
Prevalence and Determinants of Female Genital Mutilation Practices among Mothers in Oyo State

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ABSTRACT

This study examined the prevalence and determinants of female genital mutilation practices among mothers in Oyo State. The Health Belief Model (HBM) and Theory of Planned Behaviour guided the study. A cross-sectional research design was employed. A mixed study involving both quantitative and qualitative research approaches was adopted. A sample size of 1143 mothers was selected using a multi-stage sampling procedure. Knowledge, Attitude, and Prevalence of Female Genital Mutilation Questionnaire (KAPFGMQ) and an interview guide were data collection instruments. Results showed the prevalence level of FGM practice stood at 49.6% and the non-prevalence level of FGM at 50.4%. More than half of the mothers have a good knowledge of female genital mutilation (FGM) practice, while 47.8% have poor knowledge of FGM. A majority (82.7%) showed a weak attitude towards FGM practice. There was a significant relationship between mothers' knowledge of FGM and the prevalence of FGM. There was also an insignificant relationship between mothers' attitudes towards FGM and the prevalence of FGM. It concluded that mothers' knowledge of FGM could be responsible for the declining prevalence of FGM in Oyo State communities. It recommended a regular campaign against FGM to enlighten mothers.

Keywords: *Knowledge, Attitude, Prevalence, Female Genital Mutilation*

1. INTRODUCTION

Female genital mutilation (FGM), which is the partial or total removal of the external female genitalia for cultural and non-therapeutic reasons, is highly prevalent worldwide (Famuyiwa, 2017). Over 130 million girls and women are estimated to have undergone FGM worldwide. Between 100 and 140 million women have their genitals mutilated



(Nwaokoro et al., 2016). FGM is practised in 28 and several Asian countries (Njoku et al., 2020). The highest prevalence rates are found in Somalia and Djibouti (Odukogbe et al., 2017). An estimated three million girls in Africa are at risk of FGM annually. In Nigeria, the prevalence ranges from 31.3-36.2% reported among pregnant women (Obi & Igbinadolor, 2018).

FGM is more common among the Yoruba and Igbo ethnic groups (Famuyiwa, 2017; Adebowale-Tambe & Olufemi, 2019; Gbadebo et al., 2021). Over 54.1% of women of childbearing age in Oyo State have their genitals mutilated (Olaitan, 2022). The prevalence of the practice in Oyo State remains significant (Adebowale-Tambe & Olufemi, 2019; Olaitan, 2022). There was thus the need to find out what could be the determinants of the prevalence of FGM in these communities in a bid to find lasting solutions. This study ascertains whether the knowledge and attitude of mothers are determinants of FGM prevalence in Oyo State communities.

Mothers' knowledge is their level of understanding, familiarity, and awareness of FGM practice, its method of operation and the health consequences on the victims are acquired through experience or education by perceiving, discovering, or learning (Nwaokoro et al., 2016; Robinson et al., 2022). Mothers' knowledge of FGM practice could be good (this means they know its benefits and health consequences) or poor (this means they have little or very little knowledge about the practice, its benefits and health consequences). A mother who does not know much about the practice may allow her daughter to undergo the procedure.

Prior studies closely related to the level of knowledge and FGM prevalence have yielded mixed reports. Famuyiwa (2017) revealed that 68% of women have heard of the FGM practice. Ndikom et al. (2017) revealed full knowledge of FGM practice among mothers in Ibadan North LGA. Oladimeji (2019) showed that 60% of women in a community in Osun State know about FGM while 40% do not know. However, Robinson et al. (2022) revealed low knowledge of FGM practice among young girls in South-West Nigeria.

