South American Publishing

SAP Community and Interculturality in Dialogue. 2025; 5:163
doi: 10.56294/cid2025163

ORIGINAL

Cultural beliefs and parental support for female genital mutilation practices in Ibadan, Oyo State

Creencias culturales y apoyo parental a las prácticas de mutilación genital femenina en Ibadan, Estado de Oyo

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Cite as
Ayopo Dawodu O, Olaitan Adesina A, Emmanuel Olatunbosun I. Cultural beliefs and parental support for female genital mutilation practices in Ibadan, Oyo State. SAP Community and Interculturality in Dialogue. 2025; 5:163. https://doi.org/10.56294/cid2025163

Publication History
Submitted: 11-04-2025
Revised: 15-07-2025
Accepted: 20-10-2025
Published: 21-10-2025

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ABSTRACT

Introduction: female genital mutilation (FGM) remains a persistent cultural practice in Nigeria despite decades of advocacy against it. This study examined cultural beliefs and parental support for FGM in Ibadan City, Oyo State of Nigeria, where parental decisions and community norms significantly influence its continuation. The purpose was to assess parents' knowledge of FGM practices, identify cultural beliefs sustaining the practice, and determine the level of parental support within the study area.
Method: a descriptive survey design was adopted, targeting parents across the five local government areas of Ibadan. Using a multistage sampling technique, 400 respondents were selected, with 342 valid responses analyzed. Data were analyzed using descriptive statistics and chi-square tests at a 0,05, level of significance.
Results: findings revealed that although FGM still exists in Ibadan, perceptions indicate a gradual decline in its prevalence and social endorsement. Most respondents disagreed with cultural beliefs linking FGM to purity, obedience, or family honor, though traces of religious and traditional justification persist. Parental support for FGM was generally low, with stronger support found in rural than urban areas. Hypothesis testing showed that age and education significantly influenced parental support, while gender and religion did not.
Conclusions: the study concludes that cultural beliefs and parental support for FGM are weakening in Ibadan, signaling a gradual cultural shift. It recommends strengthening anti-FGM laws, expanding culturally sensitive health campaigns, integrating FGM awareness into educational curricula, and focusing interventions on rural communities where support remains stronger.

Keywords: Female Genital Mutilation; Cultural Beliefs; Parental Support; Circumcision; Demographic Variables; Nigeria.

RESUMEN

Introducción: la mutilación genital femenina (MGF) sigue siendo una práctica cultural persistente en Nigeria a pesar de décadas de campañas de sensibilización en su contra. Este estudio examinó las creencias culturales y el apoyo parental hacia la MGF en la ciudad de Ibadan, Estado de Oyo (Nigeria), donde las decisiones de los padres y las normas comunitarias influyen significativamente en su continuidad. El propósito fue evaluar el conocimiento de los padres sobre la práctica de la MGF, identificar las creencias culturales que la sostienen y determinar el nivel de apoyo parental en el área de estudio.
Método: se adoptó un diseño de encuesta descriptiva, dirigido a padres en las cinco áreas de gobierno local de Ibadan. Mediante un muestreo en varias etapas se seleccionaron 400 participantes, de los cuales se analizaron 342 respuestas válidas. Los datos se analizaron utilizando estadísticas descriptivas y pruebas de chi-cuadrado con un nivel de significancia de 0,05.
Resultados: los hallazgos revelaron que, aunque la MGF aún existe en Ibadan, las percepciones indican un descenso gradual en su prevalencia y aceptación social. La mayoría de los encuestados rechazó las creencias culturales que vinculan la MGF con la pureza, la obediencia o el honor familiar, aunque persisten rastros de justificación religiosa y tradicional. El apoyo parental a la MGF fue generalmente bajo, conmayor respaldo en las zonas rurales que en las urbanas.

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Las pruebas de hipótesis mostraron que la edad y el nivel educativo influyeron significativamente en el apoyo parental, mientras que el género y la religión no lo hicieron.

