encouragingly, the data show signs of change. A majority of respondents support the abolition of FGM and are willing to participate in community dialogues aimed at ending the practice. Education emerges as a powerful tool for transformation, with higher levels of schooling correlating with increased resistance to FGM. The willingness of community members to engage in reform efforts suggests that culturally sensitive, grassroots interventions can be effective in challenging harmful norms.

## RECOMMENDATIONS

Based on the findings of this study, it is evident that Female Genital Mutilation (FGM) in the Akoko region of Ondo State persists due to deeply rooted socio-cultural beliefs, intergenerational transmission, and limited enforcement of legal frameworks. Therefore, a multi-dimensional and culturally sensitive approach is required to address the practice effectively. First and foremost, there is a need to strengthen community education programs that go beyond awareness and actively challenge the myths and misconceptions surrounding FGM. These programs should be designed in local languages and delivered through trusted community channels such as religious institutions, women's groups, and youth associations. Education must emphasize the health risks, psychological trauma, and human rights violations associated with FGM, while also promoting alternative rites of passage that preserve cultural identity without causing harm.

Secondly, religious and traditional leaders must be engaged as key stakeholders in the fight against FGM. These individuals hold significant influence in their communities and can either reinforce or dismantle harmful practices. Training and sensitization workshops should be organized to equip them with accurate information and persuasive tools to advocate against FGM. Their public denunciation of the practice can shift communal norms and reduce the pressure on families to conform. Thirdly, FGM education should be integrated into school curricula at both primary and secondary levels. By teaching students about gender equality, bodily autonomy, and reproductive health, future generations can be empowered to reject harmful traditions and make informed decisions.

Thirdly, FGM in the Akoko region is not merely a health issue but a deeply rooted cultural phenomenon that requires a multi-dimensional response. Legal bans, where necessary, are insufficient on their own. Sustainable change must come from within communities, driven by education, dialogue, and empowerment.

Fourth, community dialogue platforms should be established to facilitate open conversations about FGM. These forums should include survivors, parents, elders, and youth, allowing for storytelling, peer advocacy, and collective reflection. Such dialogues can help communities confront the emotional and cultural dimensions of FGM and foster a sense of ownership over the change process. Fifth, legal enforcement must be strengthened through collaboration between law enforcement agencies, local governments, and civil society organizations. Public campaigns should disseminate information about existing laws, penalties for violations, and avenues for reporting cases. Legal literacy is essential to ensure that communities understand their rights and responsibilities.

Sixth, mental health support should be prioritized for FGM survivors. Many women suffer in silence due to cultural taboos and lack of access to psychological care. Health workers should be trained to provide trauma-informed counseling, and peer support groups should be established to offer safe spaces for healing and empowerment. Seventh, women's economic and social empowerment must be promoted to reduce dependence on traditional structures that perpetuate FGM. Programs that support female entrepreneurship, education, and leadership can help shift power dynamics and foster resilience against harmful norms.

Finally, ongoing research and monitoring are essential to track the prevalence of FGM, evaluate the effectiveness of interventions, and adapt strategies as needed. Data collection should be community-based and participatory, ensuring that local voices inform policy and programming. By implementing these recommendations, stakeholders can work collaboratively to dismantle the socio-cultural scaffolding that sustains FGM and build a future where girls and women are free to live with dignity, health, and autonomy.

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