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Original Article

Comprehensive Examination of the Knowledge, Perception, and Intention for Continuation of Female Genital Mutilation among Male Protegees of Traditional Circumcisers in Oyo State's Local Communities

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Abstract

Introduction: Female Genital Mutilation (FGM) affects over 230 million women and girls globally, including communities in Oyo State, Nigeria. Despite international efforts to eliminate the practice, FGM persists, often sustained by traditional circumcisers and their male proteges. This study examined the knowledge, perceptions, and intentions of these proteges regarding FGM, with a focus on the cultural beliefs and social factors that influence their views.

Methods: Using a cross-sectional quantitative approach, 18 male proteges in the Ibadan North Local Government Area were surveyed to assess their knowledge, perception, and intentions regarding the continuation of FGM. A structured 18-item questionnaire and a pre-post survey 11-item questionnaire were administered. The quantitative data was analyzed using SPSS version 25.

Results: Participants reported that their knowledge of FGM was shaped by family (41.7%), community (29.2%), traditional circumcisers (16.7%), media (8.3%), and school (4.2%). While 66.7% perceived FGM as harmful to the women, 61.1% reported cultural or social factors as key to its continuation in their community. The majority (72.2%) acknowledged the role of education in influencing their knowledge of FGM, 50% expressed intention to discontinue the practice and one-third (33.3%) considered health implications and legal consequences (33.3%) as factors influencing their intention. A paired sample T-test revealed a significantly positive mean difference in knowledge pre- and post-test at a 95% confidence interval ($\Delta\bar{x}=0.178$, CI = 0.021-0.335, $P=0.03$).

Conclusion: Although male proteges demonstrated awareness of the cultural and health implications of FGM, their low intention to discontinue the practice calls for strengthening targeted educational interventions in addressing this issue.

Keywords: Female genital mutilation, FGM, Traditional circumcisers, Proteges, Education, Male proteges

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Introduction

One of the most common practices that negatively impacts the lives of millions of women is Female Genital Mutilation (FGM).[1] The World Health Organization (WHO) defines Female Genital Mutilation as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."[2] Globally, it is estimated that over 230 million girls and women have undergone female circumcision, with more than 144 million cases occurring in Africa.[3] Nigeria is ranked the third nation worldwide with the highest number of girls and women affected.[4] However, the prevalence of FGM in Nigeria varies across regions, ethnic groups and religions.[5] According to the Nigeria Demographic and Health Survey, approximately 14.1% of women in urban areas had experienced FGM, compared to 13.6% in rural areas.[5] Nearly 3 million girls and women in five states in Nigeria, including Oyo State, had undergone FGM in the past five years.[4]

The origins of Female Genital Mutilation are uncertain, and its practice is rooted in symbolic cultural traditions.[6] The practice of FGM violates the rights of girls and women, perpetuated by entrenched cultural and traditional beliefs.[7] It is a physical proof that a girl had undergone an initiatory rite of transition into adulthood, proving her femininity, and confirming she had acquired the requisite knowledge deserving of societal acceptance.[8]

The age at which a girl or woman undergoes FGM varies across communities where the practice is prevalent.[9] Female Genital Mutilation may be performed on a newborn, adolescent, at the time of marriage, or during the first pregnancy. Traditional Birth Attendants (TBAs) are

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primarily involved in procedures performed with razor blades, knives, scissors, or pieces of broken bottles, without anesthesia.[6] This harmful practice comes with severe health consequences, including severe bleeding, excruciating pain, infections, childbirth complications, and in some cases, death.[2]

In response to the harm caused by FGM, a global call was initiated at the United Nations Sustainable Development Summit in September 2015 to end all forms of FGM by 2030.[10] The United Nations Children's Fund (UNICEF) is also leading efforts to eliminate FGM in five Nigerian states with high prevalence: Ebonyi, Ekiti, Imo, Osun and Oyo. In 2015, the Federal Government of Nigeria enacted the Violence against Persons (Prohibition) Act (VAPA Act) with provisions criminalizing the practice of female genital mutilation.[10] While this legislative action is a significant step, it has been observed that a cultural shift is necessary to eradicate the practice, as legal measures alone may not singularly change the wider violence against women in Nigeria.[6]

In Oyo State, Nigeria, the VAPA Act has been domesticated and was passed into law in 2021.[10] However, the practice of FGM persists in the state. A Yoruba adage says, "friendship or relationship ends after a court case."[11] This makes it difficult for family members to report themselves to the law enforcement agents. Prosecutions are therefore rare because communities do not report cases.[12] This creates a gap in the justice chain, allowing perpetrators to go without any form of punishment.

