**Why Female Genital Mutilation Persists: A Qualitative Study of Key Stakeholders in South West Nigeria**

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**Abstract**

*Female Genital Mutilation (FGM) persists in parts of South West Nigeria despite national laws and public health campaigns criminalising the practice. This study examined the sociocultural and institutional factors driving its continuation in Southwest Nigeria. Grounded in Feminist Theory and the Health Belief Model, the study adopted a qualitative exploratory design, utilising key informant interviews (KIIs) with 18 key stakeholder participants comprising health workers, community leaders, traditional circumcizers, religious leaders and media personnel, and two focus group discussions with 17 FGM victims. These stakeholders were recruited through the purposive and snowball sampling techniques. Data were collected from August to November 2024 across four Local Government Areas, transcribed, and then thematically analysed. The findings revealed that FGM remained prevalent, mainly due to deeply ingrained cultural norms perpetuated across generations, misconceptions around FGM preventing promiscuity and denial of childbirth risks, weak law enforcement and religious ambivalence. Additionally, stakeholders worked in silos thereby undermining eradication efforts. The study concludes that legal frameworks alone are inadequate to eliminate FGM. Therefore, we recommend culturally relevant interventions, community-led initiatives and enhanced coordination among key stakeholders. These stakeholders must also tackle misinformation, enforce sanctions, and promote alternative rites of passage.*

**Keywords:** *female genital mutilation, female circumcision, stakeholder participation, Government, genitalia, genitalia awareness*

**Introduction**

Female Genital Mutilation (FGM) is a harmful practice involving the partial or total removal of the external female genitalia (Okeke et al., 2012; Abdulcadir et al., 2016; WHO, 2024). It is often performed to conform to cultural norms about femininity and is falsely believed to reduce female sexual promiscuity (Garcia-Moreno et al., 2012). FGM highlights the discrimination against women and girls (Azuonwu & Ezekiel, 2020). According to UNICEF (2023), over 200 million women and girls in 31 countries have undergone FGM, with 80% of cases occurring in Africa (SDC, 2022). Despite efforts by African governments, NGOs, and religious organisations to eradicate FGM (Mwendwa et al., 2020), progress remains limited. FGM offers no health benefits and poses serious risks, including excessive bleeding, infection, infertility, complicated/painful childbirth, and even death (Adelekan et al., 2022; WHO, 2025). Studies by Almroth et al. (2005) and Oche et al. (2012) indicate higher rates of obstetric complications among FGM-affected women. Psychological effects like trauma and anxiety are also important concerns (Koso-Thomas, 2020; Ilesanmi, 2022).

In Nigeria, FGM is a longstanding traditional practice linked to social acceptance and marriageability (Ike, Onuh, & Emelu, 2021). From 2001 to 2012, Nigeria had the highest global prevalence of FGM (UNICEF, 2001; Okeke et al., 2012), with around 20 million women and girls affected as of the 2014 Demographic and Health Survey (DHS). Currently, Nigeria ranks third worldwide in FGM cases, with an estimated 4.6 million girls at risk by 2030, threatening the UN's goal to end FGM by that year (UNICEF, 2023; UNPF, 2023). The Stop Cut Project (2020) reported significant FGM rates in the Southwest states of Osun (76.8%), Oyo (51.8%), and Ekiti (52.6%). While there were reductions in Oyo and Ekiti from the 2016-2017 Multiple Indicator Cluster Survey, Osun saw a 9% increase in prevalence. Most victims are aged 0-14, highlighting the need for urgent action to combat this practice and protect vulnerable girls.

Efforts to combat FGM in Nigeria have included legislative, non-governmental, and community-based approaches. Key legislation, such as the Violence Against Persons (Prohibition) Act (VAPP) of 2015, criminalises FGM and is implemented in many regions. Other significant policies include the National Gender Policy (2006) and the National Policy and Plan of Action for the Elimination of FGM (2013-2017). NGOs such as "Action Health Incorporated" and "The Girl Generation" actively promote education and provide support services. Community programs that engage traditional leaders have shown success in changing perceptions and practices around FGM, focusing on raising awareness about its health risks and offering alternative rites of passage.

