



## Cultural Elements In Okin And Tnt F.M's *Ilera Wa* Radio Messages On Female Genital Mutilation (Fgm) And Acceptability Among Female Residents Of Ilemona Community, Kwara State

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### ABSTRACT

Female Genital Mutilation (FGM) practice has become a rampant traditional practice bedeviling the rural populace in the Nigerian nation. Nigeria is listed among the topmost cases of FGM in the world, and over 20 million women and girls in the country have been a victim at one time or the other. Cultural beliefs as peculiar to every society entail the way and manner of doing things, their values, identities, traditions, occupations, religious affinity, among others. Thus, this study explored the influence of cultural beliefs on acceptance of Okin and TNT F.M's *Ilera Wa* radio messages on female genital mutilation (FGM) among female residents of Ilemona community in Kwara State. Moreover, the Social Norms Theory was used as theoretical justification, while in-depth phenomenological interviews were conducted with 15 participants who are female residents in Ilemona community. Using phenomenological method of data analysis, findings emerged. Findings from the analysis of interviews showed the residents attached great importance to their cultural beliefs, and that various cultures that are in line with their traditions, religions, occupations and social lives are given importance, while also attaching value to their health wellbeing, and as a result accept the various campaigns and advocacies on radio towards FGM abolition. Also, it was found that the FGM messages made available to them conformed to their cultural values, simplistic in nature and used indigenous language spoken by the community, while nature of FGM radio messages aired through Okin and TNT F.M stations revealed that the messages revolved around civilisation, implications and lack of professionalism as the major reason why FGM practices must be abolished. However, the study concluded that there exists a connection between cultural beliefs and radio messages on FGM acceptance among residents of Ilemona community, due to the importance they attach to their cultural values and identities. Thus, the study recommended that since the residents of the community accepts campaigns that are majorly inclined to their cultural values, government should endeavour to consider channels that are in line with the cultural beliefs of the rural populace in passing FGM and other health-related messages from time to time.

**Keywords:** Acceptance, Cultural Beliefs, FGM, Radio Messages, Residents

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## **1.1 INTRODUCTION**

Klein et al. (2018) insist that, despite the legislation against Female Genital Mutilation (FGM) in most countries, the practice is still common and the situation is unlikely to improve in its eradication over the last ten years. This problem can be a result of the lack of understanding developed nations have in understanding the cultural and religious processes that dictate the communities and ethnicities practicing FGM. They claim that the outcomes of the intervention strategies can be improved, and positive social change can be developed with the inclusion of various cultural dynamics. The movements of activist are sprouting in Africa and practices that mindful of cultural concerns can help community and religious leaders realize the need of making change.

Nevertheless, despite the illegality of Female Genital Mutilation (FGM) in Section 6 of the Violence Against Persons (Prohibition) Act (VAPP), 2015, which assigns criminal liability to all types of painful traditional practices such as FGM, the practice has been rampant in most regions of the nation. Nigeria is listed among the topmost cases of FGM in the world, and more than 20 million women and girls in Nigeria have fallen victim to it, which comprises of 10 per cent of the global figure (Nigeria Law Report, 2018). The culture of perpetuating FGM is recalcitrant to the societal demands, cultural beliefs, and practices that dictate that the practice is necessary in maintaining family honour, marriageability, and promiscuity (Nigeria Health Watch, 2025).

Such a continuing prevalence reveals a significant gap between legal provisions which are offered and the way these provisions are practiced. As an illustration, the general consciousness of the VAPP Act is low among the community members and law-enforcement officers, and lots of them are unaware of what is encompassed in the Act and the consequences of its failing to be followed (Nigeria Law Report, 2018).

According to Kaunga and Ndati (2017) citing the world health organization (2008), strategies have been implemented to reduce the negative health effects of FGM. Such interventions involve the use of vernacular language and media ambassadors to pass the information on FGM, in conjunction with the involvement of the public in media programs. Despite the necessity to have effective communication to ensure that such interventions are effective, a number of challenges still exist. Wogu, Amonyeze, Folorunsho, and Aloh (2019) discovered that media campaigns to fight FGM in the Enugu State were not effective because of the cultural values, poor reception of the network, and nature of the campaign messages. They recommended the contemporary nature of media channels and campaign materials focusing more on the visual techniques. Andarge (2014) recommended the conduction of additional studies to clarify regional differences and cultural subtleties, which are the keys to successful interventions. Models of behaviour change also stress the importance of conducting a in-depth research to be able to target messages in a skillful manner and that interactive interventions provide the most positive results.

Nevertheless, the media have become a major tool of tackling the Female Genital Mutilation (FGM) by raising awareness, advocacy and disseminating behavioural change. Since these campaigns target various audiences and disrupt the cultural norms underpinning FGM, they use hashtags, interactive content, and digital storytelling: the #EndCuttingGirls, and the



FrownChallenge (Wogu et al., 2019). The media, under the mandate of its statutory responsibilities, is supposed to spy, develop correlations, and convince the people of the reality of FGM and the problems associated with this issue, especially in the rural regions where there is minimal information. However, obstacles like culture rejection and low internet accessibility in these remote areas still exist. The culturally aware message and the combination of social media and community-based intervention should be used in the campaigns to achieve greater effect (Klein et al., 2018; Wogu et al., 2019; Andarge, 2014). Moreover, researchers have contributed so much on female genital mutilation (FGM) in Nigeria and developing nations of the world. Where available, these researches focused more on variations, portrayal, awareness and practices, while the media influence on it generally focused on media channels (including social media) for curbing its practices (See: Hayford & Trinitapoli, 2014; Tukule, 2017; Chiwoke, et al., 2024). Therefore, this current study tends to extend the frontiers of knowledge by looking at influence of cultural beliefs on acceptance of radio messages on female genital mutilation (FGM) among female residents in Ilemona community, Kwara State.

It is against this context that the current study attempts to explore how cultural beliefs determine conclusive force on media (radio) campaign messages against FGM on the population. Thus, the study will focus on coming up with interactive and focused communication measures, which will be utilised through radio awareness programmes, so as to promote behaviour change with respect to practicing Female Genital Mutilation (FGM).

### **1.1.2 Objectives of the Study**

The main research objective for this study is to examine culture beliefs and how it influenced acceptability of Okin and TNT F.M's radio messages on FGM among female residents of Ilemona community. Specifically, the study is guided by the following research objectives:

1. To determine the extent cultural elements are infused into Okin and TNT F.M's radio messages on female genital mutilation (FGM) among female residents of Ilemona community;
2. To determine the suitability of Okin and TNT F.M's radio messages on female genital mutilation (FGM) to the cultural beliefs of residents of Ilemona community;
3. To identify the nature of Okin and TNT F.M's radio messages on female genital mutilation (FGM) and how they influenced cultural beliefs.

## **1.2 LITERATURE REVIEW**

### **1.2.1 Overview of Female Genital Mutilation (FGM) in Nigeria**

Nigeria lies in the Sub-Saharan African (SSA) region and it has borders with Benin Republic, Niger, Chad, and Cameroon. It is the most populated government in that area, as census of 2006 estimated its population at 140,004,542 (Ilupeju & Awolola, 2018). About half of such population is women, thus, making it necessary to focus on the problem that is centred around women, like Female Genital Mutilation (FGM). The economy of Nigeria is relatively weak, and the per capita income is low, thus, amplifying the ability of the country to address the health outcomes as a result of the FGM complications. As such, this creates a strong economic motivation to abandon FGM (Ilupeju & Awolola, 2018).