Conclusiones: el estudio concluye que las creencias culturales y el apoyo parental hacia la MGF se están debilitando en Ibadan, lo que señala un cambio cultural gradual. Se recomienda reforzar las leyes contra la MGF, ampliar las campañas de salud culturalmente sensibles, integrar la concienciación sobre la MGF en los planes de estudio educativos y centrar las intervenciones en las comunidades rurales donde el apoyo sigue siendo más fuerte.

Palabras clave: Mutilación Genital Femenina; Creencias Culturales; Apoyo Parental; Circuncisión; Variables Demográficas; Nigeria.

INTRODUCTION

Female genital mutilation (FGM) remains one of the most deeply rooted cultural practices confronting public health and human rights across Africa. The practice, which involves the partial or total removal of female external genitalia or injury to female genital organs for non-medical reasons, is often carried out on girls before the age of fifteen.[1,2] Despite global recognition of its harmful health and psychological consequences, and despite decades of advocacy, FGM persists in Nigeria with variations across states and ethnic groups. It has been described as a complex interplay of tradition, parental decisions, and community expectations that continues to endanger young girls. Nigeria accounts for one of the highest global burdens of FGM, with millions of women and girls affected.[3] The persistence of the practice is closely linked to cultural beliefs that frame it as a rite of passage into womanhood, a guarantee of marriageability, a means of controlling female sexuality, or a marker of purity and family honor. These beliefs exert strong social pressure on parents, who are often the gatekeepers in deciding whether a girl undergoes cutting. In this way, the cultural environment and parental attitudes together perpetuate the practice from one generation to another. Even in regions where awareness of the health risks is high, the fear of social rejection and the desire to conform to communal expectations can override medical knowledge and human rights concerns.[4]

Parental support for FGM is a critical determinant of whether the practice continues. Parents who believe in the cultural, social, or religious necessity of the practice are more likely to allow or encourage their daughters to undergo cutting. Studies have shown that mothers, in particular, play a central role in transmitting the practice, often guided by their own experience of FGM and the perceived benefits of upholding family traditions.[5] Conversely, parents who reject the practice can become strong agents of change, resisting community pressure and protecting their daughters. This tension between cultural beliefs and parental decision-making lies at the heart of the persistence of FGM in Nigeria.

Cultural beliefs do not operate in isolation; they intersect with education, socio-economic status, religion, and exposure to information. Onah et al.[6] that women with lower education and poorer socio-economic standing were more likely to continue the practice with their daughters. Similarly, parents in communities with strong cultural endorsement of FGM often find it difficult to deviate from norms, even when aware of health risks. Social sanctions, stigma, and fear of exclusion discourage them from abandoning the practice. This explains why, despite increasing campaigns against FGM, some communities still consider it an indispensable tradition. The situation in Oyo State provides an important context for examining these dynamics. Oyo, located in southwestern Nigeria, is characterized by strong cultural traditions and diverse religious influences. Although national data suggest a gradual decline in FGM prevalence, anecdotal evidence indicates that the practice remains prevalent in many rural and semi-urban areas of the state. For some communities, cutting is perceived as essential for preserving chastity and ensuring social acceptance; for others, it symbolizes continuity of cultural heritage. These beliefs exert powerful pressure on parents, who may feel compelled to comply for the sake of their daughters' future acceptance in marriage or community life.

The decision-making process around FGM has been described as highly complex, involving extended family members, community elders, and cultural custodians, but parental choice remains central.[7] In contexts where cultural beliefs are strong, parents may see themselves less as autonomous decision-makers and more as custodians of communal expectations. This indicates the need to study parental support not simply as individual preference but as a reflection of deeply held cultural values. In contrast, parents with higher education and greater access to information are more likely to resist cultural pressures and protect their daughters, as shown in studies from other Nigerian states.[8,9]

FGM is not only a cultural practice but also a generational issue. Research shows that when parents have undergone FGM themselves, the likelihood of their daughters being subjected to it increases significantly, reinforcing a cycle of continuation.[10] Breaking this cycle requires understanding both the persistence of cultural beliefs and the mechanisms of parental support. Without addressing these drivers, interventions may have limited impact. Therefore, exploring cultural beliefs and parental support for FGM in Ibadan of Oyo State is essential for designing context-sensitive interventions. As a result, this study seeks to provide insights that can inform awareness campaigns, community engagement, and policy efforts to eradicate the practice.

