Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

The Influence of Radio Messages on the Eradication of Female Genital Mutilation (FGM) Among Rural Populations in Osun State, Nigeria

Lydia Oko-Epelle

oko-epellel@run.edu.ng

Redeemer's University

Article

Keywords: FGM, Radio messages, Message exposure, Eradication of FGM practice, Message influence

Posted Date: September 29th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-10228678/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

The Influence of Radio Messages on the Eradication of Female Genital Mutilation (FGM) Among Rural Populations in Osun State, Nigeria

Abstract

Female genital mutilation (FGM) has been a practice of concern as government and non-governmental organisations have leverage on several media including radio to sensitise the rural dwellers on the health implications, yet the practice persists in certain communities. Thus, this study examined the influence of radio messages on the eradication of FGM among the rural population. The objectives of the study specifically observed the awareness level of FGM messages, message influence, and the effect of on behavioural practices. The study adopted a mixed-methods research. A multi-stage sampling technique was used to survey 695 respondents in eight rural communities using the questionnaire, while 16 participants were interviewed using the interview guide. Descriptive statistics and Spearman correlation were used to analyse quantitative data. Findings from the study indicated high awareness (92.2%) but limited message impact on respondents' behaviour. Further findings showed a modest shift in attitude (48%) and low discouragement towards messages (44.3%). Also, there was no significant link between message awareness/exposure and FGM eradication. The study concluded that though radio remains a powerful medium for raising awareness on anti-FGM practices, awareness alone does not translate into a change in behaviour towards the practice of FGM.

Keywords: **FGM, Radio messages, Message exposure, Eradication of FGM practice, Message influence**

Introduction

Female genital mutilation (FGM) is a harmful medical practice that has raised concerns because of its rampant practices across certain communities in Nigeria as observed by Adegoke, (2022). Also, Afolayan, Osakwe and Ogunsola (2020) in their observation described FGM practice to involve cutting off the external parts of a girl's genital areas, both totally or partially, for non-medical purposes. Corroborating the earlier assertion, the WHO (2025) reports described FGM as a dangerous traditional practice that frequently results in severe physical and emotional consequences on its victims. On the other hand, Amadi and Chiwokwa (2018) believed that there are reasons why some Nigerians engage in FGM practices, such as preserving a girl's honour, reducing her sexual urge so the girl will not turn out to be sexually loose, preparing her for marriage in adult life, etc.

Further highlighting the health concerns associated with the practice of FGM, UNICEF (2021) categorises the practice into four, with each depicting the severity of the practice, such as excessive bleeding, infection, severe pain and complications in childbirth. According to UNICEF (2021), each of these severities poses a significant health risk to its victims. In line with this report, the Nigerian Demographic and Health Survey (2021) reveal that 20% of women between the ages of 15 and 49 have undergone some form of genital mutilation in Nigeria. The survey report clearly aligns with previous studies (Bello, Adewole & Musa, 2021; Edeh &Ogbuagu, 2021; Oyefara 2021) that the rate of prevalence of female genital mutilation in Nigeria for those between 15 – 49 years of age dropped from 25% in 2013 to 20% in 2018.

Okeke, Anyaechi and Ezenyaaku (2023) believe that FGM practice is depicted as a detrimental custom; as a result, it has become a recurring health concern despite efforts from the government, Civil Society organisations, international institutions and a few community leaders to eradicate the practice. Olawoyin, Adedini and Egesa (2016), on their part, argued that FGM has gone beyond custom to become a cultural belief among rural dwellers, adding that an innovative approach to raise awareness may help curtail the practice.

Also, because of the persuasive nature of radio, messages on FGM have the potential to raise the audience's awareness, shape their attitudes and contribute to behavioural change (Oyediran & Feyisetan, 2019). Although there has been progress in FGM awareness through radio, problems persist, especially in rural areas, where, according to Uche and Obiora (2025), traditional norms and practices are deeply rooted and access to information and healthcare facilities is limited. Oko-Epelle and Talabi (2025) observed that radio, as a broadcast medium, often packages programmes that relate to public health and dangers of certain practices that are harmful and inimical to the well-being of citizens.

Oyediran and Feyusetan (2019) believe that for a radio message to be effective, it must be arranged and properly disseminated to the right audience. Corroborating this assertion, Amadi and Chiwokwa (2018) argued that an effective message must address the problems of traditional beliefs, proper education, access to information, and infrastructural facilities before it gains the acceptance of rural people. Therefore, despite the awareness created on the radio about FGM, there is limited empirical evidence on the influence of these messages towards the eradication of FGM, especially among the rural populace. This is the gap this study examined by investigating

the influence of radio messages on the eradication of female genital mutilation among rural populations in Osun State, Nigeria.