Mothers' attitude is acquired and psychological variables, mental states achieved through life experience, and a series of beliefs that predispose them to behave in a particular way towards FGM practice (Krischler & Pit-ten, 2019). Mothers' attitudes towards FGM practice could be positive or negative. A mother with a positive attitude towards FGM would support the practice and likely undergo it if she has not, and also willingly allow her daughter (s) to undergo the practice. However, mothers with negative attitudes towards the practice would reject the practice. They would neither undergo the procedure nor allow their daughters. Prior studies related to attitude and FGM prevalence have also yielded various reports. Statista Research Department (2022) showed that women (42%) who were circumcised were more likely to believe that female genital mutilation practice should continue compared to women (13%) who were not circumcised. It shows a positive attitude of women who are circumcised towards FGM. Olopha (2020) revealed that the women of

childbearing age in Ibadan Metropolis, Oyo State, Nigeria, have a positive attitude towards FGM; they are in support of the practice of FGM. Ozuri (2021) revealed an insignificant relationship between the attitude of mothers and female secondary school students and the practice of female genital mutilation in Delta State. However, Aderibigbe et al. (2018) revealed a negative attitude towards FGM practice among adults in the Ilorin metropolis, Nigeria.

Given the crucial role of mothers' knowledge and attitude and their prospective influence on FGM in Oyo State, it was imperative to explore the relationship between knowledge, attitude, and prevalence of FGM among mothers. This study examines the complex interplay between mothers' knowledge, attitudes, and prevalence of FGM. The findings inform the development of evidence-based interventions and recommendations for mothers, the government, and FGM-prevalent communities.

Statement of the Problem

Female genital mutilation practice is highly prevalent in some communities in Oyo State, Nigeria. Those who hide their children or even run away with them so as not to undergo this barbaric act are blackmailed to bring the children back home to carry out rites or risk being excommunicated and ostracized or even called bastards (Adebowale-Tambe & Olufemi, 2019). The knowledge and attitudes of mothers in these communities could be determinants of FGM as the procedure is carried out by women who also happen to be traditional circumcisers. Mothers with a low level of knowledge of FGM practice, its benefits (if any) and health risks would allow themselves and their daughter (s) to undergo the procedure without being aware of the short- or long-term consequences of the practice. Also, mothers with positive attitudes towards the practice would likely support it and willingly allow themselves and their daughter(s) to undergo the procedure. However, women with negative attitudes would not favour or support the practice. This study sought to contribute by investigating the interplay between mothers' knowledge, attitudes, and prevalence of FGM in Oyo State.

Objectives of the Study

This study aimed to investigate the prevalence and determinants of female genital mutilation practices among mothers in Oyo State. The specific objectives were to:

1. Identify the level of prevalence of female genital mutilation practice in Oyo State.
2. Examine the level of mother's knowledge as a determinant of female genital mutilation practice in Oyo State.
3. Explore the level of mother's attitudes as a determinant of female genital mutilation practice in Oyo State.

Hypothesis

H₀₁: There will be no significant relationship between mothers' knowledge and the prevalence of female genital mutilation in Oyo State.

H₀₂: There will be no significant relationship between mothers' attitudes and the prevalence of female genital mutilation in Oyo State.

Significance of the Study

This study is significant in that it will create more awareness of the prevalence and determinants of female genital mutilation practices among mothers in Oyo State. The findings of the study would be of immense benefit to mothers, prevalent FGM communities in Oyo State and researchers. The findings of the study would make mothers in the communities aware of the prevalence of FGM and how their knowledge and attitude may be influencing it in Oyo State. Prevalent FGM communities could use these findings to ensure that mothers are enlightened about the dangers of FGM and made to have negative attitudes towards the practice. It would lower the prevalence of FGM in the communities. The study findings could be a reference point for researchers in this endeavour.

Scope of the Study

The scope of this study covered the prevalence and determinants of female genital mutilation practices among mothers in Oyo State. The 'variable scope' covered three variables (prevalence of FGM, mothers' knowledge and attitude towards FGM). The geographical scope covered major communities in three (3) local government areas across the three senatorial districts of Oyo State, where FGM is still highly prevalent. These local governments are - Oyo West LGA in Oyo Central Senatorial District; Kajola LGA in Oyo North Senatorial District; and Ibadan North LGA in Oyo South Senatorial District. The population scope covered mothers who have at least a daughter alive in the above local government areas in Oyo State.

