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Ethical and Methodological Challenges in Researching Female Genital Mutilation/Cutting: A Reflexive Mixed-Methods Study of Nigerian Diaspora Communities in London.

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Abstract

Background

Female genital mutilation/cutting (FGM/C) is embedded within complex social, cultural, religious, gendered and intergenerational contexts. Migration may reshape attitudes as diaspora communities negotiate cultural continuity alongside different legal, health and social norms. This study examined how researcher gender, cultural proximity and insider–outsider positionality shaped access, trust, disclosure, interpretation and ethical decision-making during FGM/C research among Nigerian diaspora communities in London.

Methods

An explanatory sequential mixed-methods design informed by pragmatism was employed. Quantitative data from 145 participants were analysed using descriptive and inferential statistics in SPSS version 27. The qualitative component comprised 33 participants involved in semi-structured interviews and focus group discussions recruited through three Nigerian diaspora organisations. Qualitative data were managed using NVivo and analysed through reflexive thematic analysis. A reflexive diary and supervisory dialogue supported critical examination of the researcher's position as a Nigerian male culturally proximate to participants but outside women's embodied experiences of FGM/C.

Results

Findings indicated generational differences in attitudes towards FGM/C and distinctions between cultural and religious justifications. Reflexive analysis identified five interconnected issues: fluid insider–outsider positioning; gendered legitimacy and access; terminology and disclosure; cultural proximity and interpretative assumptions; and emotional labour and reflexivity. Cultural familiarity facilitated access but did not confer uncomplicated insider status.

Conclusions

Insider–outsider positionality in sensitive diaspora health research is relational, intersectional and context-dependent. Reflexivity should function as an ethical and analytical practice through which researchers critically examine knowledge production. Explicit positionality, sensitive terminology and culturally responsive engagement can strengthen FGM/C research.

1.0 Introduction

Female genital mutilation/cutting (FGM/C) refers to procedures involving partial or total removal of the external female genitalia, or other injury to female genital organs, for non-medical reasons [1]. It is

internationally recognised as a harmful practice and violation of the rights of girls and women. UNICEF estimates that more than 230 million girls and women alive today have undergone FGM [2]. Migration has made FGM/C an important health, safeguarding and social issue within diaspora settings, including the United Kingdom [3–5].

Within England and Wales, population movement from countries in which FGM/C has historically been practised has generated requirements for appropriate healthcare, safeguarding and culturally responsive community engagement [3, 5, 6]. However, diaspora communities should not be treated as culturally homogeneous or assumed to retain unchanged attitudes following migration. European research demonstrates that migration can contribute to changing attitudes while family relationships, social expectations, identity and cultural belonging may continue to influence how FGM/C is understood [4, 7–10].

FGM/C occurs unevenly across the country, with substantial differences between regions and communities. Recent UNICEF data continue to demonstrate marked subnational variation, while also showing declining prevalence among younger age groups [2]. Such heterogeneity cautions against representing a singular “Nigerian culture” of FGM/C. Ethnicity, locality, religion, education, gender, generation and family histories may intersect in different ways to shape experiences and attitudes. This heterogeneity becomes particularly significant when Nigerians migrate and negotiate cultural identities within different legal, institutional and social environments. Nigeria provides an important context because FGM/C varies by geography, ethnicity, generation and social setting [11, 14, 15]. Nigerian qualitative researchers further demonstrate that the meanings surrounding FGM/C can involve social acceptance, identity, morality, stigma and culturally situated psychological experience [12, 13]. These findings caution against reducing FGM/C to an individual health behaviour detached from family and community relationships.

Behavioural change theory, similarly, social was central to the current study. The Theory of Planned Behaviour links attitudes, subjective norms and perceived behavioural control to behavioural intentions [16], while social-convention research on FGM/C demonstrates that decisions about continuation or abandonment may be embedded in interconnected social networks [17, 18]. In diaspora settings, therefore, changing attitudes may coexist with continuing concern about social judgement and belonging.

1.1 Reflexivity and Positionality in Sensitive FGM/C research

Researching FGM/C raises a second set of questions concerning how knowledge is produced. Qualitative researchers are not neutral instruments standing outside the research encounter. Biography, positionality, relationships and emotion can shape access, questioning, disclosure and interpretation [19–21]. Insider-outsider positions are particularly complex in culturally sensitive research because

shared nationality or ethnicity can produce familiarity while gender, generation, religion, class, professional status or personal experience simultaneously produce distance [22, 23].

This issue is especially salient where a male researcher investigates a practice affecting female bodies, sexuality and reproductive experience. Men may nevertheless occupy important positions in the social environment surrounding FGM/C. Research with migrant men has identified enabling, disabling and neutral positions towards abandonment, suggesting that men should not be treated as a homogeneous category or excluded automatically from prevention research [24]. Community-based European research likewise emphasises participation and the importance of understanding how interventions are received within migrant communities [5, 25, 26].