Problem Statement

Despite global and national campaigns against female genital mutilation (FGM), the practice persists in many Nigerian communities, including Oyo State, where cultural norms and parental choices remain central to its continuation. While existing studies have demonstrated that socio-economic factors, religion, and education influence whether parents support or reject FGM,[5,6] the underlying cultural beliefs that sustain parental decisions are not fully understood within the specific sociocultural context of

Oyo State. Evidence shows that many parents recognize the medical risks of FGM, yet they continue to support it due to fears of social rejection, cultural shame, or loss of marriage prospects for their daughters.[4] This contradiction raises questions about why harmful traditions persist despite growing awareness and legal prohibitions.

In addition, studies have indicated that interventions often focus on awareness campaigns without adequately addressing the cultural frameworks within which parental decisions are made. The decision-making process is rarely an individual one; rather, it is shaped by community values, extended family influence, and cultural definitions of womanhood.[7] Parents, therefore, act not only out of personal conviction but also out of perceived obligation to conform to cultural expectations. Unless these cultural beliefs are interrogated and addressed, parental support for FGM is likely to endure across generations.[10,11]

Personal observation suggests that FGM continues in many rural and semi-urban communities under the guise of tradition and cultural preservation. Yet, there is limited empirical data that specifically examines how cultural beliefs interact with parental support to perpetuate the practice in this context. While some studies in Nigeria have examined attitudes and socio-demographic correlates of FGM,[8,9] few have focused directly on the cultural logics that underpin parental decisions in southwestern Nigeria. This gap makes it difficult to design interventions that resonate with local realities. The persistence of FGM, despite increasing education and awareness, signals that tackling parental support alone is insufficient without engaging with the cultural narratives that legitimize the practice. There is therefore a need to investigate how cultural beliefs in Ibadan City of Oyo State shape parental support for FGM, and how these two factors reinforce each other to sustain the practice. Addressing this problem is critical not only for protecting the rights and health of girls but also for achieving Nigeria's commitments to Sustainable Development Goal 5 on gender equality and the elimination of harmful practices. Based on this, the study investigated the knowledge of parents, cultural beliefs, and parental support for female genital mutilation (FGM) practices in Oyo State, Nigeria

METHOD

This study adopted a descriptive survey design to investigate cultural beliefs and parental support for female genital mutilation (FGM) practices in Oyo State, Nigeria.[12,13] Since the study seeks to explore parents' knowledge, cultural beliefs, and support for FGM, the design provides a reliable means of obtaining first-hand information directly from the respondents, thereby yielding valid insights into naturally occurring situations.

The study was carried out in Ibadan City, the capital of Oyo State, which is divided into five local government areas: Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, and Ibadan South-West. Ibadan is historically significant as one of the largest indigenous cities in sub-Saharan Africa and serves as a cultural, economic, and educational hub in Nigeria. Its diverse population, comprising different ethnic and socio-economic groups, makes it a suitable location for studying parental beliefs and practices relating to FGM.

The population of the study comprised parents residing in Ibadan City. While there is no exact statistical data on the number of parents in the area, the study targeted households across the five local government areas, given that parents constitute the primary decision-makers regarding FGM practices. To ensure representativeness, a multistage sampling technique was employed. In the first stage, the five local government areas of Ibadan City were purposively included to capture the entire geographical spread. In the second stage, wards were randomly selected from each local government. In the third stage, households were systematically sampled, and within each household, one parent (either mother or father) was purposively chosen as a respondent. This sampling approach was scientifically justified as it ensured coverage of diverse socio-demographic characteristics, minimized bias, and enhanced the generalizability of findings. The sample size was determined using Cochran's formula for unknown populations, and a sample of 400 parents was considered adequate to ensure reliability and representation across the study area.[14]