Traditional circumcisers, who are often revered and respected in their communities, pass down the knowledge and techniques of FGM to their male protégés. Protégés are trainees who are mentored by experienced traditional circumcisers on how to carry out FGM. Selection of protégés could come from the family line or from an apprenticeship. These protégés, in turn, become key actors in sustaining the practice, thereby reinforcing its intergenerational transmission and cycle of perpetuation. Although men and boys are now actively involved in the elimination of FGM,[13] the practices are still carried out by the same population.[14] This study, therefore, aimed to explore the knowledge, cultural and social perceptions, and intentions of male protégés towards the continuation or cessation of FGM. And we hypothesize that *there is no significant relationship between respondents' knowledge (male protégés) before and after the empowerment program.* This is crucial for designing targeted interventions that address the root causes of FGM.

Theoretical Framework and Method

Theoretical Framework: Socio-Ecological Model

The examination of the knowledge, perception, and intention regarding the continuation of female genital mutilation among male protégés of traditional circumcisers can be linked to several existing theories, owing to the behavioural patterns of both individuals involved and communal beliefs. The Socio-Ecological Model (SEM) theory proposes that health-related behaviours result from multiple interacting levels of influence, including individual, interpersonal, community, and broader societal factors.[15] (Figure 1) Socio-Ecological Model, which was originally developed by Urie Bronfenbrenner and later formulated into a theory in the 1980s, and later adopted in public health research, offers a powerful framework for examining these layered influences.[16-18]

As a lens for understanding the intention for the continuation of FGM from traditional circumcisers, SEM is adopted, which helps recognize that practices such as FGM are deeply rooted within social relationships, cultural expectations, and structural systems. This makes the model relevant to understand a practice sustained not only by individual beliefs but also by strong social norms and pressures within communities.[16,19] For this study, the SEM framework is applied across four interconnected levels, each revealing how male proteges of traditional circumcizers understand, perceive, and decide whether to continue the practice.

The Socio-Ecological Model highlights the role of knowledge, perception, and personal beliefs in shaping behaviour at the individual level. In the context of FGM, protégés learn through apprenticeship because FGM is presented as a cultural rite, not a harmful practice. This affects their attitudes, imputing opinions about purity, marriageability, and health risk, all of which typically maintain the will to keep up the ritual.[20] Berg and Denison[21] noted that the individual may continue to practice or support FGM despite an understanding of its dangers, especially as perceived social benefits such as respect, identity, or economic livelihood outweigh recognized risks. This highlights the need to look at not just what people know, but how they make sense of it and apply it in their social world.

Looking beyond the individual, interpersonal and community level, SEM can also aid in understanding the perpetuation of FGM despite advocacy against this harmful practice. In the transfer of beliefs and practices

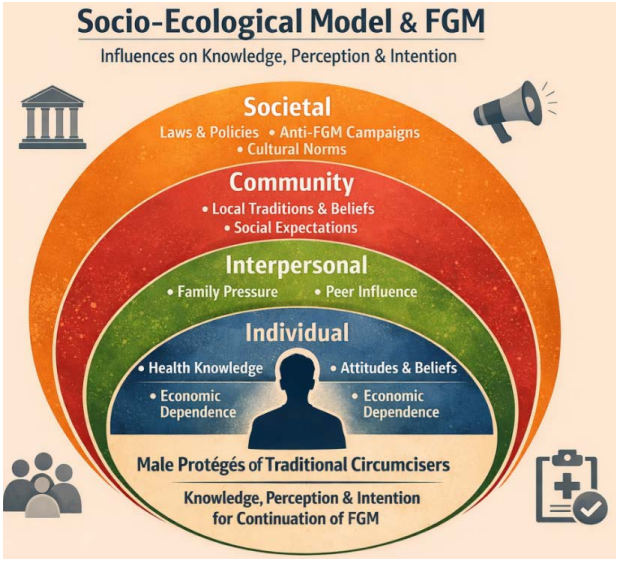

Figure 1. Socio- Ecological Model Theory on Continuation of FGM

across generations, social relationships such as networks of mentors, peers, and family members, play a central role. At the community level, shared norms and expectations births strong pressure to conform, making the abolishment of such established practices socially costly. Community-level norms are among the strongest drivers of FGM, often outweighing individual doubts or resistance. Also, existing research has shown that decisions around FGM are rarely made in isolation; rather, they are influenced by the desire to align with community standards and avoid stigma or exclusion.[22,23]