Female Genital Mutilation (FGM) has become a well known form of violence both against girls and women as it violates the rights of women; this kind of genital mutilation is prevalent



in Africa, but migration has helped it to spread across the world (Ilupeju & Awolola, 2018). Although the Nigerian government and other authorities have the ability to prevent this practice, they do not have the will and sufficient information about the prevalence and consequences of FGM (Ilupeju & Awolola, 2018). To the positive side, Nigeria still has both international and local organisations that still take part in the anti –FGM programmes, subsidised by the former and current Federal Governments. Nigeria is a country which has had an experience of the United Nations Joint Programme (UNJP) with the goal of eliminating FGM within a generation, and non-governmental organisations choose the leverage of various strategies such as community discussions, awareness campaigns regarding health risks, school-based interventions, providing skills to traditional practitioners and use of media to share wider messages (Snyder, 2016).

FGM, as demonstrated by UNICEF (2015), has a number of sensitive issues, such as its self-reported data and its legal consequences, which should be approached with care. Nigerians with higher FGM prevalence are those who are more urban, more educated; however, they are not attracted to practice it on their daughters and this is the indication of a downturn. Some of their ethnic groups, guided by the beliefs of what is witnessed by the baby about contact with the mother clitoris proceed to practice FGM when the first child is born (Alo & Babatunde, 2011, cited in Snyder, 2016).

Shockingly, 16/1000 female children between the age 0-14 years experience FGM before the age of one and 82/1000 female participants aged 15-49 who have undergone FGM indicate that they were cut before age five. The most common in Nigeria is Type II FGM (partial removal of tissues) whereby 62.6 percent of the women practicing it do so. According to DHS statistics in 2013, legal limitations might likely limit the participation of doctors and nurses, in turn, pushing the professionals toward the old forms of practice (Weiss, 2017).

FGM is a millennium-old culturally practiced established especially among the communities of various religious and cultural orientations in Nigeria, although the genesis of the condition is rather vague. Even well-educated mothers irrespective of their geographical location engage in FGM with the full understanding of its possible harm to the daughters and wards (Umeh et al., 2021). Being a violent act of damaging female reproductive body organs that are frequently part of an unanswered treatment by the traditional birth attendant, local authorities, and esteemed female members of the community, FGM is named so due to the deplorable consequences on the body, the psyche, and human rights (Umeh et al., 2021).

### **1.2.2 Underlying Motives behind FGM Practice in Nigeria**

The causes behind the modern FGM practices as described by Oyefara (2015) are a combination of cultural, religious and social pressures at family and community levels and they include:

- i. Where FGM is a social construct in societies, the social force of wanting to fit is a very strong driving force to the continuation of the practice.
- ii. FGM is usually seen as some fundamental part of raising a girl and marrying her off to the man.
- iii. The factors that motivate FGM are normally driven by beliefs on proper sexual behaviour.
- iv. FGM is associated with feminine and modest ideals.



v. Though FGM is not prescribed in any religious teaching, the practitioners still assume that it has a religious acceptance.

However, religious leaders have been portrayed with diverse opinions about FGM with some of them supporting them, and some affirming that they are irrelevant.

The motives behind contemporary FGM practices are a blend of cultural, religious, and social influences within families and communities, as outlined by the World Health Organization (WHO). These reasons include:

1. In societies where FGM is a social norm, the strong societal pressure to conform serves as a compelling motivation to perpetuate the practice.
2. FGM is often perceived as an essential aspect of properly raising a girl and preparing her for marriage and adulthood.
3. Motivations for FGM often stem from beliefs about what constitutes appropriate sexual behavior.
4. FGM is linked to cultural ideals of femininity and modesty.
5. While no religious texts prescribe FGM, practitioners often believe the practice has religious backing. Religious leaders' exhibits diverse stances on FGM, with some endorsing it, some regarding it as irrelevant, and others contributing to its elimination.
6. Local structures of power and authority can sustain the practice.
7. FGM is frequently regarded as a cultural tradition, serving as an argument for its continuity.
8. In certain societies, the recent adoption of FGM is associated with emulating the traditions of neighboring groups or is part of a broader religious or traditional revival movement.

However, in some communities, FGM is adopted by new groups when they settle in areas where the local population practices FGM. According to Oyefara (2014), a married woman who underwent FGM and had her daughters circumcised explained: "The type of FGM we practice locally is very basic; the operator usually only removes the head of the clitoris with scissors and knives. This prevents the clitoris from enlarging unnecessarily and posing a significant threat to the girl in the future. In the past, we took our daughters to the government maternity center for the procedure; however, health officials at the government hospitals now refuse to perform such procedures. But thankfully, there are still local FGM barbers, and even some private hospitals will do it if you can pay them the required amount of money for the service" (Oyefara, 2014).

Oyefara (2014) also mentioned that two religious leaders who were interviewed in-depth stated that the practice has its roots in the culture and religious beliefs of the people. A prominent Christian in the community declared: "The Bible (the Christian holy book) contains no explicit instructions on female circumcision, in contrast to male circumcision, which was required as a symbol of an eternal covenant between Father Abraham and the Almighty Jehovah. Since religion gives rise to lifestyles that become known as culture, female circumcision became acceptable among Christians because it seems to offer some social and health benefits for Christian women (Oyefara, 2014).

### **1.2.3 Cultural Practices and FGM Problems in Nigeria**

In Nigeria, the cultural practices that are central in health related issues are religion and politics. Some of the significant health behaviours of specific individuals within a



geographical area can sometimes be cultural undertones (Tsu, et al., 2021). Anyene (2016) argues that some practices uniquely associated with certain cultures have been acceptable over the past years, but they have been identified to be harmful to the present healthcare systems. Even though it has been identified and initiatives are being made to address the negative cultural practices in some areas of the country, these initiatives have not always been effective due to some being ingrained and sometimes lack of engagement with the people and consequently lack of sensitivity to the issues and education on the negative effects of such practices (Barau et al., 2021).

As mentioned by Anyene (2016), the cultural practice that takes place in Yobe State suggests that a woman is supposed to spend 40 days indoors since giving birth. This ban does not allow her any post-natal services or immunisation services to her baby. In addition, Oku et al. (2016) emphasized that in certain communities, at-home delivery is still acceptable. There is a risk of missing opportunities of immunisation in such scenarios; particularly early ones like BCG and OPV1 given immediately and six weeks respectively after birth. In other cultures, an adult woman adult has to be circumcised before they are married off; this act is usually referred to as female genital mutilation (Mogekwu, 2021). Undoubtedly, cultural understanding and beliefs are some of the factors that play a role in the obstacles to the healthcare system in Nigeria as a whole. As an example, some communities in Nigeria continue to practice Female Genital Mutilation (FGM) despite the significant campaigns, which are against such practices in this modern world (Umeh & Ahaneku, 2017; WHO, 2015; Mohammed et al., 2021; Oku et al., 2016).

In addition, lack of understanding is still pronounced especially in rural areas in Nigeria when it comes to FGM practice. Anyene (2016) also believes that it is not clear why communities are still engaging in FGM, even though the government is urging them to end the process. Therefore, one must learn the cultural beliefs and customs, establish and execute the right intervention and education tools to individuals in rural communities prior to initiating media campaigns and campaigns on discussing why the Female Genital Mutilation (FGM) must be eliminated.

#### **1.2.4 Theoretical Justification: Social Norms Theory**

The Social Norms Theory is a development by social-psychological investigation in the early 1980s, mainly by H. W. Perkins and Alan Berkowitz, describing the effects of misinformed perceptions of peer behaviour on individual behaviour (Perkins and Berkowitz, 1986). According to the theory, a significant percentage of the human behaviour is shaped by the perceived norms: descriptive norms, which refer to what is common, and injunctive norms, which imply what is socially acceptable within the group or community. The Social Norms Theory (SNT) is based on the premise that people adhere to general norms in their reference groups, which are the people that they engage with most of the time, and that make a considerable impact on particular behavioural areas (Cislaghi and Heise, 2018). SNT has since been utilized to solve public-health problems (including tobacco use, college-student driving, and sexual-assault prevention) even though it was initially utilized to solve alcohol-use patterns among students. The theory, with respect to FGM promotes peer influence as one of the true determinants in making decisions on behaviours. The presence of misconceptions



when it comes to attitudes and actions of peers can cause increased or decreased use of the practice. Therefore, media interventions like campaigns in the community both in print and electronic media can help to undo these misperceptions hence deter unwanted behaviour and encourage favourable others.