Despite efforts to curb it, FGM persists, especially in rural areas with strong traditional values and a lack of law enforcement. This research aims to explore (1) the ongoing practice of FGM despite existing laws, (2) reasons for its continuation, and (3) the roles of community stakeholders in ending it.

**Theoretical Framework**

The study is grounded in Feminist Theory and the Health Belief Model. The Feminist Theory highlights how patriarchal structure and gender inequalities perpetuate FGM practice since it is a means to subdue or control women’s sexuality and reinforce gender hierarchies (Hooks, 2000; Mohanty, 2003). However, women's empowerment through education, dissemination of timely information and economic opportunities can reduce the prevalence of FGM. Similarly, the Health Belief Model suggests that individuals are more likely to change behaviours if they perceive a high risk of adverse outcomes (health and psychological impacts) (Rosenstock, 1974; Glanz et al., 2008). Weighing both the risks and benefits of an action can encourage individuals to either comply with or reject a recommended course of action. Therefore, educating key stakeholders in FGM communities about the health risks associated with FGM can change their perception and encourage the abandonment of the practice.

**Methods**

The study utilised an exploratory research design to explore complex phenomena and understand their underlying mechanisms (Mbaka and Isiramen, 2021). Hence, qualitative data were collected through Key Informant Interviews (KII) and Focus Group Discussions (FGD) with relevant key stakeholders from Oyo and Osun states, which have the highest prevalence of FGM in South West Nigeria (Okeke et al., 2012; Stop Cut Project, 2020; UNICEF, 2021; 2022). A stratified sampling technique was employed to select *Akinyele* and *Afijio* LGAs in Oyo and *Ejigbo* and *Iwo* LGAs in Osun West, due to their vulnerability to FGM.

We identified key stakeholders in the fight against FGM within selected LGAs from previous studies, including traditional institutions, community leaders, and religious leaders, as noted in previous studies (Okeke et al., 2012; UNFPA-UNICEF, 2019; Mwendwa et al., 2020; Adebiyi, 2023). However, we broadened the scope to include healthcare workers, traditional circumcisers (*Oloola’s*), the media, government and non-government organisations, and FGM victims (see Figure 1).Hence, primary data was gathered from traditional rulers, community leaders, religious leaders, health workers, traditional circumcizers, the media, and FGM victims. supplemented by secondary data from relevant Nigerian laws and policies, such as the Violence Against Persons (Prohibition) Act and the FGM (Prohibition) Law. Figure 1 shows the relevant key stakeholders involved in the fight against FGM.

We argue that health workers interact with and treat FGM patients and can provide valuable information about the practice's continuation. They are also valuable for reducing and ending the practice through advocacy efforts. Traditional circumcisers can confirm if they persist in their role, while religious leaders influence community values and ethical beliefs. Additionally, traditional and community leaders help enforce laws against FGM and can ensure the discontinuation of the practice. NGOs provide support, education and advocacy, while the media play a crucial role in raising awareness and shaping public discourse. Lastly, FGM victims are essential in sharing experiences that highlight the generational aspect of the practice. Together, these stakeholders are crucial in reducing and ultimately ending FGM.

**Diagram of a diagram

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**Figure 1 illustrates the key stakeholders involved in the fight against FGM**

***Procedure***

These key stakeholders were identified in the study locations using the snowball technique and contacted by phone. Afterwards, we met in person to explain the study's objectives and obtain their voluntary consent to participate. Those who declined were excluded. Medical doctors were recruited from Akinyele Primary Health Care Centre in Oyo State and Iwo General Hospital, Osun State, Additionally, community leaders, traditional circumcisers (known as *Oloola*'s), and religious leaders (both Imams and Pastors) from the selected communities were included. Furthermore, the snowball sampling technique was employed in selecting FGM victims as each recruited participant suggested others (victims) for the study. These victims participated in 2 Focus Group Discussion (FGD) sessions, in Oyo and Osun States.