THEORETICAL REVIEW

This study was anchored on the "Health Belief Model (HBM)" and "Theory of Planned Behaviour (TPB)".

Health Belief Model (HBM)

The HBM was developed in the 1950s by social psychologists working at the United States Public Health Service to explain why many people did not participate in public health programs such as TB or cervical cancer screening. The theory states that people's perception and awareness or knowledge about the benefits and consequences of various health programs determine participation or not (Hochbaum, 1958). The components of the health

belief model include perceived susceptibility, perceived benefits, perceived barriers, self-efficacy, expectations (which are the product/sum of perceived benefits, barriers and self-efficacy), and cues to action (Adeline et al., 2019).

Theory of Planned Behaviour (TPB)

The theory of planned behaviour (TPB) proposed by Ajzen in 1991 is the theory of reasoned action. TPB outlines relationships among personal attitudes towards behaviour, subjective norms, perceived behavioural control, intention, and behaviour. According to the theory, behavioural intention is a function of attitude towards the behaviour, subjective norm, and perceived behavioural control. Behavioural intention with perceived behavioural control (as a proxy for actual behaviour control) can predict behaviour (Ajzen, 1991).

The Theory of Planned Behaviour (TPB) proposes that behaviour can be predicted by the strength of a mother's intention to behave in a particular way towards FGM practice. As a rule, the more positive the attitude and the subjective norm and the greater the perceived behavioural control, the stronger the mother's intention to engage in FGM practice. The stronger the mother's intention, the more she tries, and hence, the greater the likelihood of the mother carrying out FGM practice. Behaviours that are out of the mother's behavioural control, the intention to engage in a particular behaviour (FGM practice) is the strongest predictor of the actual behaviour (FGM practice) (Ajzen, 1991; Ajzen & Schmidt, 2020).

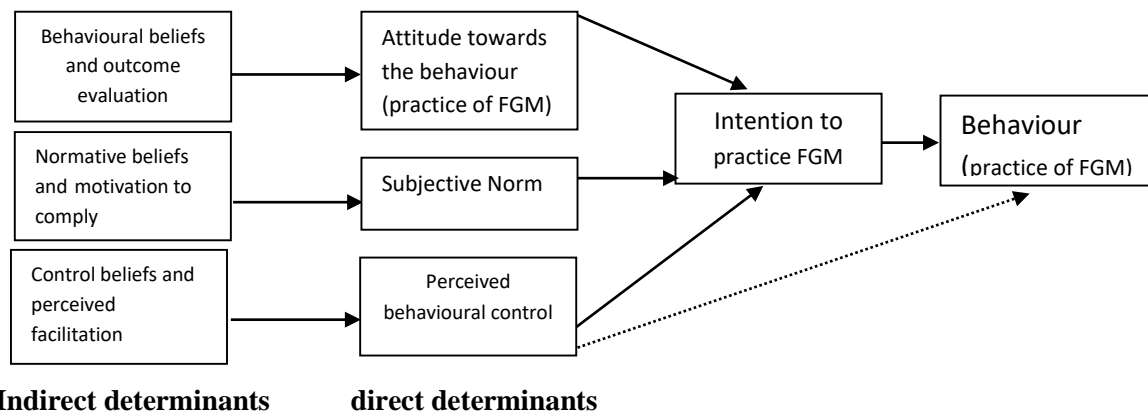


Figure 1: Theory of Planned Behaviour Model (*Source:* Ajzen, 1991)

CONCEPTUAL MODEL

The conceptual model shows the hypothesised relationship between mothers' knowledge, attitudes and prevalence of Female Genital Mutilation in Oyo State.