Lastly, with the broader societal and structural levels of SEM, including institutional systems, policies, and legal frameworks, attitudes and intentions towards FGM can be shaped. While legislation and public health campaigns have contributed to increased awareness and shifts in perception, their effectiveness often depends on how well they align with local cultural realities. Some structural factors, such as weak enforcement of anti-FGM laws, limited community engagement, economic incentives tied to mutilation, and religious or cultural exchanges, can help sustain its persistence.[21] According to Odukogbe et al,[24] legal frameworks exist but are poorly implemented, facilitating traditional actors, including protégé, to continue FGM with little or no fear of consequence. Thus, SEM highlights that a complex layer of individual beliefs, interpersonal relationships, community norms, and societal structures shapes knowledge, perception, and intention among male protégés. By recognizing these networks of levels, this model supports a more nuanced interpretation of behaviour and highlights the need for multi-level approaches in addressing deep-rooted cultural practices such as FGM.

Methods

Study design

This study employed a cross-sectional quantitative approach. A purposive sampling technique was used to select 18 male protégés within Ibadan-North Local Government to ensure representation from diverse socio-cultural backgrounds within the local government jurisdiction. The first research tool (Questionnaire 1) was designed using a 5-point Likert scale and comprised 18 questions addressing awareness, attitudes, and future intentions. It was guided by and validated against the UNICEF FGM survey report (Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change). The second research tool (Questionnaire 2) was designed within the context of the empowerment program organized for the male proteges, intended to measure the knowledge gained after the event.

Inclusion criteria

Only male participants aged 15-35 years who were protégés of traditional circumcisers were included in the study.

Exclusion criteria

Females were excluded from the study. Males who were not protégés were also exempted. Additionally, protégés below age 15 and above 35 years were not part of the study.

Data collection

Structured interviewer-administered questionnaires were used to collect quantitative data from the respondents during an empowerment program organized by One Voice Initiative for Women and Children Emancipation (OVIWCE) in commemoration of the *International Day of Zero Tolerance for Female Genital Mutilation.* The Oyo State Gender Desk Officer facilitated the empowerment program from the Oyo State Primary Healthcare Board. The first questionnaire containing 18 questions was administered during the empowerment program to only the male protégés of the traditional circumcizers who were in attendance. In contrast, the second questionnaire was administered before and after the program to measure knowledge gain/shift (this formed the study's hypothesis) among the attendees/respondents.

Data analysis

Quantitative data were analyzed using IBM SPSS Statistics, version 25.0 (IBM Corp., Armonk, NY, USA), employing both descriptive and inferential statistical methods.

Ethical considerations

This study was conducted in accordance with the ethical standards set by the University College Hospital (UCH) and the Helsinki Declaration of 1975, as revised in 2008. The research protocol/tool was reviewed and approved by UCH (Approval No: 24/0092).

All participants provided written informed consent after receiving detailed explanations about the study's purpose, procedures, and their right to withdraw at any stage without consequences. Confidentiality was maintained by anonymizing all personal identifiers, and data were securely stored to prevent unauthorized access.