Research Objectives

1. To examine the awareness level of radio messages on the eradication of FGM among rural dwellers in Osun State.
2. Observe the influence of radio messages on rural dwellers towards eradication of FGM in Osun State.
3. Analyse the effect of radio messages on the behavioural practices related to FGM in Osun State.
4. Identify the relationship between audience awareness and eradication of FGM

Research Hypotheses

$H0_1$: There is no significant relationship between messages awareness and the eradication of FGM among rural dwellers in Osun State.

$H0_2$: Message influence on the behaviour have no significant effect on the eradication of FGM among rural dwellers in Osun State.

Status of Female Genital Mutilation in Contemporary Nigeria

The practice of female genital mutilation (FGM) has become a concern in Nigeria due to social, economic gains and cultural beliefs (Wogu , 2019). Because of social-cultural factors, the practice enjoys the support of major stakeholders such as mothers, grandmothers, fathers, and community heads (UNICEF, 2021). Retrospectively, the female genital represents an extreme form of gender-based discrimination, usually employed to control the status and sexuality of women. It is closely tied to perceptions of marriage-ability, with mothers often subjecting their daughters to the practice to shield them from social ostracism, beatings or disgrace (Wogu, 2019)

Traditionally, FGM was a domain of local practitioners, such as traditional birth attendants; nonetheless, the rise of modern medical practice has seen medical professionals and community health practitioners perform the procedure, which the global health body strongly opposes (Utalor, 2019). As reiterated by WHO(2025), the FGM practice should not be carried out in any guise for

whatever reason by medical professionals; as it legitimises a harmful and obnoxious act, with no therapeutic gains whatsoever, rather it leads to serious risks to human beings. Moreover, with increasing education, social empowerment and understanding the implications of FGM on girls and women, the practice has received disapproval by many women, with only a few willing to subject their daughters to such practice (NPC&ICF, 2019).

Historically, in an attempt to reduce the practice of FGM in 1994, Nigeria joined other nations in the 47th World Health Assembly's Resolution. This led to the establishment of a multi-sectoral technical working group on Harmful Traditional Practice. This group was responsible for conducting various surveys and developing national policy approved by the Federal Executive Council to eliminate the practice in Nigeria (UNFPA, 2020). Also, the Beijing Conference supported the 1995 action plan which emphasised legislation against FGM. Nigeria embraced the plan of action, and in 2015 pronounced this practice a crime by enacting an Act called "*The Violence against Persons (Prohibition) Act".* The Act, which received executive approval during the administration of former President Goodluck Jonathan, criminalised female circumcision, widowhood rituals and forcible displacement from home. As provided in the Act, performing FGM results in a fine of up to ₦200, 000 or imprisonment of up to four years. If the practice results in death, the fine attracts life imprisonment. Regardless of the effort of the government, the prevalence of FGM in Nigeria has experienced only a modest decline (WHO, 2025).

Radio Programmes and FGM Eradication

Radio programmes are messages, in the form of jingles, radio dramas/documentaries, news, etc., that help to sensitise people on health issues, especially as related to FGM. As observed by Zattu (2022) radio is a powerful medium that helps with the sensitisation of health-related issues. This is possible due to its widespread reach, especially in rural areas where literacy rates are low but access to radio signals remains high. Olayiwola (2016) has also highlighted the role of radio broadcast interventions in raising awareness and driving social change by challenging entrenched norms that perpetuate harmful practices. To sensitise the media audience on any health issue, radio programmes can also come in other formats such as interviews with media experts, survivors' testimonials and a round table media discussion that will help to engage the audience. A good example is the use of dramatisation to depict the health complications and psychological scars of FGM (UNICEF, 2020). As for testimonials, Olayiwola (2016) and Nkwam-Uwaoma, Ojiakor and

Onovo (2019) believes that a radio programme that offers a personal lens into the health complications of FGM can make the message relatable and urgent.

Empirical Studies and Theoretical Framework

Previous studies have investigated the effectiveness of media messages in eliminating the practice of mutilating female genitals (Obichilli et al., 2023). Findings showed that while FGM has visibly declined in the urban areas, media messages were largely theoretical and did not reach the grassroots communities. The findings the authors observed were as a result of minimal awareness and participation in intervention programmes designed to combat the practice of FGM, especially in Southeast Nigeria.

