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ANALYSIS OF INFORMATION SOURCES, KNOWLEDGE AND ATTITUDE OF GBONGAN RESIDENTS (OSUN STATE) TOWARDS FEMALE GENITAL MUTILATION

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ABSTRACT

This research investigated the information sources, knowledge, and attitudes of Gbongan residents towards female genital mutilation (FGM). Employing a mixed-method design that integrates a survey with in-depth interviews, the study utilized a questionnaire and interview moderator's guides to collect both quantitative and qualitative data. The analysis involved simple percentage calculations, correlation assessments, and thematic analysis. The findings underscore the prevalence of interpersonal communication sources as the most widely used and accessible channels for acquiring information on FGM among the Gbongan residents. Despite a high level of awareness about FGM, the study revealed a noteworthy gap in knowledge concerning the associated dangers and consequences. Paradoxically, residents expressed support for FGM, considering it a social convention, indicating a sustained prevalence of the practice. Crucially, the study establishes a positive correlation between information sources on FGM and both knowledge ($p= 0.000 < 0.05$) and attitude ($p= 0.005 < 0.05$) towards the practice. The results suggested that leveraging interpersonal sources such as social groups, traditional and village leaders, family networks, extension workers, village/town hall meetings, schools, and health workers is pivotal for effectively sensitizing the community against this harmful practice. The implications of these findings are discussed, emphasizing the need for targeted interventions and community engagement strategies to address the prevailing knowledge gaps and support for FGM among Gbongan residents.

Keywords: *Information Sources, Knowledge and Attitude of Gbongan Residents, Female Genital Mutilation*

INTRODUCTION

Female genital mutilation (FGM) is a socio-cultural problem affecting many societies in the world today. Nkwam-Uwaoma, Ojiakor, and Onovo (2019) note that FGM is performed for various reasons that cut across religions and cultures in many communities under the misguided notion that it will be advantageous for the girl child. This detrimental tradition of FGM originates from the historical practices of certain communities, despite the adverse effects it inflicts on the health of women and girls.

The World Health Organization (WHO) reported that over 140 million women and girls have experienced various manifestations of Female Genital Mutilation (FGM). Furthermore, it is estimated that on an annual basis, approximately 3 million girls are exposed to this detrimental traditional custom (Mather & Feldman-Jacobs, 2016; WHO, 2023). Based on prevailing birth statistics, it may be inferred that around two million girls are susceptible to various forms of female genital mutilation annually.

FGM is an egregious infringement of the fundamental rights of children. However, across the African continent, there is a persistent occurrence of these detrimental behaviours among girls and women. The continent harbours a population of over 130 million child brides, with almost 140 million females who have had female genital mutilation. More than 40 million females in Africa have been subjected to various forms of harmful behaviours. On a global scale, Africa has the greatest prevalence rates for each of these behaviours. The incidence of these phenomena exhibits significant variation across the continent, with differences seen at the regional, national, and even communal levels, depending on the specific context in which a girl is situated. The progress gained in eradicating these detrimental practices has a varied pattern. Notably, several African nations have achieved commendable strides in safeguarding the rights of girls and women. However, in other regions, significant efforts are still required to address the prevailing challenges (UNICEF, 2022; Asteray, Ben, Billie & Gedefaw, 2023). According to Annika (2020), FGM is a detrimental customary practice that exhibits significant prevalence in over 28 African nations, alongside select places in the Middle East and Asia. FGM is often conducted on female individuals who are below a certain age of 15; however, adult women may sometimes be exposed to this practice (WHO, 2022).

In Nigeria, Female Genital Mutilation (FGM) is a predominant cultural practice among many tribes. It is a practice that has long been entrenched within the socio-cultural and theological aspects of African societies, persisting as a customary tradition throughout several tribes throughout history. Despite having been subject to criminality in some African nations, the practice persists, mostly justified under the banner of cultural heritage and traditional norms (Shakirat, Alshibshoubi, Delia, Hamayon, & Rutkofsky, 2020; Adeniyi, Imran, Yusuf, Olushola, Erhabor, 2021; Satang, & Adamson, 2019).