Independent Variables (X)

Dependent Variable (Y)

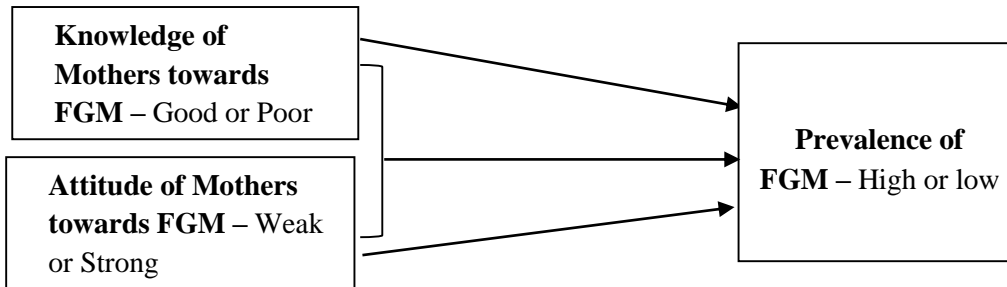


Figure 2: Conceptual Model (Source: Researcher, 2024)

METHOD

This study employed a cross-sectional design. The target areas comprised Female Genital Mutilation prevalent communities in three local government areas (Oyo West, Kajola and Ibadan North) of Oyo State scattered across the three Senatorial Districts as shown in Fig. 1.

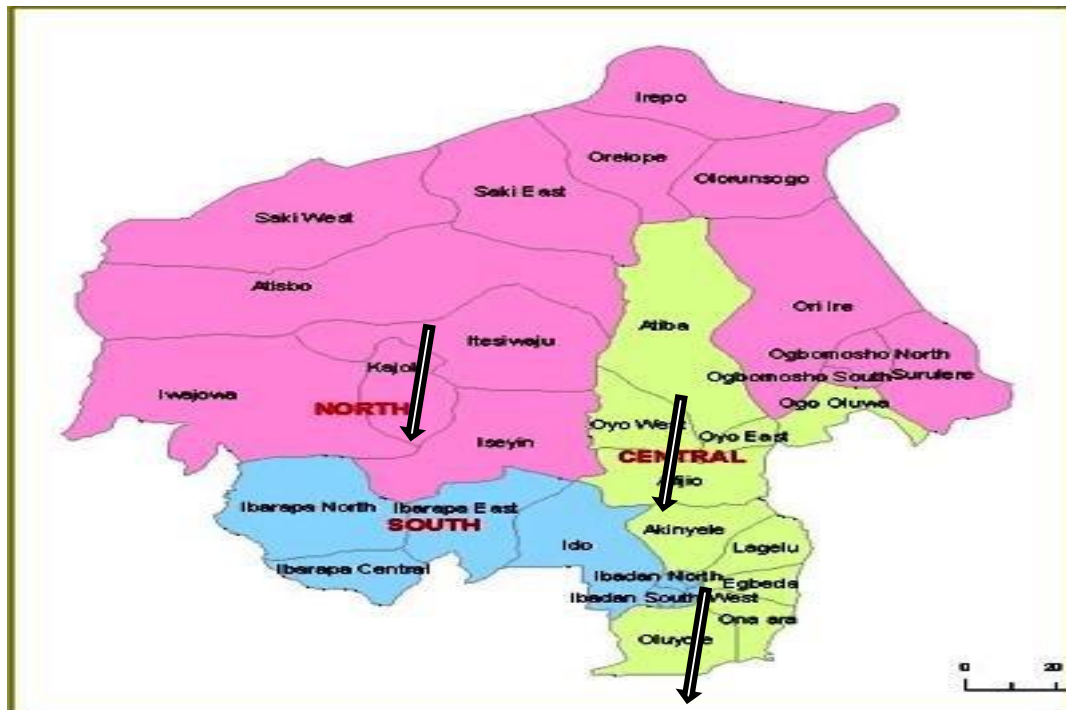


Figure 3: Map of Oyo State Showing the Study Areas. Source (Adagunodo et al., 2018)



One thousand, one hundred and forty-three (1,143) mothers were selected from the three LGAs using Krejcie and Morgan sample size determination formula as shown below:

$$s = \frac{X^2NP(1-P)}{d^2(N-1) + X^2P(1-P)}$$

where s = required sample size,

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level,

N = the population size

P = the population proportion (assumed to be .50 since this would provide the maximum sample size), and

d = the degree of accuracy expressed as a proportion (.05).