The Social Norms Theory that discusses the human relationship in communities is a theoretical framework that is used to explain health behaviours, including female genital mutilation (FGM) in a given setting (Shell Duncan, 2018). It assumes that social incentives, usually based on the collective attitudes and practices of a group of people, can either maintain negative traditions such as FGM and can even encourage the emergence of new ones (Ali, 2020).

Social norms theory (SNT) has a set of core assumptions as follows.

Dempsey et al. (2018) and Perkins (2003) defined key assumptions about the influence of normative beliefs on behaviour. Some of these assumptions are:

- i. The continuous association between behavior and norm perceptions.
- ii. People often misunderstand, exaggerate or underrate the behaviors and sentiments of their fellow members.
- iii. These misconceptions are attributed either to an increment in the target behaviours or a decline.

The positive actions should be increased through the use of the interventions aimed at correcting such erroneous beliefs (Dempsey et al., 2018).

The key argument of the Social Norms Approach is that application of incorrect social norm perception leads to the development of undesired unhealthy behaviours, which can be restored through proper informational feedback about either reported norms (Perkins, 1997, 2003; McAlaney et al., 2011). SNA treatments contrast with fear-based health terrorism which focuses on the possible adverse outcomes or make use of scare tactics (Scholly et al., 2005; McAlaney et al., 2011). The use of fear-evoking methods is intended to change behaviour by confronting them through emotions with the impact of their decisions, although their effectiveness in the health-related change is dubious (Kok et al., 2018; Malouff, 2018; White and Albarracin, 2018). It is necessary to mention that a smaller number of SNA intervention studies are focused on non-substance-related behaviours. Despite the SNA intercessions targeting variables, like sun protection, hand washing, safe sexual practices, and other risky behaviours, including drink-driving, studies into the non-substance area are scarce (Reid and Aiken, 2015; Lapinski et al., 2016). The theory of Social Norms has several limitations that have hampered its application in both theory and practice. As per Asemah et al. (2017), the limitations of the theory are:

- i. Due to a misperception, the members of a community which is concerned with accepted practices can question the message behind the introduced practice. The misconceptions need to be corrected by providing reliable information.
- ii. Such ill-gathered data might lead to inaccurate data as well as a bad decision in selecting the normative message hence destroying the campaign and creating misconceptions.
- iii. Despite the proper selection of messaging, there can be unappealing or untrustworthy messages created a result of the unreliability or non-credibility of sources.



iv. The contents of the message handed over to the target population ought to be adequate enough to bring about change and not too much that they become perfunctory.

Notwithstanding these limitations, the social norms theory can be quite powerful in changing the behaviour of individuals by focusing on the full correction of the group misperceptions. Social norms based interventions may be used on its own or in the combination with other interventions. The best messages are usually accurate and persuasive to the at-risk groups. According to Berkowitz (2007) there are the following possibilities:

The social norms approach will determine that unveiling of the misconceptions via an intervention will help people to curb problem behaviours or indulge in healthier behaviours, and this is beneficial to both the community and the individual. DeJong et al. (2006) also concluded in their study that social norms campaigning was related to a decrease in alcohol use and changes in perceptions about student drinking over a three-year period in eighteen institutions. Interestingly, the same data were displayed at an alcohol education conference, at which, both, control groups and experimental groups (which were given the social norms marketing treatment) expressed more alcohol consumption. The Theory is relevant to the study in the following ways:

The theory of social norms is especially relevant in the aspects of culture and effects related to the practice of FGM in rural people. The individual behaviours are determined by the views of the norms or acceptable standards that exist in the social groups according to the theory. With scenes of FGM, the practice has gone on supported by the social norms and in most cases embedded in the cultural, societal and family expectations.

Rural inhabitants, mothers and fathers, healthcare (doctor and nurses) and religious leaders can observe the FGM practices to the latter, since FGM is socially advantageous and they fear being punished in case they do not go through it. Such knowledge can inform the development of effective media campaign programmes which can take advantage of the advocacy to change the perception to decrease the practice. Media can therefore be an effective channel through which new norms are propagated, education is offered as well as dialogue which defies the norm and leads to the ending of FGM.

Mackie, Moneti, Shakya, and Denny (2015) help to understand that the media campaigns can change the perception, emphasizing the negative outcomes of FGM and presenting communities that have already managed to stop the practice. Interventions on social media by responding to the social norms underlining the continued occurrence of FGM can play a catalyzing role, leading to an overall change in society.

### **1.3 METHODOLOGY**

The research design that was used for this study is qualitative approach, because it helps the study meet its objectives. A qualitative approach is considered to be the most appropriate one, as it is the most common in healthcare communication studies and as well the applicable method to research on FGM campaigns. Thus, the study population comprised of rural dwellers in Ilemona community, Kwara State, as the target population included residents of the community, in this case, adult females. This sample is based on their homogenous nature in the sense that they are rural inhabitants that can give pertinent information to the research questions. Moreover, Ilemona is a rural community in Kwara State, Nigeria, and at the



moment, 10,872 people live there, mostly people who are involved in farming and agricultural production (Clement, 2022).

The choice of the qualitative approach is motivated by the suggestion that this would allow the participants and informants to talk in depth and natural ways. The method is also based on the fact that verbal description of the people helps the researcher to get rich and the intricacy with which the researcher could handle the problem under consideration. However, based on the research design and methods that was adopted for this study, key informants were purposely selected for interviews, until a data saturation point is attained. Various scholars have emphasised their views on data saturation and the number of interviews needed to attain it (Fusch & Ness, 2018; O'Reilly & Parker, 2019; and Cresswell, 2017), while Jack (2019) stressed that qualitative interview studies typically should have not more than 15 participants.

#### 1.4 DATA ANALYSIS AND RESULTS

A total of fifteen participants, comprising of female adults participated in the in-depth interviews. Although, this is due to attaining a point of data saturation, as the researcher had determine to conduct more interviews. All the participants reside in the community, works in different capacity within the community, and as well; are parents with average of two to four children. Also, their age and number of children fostered were given consideration, as it reflected in the accounts of their experiences and perspectives about Female Genital Mutilation (FGM). Furthermore, these participants interviewed were given pseudonyms with codes PARTICIPANT 1 to PARTICIPANT 15 for the purpose of confidentiality. The data are presented, interpreted and analysed in themes that capture the questions raised in the interview schedule.

**Table 1: Participants' Background Information**

| S/N | INFORMANT      | AGE RANGE  | RELIGION     | NO OF CHILDREN |
|-----|----------------|------------|--------------|----------------|
| 1   | Participant 1  | 41-50      | Islam        | 5 children     |
| 2   | Participant 2  | 41-50      | Islam        | 6 children     |
| 3   | Participant 3  | 41-50      | Christianity | 4 children     |
| 4   | Participant 4  | 51& above  | Christianity | 4 children     |
| 5   | Participant 5  | 41- 50     | Islam        | 4 children     |
| 6   | Participant 6  | 31- 40     | Christianity | 2 children     |
| 7   | Participant 7  | 41-50      | Christianity | 3 children     |
| 8   | Participant 8  | 41-50      | Islam        | 6 children     |
| 9   | Participant 9  | 41- 50     | Christianity | 3 children     |
| 10  | Participant 10 | 31-40      | Islam        | 5 children     |
| 11  | Participant 11 | 51 & above | Islam        | 3 children     |

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|    |                |            |              |            |
|----|----------------|------------|--------------|------------|
| 12 | Participant 12 | 51 & above | Islam        | 5 children |
| 13 | Participant 13 | 41-50      | Christianity | 4 children |
| 14 | Participant 14 | 51& above  | Islam        | 4 children |
| 15 | Participant 15 | 31-40      | Traditional  | 3 children |

### Source: 2026 Field Data Collection

As indicated in table 1, the overview of participants' background information were presented, all the 15 participants interviewed were females. This indicates that the study is purely female gender-based in approach. Also, based on the numbers of children, five of the participants (5) have 4 children; other categories in terms of numbers of children are lesser, just as none of them have less than 2 children. The age distribution of the participants was varied since the distribution comprised parents who have children. Eight (8) participants were of age bracket 41 to 50, while four (4) participants fall in the age bracket of 51 and above. Moreover, three (3) participants were between the age of 31 and 40. Thus, the above distribution indicates that there was a considerable degree of motherhood experience as regards Female Genital Mutilation (FGM) practice among the participants.