Annika (2020) stated that findings from the National Demographic Health Survey (NDHS) conducted in Nigeria have determined that the national prevalence rate of Female Genital Mutilation (FGM) is 24% among females aged 15-48 years. The majority of individuals subjected to FGM experienced the procedure from infancy to adolescence, namely between the ages of 0-15. The duration of the treatment normally ranges from several weeks after birth until the onset of puberty. Moreover, it has been stated that the prevalence of female genital mutilation (FGM) is significant among Yoruba women, with a rate of 55%, and among Igbo women, with a rate of

45%, within the context of Nigeria. Adeniyi et al. (2021) further ascertained that the perpetuation and prevalence of FGM in Africa may be attributed to several factors, such as deep reverence for cultural traditions and the subjugation of women in society. The cessation of FGM in Africa requires proactive community involvement to effectively address the perpetuation of this detrimental cultural tradition.

In agreement, Gajaa, Wakgari, Kebede, and Derseh (2016) further ascertained that based on findings from the National Demographic Health Survey (NDHS) conducted in Nigeria, a significant proportion of females aged 15-48, namely 24%, had experienced the practice of FGM. The majority of individuals subjected to this harmful procedure were subjected to it from infancy to adolescence, specifically between the ages of 0-15. The findings of their research indicate that a significant majority of women who have had circumcision experienced the surgery before reaching the age of five. Additionally, a small proportion of 4% suffered circumcision between the ages of five and nine, while 5% were circumcised between the ages of ten and fourteen. Furthermore, 7% of women were subjected to circumcision at the age of fifteen or older. Over 200 million women and girls have experienced FGM globally, exposing them to a range of potential health issues (Rabiepour, & Ahmad, 2023).

Individuals who advocate for FGM see it as a means of preserving ethnic and gender identity, safeguarding femininity, upholding chastity, securing family honour, maintaining cleanliness and good health, and ensuring marriageability (Shakirat et al., 2020). Nevertheless, this particular practice is often seen as generally inappropriate due to its infringement upon the physical and psychological integrity of girls' sexuality, constituting a form of assault against them (IvyPanda, 2021). There are no acceptable reasons that justify FGM but expose a girl to health hazards (Nkwam-Uwaoma et al., 2019).

In addition to the implementation of legislation aimed at criminalizing the detrimental act of FGM, several initiatives and awareness programs have been launched to combat this practice. The primary objective of these efforts is to enhance public consciousness of the detrimental consequences of FGM on the physical and psychological well-being of females. Additionally, these initiatives seek to encourage the discontinuation of this practice (McCauley & Broek, 2019; WHO, 2023). This is done in recognition of the roles of the media in conveying messages and influencing the audience in social behavior change.

The media play crucial roles in informing and educating women about diseases and health-risk behaviours such as engaging in FGM. The significance of media in facilitating health promotion efforts and disseminating health-related information is paramount. Various forms of media assume a substantial role in disseminating information aimed at enhancing public health, fostering consciousness about health concerns, and encouraging health-promoting activities. The media serves as a forum for facilitating public discourse and deliberation on health-related issues. It plays a crucial role in holding governments and decision-makers responsible for their actions in the realm of health. Additionally, the media assumes the responsibility of reporting on health crises in a responsible and truthful way (WHO, 2022; Stellefson et al., 2022; Ghahramani et al., 2022).

Joseph et al. (2019) posited that media campaigns targeting Female Genital Mutilation (FGM) have been a substantial component of endeavours aimed at addressing and mitigating the prevalence of this practice inside Nigeria. The effect of these programs, especially in rural areas, has been shown via research. A research investigation done in Enugu State, Nigeria, aimed to assess the effects of media campaigns targeting FGM in rural regions. The study found that these

efforts have played a significant role in enhancing knowledge and shaping societal perspectives about the practice of FGM.