A multi-stage sampling procedure involving purposive, stratified and simple random sampling techniques was used to select the respondents. A self-constructed questionnaire titled Knowledge, Attitude and Prevalence of Female Genital Mutilation Questionnaire (KAPFGMQ) with rating scales of Yes (3); No (2); Undecided (1); I Don't Know (0) and Strongly Disagree (1) to Strongly Agree (4), and interview were for data collection. The instruments were validated using face and content validity. The questionnaire was subjected to Cronbach's Alpha for its reliability by administering it once to one hundred and fifteen (115) mothers excluded from the study. A reliability of 0.865 was obtained for EAHCFCGMQ and was reliable when subjected to the psychometric test. The instrument was distributed by the researcher and her assistants to the sampled mothers. The biodata of mothers were analysed using frequency and percentage. Research hypotheses were tested using Pearson product-moment correlation at a 0.05 significant level.

RESULTS AND DISCUSSION

Table 1: Demographic Data of Mothers

Demographic Variables	Frequency (n)	Percentage (%)
Age Group (Years)		
Less than 20	74	6.5
20-24	116	10.1
25-29	127	11.1
30-34	119	10.4
35-39	243	21.3
40-44	170	14.9
45-49	145	12.7
50 and above	149	13.0



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Religion		
Christianity	536	46.9
Islam	521	45.6
Traditional	86	7.5
Ethnicity		
Yoruba	911	79.7
Igbo	95	8.3
Hausa/Fulani	86	7.5
Others	51	4.5
Marital Status		
Married	1000	87.5
Separated	75	6.6
Co-habiting	43	3.8
Divorced	12	1.0
Widowed	13	1.1
Marital Type		
Monogamous	702	63.8
Polygamous	398	36.2
Total	1,143	100.0


Source: Fieldwork, 2024

Table 1 shows that a majority of the mothers (21.3%) are between the ages of 35 and 39 years, 46.9% are Christians by religion, 79.7% are Yoruba by ethnicity, and 87.5% are married and 63.8% are monogamous marital type. Many mothers (65.4%) are in nuclear family structure. Many (41.0%) respondents have secondary education as their highest education, 36.4% are into trading as an occupation, 28.0% earn within 41,000 to 60,000 monthly, 63.0% have a family size of 1-5, and 41.9% have two daughters. A few (37.4%) have young daughters between 0 months and 5 years old.

Table 2: Prevalence of Female Genital Mutilation

Variable	Frequency (n)	Percentage (%)
FGM is still carried out in my home		
Yes	284	24.8
No	704	61.6
Undecided	75	6.6
I Don't Know	80	7.0
FGM is a long-aged tradition in my family		
Yes	710	62.1

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No	305	26.7
Undecided	57	5.0
I Don't Know	71	6.2
The majority of females in my community have undergone FGM		
Yes	698	61.1
No	291	25.5
Undecided	70	6.1
I Don't Know	84	7.3
FGM is mandatory for females in my home and community		
Yes	295	25.8
No	725	63.4
Undecided	98	8.6
I Don't Know	25	2.2
All types of FGM practice is carried out in my community		
Yes	308	26.9
No	597	52.2
Undecided	115	10.1
I Don't Know	123	10.8
FGM is performed at an early age continuously in my community		
Yes	591	51.7
No	306	26.8
Undecided	114	10.0
I Don't Know	132	11.5

Source: Field Work, 2024

Table 2b: Overall Prevalence of FGM

Variable	Frequency	Percentage (%)
Prevalent (Yes responses)	567	49.6
Not Prevalent (No responses)	576	50.4

Source: Field Work, 2024

Table 2a shows the level of prevalence of female genital mutilation in Oyo State. Less than half (24.8%) of the mothers stated that FGM is still carried out in their homes. A majority (62.1%) responded that FGM is a long-aged tradition in their family. A major portion (61.1%) of the mothers noted that the majority of the females in their community

have undergone FGM. However, only 25.8% stated that FGM is mandatory for females in their homes and communities. 26.9% re-counted that all types of FGM is carried out in their community. More than half (51.7%) responded that FGM is performed at an early age continuously in their community. Yes and no responses were used to determine the overall level of prevalence of FGM in the communities as shown in table 2b. Overall, the prevalence level of FGM practice stood at 49.6% while the non-prevalence level of FGM stood at 50.4%. This shows that the prevalence of FGM was initially high but gradually declined in the communities.