Results

The demographic characteristics of the 18 male protégés who participated in the study showed that, 4 (22.2%) of the respondents were within the age range of 18-23 years, 4 (22.2%) were between 24-29 years, while the remaining 10 (55.6%) were between 30-35 years. The educational level showed that only 2 (11.1%) had completed primary education, 9 (50%) had completed secondary education, and 7 (38.9%) had attained tertiary education. The majority, 8 (44.4%), reported they were single; 7 (38.9%) were married; 1 (5.6%) was divorced; and 2 (11.1%) did not disclose their marital status. (Table 1)

In examining the knowledge of male protégés towards female genital mutilation, findings revealed that the majority of the protégés demonstrated a high level of awareness regarding the practice of FGM in their community ($\bar{x} = 3.78 \pm 1.63$). Similarly, they exhibited a high level of knowledge about the cultural and health aspects of the practice ($\bar{x} = 3.89 \pm 1.32$). Lastly, the majority demonstrated high knowledge regarding the

role of education in influencing their knowledge of FGM ($\bar{x}$ = 4.50 ± 0.99). (Table 2)

Our results showed that 10 (41.7%) of the respondents attributed their knowledge source to their families, 7 (29.2%) to their community, 2 (8.3%) affirmed media contribution, 4.2% (1) to school education, while 16.7% (4) claimed traditional circumcisers contributed to their knowledge of the practice (Table 3). Figure 2 shows a bar chart of the distribution of sources in descending order.

Protégés showed a high perception, where 11 (61.1%) stated that cultural or social factors strongly contributed to the continuation of FGM in their community ($\bar{x}$ = 4.22 ± 1.17). Also, the majority, 12 (66.7%) highly perceived the impact of FGM on the physical and psychological well-being of women as harmful ($\bar{x}$ = 4.17 ± 1.42). Lastly, 13 (72.2%) demonstrated a high perception level, strongly agreeing that the role of traditional circumcisers and their protégés in promoting alternative cultural practices that do not involve FGM is important and strongly contributes to the extinction of FGM ($\bar{x}$ = 4.44 ± 1.10). (Table 4)

The analysis revealed that respondents showed a low intention to continue FGM ($\bar{x}$ = 1.94 ± 1.21), with 50% (9) strongly disagreeing when asked whether they intend to continue the practice. Also, the majority considered health implications (33.3%) and legal consequences (33.3%) as factors influencing their intention to continue or discontinue the practice, with a low intention score ($\bar{x}$ = 2.33 ± 0.97). (Table 5)

In evaluating the knowledge gain/shift, first, Pearson correlation was employed to check the relationship between the knowledge of the proteges before and after the program; also, a paired sample t-test was employed for the pretest-posttest analysis to understand the level of knowledge gained among the participants (only the male proteges) of the empowerment program. The analysis revealed a statistically significant relationship between the pre-test and post-test (N = 11, r = 0.611, P = 0.046). (Table 6.1) The analysis further revealed that there was a positive mean difference between the pairs (pre-test and post-test) at a 95% confidence interval ($\Delta\bar{x}$ = 0.178, CI = 0.021–0.335, P = 0.03). (Table 6.2) The result indicates that the positive difference is statistically significant; therefore, we reject the null hypotheses, indicating that there was a significant relationship between the proteges' knowledge before and after the program, and that a significant level of knowledge was gained after the empowerment program.

Table 1. Sociodemographic Characteristics of the Respondents (N = 18)

Variables	Categories	Frequencies	Percentage
Age	18-23	4	22.2
	24-29	4	22.2
	30-35	10	55.6
Educational Level	Primary	2	11.1
	Secondary	9	50
	Tertiary	7	38.9
Marital Status	Single	8	44.4
	Married	7	38.9
	Divorced	1	5.6
	Others (Undisclosed)	2	11.1

Discussion

This study examined the knowledge, perception, and intention to continue Female Genital Mutilation (FGM) among male protégés of traditional circumcisers in local communities in Oyo State, Nigeria. The findings revealed that almost half of the respondents strongly agreed that they were highly knowledgeable about the cultural and health implications of FGM. These findings were consistent with a previous survey in Northern Nigeria.[25] Regardless of this awareness, the nurses continued in the practice because it prevented promiscuity, preserved virginity, and was socio-culturally acceptable.