#### 4.3.1 Theme One: Cultural Beliefs and FGM Acceptance

Cultural beliefs of a particular society play a crucial role in shaping the attitude and behaviour of people in such society. Cultural belief has the tendency to influence the views, perception, opinions, traditions, values and social norms of people. These beliefs also influence the acceptance of Female Genital Mutilation (FGM) radio messages, especially when they are integrated into the advocacy messages disseminated to them. Cultural beliefs and values influence what individuals and communities consider important or relevant. Certain media messages may be accepted or hesitated based on how it is integrated with one's cultural norms. Thus, not integrating cultural elements of the people into health campaigns can hinder people's acceptance of these health-related information. *Cultural beliefs do not only influence the acceptance of radio messages on FGM among residents of Ilemona community, but also reflects in their understanding and perception of female genital mutilation (FGM) in the community.* The following sub themes emerged as related to cultural beliefs and influence on acceptance of FGM advocacy messages on radio: (i) Pre-existing cultural beliefs on FGM (ii) Knowledge on FGM, and (iii) Acceptance of FGM abolition. Each of these sub themes that reflect participants' experiences is further explained in the Figure 4.1 below which encapsulates the textural and structural themes that convey participants' acceptance of FGM based on its influence on their cultural beliefs.

**Cultural beliefs and FGM  
Acceptance**

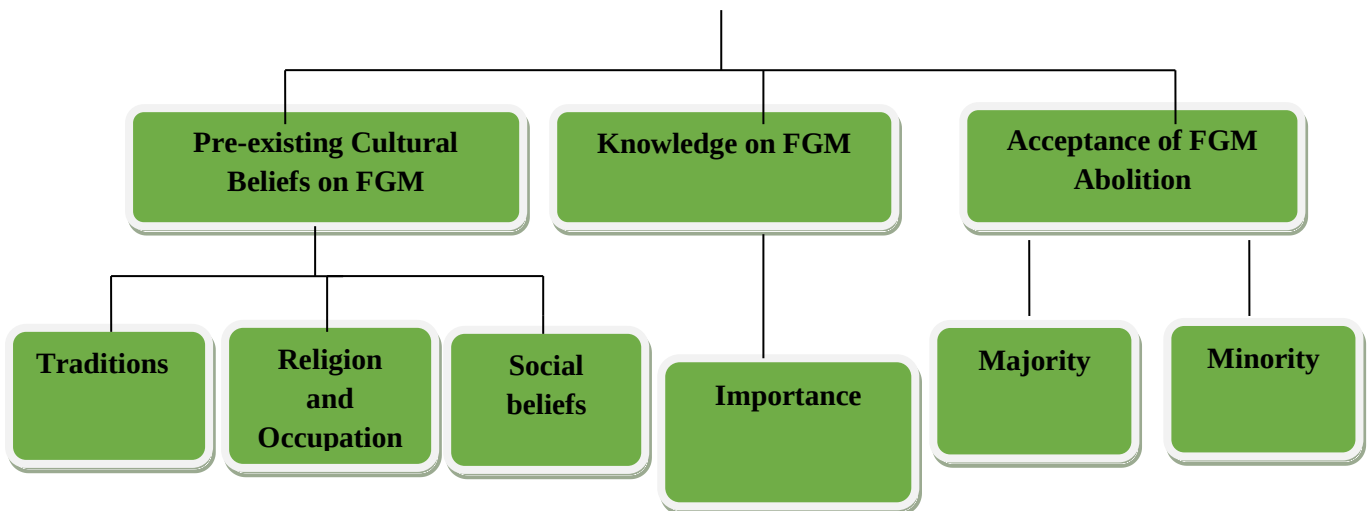


Figure 4.1: Theme and subthemes of cultural beliefs and FGM acceptance

### Sub theme 1(1): Pre-existing Cultural Beliefs

Pre-existing cultural beliefs on FGM has to do with the way and manner of practising female genital mutilation (FGM) in the community in relation to their ways of life, vocation, pattern of communality, relationships and engagements. It further entails customs, conventions, practices, traditions, social standards, architectural style, mode of dressing and expressions of a society in relations with the external environment. In the context of cultural beliefs and FGM acceptance, cultural beliefs of the community are essential for the acceptance of FGM advocacy campaigns which enjoined them to abolish the age-long tradition. Thus, pre-existing cultural beliefs is very important in the design of advocacy messages to abolish a particular tradition. Of course, sharing accurate and updated information about dangers inherent in continuous FGM practice is very important, but such information must be in tandem with the pre-existing cultural beliefs of people the information is intended for.

#### Sub sub-theme 1(1a): Traditions

Traditions are the various behaviours and patterns of doing things in the cultural life of people in a particular society. This includes the existing norms, customs, conventions, practices or behavior in a setting. Traditions in relations with pre-existing cultural beliefs involves the established ways of doing things, sources of information and existing belief system which aim to educate the people about the need to abolish FGM practices and as well address their concerns, with a view to encourage parents to allow their avoid inflicting psychological damage in the lives of their female children. The participants based on their opinion on traditions as one of the existing cultural beliefs, shared their lived experiences as captured below:

“There are various traditions in Ilemona here, ranging from masquerade, funeral ceremony, oath taking in shrine, especially when someone stole or commit a crime. There is also a deity called ‘Oona’ which the community took her name from; and they do perform some



cultural propitiation about it. So, there are various traditions we are accustomed to in this community”. (Participant 1)

“Our traditions are part of our identity, it has become part and parcel of every bonafide sons and daughters of this community, even, those who are not from here are accustomed to our ways”. (Participant K)

Also, Participant 11 has a similar view on the importance of traditions in anything that is attached with the community:

“Our traditions and culture is our pride, and that is what makes us who we are as a community, hence, any external programmes coming here must conform to our traditions”. (Participant 11)

Looking at traditions as part of the existing cultural beliefs of the community, Participant 9 emphasised that various traditions that has been in existence for long can be attributed as the cultural identity of the community:

“We value traditions at Ilemona, and these traditions such as Eegungun festival, Oro festival, Oodun Isu titun, Ibura, Oogun Ajobo among others have become part and parcel of our existence. They define us as a community that attached so much value to traditions. Even, coronation and other rites for installing a new king and burying the deceased are done in a unique way”. (Participant 9)

It is imperative to note that all the participants in this study were aware of the various traditions that are practiced in the community, however their awareness of these traditions have given them a fixation over every issues that comes their way, even, including health-related ones (FGM inclusive).

#### **Sub sub-theme 1(1b): Religion and Occupations**

Religion entails the mode of worshipping God based on the belief system that who they worship is absolute, sacred, supreme and worthy of reverence. Occupation on the other hand has to do with means of earning a living or livelihood of the people. The participants were asked on how their worship and means of livelihood serves as part of their cultural beliefs which ultimately affect their acceptance of FGM messages.