Interview guide questions were also distributed to the mothers to ascertain qualitative responses on the level of prevalence of FGM in their community. Many mothers stated that FGM is reducing especially due to Western education. Many of them also stated that FGM practice is gradually declining. Some said it is little while some said it is plenty, much and bad. Many of the mothers gave 30% to the level of prevalence of FGM while others gave 20%, 35%, 40% and 50% to the level of prevalence of FGM.

Few mothers noted that FGM practice is increasing, plenty, high, bad, rampant and getting worse while some wrote that it is minimal, decreasing, average level and not many again. Very few stated that they could not say much about the level of FGM prevalence in the State.

One of the respondents said that:

“FGM practice seems to be eradicated little by little through various awareness programs and campaigns”

Another mother said:

“FGM practice is low because a lot of hospitals are against FGM practice. Therefore, there is general opposition against it from various corners”

Qualitatively, it can also be summarized that the level of prevalence of FGM in Oyo State is low or reducing probably due to education, awareness, and objection of hospitals (including doctors, nurses and health workers) to the prevalence of FGM in many communities.

Table 3a: Mothers’ Knowledge of Female Genital Mutilation

Variable	Frequency (n)	Percentage (%)
I know FGM		
Yes (correct)	612	53.5
No	192	16.8
I don’t Know	120	10.5
Undecided	219	19.2
There are different types of FGM		
Yes (correct)	497	43.5
No	189	16.5
I don’t Know	206	18.0
Undecided	251	22.0

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FGM is the removal of the erectile part of female genital		
Yes (correct)	601	52.6
No	273	23.9
I don't Know	110	9.6
Undecided	159	13.9
FGM is the tightening of the vagina		
Yes	235	20.6
No (correct)	613	53.6
I don't Know	128	11.2
Undecided	167	14.6
Clitoris will grow large like a penis if not removed		
Yes	187	16.4
No (correct)	654	57.2
I don't Know	133	11.6
Undecided	169	14.8
FGM is dangerous		
Yes (correct)	627	54.9
No	214	18.7
I don't Know	170	14.9
Undecided	132	11.5
FGM promotes hygiene		
Yes	389	34.0
No (correct)	446	39.0
I don't Know	178	15.6
Undecided	130	11.4
FGM helps to conserve virginity		
Yes	239	20.9
No (correct)	604	52.8
I don't Know	187	16.4
Undecided	113	9.9
FGM prevents promiscuity		
Yes	255	22.3
No (correct)	656	57.4
I don't Know	131	11.5
Undecided	101	8.8
FGM makes woman fit for marriage		
Yes	184	16.1
No (correct)	673	58.9
I don't Know	168	14.7
Undecided	118	10.3
FGM is necessary because a baby can die If the head touches the clitoris at birth		
Yes	167	14.6

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No (correct)	689	60.3
I don't Know	161	14.1
Undecided	126	11.0
FGM makes no difference during childbirth		
Yes	290	25.4
No (correct)	489	42.8
I don't Know	191	16.7
Undecided	173	15.1

Source: Field Work, 2024

Table 3b: Overall Knowledge of Mothers of FGM

Variable	Frequency	Percentage (%)
Good Knowledge (Correct)	597	52.2
Poor Knowledge (Wrong)	546	47.8

Source: Field Work, 2024

Table 3a shows that more than half (53.5%) of the respondents indicated that they know about female genital mutilation. Over half of them (52.6%) know that female genital mutilation is the removal of the erectile part of a female organ. 54.9% were also correct that female genital mutilation is dangerous. 43.5% of the respondents know that there are different types of female genital mutilation. Overall, 52.2% of the mothers have a good level of knowledge of female genital mutilation (FGM) practice and 47.8% have poor knowledge of FGM.