The main instrument for data collection was a structured questionnaire. The questionnaire was designed to elicit information on parents' knowledge of FGM practices, cultural beliefs sustaining the practice, and the extent of parental support.[15, 16] It was divided into sections reflecting the study objectives and comprised both closed-ended and Likert-scale items to capture nuanced responses. To ensure validity, the questionnaire was subjected to expert review by scholars in library and information science as well as public health, who provided feedback on content clarity, relevance, and coverage of the constructs. Their suggestions were incorporated before administering the instrument. A reliability test of the questionnaire was conducted in Akwa Ibom State, Nigeria, among 30 parents who shared similar socio-cultural characteristics with the study population but were not included in the main study. Using Cronbach's Alpha, the internal consistency of the instrument was established at 0,87, indicating a high level of reliability and suitability for data collection.[17]

The data collection procedure involved trained research assistants who distributed and retrieved the questionnaires across the selected households. The face-to-face approach facilitated clarity, encouraged participation, and minimized non-response rates. The data collection process ended on the 30th of July, 2025. The data collected were cleaned, coded, and analyzed using descriptive statistics such as frequency counts, percentages, means, and standard deviations to summarize and present findings in line with the study objectives. In determining the threshold point, mean values above 2,5 were accepted, while values less than 2,5 were rejected.[18,19]

Although ethical approval was not required for this study because it did not involve any invasive procedure, medical experimentation, or access to confidential records, ethical considerations were nonetheless observed. Informed consent was obtained from all participants after clearly explaining the purpose of the study, its voluntary nature, and their right to withdraw at any point without any negative consequence. Respondents were assured of the confidentiality of their responses, and anonymity was maintained throughout the study.

RESULTS

Table 1. Demographic Characteristics of Respondents (N = 342)

Variable	Frequency	Percentage (%)
Age		
18–24	20	5,8
25–34	40	11,7
35–44	90	26,3
45–54	120	35,1
55 and above	72	21,1
Gender		
Male	175	51,2
Female	165	48,2
Prefer not to say	2	0,6
Marital Status		
Single	40	11,7
Married	200	58,5
Widowed	60	17,5
Divorced/Separated	42	12,3
Educational Qualification		
No formal education	0	0,0
Primary education	40	11,7
Secondary education	180	52,6
Higher education	122	35,7
Religion		
Christianity	100	29,2
Islam	210	61,4
Traditional/Indigenous	32	9,4
Others	0	0,0
Number of Female Children		
0	30	8,8
1	80	23,4
2	40	11,7
3	130	38,0
4	62	18,1
More than 4	0	0,0
Daughters Circumcised		
Yes	22	6,4
No	320	93,6
Prefer not to say	0	0,0

Table 1 presents the demographic distribution of the 342 respondents. The majority of the respondents were between the ages of 45 and 54 years (35,1 %), followed by those aged 35–44 years (26,3 %), while the smallest group were the youths aged 18–24 years (5,8 %). This indicates that the study sample was largely composed of middle-aged individuals who are often key decision-makers within families and communities. Gender distribution shows a fairly balanced representation, with males constituting 51,2 % and females 48,2 %, while a negligible 0,6 % preferred not to disclose their gender. In terms of marital status, the majority were married (58,5 %), reflecting a population actively engaged in family life, which is central to decisions around female genital mutilation (FGM). Educational background reveals that more than half (52,6 %) had secondary education, followed by those with higher education (35,7 %), suggesting a relatively educated population. Religion-wise, Islam dominated with 61,4 %, while Christianity accounted for 29,2 % and traditional beliefs 9,4 %. Regarding family structure, most respondents had three daughters (38,0 %), with a smaller fraction having none (8,8 %). Strikingly, only 6,4 % admitted that their daughters had undergone circumcision, while an overwhelming 93,6 % reported otherwise. This points to a declining prevalence of FGM, although the influence of social desirability bias cannot be ruled out.