This study also highlighted the role education could play in their knowledge and the influence this could have on long-term change. Similar findings were observed by Varol et al.[26] where education improved their knowledge on the health complications related to FGM, thereby leading to their increased support for ending the practice. Education is therefore crucial in raising awareness about the risks and harm of FGM, encouraging dialogue and critical thought,

Table 3. Source of Knowledge

What sources of information have contributed to your knowledge about Female Genital Mutilation?	Responses	
	N	Percent
Family	10	42%
Community	7	29%
Media	2	8%
School	1	4%
Circumcisers	4	17%
Total	24	100%

Note: For the source of knowledge, the research tool allows respondents to pick multiple answers, and in describing the data, the total number of answers received is recorded as N, not the total number of respondents

Table 2. Knowledge of Male Proteges About Female Genital Mutilation

Item	SD	D	N	A	SA	Mean	Stdv	Decision
Are you aware of the practice of Female Genital Mutilation (FGM) in your community?	2 (11.1%)	4 (22.2%)	1 (5.6%)	0 (0.0%)	11 (61.1%)	3.78	1.629	High Knowledge
Are you highly knowledgeable about the cultural and health aspects of Female Genital Mutilation?	1 (5.6%)	3 (16.7%)	1 (5.6%)	5 (27.8%)	8 (44.4%)	3.89	1.323	High Knowledge
Education plays a role in influencing your knowledge about Female Genital Mutilation.	0 (0.0%)	2 (11.1%)	0 (0.0%)	3 (16.7%)	13 (72.2%)	4.5	0.985	High Knowledge

Note: N = 18, SA = Strongly Agree; N = Neutral; D = Disagree; SD = Strongly Disagree; Decision is taken using the three-level interpretation approach, when weighted mean value is 1.00 – 2.49 = LOW, 2.50 – 3.49 = Moderate, 3.50 – 5.0 = High

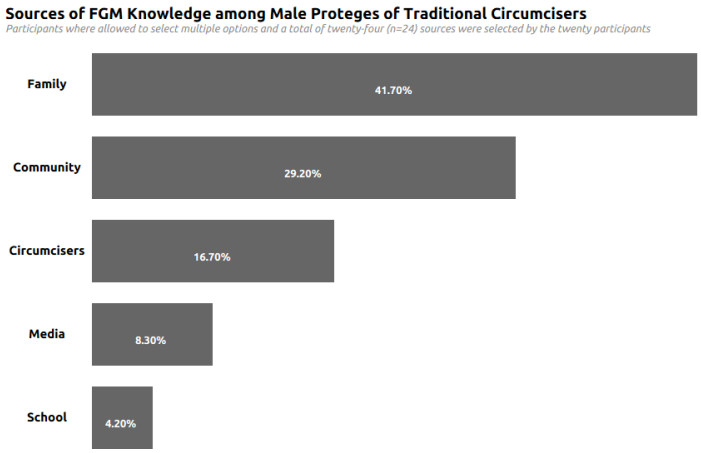

Figure 2. Bar Chart highlighting the sources of knowledge of respondents from highest to lowest

Table 4. Perception of Male Proteges About Female Genital

Items	SD	D	N	A	SA	Mean	Stdv	Decision
Do you agree that cultural or social factors contribute to the continuation of Female Genital Mutilation in your community?	3 (16.7%)	1 (5.6%)	3 (16.7%)	3 (16.7%)	11 (61.1%)	4.22	1.166	High Perception
Do you perceive the impact of Female Genital Mutilation on the physical and psychological well-being of women as harmful?	2 (11.1%)	1 (5.6%)	1 (5.6%)	2 (11.1%)	12 (66.7%)	4.17	1.425	High Perception
Do you perceive the role of traditional circumcisers and their protegees in promoting alternative cultural practices that do not involve Female Genital Mutilation important?	1 (5.6%)	0 (0.0%)	2 (11.1%)	2 (11.1%)	13 (72.2%)	4.44	1.097	High Perception

Note: N = 18, SA = Strongly Agree; N = Neutral; D = Disagree; SD = Strongly Disagree; Decision is taken using the three-level interpretation approach, when weighted mean value is 1.00 – 2.49 = LOW, 2.50 – 3.49 = Moderate, 3.50 – 5.0 = High

Table 5. Intention of Male Proteges Towards Female Genital Mutilation

Items	SD	D	N	A	SA	Mean	Stdv	Decision
Do you intend to continue the practice of Female Genital Mutilation in the future?	9 (50%)	4 (22.2%)	3 (16.7%)	1 (5.6%)	1 (5.6%)	1.94	1.211	Low Intention
	PB	LC	HC	SP	CB			
What factors influence your intention regarding the continuation or cessation of Female Genital Mutilation?	4 (22.2%)	6 (33.3%)	6 (33.3%)	2 (11.1%)	0 (0.0%)	2.33	0.97	Low Intention