Despite global concerns, awareness, and campaigns, FGM prevalence remains high in Nigeria, hindering its abandonment, especially among people living in rural areas (Ibrahim, 2023). By residence, girls born in rural areas are more prone to FGM than their counterparts in urban areas (Kashiwase, 2019). This might be because the media and the medium through which these advocacy and campaign messages are shared are usually sponsored by the government, international health bodies, extension health workers, and non-governmental organizations, and they do not necessarily reach the rural settlers. Given this background, this research will investigate the relationship between information sources and the knowledge and attitude of Gbongan residents in Osun state towards FGM.

Gbongan town in Osun state, a South Western State in Nigeria, was selected as the main focus of this study. Data from the United Nations Population Fund show that Osun state has the highest burden of FGM in Nigeria at 76.3%, indicating that 76 in 100 women undergo FGM in the state (TheCable, 2016). Gbongan town is regarded as one of the rural areas with a prevalence of FGM in the state. The objectives of this study are:

1. To identify the information sources on FGM that Gbongan residents are exposed to
2. To assess the knowledge and attitude of Gbongan residents towards FGM
3. To examine the relationship between information sources on FGM and knowledge and attitude towards FGM among Gbongan residents.

METHODOLOGY

This study adopted a mixed methods approach, employing both qualitative (in-depth interviews) and quantitative (surveys) methods to generate and analyze data, ensuring the robustness of the collected data and complementary results between the two methods. The study population comprised residents of Gbongan town in Osun State, which, according to the 2006 population census, has a population of 167,254. The choice of the population in Osun State is due to the fact that it has the highest prevalence of FGM in Southwest Nigeria. Reports indicate that the prevalence of FGM is higher in rural areas than in urban areas, hence Gbongan town was selected as the study area. Using the Survey Monkey Sample Size calculator at a 95% confidence level and a 0.5 margin of error, an estimated sample of 384 respondents was selected for the survey, while 20 participants were interviewed. Multi-stage, stratified, simple ballot, purposive, and convenience sampling techniques were employed to select the participants.

The research instruments used were a questionnaire and an in-depth interview guide. The questionnaire contained only closed-ended questions. It was constructed in English and interpreted into Yoruba for participants who did not understand the English language. The interviews were conducted in both Yoruba and English. The two sets of data were analyzed separately in both qualitative and quantitative terms, and the results from the two analyses were compared to gain in-depth knowledge of the findings of the study.

RESULTS

The socio-demographic distributions of respondents are presented in table 1. The table shows that both genders are adequately represented in this study, even though female participants are more. The majority of the participants are between the ages of 18 and 49 years (66%). Over half of the participants are married there are more farmers among the respondents than other occupations. The majority of the participants are not educated beyond secondary school. These results indicate that Gbongan is a rural community.

Table 1: Demographic Characteristics of the Respondents

Variable	Categories (N=384)	Frequency	Percentage (%)
Sex	Male	162	42%
	Female	222	58%
	Total	384	100%
Age	18 – 33	169	44%
	34 – 49	162	42%
	50 – 65	29	8%
	66 and above	24	6%
	Total	384	100%
Marital Status	Single	152	40%
	Married	201	52%
	Divorced	24	6%
	Widowed	7	2%
	Total	384	100%
Religion	Christian	194	51%
	Muslim	154	40%
	Traditional African Religion	26	6%
	Others	10	3%
	Total	384	100%
Level of Education	NCE/OND	22	5%
	HND/BSC/BA	26	8%
	MSc./PhD	16	5%
	Others	237	61%
	Total	384	100
Occupation	Student	28	7%
	Civil Servant	47	12%
	Farmer	225	59%
	Others	84	22%
	Total	384	100%

Analysis of Responses

This section contains the answers to the research questions. The various research questions are presented together with data analysis and discussion of findings. Data from the survey and interview were used to proffer answers to the questions.

Information Sources on FGM among Gbongan Residents

The first objective of this research aimed at identifying the information sources on FGM residents of Gbongan community are exposed to and how often they are exposed to FGM messages from the information sources. This question will be answered by the data collected from the first survey and in-depth interviews.