Similar studies have examined the role of radio in raising anti-FGM awareness, focusing on programme content, audience segmentation and participation (Zattu, 2022). Findings from this study indicated that radio programmes occasionally incorporate anti-FGM content into other programme without an exclusive programmes for anti-FGM. The studies also observed a lack of a clear audience segmentation strategy which resulted in limited feedback and a lack of involvement in the transmission process. Aligning with Zattu (2022) and Obichilli et al. (2023) findings, Ekanem's (2021) study on the broadcast of FGM influence awareness in Southeast found that there was a moderate awareness level of FGM in the region, as certain communities still engage in the practice. Based on the observation of these authors, they recommended intensifying broadcast messages that will increase awareness and encourage behaviour change

Other studies examining broadcast campaigns against FGM found that they had no effect on the public (Amadi & Chiwokwa, 2018). The study even found the Rivers State television channel inadequate for sensitising the public about FGM. Based on their findings, the authors recommended establishing a continuous framework for anti-FGM campaigns in the media. Also, Wogu (2019) found that media campaigns were ineffective, attributing this to cultural values, inadequate network coverage, unstable power supply, limited media access, and the content of the campaign materials.

Theoretical Framework

The Planned Behaviour and Health Belief Model was adopted for this study. The theory of planned behaviour posits that a person's conduct is influenced by their intention to perform a particular

behaviour (Ajzen, 1985). This behaviour is shaped by three key components: subjective norms, attitudes and perceived behavioural control. Based on the assumptions of this theory, the attitude towards the behaviour refers to the individual's positive or negative evaluation of performing it. Subjective norms involve the influence of family members, community elders or religious leaders who either support or reject the practice of FGM. Perceived behavioural control refers to the individual's perception of the ease or difficulty of performing the behaviour. The Planned Behaviour Theory provides a robust framework for understanding how broadcast messages can influence the rural populace regarding FGM. First, radio programmes can present information on the harmful consequences of FGM, which could lead to a negative perception of the practice by the populace. Secondly, radio stations in their programmes can feature local leaders, religious figures and women who have rejected the practice, reshape the social norms that support the FGM. Thirdly, radio messages can empower individuals by informing them about legal rights, providing access to resources, and promoting social support for abandoning the practice.

The Health Belief Model is designed to understand what motivates people to participate in or fail to engage in health initiatives, especially those that aim to bring about behaviour change. According to the model, factors that can change behaviour include individual perception of the existing health behaviour, perceived susceptibility, perceived severity, perceived threat, barriers and perceived benefits before taking action. This model provides insight into how radio messages can influence individuals' perceptions and actions regarding FGM. This is because individuals tend to take action to forestall serious consequences if they believe they are susceptible to such a condition. Therefore, radio messages that highlight the health risks of FGM can increase perceived susceptibility and severity, thereby motivating behavioural change among the rural populace.

Methodology

The study adopted a descriptive research design and mixed-methods research. The population for this study comprises nurses stationed in primary health care facilities, community leaders, religious leaders, traditional birth attendants, mothers with female children, fathers with female children and young girls aged 16 years and above residing in Irepodun, Atakunmosa East, and Egbedore Local Government Areas. The justification for selecting these individuals for this study is that they are knowledgeable about the subject of investigation. For the sampling procedure, the multistage sampling technique was adopted for the study. At the first stage, the list

of all three senatorial districts were retrieved: Osun Central, Osun West and Osun East. At the second stage, a simple random sampling technique (ballot method) was adopted to select one local government from each of the senatorial districts: Irepodun, Atakunmosa East and Egbedore. At the third stage, the purposive sampling technique was used to select three communities each from Irepodun and Atakunmosa East, and two communities from Egbedore (Omu-Aran, Oro, Oko, Igangan, Ipole, Eti-Oni, Ikotun and Ido-Osun). According to the projected population from the NPC (2022), the total population for these local government areas is 325,823. These communities were selected because of the reported practice of female genital mutilation (Eke & Nwocha, 2021). Stratified sampling was then used to select respondents from each community using this formula:

$$\text{Sample size for strata 1} = \frac{(\text{Strata 1 population})}{\text{Total population}} \times \text{Total sample size}$$

To determine the sample size for the qualitative data, Araoye (2004) sample size formula was adopted to arrive at 695 sample size for the study.

Table 1: Sample allocation in to strata

(Insert Table 1 here)

For the qualitative data, purposive sampling was used to select two participants from each community, making a total of sixteen participants interviewed for the study. The interviewees were community leaders, nurses stationed in primary health care facilities, traditional birth attendants and religious leaders. A structured questionnaire and interview guide were the data-gathering instruments. The content for the instruments was designed to address participants' awareness level, influence on perception, influence on behaviour and effectiveness of radio messages on FGM. To ensure the validity of the instruments, content and construct validity were carried out. For reliability, a test-retest was carried out on the questionnaire, with the result showing perfect reliability for the measure of awareness ($r = 1.00$), and very strong reliability for the measure of influence ($r = 0.98$) and message effect($r = 0.95$).