The study involved 35 participants, including 4 medical doctors, 4 community leaders, 4 traditional circumcisers, 4 religious leaders (2 Imams and 2 Pastors), 2 media personnel, and 18 FGM victims. Key Informant Interviews (KIIs) were conducted face-to-face in various settings, including medical practitioners' clinics, religious leaders' offices or outside mosques, traditional circumcisers' homes, and community leaders' local halls. Data saturation occurred when the research team felt sufficient information on the prevalence of FGM had been gathered, as noted by Thompson et al. (2021).

A semi-structured key informant interview guide was utilised, covering topics such as reasons for FGM practices, awareness of its dangers, government regulations, religious perspectives and victim experiences. Most interviews, averaging 30 minutes in length, were conducted in Yoruba (their indigenous language), with some conducted in English. Focus Group Discussions with FGM victims lasted about 2 hours. All interviews were recorded, transcribed, and translated into English. Data collection took place over four months, from August to November 2024, and the analysis focused on recurring themes and explanatory techniques.

***Ethical Considerations***

We obtained ethical approval from the …….. Research Ethics Committee (BUTH/REC-1163) and informed participants about the study's objectives, securing their voluntary consent. We prioritised data privacy and confidentiality, ensuring participant safety and minimising risks, and obtained written informed consent from all.

**Results**

This section presents findings from field studies on FGM in Oyo and Osun states, Nigeria, highlighting emerging themes. First, we present findings on the persistence of FGM practice in South West Nigeria.

**Continuation of FGM Practice**

Most stakeholders confirmed that FGM was actively practised in the sampled communities despite existing awareness and government legislation. For example, all healthcare workers, traditional circumcisers, and FGM victims confirmed this continuous practice. In contrast, traditional rulers and community leaders claimed to be unaware of the practice, perhaps to protect cultural traditions. *" I have not heard of any case of cutting recently in our town.* *We hardly have issues of wayward girls because many families before now circumcised their girls"* (KII, Community Leader, Akinyele LGA, Oyo State). Data from a health worker participant from the Primary Healthcare Clinic in Akinyele, Oyo State, indicated that FGM persisted due to cultural traditions. Another health worker interviewed in Osun State also confirmed the ongoing FGM prevalence in that region and stated that *“FGM practice continues unabated since the Traditional circumcisers remain unchecked”* (KII Medical Doctor, Osun State). These health workers cited experiences gathered during patients’ examinations and anecdotal reports from their respective State Ministries of Health.

Furthermore, traditional circumcisers (*Oloola*'s) acknowledged the ongoing FGM practice but expressed caution due to government regulations. *“This profession was passed down to us from our great ancestors. I do not have any other calling. We still perform it for those who bring their girls to us”* (KII, Traditional circumciser, Oyo State). Another traditional circumciser confirmed the ongoing practice and noted that the directive to stop the act was meant for quacks. *“Yes, we are still in the business of cutting. I know we have been asked to stop; however, it is for those who do not know how to perform the act”* (KII, Traditional circumciser, Osun State).

More so, FGM victims who participated in focus group discussion (FGD) sessions confirmed the ongoing prevalence of the practice, with some stating they intended to circumcise their daughters when born. Most of these victims viewed FGM as a longstanding family traditional practice across generations. A heavily pregnant victim emphasised she would circumcise her daughter once she was born, noting that, *“It is our culture, and it has to continue"* (FGM Victim, FGD, Osun State).

Data from key stakeholders shows that FGM continues despite government laws and sanctions. Responses from circumcisers and victims indicate that without urgent action, the practice is unlikely to end. Next, we will examine the factors that contribute to the persistence of FGM.