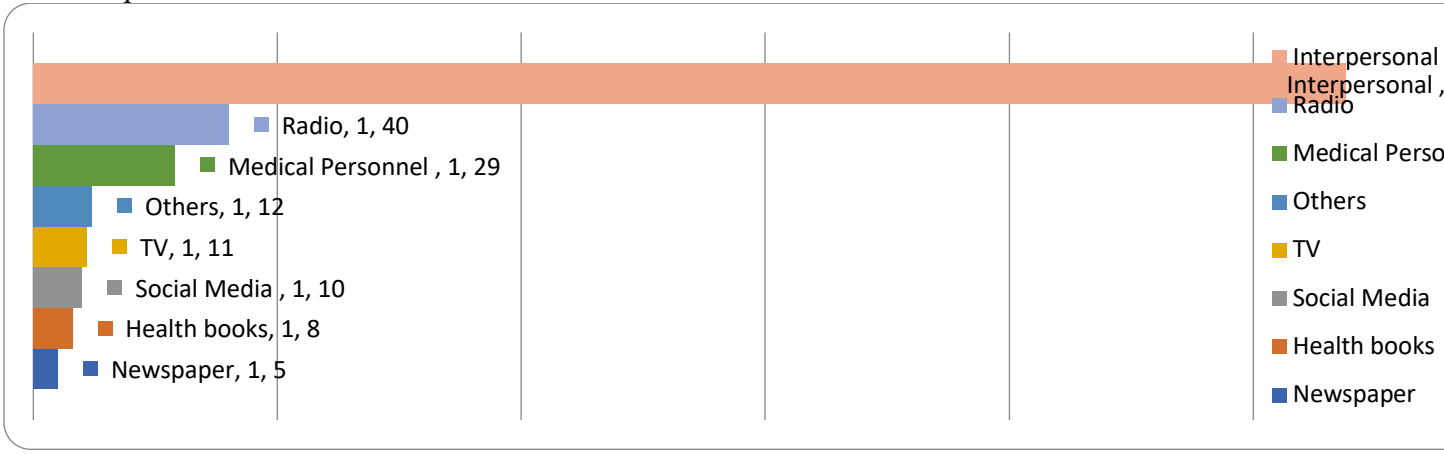


Figure 1: Respondents' Information Sources on FGM

Figure 1 shows the first source of information on FGM. Interpersonal sources such as family and friends featured prominently at 70 %. Family members served as the highest source for receiving information among Gbongan residents at 66%.

Also, we sampled Gbongan residents' opinions regarding their primary sources of information on Female Genital Mutilation (FGM). The results revealed that 59% of the respondents said interpersonal channels, particularly information obtained from family members, followed by those who said friends (14%). Among conventional media sources, radio and magazines emerged as the most prominent. The findings were further reinforced by data obtained through in-depth interview sessions, providing additional context to the survey results. For instance, a male participant in his 60s shared his perspective:

> I have always gotten news about FGM from my family lineage. I come from a traditional Yoruba family and female children have always been circumcised by our traditional cutters called '*akomola'*. I am in my sixties and my younger sisters were circumcised. I also circumcised my three daughters.

Supporting the view above, another interviewee, 37 years old female petty trader in Gbongan, stated:

> This is not my first time hearing about FGM, it was performed on me. My grandmother told me I was cut so as to stop me from being wayward and promiscuous. I had my children in a traditional birth attendant's house and my daughter was circumcised. As I did not become wayward, my daughter will also not turn out wayward.

Supporting the aforementioned viewpoint, a male student participant in his thirties contended that Female Genital Mutilation (FGM) is a commendable tradition. He shared that a relative, who recently gave birth a few days before the interview, opted for the circumcision of the newborn.

Furthermore, he noted that grandmothers craftily arrange for the circumcision of their granddaughters by taking them to traditional birth attendants. Additionally, a female civil servant aged 50, asserting her roots in a traditional Yoruba family, expressed her perspective:

> I was circumcised as a child. My mother told me I was circumcised and I should expect "tears" as a part of delivery issues. I relocated during my first pregnancy with my husband, so we were told during antenatal by nurses not to cut our baby girls. So, I did not because they said it was bad.