Table 2: Test-retest Correlation Analysis
(Insert Table 2 here)

To administer the instruments, the researchers recruited three research assistants who were proficient in the writing and speaking of the Yoruba and English languages. This is because most participants express themselves more in Yoruba, while a few spoke English. The interviews were conducted face-to-face in homes, offices, business premises and farm areas of interviewees. These locations were chosen based on the convenience of participants. The duration of the interview lasted between 40 and 50 minutes, and the session was audio-taped. For data analysis, descriptive statistics, frequency distribution and Spearman correlation were adopted for the study. The data from the interview sessions were analysed thematically, while the names used to identify participants are not their real names to protect the participants' identity. Interpretations and discussions of findings were presented afterwards. Ethical considerations were strictly observed throughout the conduct of this study, as consent was obtained from all participants prior to the collection of data. Participants were adequately informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any stage. Also, the autonomy, confidentiality, and anonymity of all participants were respected, as no personally identifiable information was requested from the participants at the point of administering the research instruments.

Result

(Insert Table 3 here)

Findings in Table 3 shows strong representation of female, young adults and varied educational backgrounds. These demographics was observed closely in line with the objectives of the study.

Table 4: ***Frequency Table Showing Awareness Level of FGM***

(Insert Table 4 here)

Findings in Table 4 imply that radio is an effective medium in the transmission of FGM messages in the selected communities, as the majority of the respondents (92.2%) were exposed to FGM messages. Although message exposure was relatively high, comprehension gap was observed.

Table 5: ***Frequency Table Showing Messages Influence Towards Eradication of FGM***

(Insert Table 5 here)

Results in Table 5 showed some level of message influence; however a limited impact on behaviour change was observed. This is because a fair proportion of respondents agreed that the messages shaped their opinions against the practice of FGM, yet a comparable number either disagreed or felt no influence.

Table 6: ***Frequency Table Showing Messages Effect on Behaviour change***

(Insert Table 6 here)

As indicated in Table 6, the results imply that awareness of FGM messages does not translate to behaviour change. This result is due to deep rooted cultural practices, traditional rites, generational authority, and social pressure that have weakened the effectiveness of media messages in the selected communities. While it is still important to leverage the radio to disseminate anti-FGM messages in these communities, adopting other measures, as such as community mobilisation, dialogue with elders, integration of health-based narrative, and policy enforcement, can help to bridge the gap between knowledge and practice.

Table 7: ***Relationship between Awareness and Eradication of FGM***

(Insert Table 7 here)

Table 7 findings imply that exposure to radio messages on FGM eradication is not sufficient to bring about a reduction or an end to the practice. This is because while some respondents believed that radio awareness messages could reduce the practice, majority expressed scepticism that radio messages alone could bring about a reduction or an end to FGM practices. However, it was observed that maintaining consistent messages could play a critical role in reducing FGM.

Table 8: ***simple correlation showing relationship between exposure and eradication of FGM***

(Insert Table 8 here)

The correlation indicated no relationship ($r = .025$, $p > .05$) between exposure to radio messages on FGM and respondents' attitudes towards eradication. Meaning that exposure to FGM messages does not translate into actions towards ending FGM practice.

Table 9: simple correlation showing the relationship between exposure and message influence on behaviour.

(Insert Table 9 here)

The correlation result shows no relationship between message exposure and behavioural influence against FGM practice ($r = –.015$, $p > .05$).

Furthermore, the results from the In-depth interview are focused on awareness of FGM through radio messages, message influence on behavioural change, persistence of cultural resistance, health education as persuasion and gender and generational differences in reception. The modalities for the interview sessions have been previously discussed in the methodology page. Data from the sessions are hereby presented in themes.

Theme 1: Awareness through Radio Messages

One of the most significant influences of radio is its role in creating awareness. Mrs Marriam Abdullahi, who is a traditional birth attendant, believes that exposure to radio messages challenged long-standing cultural beliefs about female genital mutilation (FGM). Prior to hearing these programmes, the participant considered FGM a normal tradition. However, the medical explanations provided in the broadcasts brought new insight into the harmful consequences of the practice. However, she questioned how often people are exposed to the messages:

> *"Before, we thought it was normal, but after hearing on the radio that it causes problems for women during childbirth, I began to see it differently. Although radio messages have explained how terrible this practice is, how many people are exposed to these messages? (Mrs Abdullahi, 2026).*

On the contrary, a nurse who works with one of the primary healthcare facilities feels the practice is a long-standing practice crafted in cultural belief:

> *"I believe in the power of the media when it comes to raising awareness on harmful practices, such as female genital mutilation; however, it will take more than radio messages to stop female genital mutilation in this community", (Nurse Bolaji, 2026).*

It was observed that not everyone in these communities was receptive, as awareness was gradually spreading. Further observation showed that radio served as a trusted and accessible medium in rural communities, reaching audiences who may not have access to formal health education.