It was gathered that religion and occupation of the people determines their availability and acceptance of FGM campaigns. The participants laid emphasis on their major occupation which is farming and trading, and how it has affected their decisions on abolition of female genital mutilation (FGM) practice. Their views were captured here:

“We are now in a civilized era in which everything is changing day-in-day-out, but there are still some traditions like Ogun and Sango worshipping. But, the advent of Islam and Islam has majorly reduced the worshipping of these other gods”. (Participant 2)



“Our major culture is based on our means of livelihood which is trading and farming. We practice this as everyday routine. Farmers will go to their farms early in the morning, while traders will go to the market as well. Everyone will return back in the evening to eat, sleep and relax from our activities”. (Participant 3)

#### **Sub sub-theme 1(1c): Social Beliefs**

The social beliefs has to do with the ways of living or doing things in connection with the social world. The social life of people in a particular cultural setting is expected to conform to their existing cultural norms as they relate with the world realities. The participants when asked on how social beliefs as one of their cultural values affect acceptance of FGM advocacy messages has these to say:

“We value public functions so much in this community, especially funeral ceremonies. Some of our people that died in old age are celebrated from time to time; all depending on the availability of money on the part of the people concerned. Don’t be surprised if you come to Ilemona here and see people gathering to celebrate someone that had died many years ago. This is part of our existing social norms”. (Participant 14)

“In Ilemona, we have a unique way of showcasing our social life, these ranges from celebration of festivals, funerals, weddings and other societal functions. Even, funeral alone takes certain processes; from the day such person dies, we start the celebration. It is one of the norms we inherited from ages past, and it has become part and parcel of us, amidst the era of civilization we’re today”. (Participant 5)

#### **Sub theme 1(2): Knowledge of FGM**

Knowledge of female genital mutilation (FGM) encompasses the understanding and knowledge one has on the dangers and implications inherent in its continuous practice. Before an age-long tradition of FGM practices is abolished, it is important to have thorough understanding of the dangers it posed on the female children. Also, the safety and assurance of zero-complications must be clearly understood, as captured in the various ways the participants expressed their understanding of female genital mutilation (FGM). It reveals the diverse knowledge residents of Ilemona community have gained on female genital mutilation (FGM). Its importance and ability to prevent infectious diseases among female children and adults were largely seen as the knowledge of FGM that residents of Ilemona community have. This is revealed in the various accounts that the Participants gave.

“I now have enough understanding on FGM, as we’ve been told countless times on the dangers inherent in its continuous practice. This is why I did not do it for any of my female children, except the male ones”. (Participant 4)



“We now understand the importance of abolishing the practice of FGM, especially for our female children, since there are various means of educating and informing us on the need to stop it”. (Participant 8)

“We’ve seen and heard of people; especially female children been infected with certain genital diseases. Hence, the need to put a stop to FGM practices. Of course, we now understand the need to its importance. (Participant 13)

“FGM prevents is risky and associated with some reproductive infections in the victims, the need to abolish it is justifiable. Thus, our understanding of the negative effects is as a result of enlightenment received on it through various means”. (Participant 7)

“I understand the fact that government does not want us to continue practising FGM, hence, the various campaigns and advocacies on radio and other channels of communication. Through these health campaigns, I now have the knowledge about the dangers and consequences involved in FGM circumcision for the female children”. (Participant 15)

#### **Sub sub-theme 1(2a): Importance of Abolition**

Importance entails when something is necessary or of great value to a particular course of action. It deals with the essentiality of something to the success of an action or events. The participant while sharing their lived experiences on the knowledge of female genital mutilation (FGM) disclosed that abolishing FGM practices has some importance. Participant 1 specifically expressed her views on the need to abolish FGM as instructed:

“We now understand the importance of stopping the practice of FGM, especially for the female children, since there are various means of educating and informing us on its necessity”. (Participant 1)

In the same vein, Participant 9 pinpointed how essential it is in abolishing the practice of FGM in female children:

“In the primordial era, the belief then was that FGM is necessary in order to discourage promiscuity among female children, not knowing that it may still not achieve the desired goal. We just need to keep praying for our female children that God should take care of them for us, whether circumcised or not, who will be promiscuous among them will surely do. However, it is important to yield to the warnings that it should be abolished”. (Participant 10)



### **Sub theme 1(3): Acceptance of FGM Abolition**

Acceptance of female genital mutilation (FGM) abolition includes consenting to the warnings on the need to end all forms of female genital mutilation (FGM). Thus, acceptance of female genital mutilation (FGM) abolition in Ilemona community has to do with people's acknowledgment of the dangers and implications in the practice of FGM.

#### **Sub sub-theme 1(3a): Majority**

Majority entails greater number of people, or a certain proportion of a population which is larger than half of the total. In the context of accepting messages on female genital mutilation (FGM) abolition, larger percent of population of residents in Ilemona community have come to accept female genital mutilation (FGM) abolition messages. Reflecting on the account of these Participants, majorly all of them had believe on government advocacies for its abolishment. Their views were captured below:

“Using percentage as a yardstick for acceptance, then I can say 90% of acceptance. This is so, because this part of Kwara State consists of people that are conscious of their health and always compliant with warnings”. (Participant 1)

“Most people here have come to accept the need to stop it, even though it has increased the rate of promiscuity among our girls and single ladies of nowadays”. (Participant 3)

“At least eighty percent of inhabitants here have accepted the abolition of female genital mutilation (FGM) practice. So, generally we no longer practice is in this community and other neighbouring ones”. (Participant 6)

“FGM practice is no longer in existence and government have continued to advocate for it abolition, even, to the extent that they have imposed sanction that anyone involved in it will be arrested and imprisoned”. (Participant 12)

#### **Sub sub-theme 1(3b): Minority**

Minority has to do with few and insignificant number of people. In the context of accepting messages on female genital mutilation (FGM) abolition, fewer number of people residing in Ilemona community may still indulge in female genital mutilation (FGM) practice, but this is on a low-key. To buttress this assertion, Participant 11 made this statement:

“Although, we may still have some very few who still engage in FGM circumcision for their female children, but this is on a low-key and might not be in the limelight for fear of arrest or sanction”. (Participant 11)

Based on the various discussions from the participants, it is quite obvious that cultural beliefs have significance on the campaign against female genital mutilation (FGM) practice among

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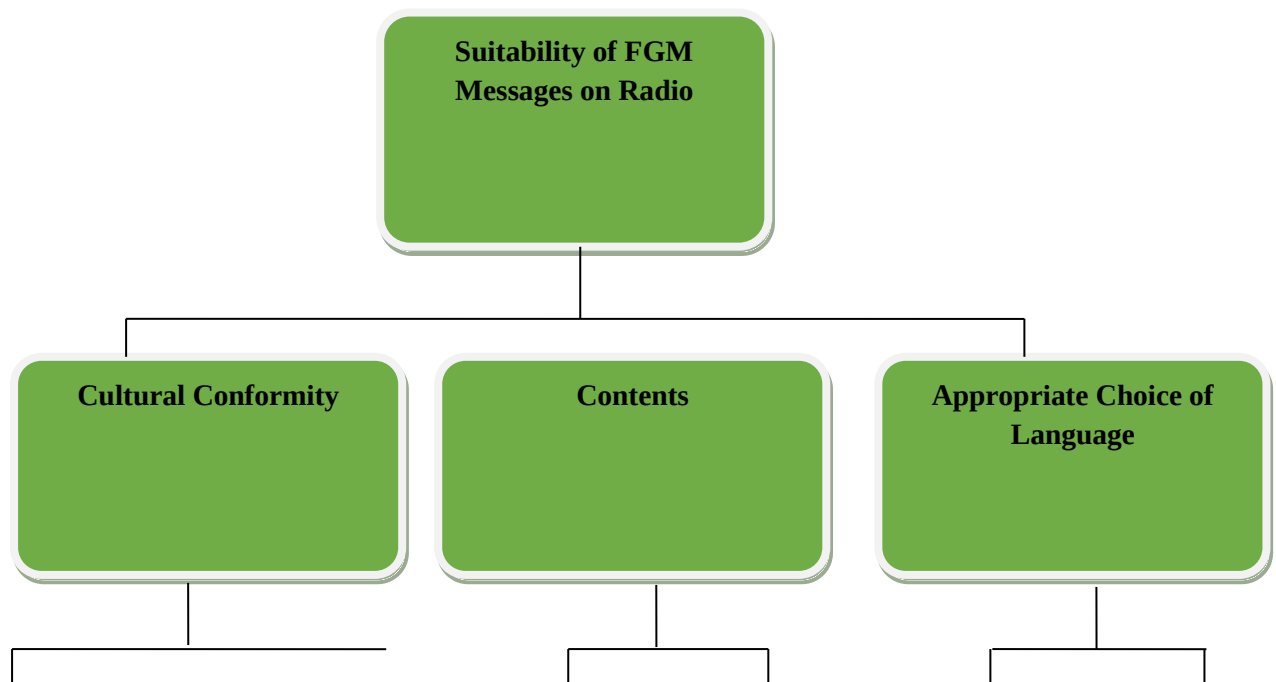