**Drivers of Continuation**

**Cultural Norms**

Most participants for this study linked FGM practice to deeply-rooted cultural beliefs that perceived uncircumcised girls and women as promiscuous and a societal threat. Health workers from Oyo and Osun states confirmed the practice, attributing it to longstanding traditions. *“FGM prevalence could be traced to cultural traditions passed down through generations”* (KII Health worker, Oyo State). Another health worker interviewed in a health clinic in Osun State noted that *“FGM practice continues due to the unchecked activities of the traditional circumcizers. I feel they do not have any other thing (task) to do, as the practice is also a cultural thing handed down to them from their forefathers* (KII Medical Doctor, Osun State). Although traditional circumcisers are indicted, the primary reason for FGM remains cultural practices.

Furthermore, the results reveal that these cultural norms, particularly related to FGM, are passed down from one generation to another, as evident in the repeated use of words such as "*forefathers*, *grandmothers*," implying that the practice originated from previous generations and should continue. A victim remarked, *“You know their beliefs those days were that all our mothers, grandmothers and great-grandmothers were circumcised. Hence the culture has to continue”*(FGD, FGM Victim, Oyo State). Similarly, a traditional circumciser emphasised the cultural significance of the practice and added that the "calling" (profession) was a cultural one. "*Our father was the godfather of the circumcisers. This profession was passed down to us from our great ancestors. Cutting is cultural and I do not have any other calling (profession)”* (KII, Traditional circumciser, Oyo State).

From the victims’ perspectives, some of them argued that mutilation was a cultural norm and should be upheld. It should be noted that some of the victims were in support, while some called for an end to the FGM practice. Those in support of the practice cited a tradition passed down through generations. "M*y mother was circumcised; she performed the circumcision on me, and I will surely perform it on my female children. It is our culture, and it has to continue"* (FGM Victim, FGD, Osun State). This highlights the deep cultural roots of FGM in South West Nigeria, though opinions on the practice vary among victims.

**Prevention of Promiscuity**

A widely held belief is that FGM reduces sexual urges and promiscuity in women/girls. This idea was mainly provided by the traditional circumcisers and supported by responses from FGM victims and community leaders. There is a general belief that when girls are "cut", they become less easily aroused, leading to decreased promiscuity.

Those girls who are not circumcised are those who turn themselves into dogs. Nowadays, it is the females that run after the males and many children have become promiscuous, as this was due to their parent's negligence. You see that little female clitoris that is not removed, when it touches the female private part, she will be looking for sex <sic> (KII, Traditional circumciser, Osun State).

The belief that FGM prevents promiscuity was also highlighted by a community leader who, though denying knowledge of existing FGM practice, claimed that circumcised girls in his community *are "less wayward. "In our town, we hardly have issues of wayward girls because many families before now circumcised their girls"* (KII, Community Leader, Akinyele LGA, Oyo State). The term "wayward girl" in Nigeria often describes a female with a high sexual libido and promiscuous, sometimes uncircumcised. Additionally, some FGM victims assumed that stopping the practice would lead to increased promiscuity. One of the victims argued that:

Maybe it is because female circumcision has been stopped that is why promiscuity is all over the society. They should try and advise the parents to go and circumcise their children and that the reason their children have become promiscuous is due to their uncircumcision. I think that way, the parents will be more serious about it <sic> (FGM Victim, FGD, Osun State).

Although another victim countered the opinions of the FGM Victim, she, however, agreed that FGM and promiscuity were linked with each other.

Society has become more promiscuous than we can ever think of, and one can’t differentiate between those who were circumcised and those who were not. Nowadays, it is those who are circumcised that have become more promiscuous in our society today <sic> (FGM Victim, FGD, Oyo State).

**Awareness of existing FGM laws, but weak legal enforcement**

Stakeholders acknowledged awareness of existing FGM laws but expressed frustration over poor implementation. A traditional circumciser recognised the government's legislation against the practice but claimed to have stopped it.