Theme 2: Influence on Behavioural Change

The message's influence on behavioural change was another theme that emerged during discussions with participants. It was observed that some participants have started advocating against the practice of FGM while others consider the practice to be culturally embedded.

> *"I used to follow what our elders considered to be a cultural norm, but after I learned that FGM practice was harmful, I tell my congregation not to allow it for their daughters" (Imam Sodiq, 2026).*

Further discussions demonstrate how radio messages can extend beyond awareness to influence concrete behavioural change. This is because it was observed that repeated broadcast of anti-FGM messages can alter personal beliefs and motivate a reduction in practice. The transformation of knowledge into action was also observed as some participants recalled how they had challenged elders' authority and spoke against long-standing FGM practices. It was also noticed that behavioural change went beyond personal refusal to include advocacy within one's social circle and amplifying the anti-FGM messages.

Theme 3: Persistence of Cultural Resistance

It was also observed that cultural beliefs stood as a challenge to anti-FGM practices in these communities, regardless of whatever sensitisation message residents have received. This is as some participants recount how certain members of their respective communities have disseminated anti-FGM messages. These findings indicate limitations in media advocacy, especially when cultural identify is strongly tied to a practice. Further findings highlighted the need for community engagement especially using strategies that go beyond media campaigns such addressing religious and cultural beliefs. This is because culture serves as a filter that influences whether or not the message is accepted.

> *"The majority of the people in our community believe so much in our cultural tradition. I do not think radio messages have really helped much to reduce FGM practice" (Alpha Nuru, 2026).*

"I feel for the victims of FGM, to stop this practice, other things can also be done. Things like address some cultural practices that support mutilation" (Pastor Tola, 2026).

Theme 4: Health Education as Persuasion

For some participants, the compelling element of radio messages was the medical explanation of FGM. This is because messages were framed as a direct health risk detailing infections including childbirth complications and death. Participants' reflections of the persuasive nature of health-based messaging show that media evidence triggers protective instincts while cultural appeal may meet resistance.

"When childbirth complications associated with FGM were explained I became determined never to allow any of my daughters' genitals to be cut" (Mrs Temitope, 2026).

Discussion and Conclusion

This study examined the influence of radio messages on the eradication of FGM in selected communities in Osun State (Omu-Aran, Oro, Oko, Igangan, Ipole, Eti-Oni, Ikotun, and Ido-Osun). Findings revealed a high level of exposure to FGM messages on the radio. This aligns with the Utalor's (2019) observation that radio is the most effective medium for public health advocacy, especially in rural settlements in Nigeria. Oyediran and Feyisetan (2019) also document how radio broadcasts increase awareness of harmful cultural practices. However, from the findings a comprehension gap was observed despite the level of exposure. The comprehension in the gap reaffirms the findings from Obichili, Emehel and Ezegwu, (2023) study that media campaigns on FGM are more theoretical and do not penetrate grassroots understanding. These findings advocate for the need for clarity during the broadcast of FGM messages to enable meaningful understanding. Further findings showed the entrenched nature of cultural norms that have continued to legitimise FGM. These findings support Wogu's (2019) observation which found that media messages in rural areas were unproductive due to cultural values. It was also observed that behavioural outcomes were modest. These validate Amadi and Chiwokwa's (2018) study, which reported minimal or no influence of FGM messages on the behavioural practices of rural dwellers. However, the findings contrast with those of Ekanem (2021), who found moderate exposure

leading to partial reductions in FGM in rural areas. Findings also showed that FGM remains strongly defended as a cultural identity, particularly amongst the elderly who are the custodians of the tradition. This supports Okeke, Anyaechie, and Ezenyaaku's (2023) observation that FGM is deeply rooted in cultural perceptions, which has made it resistant to eradication. These results have shown that cultural authority has managed to sustain FGM practice.