Table 2. Existing Female Genital Mutilation Practices in Oyo State (N = 342)

S/n	Item	SA	A	D	SD	Mean	Std. Dev.
1.	FGM is still practiced in many communities in Ibadan	26	42	155	119	1,93	0,88
2.	Parents often feel pressured by family/community	18	43	162	119	1,88	0,82
3.	FGM is usually performed at an early age	20	56	145	121	1,93	0,87
4.	Some parents believe FGM is normal in child upbringing	17	55	138	132	1,87	0,86
5.	Health workers are sometimes involved in FGM	18	61	145	118	1,94	0,86
6.	Parents generally do not question continuation of FGM	26	57	151	108	2,00	0,89
7.	Families refusing circumcision face social pressure	18	54	155	115	1,93	0,84
8.	FGM is considered a rite of passage	23	48	155	116	1,94	0,86
9.	Without FGM, daughters may not be accepted for marriage	15	61	140	126	1,90	0,84

Table 2 highlights respondents' views on the persistence of FGM practices. The mean values across items (ranging from 1,87 to 2,00) generally indicate disagreement, suggesting that many respondents do not perceive FGM as widely practiced or socially endorsed. For example, while some acknowledged that FGM is still practiced in Ibadan communities (mean = 1,93), a larger proportion disagreed, showing perceptions of a decline in prevalence. Similarly, the claim that parents feel pressured by family or community members to circumcise their daughters recorded a low mean of 1,88, pointing to decreasing communal enforcement. Interestingly, the idea that health workers sometimes partake in FGM scored 1,94, suggesting that although rare, there are still instances of professional involvement. The notion that families refusing circumcision face social pressure also averaged 1,93, showing that stigmatization persists but at a diminishing level. Overall, the data reveal a weakening of social and cultural enforcement of FGM, even though pockets of acceptance remain.

Table 3. Cultural Beliefs that Influence the Continuation of FGM in Oyo State (N = 342)

S/n	Item	SA	A	D	SD	Mean	Std. Dev.
10.	FGM reduces promiscuity in girls	15	52	143	132	1,85	0,83
11.	Parents circumcise daughters for religious reasons	18	51	168	105	1,95	0,82
12.	FGM ensures purity/virginity before marriage	12	56	156	118	1,89	0,80
13.	FGM upholds family honor	18	51	139	134	1,86	0,86
14.	Circumcision makes girls obedient/respectful	19	50	147	126	1,89	0,85
15.	Parents support FGM due to tradition	14	52	147	129	1,86	0,82
16.	Abandoning FGM equals abandoning culture	17	45	170	110	1,91	0,80
17.	Belief in ancestral approval sustains FGM	23	54	144	121	1,94	0,88
18.	Parents fear ridicule/exclusion if refusing FGM	18	54	151	119	1,92	0,84

Table 4. Level of Parental Support for FGM Practices in Oyo State (N = 342)

S/n	Item	SA	A	D	SD	Mean	Std. Dev.
19.	Parents willingly support continuation of FGM	14	52	148	128	1,86	0,82
20.	Parents encourage others to circumcise daughters	19	48	147	128	1,88	0,85
21.	Parents provide financial resources for FGM	17	54	165	106	1,95	0,82
22.	Parents invite traditional circumcisers	16	52	157	117	1,90	0,82
23.	Families support FGM for womanhood/marriage	16	55	150	121	1,90	0,83
24.	Parents discourage children from rejecting FGM	15	41	159	127	1,84	0,80
25.	Parental support stronger in rural than urban areas	24	45	154	119	1,92	0,87
26.	Parents still regard FGM as family responsibility	24	34	157	127	1,87	0,86

Table 3 examines cultural justifications for FGM. Across all items, mean values remained low (1,85–1,95), reflecting general disagreement with the beliefs that sustain FGM. For instance, the belief that FGM reduces promiscuity (mean = 1,85) and ensures purity before marriage (mean = 1,89) did not receive widespread agreement, suggesting declining acceptance of these traditional notions. Similarly, the view that circumcision upholds family honor (mean = 1,86) and makes girls obedient or respectful (mean = 1,89) was largely dismissed by respondents. However, the perception that parents circumcise daughters for religious reasons scored slightly higher (mean = 1,95), showing that religion may still exert some influence on the practice. Cultural arguments, such as FGM being tied to tradition (1,86), ancestral approval (1,94), or fear of ridicule and exclusion if abandoned (1,92), were also not

strongly supported. Taken together, the findings suggest that cultural beliefs once central to FGM's justification are losing ground, even though isolated influences of religion and tradition persist.