I think they (the government) created a law prohibiting that, like two years imprisonment, and the circumcisers and the child's parents will face the law. It was only the Government that talked about it…but we stopped the circumcision of children long ago due to the intervention of the Federal Government (KII, Traditional Circumciser, Oyo State).

Additionally, FGM victims revealed awareness of government laws against the practice. *"Most importantly, the government has announced the prohibition of children's circumcision. Therefore, we have no choice but to abide by the law"* (FGM Victim, FGD, Osun State). However, despite these measures, FGM continues unabated, particularly in rural areas, with limited evidence of prosecution or enforcement. This is why health workers noted that effective legislation, such as the VAPP Bill in Oyo State, failed at the implementation stage due to a lack of sanctions for violators.

We talk about the policy environment that comes from the government. The VAP bill has been passed, the Child Rights Act and some states have domesticated this Act, and implementation should automatically follow. However, the question is, is the Government following up to see whether the implementation is being done, and if there are people who go against the rule or the Act, how are they being punished? Is the government holding up to its responsibility? Is there integrity in ensuring that if we see this person going against the law, the person is punished? (KII, Medical Doctor, Ibadan, Oyo state).

The health workers' opinion aligns with the findings of the Home Office (2022) study, which found that the VAPP bill and similar Acts were ineffective outside the Federal Capital Territory in Nigeria. Similarly, a media practitioner noted, "*If the people are aware of sanctions meted out to perpetrators caught in the practice, it will signal that the government is serious in its fight against it. It could imply that there have not been (any) sanctions*" (KII, media practitioner, Oyo State).

The Nigerian government has enacted legislation against Female Genital Mutilation (FGM), notably the Violence Against Persons Prohibition (VAPP) Act of 2015, which criminalises the practice and establishes penalties for perpetrators. Section 6 prohibits FGM and imposes penalties, including up to four years of imprisonment or fines of N200,000 ($250.31) for those performing or facilitating FGM. Attempting FGM may result in up to two years of imprisonment or fines of N100,000 ($125.16). Medical professionals involved in FGM may face suspension for up to six months

Other Nigerian states have also implemented similar laws, such as Cross River State's Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000), and Edo State's Prohibition of Female Genital Mutilation Law (1999). Others include Enugu State - FGM (Prohibition) Law (2004); Rivers State - Child Rights Acts (2009); and Bayelsa State - FGM (Prohibition) Law (2004). Additionally, some Northern states have enacted Sharia penal codes to protect children from violence.

**Misconception**

A widely held belief about FGM is that it leads to difficulty during childbirth. However, the study's participants, primarily victims and circumcisers, refuted this claim as misinformation. One traditional circumciser cited personal experience to debunk the notion. According to her:

They said it does not allow the female to give birth. As of today, by the grace of God, I did not use any doctors when I gave birth, and nothing happened to any of them. Moreover, I am circumcised too (KII, Traditional circumciser, Osun State).

Similarly, one of the victims reiterated that:

Our forefathers and our great-grandmothers believed and said that a child who is not circumcised will have difficulties during childbirth. You know their belief those days was that all our mothers, grandmothers and great-grandmothers were circumcised, so why would we not circumcise today's children? (FGM Victim, FGD, Osun State).

Furthermore, another victim opined that *“I did not have painful childbirth throughout when I gave birth to my children. I am not sure where they got that belief from”* (FGD, FGM Victim, Oyo State). These responses seem to debunk the misconceptions around painful childbirth for those who have undergone FGM.

**Roles of Quack Circumcisers**

The final theme discusses "quack circumcizers," blamed by traditional circumcisers for the adverse effects of female genital mutilation (FGM). Traditional practitioners consider their methods safe, attributing risks to unqualified individuals. One traditional circumciser stated that:

When we got to the (Federal) Government, we showed them our blades and scissors, and they confirmed we were the real circumcisers. These circumcisions involve the removal of a tiny part of the clitoris of a female child, especially after three days of birth. There are no unique processes involved. The fake ones need to be stopped, as many people and the Government do not recognise the difference between genuine and fake circumcisers <sic> (KII, Traditional circumciser, Osun State)

Furthermore, another traditional circumciser stated that quacks were the reason the government asked them to stop FGM, thereby hinting that the adverse effects associated with FGM practice might reduce once quacks are eliminated. *“Those who said they should stop female circumcision are not part of us; they are quacks in the practice. It is easier for us, the circumcisers, to circumcise”* (KII, Traditional circumciser, Osun State).