The study concludes that while radio remains a powerful medium for raising awareness on FGM, message exposure did not translate into behavioural change or eradication of FGM practice. Indeed cultural entrenchment and authority weaken media advocacies for the eradication of FGM. Therefore, this study recommends that radio stations, especially in the study areas, should adopt context-specific language and incorporate local idioms, dramatisations, and survivor testimonies to improve comprehension and resonance. Also, to overcome cultural resistance, messages on FGM should be complemented with grassroots dialogues involving elders, traditional leaders, and religious authorities who influence decision-making.

Research Limitation

First, the limitation of this study is related to the generalisation of its results, as the results are peculiar to Osun State. Perhaps the results may be different if similar study is conducted in a different state in Nigeria. Therefore, future study examine factors affecting the practice of FGM in other states. Focus group discussions may also be explored for more depth in understanding the perception towards the eradication of FGM.

Declaration of interest statement: The author declare that there is no conflict of interest whatsoever.

Funding: There is no funding for the study.

Data Availability: All data supporting the findings of this study are available within the paper and its supplementary information.

Consent to Participate: All participants who took part in the study provided informed consent before the study was conducted. Also, participation was voluntary with participants properly informed about the purpose of the study and their right to withdraw at any time without penalty.

Ethics Declaration: This study received ethical approval from the Redeemer's University Ethics Committee (*Reference No. RUN/REC/2025/396*). The study was conducted in accordance with the Redeemer's University Ethical Guidelines for research which involves human participation. Both

written and verbal consent was obtained from all participants before voluntary participation. All participants were informed of the confidentiality and anonymity of the information provided.

Ethics Approval: Ethical approval to conduct this study was obtained from the Redeemer's University Ethics Committee, Nigeria with reference number RUN/REC/2025/396. The study was conducted in accordance with the Redeemer's University Ethical Guidelines for research which involves human participation.

References

Adegoke, A. (2022). Media advocacy and the fight against female mutilation in Nigeria: A case study of community radio in Oyo State. *Journal of Health Communication, 27(3)215-216.*

Afolayan, O.I., Osakwe, J.O. & Ogunsola, G.O. (2020). Community-based strategies for the eradication of female genital mutilation in Nigeria. *Journal of Community Health, 45(2), 335-336.*

Amadi., R. N., & Chiwokwa, Z.J. (2018). An assessment of broadcast campaigns against female genital mutilation by Rivers State Television. *Review of Communication and Media Studies, 3(1), 30.*

Araoye, M.O. (2004). Research methodology with statistics for health and social sciences. In subject selection, Nathadex Publisher,Ilorin 47-48

Amadi, R.N. & Chiwokwa, Z.J. (2018). An assessment of broadcast campaigns against female genital for conducting and reporting narrative reviews, meta-analysis and meta-syntheses. *Annual Review of Psychology, 70(1), 747-747.*

Ajzen, I. (1985). The theory of planned behaviour. *Organizational Behaviour and Human Decision Processes, 50(2), 179-182.*

Bello, S. Adewole, F. &Musa, I. (2021). Social media as a tool for FGM eradication: A case study in Nigeria. *African Journal of Reproductive Health, 25(3), 52-53.*

Edeh, M.O. & Ogbuagu, C. (2020). Female genital mutilation in Nigeria: Understanding the socio-cultural drivers and barriers to change. *African Health Sciences, 20(1),193-194.*

Eke, C., & Nkwocha, A. E.(2021). Socio-cultural factors in FGM practices among ethnic communities in Nigeria. *BMC Public Health 21(1), 11-12.*

Ekanem, N.G. (2021). Influence of broadcasting media campaigns on female genital mutilation: A study of Ikeduru local government area, Imo State. *IMSU Journal of Communication Studies, 5(1),22.*

Montano, D.E. & Kasprzyk, D. (2015). Theory of reasoned action, theory of planned behaviour, and the integrated behavioural model. In K. Glanz, B.K. Rimer, K. Viswanath (Eds,), *Health behaviour: theory, research and practice (5th ed., pp95-96)*Jossey-Basee.

Nigeria Demographic and Health Survey (2021). Statistics and demographics of FGM, Abuja Nigeria. https://dhsprogram.com/fgm2021/report/

National Population Communication &ICF (2019). Nigeria demographics survey and Rockville. MD, USA: NPC and ICF. https:npcprogram.gov/publication/usa-md/icf/

Nkwam-Uwaoma, A. Ojiakor, A.C. & Onovo, J.C. (2019). Awareness, knowledge and perception of female genital mutilation and cutting (FGM/C) radio campaign and practice among women in Imo State. *Archives of Current Research International, 16(4),11.*

Okeke, Anyaechie & Ezenyaaku (2023). An overview of female genital mutilation in Nigeria. *Annals of Medical and Health Sciences Research, 2(1), 3-4*

Olawoyin,A. Adedini, S. & Egesa, C. (2016). Media influence on the perception of female genital mutilation, *Journal of Public Health, 38(3), 521-522).*

Oko-Epelle, L. & Talabi, F.O. (2025). Influence of radio messages on the awareness and adoption of malaria preventive measures among rural dwellers in Osun State, Nigeria. International *Journal of African Renaissance Studies, 3(1) 13*.