Note: N = 18, SA = Strongly Agree; N = Neutral; D = Disagree; SD = Strongly Disagree; PB = Personal Beliefs; LC = Legal Consequences; HC = Health Considerations; SP = Social Pressures; CB = Cultural Beliefs; Decision is taken using the three-level interpretation approach, when weighted mean value is 1.00 – 2.49 = LOW, 2.50 – 3.49 = Moderate, 3.50 – 5.0 = High

Table 6.1. Summary of Pearson Product-Moment Correlation showing the Relationship between Pre-test and Post-test**.

Variable	Mean	N	Stdv.	Correlation	Sig.
Pre-test	1.1427	11	0.26104		
Post-test	1.32091	11	0.268754		
Post-test & Pre-test				0.611	0.046

Table 6.2. Summary of T-test showing difference between Pre-test and Post-test

Variables	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Stdv.	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Post- pre-test	0.17818	0.23389	0.07052	0.02105	0.33531	2.527	10	0.03

Note: **For this study, pre-test analysis evaluates respondents' knowledge before the commencement of the empowerment program, while post-test analysis evaluates their knowledge after the program.

and also helping people build lives that are not dependent on FGM for acceptance.[27]

Family and community influence emerged as the predominant source of knowledge of FGM in our study. They believe that FGM reduces the sexuality of women, promotes fidelity and strengthens the moral behaviour of the girl child, and those who do not undergo this practice are discriminated against and seen to be spiritually

impure.[28]

In studies carried out by Onah et al.[29] and Sheikh et al,[30] respondents strongly acknowledged that cultural and social factors contributed to the continuation of FGM, however the overall perception to continue the practice remained positive. Interestingly, in this study, while respondents acknowledged the deep-rooted cultural and social reasons behind the practice of FGM, they recognized that its impact on the physical and mental health of women was far more significant. This showed a shifting perspective and a greater awareness of the adverse effects of FGM. Ndikom et al[7] also reported that many respondents in Ibadan recognized the severe consequences of female genital cutting, including infection, excessive bleeding, incontinence, and infertility.

The majority of the respondents perceived the role of traditional circumcisers and their protégés in promoting alternative cultural practices that do not involve FGM. Contrarily, in Osun State, Nigeria, custodians of the FGM tradition stated that FGM was their traditional heritage, and the practice could not be stopped.[31] Those who had attended a seminar organized by the government did not accept the decision of the government to end the practice, stating that FGM had a positive impact in controlling the sexual urges of females.[31]

Our study showed that over half of the male protégés did not intend to continue the practice of FGM in the future. This aligned with findings from recent literature, which suggested that health considerations, legal consequences, and educational factors were increasingly influencing their decision to abandon FGM.[32,33] Also, about 200 million boys and men who reside in Africa and the Middle East, where FGM is carried out think that the practice should not continue.[34] The involvement of men is a positive step towards ending this tradition that has been passed down from generation to generation.

The confirmation of knowledge shift/gained by the protégés from the empowerment program showed the importance of continual advocacy and a reminder for the need to end FGM, especially within the community, where cultural norms are still being upheld. The protection of the girl child is very important.

Conclusion

The findings of this study suggested that male protégés of traditional circumcisers in Oyo State demonstrated a high level of awareness and knowledge about FGM, particularly regarding its cultural and health consequences. They also had a strong appreciation for the role of education in reshaping perceptions of FGM. This showed that more effective educational programs and community-based approaches that emphasize the importance of education in challenging the practice of FGM should be encouraged.

The overall low intention to discontinue FGM highlighted the necessity for more community-based interventions for absolute abolishment. These initiatives should not only address the health risks associated with FGM but also work to dismantle the personal beliefs of the male protégés about this harmful practice. This way, the practice of FGM can be eradicated in these communities.

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Authors' Contribution

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Competing Interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Ethical Approval

This study was reviewed and approved by the University College Hospital, Ibadan, Nigeria (UCH) (Approval No: 24/0092); and the Oyo State Primary Healthcare Board.

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