people residing in Ilemona community. For any health advocacy to thrive and appeal to the people in Ilemona community, such campaign must be in tandem with the pre-existing cultural beliefs such as tradition, religion, occupation, and social order among the people of the community. More so, there is adequate knowledge about the implications of continuous indulging in FGM practice as majority of the people have come to jettison the age-long practice.

#### **4.3.2 Theme Two: Suitability of FGM Messages on Radio**

Suitability of female genital mutilation (FGM) messages on radio has to do with the quality and appropriateness of the contents of the messages with the elements in cultural practice of people residing in Ilemona community. There are elements are deeply ingrained within a society's culture, and these elements define their activities and reactions to external influences. Cultural elements in immunization campaigns can significantly influence the personal beliefs, behaviours and perspectives of recipients of such campaigns. The culture someone grows up with, including its values, traditions, and customs, shapes their identity and worldview.

Additionally, the extent of exposure to diverse cultures and experiences can broaden one's understanding and acceptance of certain phenomenon or issue. Immunization campaigns are important and plays crucial role in people's acceptance of immunization programmes, especially in the rural populace where emphasis is placed more on herbs and roots (orthodox medicine) as against modern medicine. This theme highlights participants' opinion on the suitability of FGM messages on radio with the cultural practice of people in Ilemona community. It reflects conformity of messages to culture, contents and appropriateness in the choice of language of disseminating health messages. While sharing their lived experiences, participants mostly reflected on the fact that they were exposed to various campaign messages on FGM and other health awareness programme on radio.



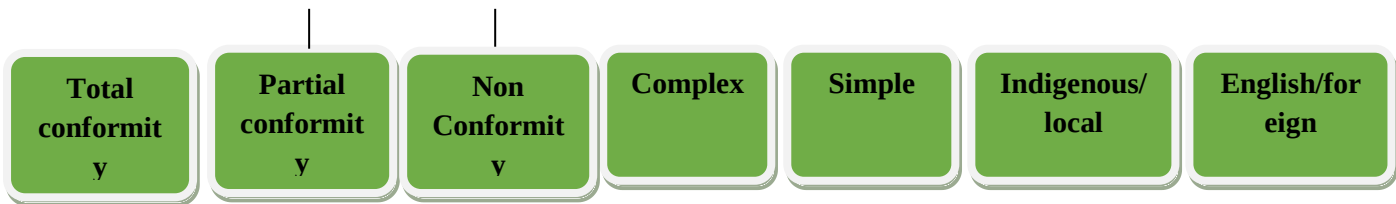


Figure 4.2: Theme and sub-themes on suitability of FGM messages on radio

### Sub-theme 2(1): Cultural Conformity

The cultural conformity of a radio message refers to how individuals or a particular listener perceived such message exposed to in line with the existing culture of the society. The participants' perceived cultural conformity of FGM radio messages, reflects their perception of these messages in line with their cultural values. The conformity/alliance of radio messages to the cultural values of people the messages are disseminated to is very critical to the success and compliance with such messages, especially if they are related to advocacy campaign. While recounting on the cultural conformity of FGM messages on radio to the existing norms in Ilemona community, the participants' views can be categorised as total conformity (all) and partial conformity (some).

#### Sub sub-theme 2(1a): Total Conformity

Total conformity of radio messages on FGM refers to the cumulative times FGM's messages are in line with the cultural values of Ilemona community. It takes into account the multiple times the messages are laced with the cultural traits exhibited among residents of the community. Also, it provides a comprehensive view of the often times the messages are designed to fit into the culture of Ilemona community. The participants shared their views as regards it:

"The FGM messages we've received so far; does not in any way contradict our culture and values here. We have elites among us who sometimes assist to breakdown some of the messages for others to understand". (Participant 11)

In a similar view, Participant 5 opined that FGM advocacy messages on radio totally conform to the cultural values of the community because of other channels of communication explored:

"The advocacy messages on FGM via do conform with our cultural values because other traditional channels of communication were used to breakdown the messages for us. This show those in charge of the messages are conversant of our cultural values and how we attach so much importance to it". (Participant 5)

#### Sub sub-theme 2(1b): Partial Conformity

Partial conformity of radio advocacy messages refers to the fewer number of times FGM messages exposed to by residents of Ilemona community are in line with the cultural values of people in the community. It's majorly a kind of messages designed with little consideration for recipients' culture. On partial conformity, few participants stressed that



radio messages on FGM only had few touches of their cultural values, they were of the views that such partial conformity may create certain doubts or fear in them in terms of compliance with FGM abolition.

“There are some of these immunization campaign messages that do not give consideration to our cultural values, especially those ones on posters and other printed materials”. They hardly communicate appropriately to the illiterates here”. (Participant 4)

#### **Sub sub-theme 2(1c): Non Conformity**

Non conformity of radio messages on FGM implies that some of the FGM messages on radio are not in tandem with the cultural values of Ilemona community. This according to the participants are observable from the available radio messages on FGM abolition aired via Okin and TNT F.M stations which are the two predominant radio stations popularly listened to in the community. One of the participants has this to say:

“Most of the FGM messages aired via radio stations do not even take cognisance of our cultural values here. Those behind these health campaigns are only after passing the message, they do not even consider what impact it will has, especially in yielding the desired objective”. (Participant 4)

#### **Sub-theme 2(2): Contents**

Another major sub-theme in this study is the nature of the contents of FGM messages. Basically, contents are the messages, materials and information as pertaining to female genital mutilation (FGM) advocacy campaigns on radio. The nature of contents on FGM available to residents of Ilemona community reflects their ability to comprehend the messages and take appropriate steps towards acceptance of the advocacy. The participants ascertained that the nature of contents of FGM messages on radio is either complex or simple.

##### **Sub sub-theme 2(2a): Complex**

The complex of contents of FGM messages refers to the difficulties in the comprehension of the messages as aired on radio and made available to the people residing in Ilemona community. Some of the participants averred that, part of the messages may not be easy to comprehend owing to the complexity of the message construction, as well as the mode of presenting the message. Their views were captured here:

“At times, you find it difficult to understand some of the contents, especially those ones that we do receive through SMS on our phones. You hardly understand them, unless it is given to someone to interpret for you”. (Participant 6)

“I see ambiguity in the radio messages on FGM because they are sometimes laced with threats and sanctions that cannot be comprehended”. (Participant 13)

##### **Sub sub-theme 2(2b): Simple**



Simplicity in terms of contents of FGM messages has to do with easy understanding of the FGM advocacy messages aired on radio from time to time, of which the participants are exposed to. The participants were of the view that the FGM messages exposed to are easy to comprehend and straightforward, this according to some of them is due to the usage of other sources aside from radio. Correspondingly, Participants 2 and 8 were on the same page as regards simplistic nature of contents on FGM messages:

“The messages are always simple and easy to comprehend because they will let us know the dangers of indulging in female genital mutilation, especially for the illiterates among us. Sometimes, they will break them down in such a way that will trigger those that are hesitant to allow their children to be circumcised”. (Participant 2)

“Some of the advocacy messages I come across on radio are always straightforward and easy to understand. This is due to the use of simple sentences and real-life scenario to package the messages. At times, they will use drama as a simple way of passing these messages”. (Participant 9)

“The radio messages are clear enough and simple. I get to understand what is being campaigned against from the very first moment I listened to radio”. (Participant 5)

### **Sub theme 2(3): Appropriate Choice of Language**

Appropriate choice of language for FGM advocacy messages has to do with the ability of members of the community to understand the language of instruction on FGM via radio as a channel of dissemination. The choice of language used in passing these messages across can have a significant influence in the understanding and acceptance of the advocacy if found suitable by the recipients. Some of the participants recounted that the major language used on radio for FGM messages are indigenous or local language, while few others said English or foreign language was occasionally used in those advocacy messages they come across.