Olayiwola, O. (2016). Impact of broadcast media on the eradication of female genital mutilation in Nigeria. *International Journal of Communication and Health, 10(1),14-14.*

Oyediran, K., Ishola, G. & Feyusetan, B.(2019). Impact of mass media campaigns on health behaviour change: Evidence from a Nigerian context. *Health Communication, 34(4),394-395.*

Obichili, M.A., Emehel, A.N. & Ezegwu, D.T.(2023). The use of effective development communication programmes in abolishing female genital mutilation in Southeast Nigeria. *Aurelia Jurnal Penelitian dan Pengabdian Masyarakat Indonesia, 2(1)7-8.*

Oyefara, J.L. (2021). Community engagement and FGM eradication efforts in Nigeria: A multi-dimensional approach. *International Journal of Social Sciences Studies, 9(5)43-43.*

Olayiwola, S.(2016). The role of media in addressing female genital mutilation in Africa. *African Journal of Reproductive Health, 2(1)82.*

Utalor, J.C. (2019). Influence of broadcast media messages on awareness, perception and attitude of maternal health among reproductive women in Ilorin. *African Journal of Social Sciences and Humanities Research, 2(1),57-58.*

Uche, A. O. & Obiora, A.V.(2025). Assessing social media influence on Nigerian Youth's

knowledge, awareness and attitude towards anti-female genital mutilation legislative provisions. *Asian of Education and Social Studies, 5(12), 201-202.*

UNICEF (2021). Female genital mutilation (FGM) statistics. https://data.unicef.or/topic/child-protection/female-genital-mutilation/

World Health Organization (2025). Female genital mutilation sheet fact. https://who.int/news-room/fact-sheets/detail/female-genital-mutilaton.or/topic/child-

Wogu, R.O. (2019). The role of the broadcast media in raising awareness of female genital mutilation in Ekiti state. *Journal of Media in Health, 11(4),8.*

Zattu, F.Y. (2022). Female genital mutilation practice among childbearing women in Ogun State

International journal of Research and Scientific Innovation, 9(8)41-42.

Table 1: Sample allocation in to strata

Communities	Population	% of Pop.	Sample Size
Omu-Aran	32,970	10.74%	75
Oro	29,600	9.65%	67
Oko	27,450	8.94%	62
Igangan	57,780	18.83%	130
Ipole	26,440	8.62%	60
Eti-Oni	31,600	10.30%	72
Ikotun	55,200	17.98%	125
Ido-Osun	45,900	14.95%	104
Total	306,940	100%	695

Data source: *Researcher's survey, 2026*

Table 2: Test-retest Correlation Analysis

	Section	r value
1	Measure of awareness	100.0
2	Measure of influence	.98
3	Message effect	.95

Data source: *Researcher's survey, 2026*

Table 3: Frequency Table Showing Respondents' Demographic

Factors	Options	Frequency	%
Age	16-18	126	18.1
	19-25	206	29.6

	26-35	225	32.3
	36-45	111	15.9
	46 and above	27	3.8
	Total	**695**	**100.0**
Gender	Male	321	46.1
	Female	368	52.9
	Prefer not to say	6	0.8
	Total	**695**	**100.0**
Marital status	Single	361	51.9
	Married	245	35.2
	Divorced	56	8.0
	Widow	33	4.7
	Total	**695**	**100.0**
Educational qualification	No formal education	126	18.1
	Primary education	232	33.3
	Secondary education	148	21.2
	Tertiary education	189	27.1
	Total	**695**	**100.0**

Data source: *Researcher's survey, 2026*

Table 4: ***Frequency Table Showing Awareness Level of FGM***

Factors	Options	Frequency	%
Have you been exposed to radio messages on FGM?	Yes	641	92.2
	No	54	7.7
	Total	**695**	**100.0**
Which of these stations can you recall FGM Message?	Fresh 104.9 FM	124	17.8
	Reve 91.7 FM	154	22.1
	Living Spring 104.5FM (OSBC)	162	23.3
	Orisun 89.5FM	98	14.1
	Crown 101.5FM	88	12.6
	Gold 95.5FM	69	9.9
	Total	**695**	**100.0**
How often do you hear radio messages about FGM?	Always	269	38.7
	Sometimes	223	32.0
	Rarely	103	14.8
	Never	100	14.3
	Total	**695**	**100.0**
Do you understand the content of the radio messages on FGM?	Very well	226	32.5
	Somewhat	264	37.9
	Not at all	205	29.4
	Total	**695**	**100.0**
How clear would you say are the dangers of FGM as indicated in these messages?	Very clear	210	30.2
	Clear.	257	36.9
	Unclear	106	15.2
	Very unclear	122	17.5
	Total	**695**	**100.0**