Table 4a: Attitude of Mothers towards Female Genital Mutilation

Variable	Frequency (n)	Percentage (%)
FGM is a good practice that must be maintained		
Agree	211	18.8
Disagree	166	14.8
Strongly Disagree	745	66.4
Female circumcision should be encouraged		
Agree	165	14.8
Disagree	326	29.2
Strongly Disagree	624	56.0
Girls that have not undergone FGM should be discriminated		
Agree	145	13.6
Disagree	275	25.8

Strongly Disagree	645	60.6
FGM should be made legal		
Agree	225	20.6
Disagree	168	15.4
Strongly Disagree	698	64.0
Female Genital circumcision is necessary		
Agree	146	13.0
Disagree	287	25.6
Strongly Disagree	688	61.4
It is in the woman's best interest to be circumcised		
Agree	245	22.8
Disagree	165	15.3
Strongly Disagree	666	61.9

Source: Field Work, 2024

Table 4b: Overall Attitude of Mothers towards Female Genital Mutilation

Variable	Frequency	Percentage
Weak attitude	909	82.7
Strong attitude	190	17.3

In terms of mothers' attitudes towards FGM, table 4a shows that 66.4% strongly disagreed with the maintenance of female genital mutilation practice, and only 14.8% agreed that female circumcision should be encouraged. Many (60.6%) respondents strongly disagreed that girls who have not undergone FGM should be discriminated against. However, 20.6% of the mothers agreed that FGM should be made legal. 61.4% of the respondents strongly disagreed that female genital circumcision is necessary. Furthermore, 22.8% agreed that it is in the woman's best interest to be circumcised. Overall, 82.7% showed a weak attitude towards FGM practice, while 17.3% showed a strong attitude towards FGM practice.

Interview guide questions were also distributed to the respondents to ascertain qualitative responses on attitudes towards FGM. On the question of whether they think or feel FGM should continue. Many mothers disagree that FGM should continue. Some stated:

No to the continuation of FGM because of health hazards. FGM should not continue to avoid death and diseases, and there is no gain in cutting the erectile tissue or clitoris in females.

Many mothers noted that:

FGM should be stopped because it has a lot of implications which pose complications and threats to the lives of females.

A mother remarked that:

“FGM is neither a good practice nor is it in the best interest of a woman to be circumcised as it adds no form of health, physical or even financial value to the females. It is simply a violation of their rights as many women, including me, were circumcised even before they reached the age to decide whether they wanted it or not”.

Some of the mothers noted that FGM should be strictly discouraged as it causes pain, trauma and even depression among females. It should be abolished for whatever reasons it was practised in the first place, and perpetrators should be brought to book and made to face the law for such criminal acts.

A mother also reported that:

“FGM is dangerous to the life and future of the female child and must therefore be stopped. Also, those traditional circumcisers should be made aware of the complications to the females and made to stop such dangerous practices”.

Many mothers stated that:

Yes, FGM should continue to prevent or reduce the level of promiscuity/prostitution among women.

Some mothers noted:

“Yes, FGM is not forbidden in Islam as it is religious in Islam. Therefore, my religion (Islam) supports it, and it should keep the scripture word of Islam”.

Qualitatively, most of the mothers have a negative (weak) attitude towards FGM, which means that they hate the practice and would not want to carry it out on their daughters. In other words, they do not support the practice of female genital mutilation.

Test of Hypothesis

H₀₁: There will be no significant relationship between mothers’ knowledge and prevalence of female genital mutilation in Oyo State

Table 5: Simple Linear Regression

Model	Coefficients				t	Significant value
	Unstandardized Coefficients		Standardized Coefficients	Beta		
	B	Standard Error				
1 (Constant)	13.922	.485			28.692	.000
Mothers’ Knowledge towards FGM	.045	.016	.085		2.875	.004*

Dependent Variable: Prevalence of FGM

*t-test value is significant at the 0.05 level



Table 5 revealed a positive significant relationship between mothers' knowledge of FGM and prevalence of FGM ($\beta = .085$; $t = 2.875$; Sig. = .004).