Another female interviewee, 25 years of age, mentioned:

> I hear radio jingles warning against the practice of FGM. They said it is bad on the radio and not good for the health. They also say it is in the hospital during antenatal. I was circumcised, my mother told me and I also had "tears". But I did not circumcise my daughters since they said it was bad on the radio.

The analysis suggests that the primary conduit for information on FGM among Gbongan residents is interpersonal sources such as family and friends, followed by radio and medical personnel. This finding is likely attributable to the grassroots character of the community, where interpersonal relationships and communal living play a prominent role. The prevalence of interpersonal sources is attributable to the community's grassroots nature, fostering interconnectedness among its residents. Consequently, these communication avenues are anticipated to play a pivotal role in disseminating information and educating the populace. Scholars argue that community members should actively contribute to the dissemination of information and raising awareness about the adverse effects associated with FGM (Dalal et al., 2018; Meghan, 2015).

This study aligns with earlier research by Donn et al. (2017), affirming a correlation between interpersonal communication and health intentions and actions. Interpersonal communication channels are deemed essential in the dynamic interplay between health campaigns and individuals' health practices, significantly influencing social acceptability and processing of health-related information (Chichirez & Purcărea, 2018; Duggan & Street, 2015). Therefore, when examining the moderating role of health messages on issues like FGM, interpersonal communication channels must be considered.

Radio emerges as the second most prevalent source of information on FGM in the study. Recognized as a prominent medium in rural areas, radio possesses the capacity to disseminate campaign messages effectively to grassroots communities. This medium facilitates inclusivity in health information dissemination (Rosanna et al., 2015; Steven, 2021).

Knowledge and Attitude towards FGM among Gbongan Residents

We investigated the knowledge level of female genital mutilation among Gbongan residents and its accompanying health consequences. Data presented in Table 2 show majority of the respondents did not see FGM as a health-risk practice for women and girls. It also showed that the misconceptions about the unhealthy practice permeate among Gbongan residents. We also found that 260 (67%) of the respondents did not agree that FGM is against the law, despite existing laws criminalising the practice in Nigeria.

Table 2: Knowledge of Respondents towards FGM

Statements	SA	A	U	D	SD	TOTAL
FGM is against the law	38	37	49	243	17	348

	10%	10%	13%	63%	4%	100%
FGM is a rite of passage for girls into womanhood	215 56%	52 14%	28 7%	67 17%	22 6%	348 100%
FGM causes health complications such as bleeding, infection	33 9%	21 5%	49 13%	237 62%	44 11%	348 100%
FGM can cause sexual problems	24 6%	31 8%	50 13%	225 59%	54 14%	348 100%
Difficulty during childbirth is a consequence of health of FGM	8 3%	231 60%	43 11	55 14%	47 12%	348 100%
FGM is good for the health	36 10%	159 41%	132 34%	31 8%	26 7%	348 100%

Table 3 provides insights into the attitudes of the residents of Gbongan towards the practice of female genital mutilation (FGM). The majority, constituting 67% (274 individuals), viewed FGM positively, considering it a beneficial practice for women. This inclination towards FGM was accompanied by a prevailing positive attitude, with many perceiving the practice as a means to control promiscuity and safeguard the chastity of women and girls. Consequently, a significant proportion of respondents did not endorse the criminalization or eradication of FGM.

Table 3: Attitude of Respondents towards FGM

Statements	**SA**	**A**	**U**	**D**	**SD**	**TOTAL**
FGM is a good practice	227 60%	47 12%	17 4%	53 14%	40 10%	384 100%
FGM curbs promiscuity	169 44%	9 4 24%	47 12%	34 9%	40 11%	384 100%
FGM improves fertility	16 4%	41 11%	257 67%	31 8%	39 10%	384 100%
FGM encourages virginity/chastity	45 12%	237 62%	34 9%	28 7%	40 10%	384 100%
FGM should be criminalized	28 7%	19 5%	68 18%	238 62%	31 8%	384 100%
FGM should be eradicated because it violates human rights	49 12%	25 7%	25 7%	233 61%	52 13%	348 100%