Having confirmed that the practice continued unabated and identified the reasons behind it, the study further examined the roles and interventions of other key stakeholders in the fight against FGM. We analysed the opinions of religious leaders (mainly Pastors and Imams) and media personnel.

**Stakeholder Interventions**

**Religious Interventions**

Religious leaders play a significant role in influencing behaviours in Nigeria, making them crucial to our study on FGM. We interviewed Christian and Islamic clerics for their perspectives, with data suggesting that Christian clerics oppose female circumcision, as it is not mentioned in the Bible. A cleric from Iwo, Osun State, emphasised this view.

I looked through the scriptures and tried to do a reflection. However, concerning this issue (FGM), I do not think there is a specific reference in the scriptures, either in the Old or New Testaments. We are aware of male circumcision, which can be traced to Abraham's experience… and that has been the practice even within the Jewish community and passed down to other cultures. Medically, it has been proven to be beneficial. Even medical doctors will tell you the health benefits of circumcision and that it is in proper alignment with the biblical injunction. However, concerning female circumcision, I do not think there is a reference to that. The implication is that even the Israelites did not practice it, and other cultures around them did not (KII, Christian Cleric, Osun State).

The Christian Cleric argues against female genital mutilation (FGM) as it lacks support in the Holy Bible, stating that the Church actively discourages the practice. *"Yes, I have been at several meetings where this kind of thing came up. The Church is very well known with a powerful voice and has discouraged that (FGM),*" (KII, Christian Cleric, Oyo State). This aligns with the findings of Mwendwa et al. (2020), who noted the significant role of the Church in reducing FGM in Kenya.

In Islam, Clerics maintain that male circumcision is compulsory, while female circumcision is generally frowned upon and left to individual discretion.

You know, as Muslims, we have our injunctions that guide our operations in the mosque, which are following the Holy Quran and the sayings of the prophets. It says that circumcision for males is compulsory, while for females, it is a wish. If someone wishes to do it, then she should go on and do it. They also advised that the little clitoris should be cut away from the clitoral hood of the girl to protect her from having undesirable sexual urges, and as much should not be removed in order not to deny her of sexual urges, too. The prophet also reiterated that he has a particular person who is trained to circumcise and is not just anybody. Some people specialise in circumcision (KII, Islamic Cleric, Osun State).

This suggests that only designated individuals should perform female circumcision, if deemed necessary. An Islamic cleric *mentions that while female circumcision is culturally ingrained, it is generally discouraged in Islam. "The circumcision of females is generally frowned upon, even though it is ingrained in the culture and tradition of the people. The cultural aspect makes people overlook the Islamic ruling"* (KII, Islamic Cleric, Oyo State). This is consistent with findings from Eastern Ethiopia and Egypt, where participants noted that mosques condemn the practice of FGM (Gele, Bø, & Sundby, 2013).

Nonetheless, there are indications that even when circumcision must be done, it must be handled by professionals and the need to respect citizens' rights:

We want to clarify our stance on Islamic scholars urging the Government to ensure that trained specialists perform circumcision. We are not suggesting that the Government's intentions are wrong; instead, we seek to draw attention to the potential infringement on citizens' rights if not done with care. Our message emphasises the importance of a society built on solid foundations, where individuals A and B can thrive without issues (KII, Islamic Cleric, Osun State).