#### **Sub theme 2(3a): Indigenous/Local Language**

Indigenous or local language is the native language spoken by a particular culture or community. It is at often times referred to as the language of origination in a particular place. However, some of the participants were of the views that the local or indigenous language were used in the FGM advocacy campaigns they are exposed to through radio, and this local language are appropriately for such campaigns. The participants essentially pinpointed that, since they speak majorly their local language, it is expedient that those designing related health campaigns should be wary of the local language of people the messages are intended for. Here are the reactions of some of the participants:

“Majorly, the language used for disseminating FGM messages is Yoruba; which is clearly understood by everyone. Moreover, in cases where another language like English is used; we have elites that understand both English and our native dialect, all they will do is to



break it down for those that does not understand English”. Also, the community town crier will still go round to re-disseminate these health messages in our native dialect”. (Participant 12)

“The language of advocacy is Yoruba; which is the indigenous language spoken here and other neighbouring communities. This quite better because of those that are not educated in the community”. (Participant 4)

### **Sub theme 2(3b): English/Foreign Language**

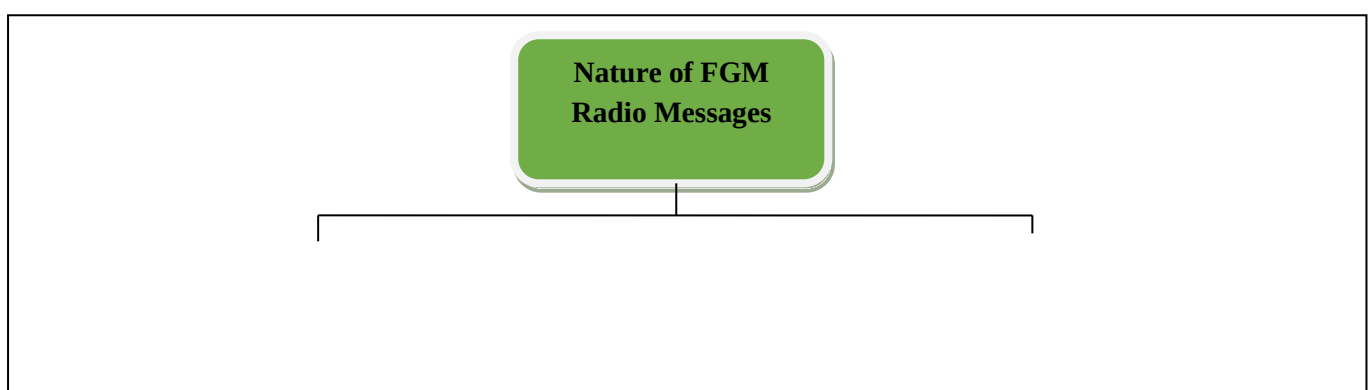
Foreign language is the language that is not majorly spoken in a specific community or society. Such language must be alien to them for it to qualify as foreign. On the other hand, English language is just a lingua franca in the Nigerian society, but some of these rural communities have their indigenous/local languages which might have been in existence for ages. Some of the participants posited that on few occasions, FGM advocacy messages are disseminated in foreign language (specifically English).

“There are occasions which the campaign messages are in English language, but they are few; and we normally rely on people around us who are elites to break it down for us”. (Participant 14)

Based on the various discussions from the participants, it can be deduced that the FGM messages aired on radio and made available to people in Ilemona community are culturally-inclined and conformed with the various cultural practices in the community. The language of disseminating the FGM health messages are majorly indigenous language (Yoruba), simplistic and totally conformed with the people's expectations.

### **4.3.3 Theme Three: Nature of FGM Radio Messages**

FGM radio messages are the various health communication designed to enlighten and educate people, and as well to promote abandonment of FGM practices. Moreover, the nature of FGM radio messages reflects the emphasis laid on female genital mutilation messages aired on radio from time to time, and how the people are convinced to jettison its practices amidst the negative implications it continuous practice has. These indices include its implication, civilisation and lack of professionalism on the part of those that specialises in it. As stressed by the participants, radio has been the major source of campaign against FGM practices and they always get these messages loud and clear, in terms of what the government want them to do.



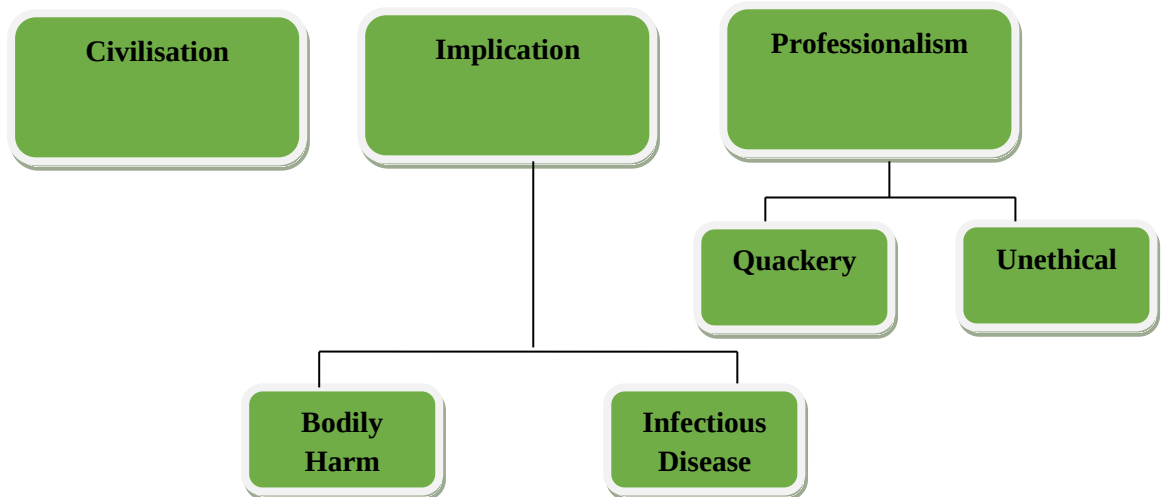


Figure 4.3: Theme and sub-themes on nature of FGM radio messages

### Sub-theme 3(1): Civilisation

Civilisation has regards FGM messages aired on radio has to do with campaigns against its continuous practices amidst the evolving nature of the world. It entails designing messages that speak to the progress, dignity, education, and protecting the most vulnerable. The participants while giving account based on their lived experiences emphasized that they perceived civilisation as a strategy used on radio in campaigning against FGM practices:

“Whenever we listen to radio, what we derived from some of the campaigns is that FGM practice is no longer in vogue; that it is a practice in the primordial era, and it is even barbaric”. (Participant 4)

“FGM no longer exists in my family, even the healthcare providers in our various health centres here keeps hammering it to our hearing that government has put a stop to it”. (Participant 6)

“We are made to understand on radio that the world is now civilized and FGM practices have stopped in major places. Although, there are still varied thoughts and perspectives on it; as some believe it can still assist in curbing the rate of promiscuity among our young female children in the society”. (Participant 11)