H02: There will be no significant relationship between mothers' knowledge and prevalence of female genital mutilation in Oyo State

Table 6: Simple Linear Regression

		Coefficients				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Significant value
		B	Standard Error	Beta		
1	(Constant)	13.922		.485	28.692	.000
	Mothers' Attitude towards FGM	.009		.023 .011	.375	.708

Dependent Variable: Prevalence of FGM

*t-test value is significant at the 0.05 level

Table 6 revealed a positive insignificant relationship between mothers' attitudes towards FGM and the prevalence of FGM ($\beta = .011$; $t = .375$; Sig. = .708).

The research was to investigate the prevalence and determinants of female genital mutilation practices among mothers in Oyo State. Research question one revealed that the prevalence level of FGM practice stood at 49.6%, while the non-prevalence level of FGM stood at 50.4%. This result is similar to that of Nwaokoro et al. (2016), who revealed that the prevalence of FGM practice is declining as many perceive FGM as a bad practice in Anambra State. However, the result disagrees with the work of Oladimeji (2019), who revealed a high prevalence of FGM in Osun State, as 79% of the women would willingly circumcise their female children because their culture permits it. Furthermore, Famuyiwa (2017) revealed a high prevalence of FGM in Oyo State, as most parents were practising it. The difference in the results could be because the latter was in 2017, on parents (both fathers and mothers) and in just one local government area of Oyo State.

The study also revealed that 52.2% of the mothers have a good level of knowledge of female genital mutilation (FGM), whereas 47.8% have poor knowledge of FGM. This result agrees with that of a study carried out in Ekiti State, which revealed that the mothers have "good knowledge" of FGM (Akinola et al., 2022). The result of this study also agrees with the work of Oladimeji (2019), who revealed that the majority of the women had good knowledge of FGM in Osun State. Most of the women (86%) know about female genital mutilation, while 14% do not. The result of this study also corroborates the work of Famuyiwa (2017), who revealed good knowledge of parents on FGM and its health consequences.

The study further revealed that 82.7% of the mothers showed a weak attitude towards FGM practice, while 17.3% showed a strong attitude towards FGM practice. This result corroborates that of Akinola et al. (2022), who showed that most mothers have negative or unfavourable attitudes towards the practice, which means they hate the FGM practice. Obi et al. (2019) on “Factors associated with the knowledge and attitude towards Female Genital Mutilation among antenatal clinic attendees in Southern Nigeria revealed a negative attitude of antenatal attendees (women) against female genital mutilation. However, this result is inconsistent with the work of Oladimeji (2019), who revealed that the majority of the women (93%) in Osun State believe that female genital mutilation is a safe procedure to protect the child, while 3% of them do not agree so. It shows that most women in the state have a positive or favourable attitude towards the practice. The differences in the results could be that they were in different Southwest States.

Hypothesis one revealed a positive significant relationship between mothers’ knowledge of FGM and the prevalence of FGM ($\beta = .085$; $t = 2.875$; Sig. = .004). This result disagrees with that of Nwaokoro et al. (2016), who revealed a significant contribution of women’s attitude to their practice of FGM in Anambra state. Hypothesis two reveals a positive insignificant relationship between mothers’ attitudes towards FGM and the prevalence of FGM ($\beta = .011$; $t = .375$; Sig. = .708). This result is not in line with the work of Famuyiwa (2017), who revealed a significant influence on parents’ knowledge of FGM and their practice of FGM in the LGA in Oyo State.

CONCLUSION AND RECOMMENDATIONS

It can be concluded that a good level of mothers’ knowledge of FGM could be responsible for the declining prevalence of FGM in Oyo State communities.

1. Government, NGOs, and Religious leaders should include campaigns against the prevalence of FGM in their preaching during religious programmes to instil negative attitudes towards the practice of FGM.
2. Adequate information and education through various forms of communication should be provided for the communities to enlighten them on the need to eradicate Female Genital Mutilation.

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