Interestingly, Islamic clerics, traditional circumcisers (*Oloola’s*), and a health worker share the view that qualified professionals should perform FGM to reduce risks and complications. For instance, the health worker emphasises that:

It becomes evident that it is not advisable for anyone who is not a medical professional to perform circumcisions on children…In essence, our intent is not to vilify circumcision but to emphasise the need for safe and adequately performed procedures while also shedding light on the potential risks involved, regardless of gender (KII, Health worker, Oyo State).

Similarly, the Traditional circumciser (*Oloola*), during a KII session, revealed that the Government was vilifying them due to the operations of quacks among them and insisted that the professional circumcisers knew what and how to remove the tiny bit of the clitoris without complications. “*Those who said they should stop female circumcision are not part of us, the circumcisers. They were quacks in practice. It is easier for us, the circumcisers, to circumcise*" <sic> (KII, Traditional circumciser, Osun State).

**Conflicting Stakeholder Perceptions**

Furthermore, data from key stakeholders show varied opinions on FGM practices and eradication efforts. Victims, circumcisers, religious leaders, and medical professionals express differing views. Although health workers recognise the Nigerian Government's legislative efforts to reduce FGM, they believe that religious organisations have not done enough to address the issue directly.

I do not know of any religious organisation coming out to speak against it directly. Occasionally, I have heard of organisations talking about harmful practices against the girl child generally, but I do not see them talking about it specifically. However, if you ask if they are essential, I would say yes because they are stakeholders and community influencers who can influence their followers and talk about it (KII, Medical Doctor, Osun State).

Furthermore, campaigns supporting FGM survivors are essential for increasing awareness. Our findings suggest collaborative efforts among stakeholders are crucial to effectively reduce FGM practices, as highlighted by a medical doctor.

They (the government and NGOs) should collaborate, as it is not a one-person thing because no one is perpetrating it. So, they should collaborate and work with communities, community leaders, and the Government. They should not stay silent but come together (KII, Medical Doctor, Oyo State).

This study shows that key stakeholders in the fight against FGM often work independently and at odds, undermining their collective efforts. Divergent perspectives hinder a unified response, as some religious leaders lack awareness of why the practice should be ended, and advocates struggle to communicate consistent messages, resulting in mixed outcomes.

**Media Interventions**

The media have worked to raise awareness about FGM, with some victims learning about the practice through radio jingles and health workers.

We heard it from the radio, and doctors also informed us whenever we are pregnant and give birth to female children that, we should avoid circumcising them except for the male children <sic> (KII, FGM victim Osun State).

Another respondent confirmed that the FGM message was primarily received via the radio. When asked about other sources, a victim stated that, *“No, we did not hear it from them. We were only informed through doctors and the radio”* <sic> (KII, FGM victim, Oyo State). However, media practitioners acknowledged airing FGM jingles and programmes to raise awareness*, but noted that such initiatives are infrequent due to a lack of sponsorship. "We do not do this often, as most programmes are sponsored and we have not had an FGM-sponsored programme recently"* (KII, Media Personnel, Osun State).

**Discussion**

The study was conducted to determine if FGM persisted and why it persisted despite increased awareness and legal measures. It also examined stakeholder interventions aimed at ending the practice. Findings indicated that FGM practices in the South West continued unabated, primarily driven by cultural norms. These cultural norms are widely cited as one of the reasons for FGM in Nigeria (UNFPA UNICEF, 2019; Oduro & Lawal, 2021; Aina et al, 2023). Participants acknowledged ongoing practices but exercised caution due to existing laws. This aligns with the UNFPA-UNICEF Joint Programme's findings on the deeply rooted nature of the practice. The persistence of FGM was also linked to beliefs that it prevents promiscuity, weak enforcement of laws, misconceptions, and the presence of quack circumcisers.

FGM’s persistence in Southwest Nigeria reveals complex interactions between culture, misinformation, and institutional failure. It further reveals a striking paradox of the coexistence of awareness of FGM’s legal sanctions and health risks. This is seen in traditional circumcisers' and victims' acknowledgement of government prohibition while continuing their practice. They reconcile conflicting beliefs by creating distinctions between "legitimate" and "quack" practitioners, effectively preserving their professional identity while acknowledging external opposition. Additionally, the findings reveal complex power negotiations that reflect broader societal hierarchies. Community leaders' subtle denial of FGM practice while simultaneously justifying its necessity (preventing waywardness) demonstrates public compliance and private resistance.