Data source: Researcher's field survey, 2026

Table 5: ***Frequency Table Showing Messages Influence Towards Eradication of FGM***

Factors	Options	Frequency	%
I believe messages about FGM awareness on the radio have influenced my opinion against FGM practice.	Strongly Agree	123	17.6
	Agree	201	28.9
	Disagree	185	26.6
	Strongly Disagree	186	26.7
	Total	**695**	**100.0**
I do not consider the practice of FGM harmful despite my exposure to ant-FGM messages on the radio.	Strongly Agree	126	18.1
	Agree	196	28.2
	Disagree	201	28.9
	Strongly Disagree	172	24.7
	Total	**695**	**100.0**
I feel messages about anti-FGM practices on the radio do not have any influence on me	Strongly Agree	269	38.7
	Agree	223	32.0
	Disagree	103	14.8
	Strongly Disagree	100	14.3
	Total	**695**	**100.0**
Do you discuss radio messages on FGM with family, friends, or community members?	Always	121	17.4
	Sometimes	106	15.2
	Rarely	243	34.9
	Not at all	225	32.3
	Total	**695**	**100.0**
I belief radio messages are persuasive enough to discourage the practice of FGM?	Strongly Agree	111	15.9
	Agree	125	17.9
	Disagree	224	32.2
	Strongly Disagree	235	33.8
	Total	**695**	**100.0**

Data source: Researcher's field survey, 2026

Table 6: ***Frequency Table Showing Messages Effect on Behaviour change***

Factors	Options	Frequency	%
Since hearing radio messages, have you discouraged others from practicing FGM?	Yes	308	44.3
	No	387	55.6
	Total	**695**	**100.0**
Have you personally decided against supporting FGM as a result of radio messages?	Yes	306	44.0
	No	389	55.9
	Total	**695**	**100.0**
If you have children (or plan to), would you allow them to undergo FGM?	Yes	188	27.0
	May be	178	25.6
	No	329	47.3
	Total	**695**	**100.0**
Have you noticed any change in attitude towards FGM practices in your community as a result of radio messages on ant-FGM?	Yes	334	48.0
	No	361	51.9
	Total	**695**	**100.0**

Data source: Researcher's field survey, 2026

Table 7: ***Relationship between Awareness and Eradication of FGM***

Factors	Options	Frequency	%
In my opinion, awareness from radio messages on FGM directly contributes to reducing the practices.	Strongly Agree	114	16.4
	Agree	209	30.0
	Disagree	133	19.1
	Strongly Disagree	239	34.3
	Total	**695**	**100.0**
I do not belief messages of FGM on the radio can eradicate the practice.	Strongly Agree	256	36.8
	Agree	226	32.5
	Disagree	156	22.4
	Strongly Disagree	57	8.2
	Total	**695**	**100.0**
I believe consistent messages on anti-FGM can reduce the practice.	Strongly Agree	279	40.1
	Agree	213	30.6
	Disagree	102	14.6
	Strongly Disagree	101	14.5
	Total	**695**	**100.0**
I think other interventions apart from radio messages have played a major role in convincing people to gradually stop the practice.	Strongly Agree	225	32.3
	Agree	243	34.9
	Disagree	106	15.2
	Strong Disagree	121	17.4
	Total	**695**	**100.0**

Data source: Researcher's field survey, 2026

Table 8: simple correlation showing relationship between exposure and eradication of FGM

Variables		Mean	Standard Deviation
Exposure to FGM messages on radio		4.60	1.08
Attitude towards the eradication of FGM		12.85	1.96
N	836		
df	834		
r	.025		
p	>.05		

Data source: Researcher's field survey, 2026

Table 9: simple correlation showing the relationship between exposure and message influence on behaviour.

Variables		Mean	Standard Deviation
Exposure to FGM messages on radio		4.60	1.08
Attitude towards the eradication of FGM		92.15	2.76
N	836		
df	834		
R	-.015		
P	>.05		

Data source: Researcher's field survey, 2026

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- FGManalysis.sav
- interviewtranscript.xlsx
- InterviewGuide.docx
- Questionnaire.docx