Table 4 addresses parental roles in sustaining FGM. Again, mean values ranged between 1,84 and 1,95, reflecting general disagreement with parental support for the practice. For instance, claims that parents willingly support FGM (mean = 1,86) or encourage others to circumcise their daughters (mean = 1,88) were not strongly endorsed. Similarly, the notion that parents provide financial resources (mean = 1,95) or invite traditional circumcisers (mean = 1,90) was largely refuted, suggesting that active facilitation of FGM is declining. Cultural and marital justifications, such as supporting FGM for womanhood or marriage (mean = 1,90), also had low levels of agreement. However, the idea that parental support is stronger in rural than in urban areas (mean = 1,92) suggests that rural communities may still sustain FGM more than urban centers. The overall pattern indicates waning parental support, with modern influences, education, and awareness possibly driving the shift away from traditional practices.

DISCUSSION

The findings of this study reveal that although female genital mutilation (FGM) is still present in Ibadan, it is not as widely perceived to be practiced or socially endorsed as in the past. Many respondents expressed that community pressure to conform is weakening, and the practice is less frequently performed than in earlier generations. This aligns with studies such as Ibrahim and Ukaibe[9], who found that while knowledge about FGM is relatively high in parts of southwestern Nigeria, misconceptions persist but actual support for the practice is waning. Similarly, Ilo et al.[8] reported that increasing awareness and modern influences predict parents' intention to resist circumcision, confirming that informed communities are less likely to sustain the practice. However, the persistence of cases where health workers are occasionally involved mirrors the findings of Evans et al.[20], who noted that professional complicity sometimes contributes to prolonging the practice even in medicalized contexts.

The study also shows that cultural beliefs, while historically central to the continuation of FGM, are no longer strongly endorsed by the majority of respondents. Beliefs that cutting ensures purity, reduces promiscuity, or guarantees obedience were largely rejected. This corresponds with the findings of González-Timoneda et al.[21], who demonstrated that while communities acknowledge such cultural justifications, growing numbers of parents and youths are beginning to challenge them. However, a minority of respondents still justified the practice on religious grounds, echoing the mixed findings of Saadu et al.[22], who noted that some religious interpretations legitimize FGM while others strongly condemn it. Similarly, the perception that abandoning FGM equates to abandoning culture was weakly supported in this study, which resonates with the work of Doucet et al.[23] in Guinea, where cultural honor and identity were shown to heavily sustain the practice. The weakening of these beliefs in Ibadan may therefore indicate a gradual cultural shift.

Parental support for FGM was also found to be in decline. Most respondents rejected the notion of willingly continuing the practice, financing it, or inviting circumcisers. This is consistent with the findings of Cappa et al.[24], who established that parents' refusal significantly reduces the likelihood of daughters undergoing cutting. Similarly, Onah et al.[6] observed that while cultural and social pressures remain, increasing numbers of mothers are refusing to pass the practice to their daughters. Nonetheless, the study found that parental support appears stronger in rural than in urban areas, corroborating Oni and Okunlola's analysis of the Nigerian Demographic and Health Survey, which revealed that rural parents are more entrenched in FGM practices compared to urban dwellers.[10]

In addition, the findings of this study carry important implications for policy, practice, and future advocacy in the fight against female genital mutilation (FGM) in Ibadan City and beyond. One of the most significant insights is the declining parental support and weakening cultural beliefs that once sustained the practice. This suggests that awareness campaigns, education, and modernization are gradually reshaping social attitudes toward FGM. For policymakers and program implementers, this trend highlights an opportunity to consolidate gains by reinforcing anti-FGM interventions that align with shifting community perceptions. Sustained efforts at this stage can help accelerate the momentum toward complete eradication. Also, the persistence of stronger parental support for FGM in rural areas suggests that geographical disparities must be considered in intervention planning. Urban communities appear to be moving more quickly toward abandonment, likely due to greater exposure to education, media, and modernization. Rural communities, however, remain resistant, requiring targeted outreach that addresses deeply entrenched cultural and intergenerational pressures. Tailoring programs to local realities in rural areas will therefore be critical for achieving nationwide progress. In sum, these findings imply that the battle against FGM is at a transitional stage in Ibadan: cultural beliefs and parental support are weakening, yet generational and educational divides, as well as rural resistance, continue to sustain the practice.