The study's findings align with broader African literature, revealing that FGM persists due to entrenched gender norms and poor policy implementation (UNFPA, 2023). Similar patterns were noted from other African contexts, such as Kenya (Mwendwa et al., 2020) and Egypt (Karmaker et al., 2011), where cultural beliefs and community resistance persisted despite legal frameworks. However, our research highlights failure in stakeholder coordination, with religious leaders, traditional authorities, and the government working at cross purposes rather than in synergy. We argue that conflicting views among key stakeholders contribute to the ongoing practice of FGM, with Christian leaders opposing it. At the same time, some Muslim clerics and traditional circumcisers consider it acceptable under certain conditions. These inconsistencies underscore the need for a unified commitment among stakeholders to combat FGM effectively (Evelia et al., 2007; Oloo et al., 2011).

Furthermore, the "quack practitioner" narrative in this study echoes findings from Sudan (Elmusharaf et al., 2006) and Somalia (Gele et al., 2013), highlighting a common defensive strategy among traditional practitioners. This medicalisation discourse allows practitioners to acknowledge FGM's risks while maintaining professional legitimacy - a pattern documented across diverse cultural contexts. Moreover, the awareness of legal sanctions, combined with continuous practice, suggests that laws exist primarily as symbolic mechanisms rather than corrective measures. While legislation exists, a lack of enforcement undermines its effectiveness.

Additionally, victims' claims indicate that the radio is a crucial medium for raising awareness about FGM in rural communities. Hence, we argue that utilising other platforms, such as television and social media, to promote anti-FGM messages could significantly influence public perception. This aligns with Wogu et al. (2019), who noted flaws in FGM media campaigns in Enugu State and suggested improvements in content and localised programmes. Media initiatives should focus on raising awareness and fostering community engagement, particularly involving religious leaders, to encourage action against FGM.

The study's findings support feminist theories of gender subordination while revealing limitations in the health belief model. FGM persists due to patriarchal systems controlling female sexuality, as noted by Hooks (2000) and Mohanty (2003). They argue that FGM reinforces gender hierarchies by regulating women's bodies. Community leaders linked FGM to preventing "wayward girls," and victims often viewed it as a cultural duty, reflecting internalised oppression. The health belief model requires awareness of health risks for behaviour change; however, participants dismissed FGM's health risks, indicating low perceived severity. Traditional circumcisers also framed FGM as "safe" when done "professionally," which reflects misplaced confidence.

**Conclusion and Recommendations**

This study highlights the persistence of FGM in Southwest Nigeria, despite legal frameworks and awareness campaigns, widespread awareness campaigns, and significant stakeholder mobilisation efforts. It reveals that cultural, institutional, and social factors sustain this harmful practice, challenging the belief that knowledge and legislation alone can drive change. Legal bans are deemed insufficient; instead, interventions should focus on empowering women economically and educationally. We recommend interventions that dismantle patriarchal norms by empowering women economically and educationally. More importantly, we recommend a coordinated stakeholder engagement framework for consistent communication and unified messaging. Additionally, clear communication about the health consequences is necessary to promote behavioural changes. Without urgent action, Nigeria could see 4.6 million new FGM cases by 2030 (UNICEF, 2023).

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**Conflict of Interests**

There is no conflict of interest among the authors

**Author Contributions**

All the authors contributed to the study from conception, writing, reviewing, methodology, data curation, analysis, proofreading and editing.

**Ethical Approval**

The study received the required institutional approval (BUTH/REC-2639) and all participants provided informed consent for their participation in this study

**Data Availability**

The authors confirm that the data supporting the findings of this study are available within the article

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