“Majority of these radio campaigns has been planned in such a way that they always hammered on FGM practice as something that is unhuman, cruel and punishable under the law for anyone caught doing it in this civilized era”. (Participant 15)

“We have been told to put an end to all forms of female circumcision, even to the point that they have imposed sanctions. So, FGM has



gradually be a thing of the past. Even, we parents no longer allow our female children to undergo such anymore”. (Participant 9)

### **Sub-theme 3(2): Implications**

Implication as a focus in radio messages on FGM has to do with the possible effect and consequences involved in continuous practice of FGM. It also talks about what will be the likely outcome for those whose genital parts were mutilated at one point of their lives or the other. However, the participants were able to decipher the various implications perceived in radio messages on FGM, which include: (a) bodily harm (b) contraction of infectious diseases:

#### **Sub-subtheme 3(2a): Bodily harm**

This implies the kind of bodily/physical harm that FGM can do to anyone that is circumcised:

“On few occasions, we’ve experienced situation were those that perform the circumcision did not do it properly, hence causing a damage in the reproductive organs of these children. I still believe that it stoppage is as a result of these physical harms”. (Participant 3)

“There are situations were those involved in the circumcision get it wrong, and as such inflict bodily harm on these children. The fear is now there as parents are avoiding the circumcision for their female children”. (Participant 9)

“Injuries on the genital organs of the victims have been my major fear; that is why I did not allow any of my female children to undergo FGM, even though it was done for me by my parents”. (Participant 12)

#### **Sub-subtheme 3(2b): Infectious Disease**

This means victims of FGM can contract infectious diseases that can alter their reproductive organs later in the future, especially when the time to start having children comes:

“Majority of these campaigns has been planned in such a way that they are always disseminated in the evening time, when most of us would’ve returned from farms and various places of work. This is done in order for the message to get to us at our convenient time”. (Participant 2)

“Majority of these campaigns has been planned in such a way that they are always disseminated in the evening time, when most of us would’ve returned from farms and various places of work. This is done in order for the message to get to us at our convenient time”. (Participant 7)

### **Sub-theme 3(3): Professionalism**



Professionalism entails mastery of the job, especially in the aspect of attending to female reproductive organs and administering hygienic ways of handling them. As regards radio messages on FGM, professionalism was emphasised in the aspect of those doing the circumcision who are not properly schooled/educated and have no certifications and medical experience in that aspect. The participants however emphasised on two things as regards professionalism: (a) Quackery (b) Unethical:

#### **Sub-subtheme 3(3a): Quackery**

This implies that those entrusted with circumcision of the female child are mere quacks who lack the knowledge and proper education to engage in it:

“One of the radio campaigns I listened to emphasised that those entrusted with the circumcision are not professionals, that they are not educated and as well lack the knowledge”. (Participant 1)

“I may not be able to recall the entire messages because I listened to these radio health messages sparingly, but I’ve come across one which called those that do the circumcision as quacks. I will disagree with this because we have families that are entrusted with circumcision, it is their own work in that lineage”. (Participant 14)

#### **Sub-subtheme 3(3b): Unethical**

This implies that indulging in FGM practices as unqualified personnel is unethical and punishable under the ethical rules that guides the medical profession:

“I do hear it from radio and the healthcare people around us here, that FGM practice is highly unethical, especially for those that performs the circumcision, that anyone caught will face the music”. (Participant 5)

“Aside from the radio messages coming from government, the healthcare people are also complementing it, by warning those performing the circumcision to desist because it is not ethical and healthy as well”. (Participant 9)

### **1.4.2 Discussion of Findings**

The following are the various findings that emanated from the responses to the research questions:

1. Residents of Ilemona community attach importance to their cultural beliefs. Thus any information or intervention programmes that are in line with their traditions, religions, occupations and social lives are given importance. This finding resonates with the position of Daramola (2019) that the culture of every society entails everything involved in their activities on daily basis, which is then transmitted to younger generations as an acceptable standard of practice.



2. The residents valued their health wellbeing so much, and as a result, they have accepted government persistent warnings on the abolition of female genital mutilation (FGM) practices.
3. Majority of the interview participants (residents) have adequate knowledge on the dangers inherent in continuous practice of female genital mutilation (FGM), based on the various advocacy campaigns made available to them via radio and other sources. This finding is in line with that of Crawford and Okigbo (2017) which emphasised that the effectiveness and eventual acceptability of a particular health communication campaign by the people can be attributed to so many factors which include accuracy, availability, consistency, cultural competence, evidence-based, reach, repetition, timeliness, and understandability.
4. Various FGM messages on radio that are made available to residents of Ilemona community conformed to their cultural values. Also, the contents of these FGM messages are found to be simplistic in terms of contents, and the language used are appropriate with their cultural values. This finding is in tandem with the findings of Oladepo, Dipeolu and Oladuni (2019) that culture and belief systems to a great extent plays crucial role in people's willingness to accept various health campaigns and the need to seek solutions.
5. There abounds others sources of receiving FGM and health-related messages aside from radio, and they include the use of healthcare providers, town crier, printed materials, religious leaders and social gathering.
6. Majority of people wholly agreed that FGM practices have stopped in the community, due to civilisation, persistent warnings from government and other critical stakeholders. Therefore, this finding agree with the position of Njoga, et al. (2022), people in the rural environments mostly decline health advocacy programmes when information around such programme is not clear enough, or whenever there are fears and concerns around such health programme.
7. Residents of Ilemona community quite understand that FGM practices have severe implications on the health-being of the victims, and may even cause infections of their genital organs.

### **1.4.3 Conclusion**

Having analysed and interpreted the findings from the study, it can be stated that Ilemona as a community, attached great importance to various cultural beliefs that are derived from their traditions, religions, occupations and social lives. Also, residents of the community value their health-being so much, and as a result accept the abolition of female genital mutilation (FGM), as government keeps intensifying efforts on it abolishment via radio and other sources of communication. This has given majority of the inhabitants who are educated the edge to have adequate knowledge of the reasons behind the campaigns against its continuous practice. Moreover, various FGM messages that are available to residents of Ilemona community are found to have conformed to their various cultural values in terms of simplicity of messages, and the use of culturally appropriate language for disseminating these messages.



There also abounds various sources of receiving FGM and health-related messages in Ilemona community, and they include the use of healthcare providers, town crier, printable materials, religious leaders, social gathering and majorly; radio. Also, these identified sources of information are relevant to the cultural values of the community. In conclusion, radio has continued to be a major source of information to people, especially the ruralites. It is by far adjudged to be the medium through which information get across to the people faster and without any form of inhibition. Of course, other sources of information considered suitable to people in rural communities may include but not limited to: town crier, religious leaders, religious gatherings, among others. There is no gainsaying that health is wealth, and the need to make information available to people as regards their health is sacrosanct to development.

#### **1.4.4 Recommendations**

Based on the findings from the study, the following recommendations are proffered:

1. Since the residents accepts campaigns that are majorly inclined to their cultural values, it is therefore recommended that government should endeavour to consider channels that are in line with the cultural beliefs of the rural populace in passing FGM and other health related messages from time to time.
2. Government should persistently and rigorously reinforce earlier advocacy messages on FGM abolition so that it practices can be eradicated completely.
3. FGM messages meant for the rural populace should always be designed with simple language and clearly defined meaning that are synonymous with the cultural beliefs, traditions, values and identities of the people.
4. Since religious leaders are pivotal source of information in rural communities, government should endeavour to collaborate with religious and traditional leaders in the course of getting FGM and other health-related information across to the people in rural communities.
5. Healthcare providers and stakeholders involved in campaigns against the practice of FGM and other related issues should be sourced directly from the locality if possible, so that most of their enlightenment activities will be sensitive to the cultural values of people in rural communities.
6. Since people living in the rural community place importance to their health being, healthcare workers in community health centres should be trained and retrained on reproductive health, in order to get the desired results of having hygienic reproductive practice among females in rural communities.

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