The in-depth interviews conducted further substantiated the survey findings, revealing widespread support for FGM among Gbongan residents. The interviews underscored the perception of FGM as a customary and normative procedure for circumcising women. However, a noteworthy revelation emerged, indicating that many respondents refrained from openly expressing their true opinions on FGM. One interviewee elucidated that residents tended to withhold such sensitive information about FGM to avoid implicating their neighbours. This awareness suggests that, despite existing warnings against FGM, the practice persists among community members. A male farmer in his 40s, interviewed as part of the study, offered insight into this reticence, highlighting the delicate nature of discussions surrounding FGM within the community.

> **"**I know of FGM very well. In fact, I am from a lineage of *'Oloolas'* (traditional cutters). FGM is a normal practice for us here. It is really no different from the one we do with our boys. It is usually from the day of birth to eight days or whenever it is chosen to be performed".

His responses indicate that FGM is seen as a norm in the community and it is supported by a large majority of them. Supporting this, another interviewee, a middle-aged female said:

> Everybody here knows FGM very well, at least from family, friends, relatives, or clinics, someone may have heard about it. It makes a woman healthy. Nothing is wrong in doing it at all. My mother is a cutter and so far no complaints from any parent about the ill-health of their daughters. Instead, it makes girls less promiscuous and faithful to their partners.

FGM is considered a convention in Gbongan town. Responses show that people are aware of the campaigns against the age-long practice but they stick to it due to the misconceptions that FGM is done to induct girls into womanhood and to prevent them from being promiscuous. This is established by two old, retired couples. They said:

> "We know about FGM, it is not a bad thing. We have been practicing it for long. It is a custom passed down to us by our forefathers. They had the reason for passing it down to us, we will also maintain it. It stops female children from prostitution. It has no negative health issues. I circumcised my daughters and I will also support my female grandchildren to be circumcised too.

However, it was observed that very few interviewees did not attribute the purpose of curbing promiscuity to FGM. One male interviewee candidly stated that FGM might not effectively deter women from engaging in promiscuous behaviour. A parallel sentiment was echoed by a female interviewee, who disclosed, "I *am familiar with FGM. I underwent the procedure, but I chose not to subject my three daughters to it because they conveyed that it is undesirable*."

Both the survey and in-depth interview findings revealed that participants are aware of FGM and the campaigns against the practice but consider it a traditional practice beneficial to women. Consequently, a substantial majority of participants view FGM not only as a customary ritual but also as a positive and essential practice for female children within the cultural context. This underscores the entrenched belief in FGM as a perceived necessity for the well-being of female children in the community.

This finding resonates with Mohamed (2021) and Melese et al. (2018), suggesting that individuals with knowledge about the physical and psychological health hazards associated with FGM tend to adopt a negative attitude towards the cultural practice. The limited knowledge among Gbongan residents can be attributed to the rural nature of the community and a relative lack of civilization among its inhabitants. Compared to urban centres with access to diverse information channels on FGM, rural communities, such as Gbongan, are expected to have lower levels of knowledge (Joseph et al., 2019).

Despite the Nigerian Bureau of Statistics report (2016-2017) indicating that a majority of women oppose the continuation of Female Genital Mutilation (FGM), a prevalent belief persists in Gbongan among both men and women, considering it a customary practice for females. This aligns

with the Social Convention Theory, which posits that individual actions are interconnected, requiring coordinated change within interdependent networks. The high incidence of FGM in Gbongan underscores the urgency of implementing recommendations by Shell-Duncan et al. (2011), advocating interventions that target women's intergenerational social networks, encompassing both genders. This finding echoes Mackie's (2000) assertion that addressing FGM requires coordinated efforts within interconnected social networks.

This study aligns with UNICEF's (2022) recommendation for a normative social approach to understanding the societal mechanisms sustaining FGM. The Social Convention Theory underscores the need to shift societal expectations within interconnected communities to eradicate FGM. The study emphasizes that changes in behavior may not occur solely through educational campaigns but require a transformation in societal conventions. Shared societal norms in Gbongan create challenges for individuals or households attempting to independently reject FGM.