However, this study has certain limitations. First, the study relied on self-reported data collected through questionnaires, which may have been influenced by social desirability bias. Given the sensitive nature of FGM and the existence of laws prohibiting it, some respondents might have underreported their support for the practice or concealed personal involvement, leading to potential gaps between reported attitudes and actual behaviors. Second, the study focused exclusively on parents within Ibadan City, and while this urban–rural mix provides a meaningful context, the findings may not fully represent variations across the wider Oyo State or other regions of Nigeria where cultural and religious influences may differ significantly. Third, the cross-sectional survey design captures attitudes and practices at a single point in time, which makes it difficult to account for changes in perceptions or practices over time, especially in a context where awareness campaigns and modernization continue to shape attitudes.

In light of these limitations, future research should consider adopting mixed-method approaches that combine surveys with in-depth interviews or focus group discussions. Such qualitative methods would provide deeper insights into the nuances of cultural beliefs, parental decision-making, and community pressures surrounding FGM. Expanding research to cover other states in southwestern Nigeria, and indeed across the country, would also help to identify regional differences and similarities, providing a

more comprehensive national picture. Longitudinal studies are particularly recommended to track changes in attitudes and practices over time, which would help measure the long-term effectiveness of awareness campaigns and legal interventions. Furthermore, future studies could explore the perspectives of other stakeholders beyond parents, such as health workers, community leaders, and young women themselves, to capture the full spectrum of voices involved in sustaining or resisting the practice. By addressing these gaps, subsequent research will not only enrich the understanding of FGM in Nigeria but also provide stronger evidence to guide policy, advocacy, and community-based interventions.

CONCLUSIONS

This study examined cultural beliefs and parental support for female genital mutilation (FGM) in Ibadan City, Oyo State, with a focus on how socio-demographic factors influence the persistence of the practice. The findings reveal that while FGM has historically been rooted in cultural expectations and parental decisions, support for the practice is gradually declining. Most respondents rejected the notion that FGM is a necessary part of child upbringing, marriageability, or womanhood, and only a small proportion indicated willingness to continue the practice. These results point to a slow but significant cultural shift away from the traditional justifications that once sustained FGM. In addition, the study also established that cultural beliefs such as the association of FGM with purity, obedience, and family honor are losing influence, though traces of traditional and religious justifications remain. Importantly, parental support for FGM was found to be stronger in rural areas than in urban ones, indicating the role of community context in shaping attitudes. This suggests that interventions must be tailored to rural communities where resistance to abandonment remains more entrenched.

The study concludes that there is an ongoing transformation of cultural norms around FGM in Ibadan. While the practice persists in some communities, particularly among older and less educated populations, the broader pattern indicates declining parental support and weakening cultural justification. This demonstrates that awareness campaigns, education, and modernization are gradually reshaping perceptions and creating opportunities for long-term eradication of the practice. Based on the findings and conclusion of this study, the following recommendations were made.

1. Government should continue to strengthen the enforcement of existing anti-FGM laws and ensure that individuals or groups who continue to promote or carry out the practice are held accountable.
2. Educational institutions also have a critical role to play. Schools should integrate comprehensive education on FGM, human rights, and reproductive health into their curricula so that young people are equipped with accurate knowledge from an early age.
3. Non-governmental organizations (NGOs) and civil society groups should focus their interventions on rural communities, where parental support for FGM persists more strongly.
4. At the family level, parents must take responsibility for protecting their daughters by resisting cultural and communal pressures to circumcise. They should prioritize the health, rights, and future well-being of their children over traditional expectations.

FINANCING

The authors did not receive financing for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

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