Relationship between exposure to information sources and knowledge and attitude towards FGM

This study also examined the relationship between exposure to information sources on FGM and knowledge and attitude toward female genital mutilation among Gbongan residents.

Table 4 elucidates the correlation between information sources on Female Genital Mutilation (FGM) and the respondents' knowledge and attitudes. The findings underscore that the channels through which individuals acquire information about FGM significantly impact their knowledge ($p= 0.000 < 0.05$) and attitude ($p= 0.005 < 0.05$) towards this practice. In essence, the sources of information on FGM wield a substantial influence over the respondents' understanding and perspectives regarding female genital mutilation. A more detailed examination revealed that a majority of respondents who accessed information on FGM through radio and television acknowledged the health complications and dangers associated with the practice. Similarly, all respondents (100%) who consulted health books concurred that FGM poses numerous health risks for women. Conversely, a significant proportion of those who received information through interpersonal sources believed that FGM does not lead to any health complications for women.

Table 4: Relationship between exposure to information source and knowledge and attitude towards FGM

Variables	Df	Chi-square	p-value	Decision
Knowledge	28	158.839	0.000	Significant
Attitude	28	51.112	0.005	Significant

Significant level = 0.005

These trends were further validated by insights obtained from the in-depth interviews. A 50-year-old female civil servant, hailing from a traditional family, affirmed this connection between information sources and attitude towards FGM:

> I was circumcised as a child. My mother told me I was circumcised and I should expect “tears” as a part of delivery issues. I relocated during my first pregnancy with my husband, so we were told during antenatal by nurses not to cut our baby girls. So, I did not because they said it was bad.

Another female interviewee, 25 years of age, also said that she heard that FGM is bad through the radio and in the hospital and this made her not to circumcise her daughters. According to her:

> I hear radio jingles warning against the practice of FGM. They said it is bad on the radio and not good for the health. They also say it is in the hospital during antenatal. I was circumcised, my mother told me and I also had “tears”. But I did not circumcise my daughters since they said it was bad on the radio.

From the findings, it can be inferred that information sources on FGM have a positive influence on knowledge and attitude towards the practice. This underscores the need to channel education and sensitization on FGM through channels that can influence the attitude of the people towards the practice. Additionally, the research establishes a positive correlation between information sources and FGM prevalence in Gbongan. The community's close-knit nature emphasizes interpersonal communication sources over other media.

Interpersonal sources, influencing beliefs passed down through generations, contribute to the high FGM prevalence. Relationships play a crucial role not only as communication networks but also as sources of social pressure and support for individual values. This aligns with the Two-Step Flow Theory, asserting that interpersonal relationships significantly influence adherence to group norms and provide social support. Exposure to various information sources, be it interpersonal or mass media, induces social pressure shaping values, opinions, and attitudes. Mallinson & Hatemi's (2018) research further supports this, demonstrating the profound impact of information sources on people's opinions and attitudinal changes.

CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study, it can be inferred that the sources of information to which individuals are exposed exert a significant influence on their knowledge and attitudes toward FGM. Notably, the prevalence of interpersonal communication channels among Gbongan residents has rendered anti-FGM campaigns less effective, as beliefs about FGM are transmitted primarily through these channels. In light of these observations, it is recommended that government authorities and interventionists leverage interpersonal sources, such as social groups, traditional and village heads, family members, extension workers, village/town hall meetings, schools, and health workers, to raise awareness and advocate against FGM. These information sources should be particularly emphasized within local communities. The study uncovered a considerable lack of awareness among many residents regarding the negative consequences of FGM. Therefore, there is a pressing need to educate Gbongan residents about the health risks associated with practicing FGM, especially through influential figures and opinion leaders within the community.

It is essential to acknowledge the study's limitations, as its scope is confined to the Gbongan community. Consequently, the responses obtained may not be universally applicable to the entire Osun State. Future studies should be conducted in diverse areas within the state to provide a more comprehensive understanding of the attitudes and knowledge surrounding FGM across various communities.

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