Terminology also forms part of the current research relationship. “Mutilation”, “cutting” and “circumcision” may communicate different moral and cultural positions. Healthcare studies among migrant women show that insensitive communication, insufficient professional knowledge and stigmatising encounters can undermine culturally safe care [7–10]. The same concern applies to the current research: language may affect trust and willingness to disclose while researchers must still avoid minimising established harms.

The researcher recognises that in current academic and policy discourse, the abbreviation “FGM/C” is predominantly understood as “Female Genital Mutilation/Cutting” rather than “Circumcision.” This distinction is important, as the term “cutting” is frequently favoured in culturally sensitive discussions to prevent association with male circumcision and to mitigate stigma [1]. However, the current study adopts the term Female Genital Mutilation-‘Circumcision’ (FGM-C) in the researcher’s recently concluded doctoral study, recognising its dual connotation and critically examining its application in community health promotion/advocacies and community perceptions of the phenomenon of interest, FGM-C vis-à-vis academic discourse.

Although the terminology surrounding FGM-C is a point of contention, it was seen in the current study that some communities prefer terms like "female circumcision," asserting that it mirrors the practice of male circumcision. However, such terminology has been criticised for downplaying the harmful consequences of FGM-C and falsely equating it with male circumcision, that is medically recognised as having health benefits.

1.2 Aim and Research Questions

This article critically examines the ethical, methodological and positional challenges encountered in mixed-methods FGM/C research with Nigerian diaspora communities in London. Its central question is:

- How do researcher gender, cultural proximity and insider-outsider positionality shape the ethical, methodological and interpretative processes of conducting sensitive FGM/C research within Nigerian diaspora communities?

- Subsidiary questions consider how these positionalities influenced access, trust, disclosure and interpretation, and what methodological lessons can inform ethically responsive research on sensitive cultural health practices in diaspora communities.

The central argument is that researching FGM/C is not simply a process of collecting neutral information about a sensitive practice. Knowledge is co-produced through interactions among researcher gender, cultural membership, migration experience, participant expectations, terminology and power. Reflexivity is consequently treated here as an analytical and ethical practice rather than merely a declaration of potential researcher bias [20–22].

2.0 Methods

2.1 Study Design and Philosophical Orientation

The wider study used an explanatory sequential mixed-methods design, in which quantitative findings provided a contextual platform for subsequent qualitative exploration. The design was informed by pragmatism, which supports methodological pluralism while focusing inquiry on the research problem and the consequences of knowledge claims [27–29]. However, the researcher employed a framework: Pragmatism-Communitarianism-Realism (PCR Framework), this offers distinct advantages in understanding the complex issues surrounding FGM-C. Every paradigm offers a distinct contribution to the research, facilitating an extensive examination of the social, scientific, and human aspects of FGM-C. The PCR elements collectively shape the researcher's understanding of the dynamic research landscape of FGM-C.

The PCR framework allows for connections between communication strategies at the community and societal levels within the FGM-C discourse. The conceptual model suggests that norms and behaviours are interdependent, influencing and being influenced by individual ideas and actions. The present article uses both components but places particular analytical emphasis on the reflexive and methodological insights generated through qualitative fieldwork.

2.2 Setting, Recruitment and Participants

Participants were recruited in London through three Nigerian community and faith-based organisations: God's Kingdom Society (GKS) Church of the Living God London, the Muslim Association of Nigeria UK (MAN UK), and Eku Progress Union (EPU) UK and Ireland. These organisations functioned as community access points rather than representative sampling frames. Recruitment was non-probability and community based, with snowballing used to extend access to eligible participants. The qualitative phase purposively sought variation in age, gender, ethnicity, religion and educational background.

Of 250 survey questionnaires distributed, 170 were returned (68.0%). Twenty-five were excluded during eligibility and data-quality screening, leaving 145 valid quantitative responses (58.0% of all questionnaires distributed). Study documentation records that 15 excluded respondents did not meet

the Nigerian-origin eligibility criterion; the remaining exclusions related to incomplete responses. The qualitative component comprised 33 participants: 10 individual interview participants and 23 focus-group discussions (FGDs) participants.

2.3 Quantitative Component

The survey collected sociodemographic information and responses concerning knowledge, experience, perceived cultural and religious influences, and attitudes towards FGM/C. Data were analysed in IBM SPSS Statistics version 27. Descriptive statistics were used to characterise the final N = 145 sample. However, this present article does not seek simply to reproduce the researcher's wider doctoral study statistical and thematic findings. Instead, it uses selected empirical findings and fieldwork experiences to critically examine the methodological and ethical processes through which those findings were produced in a reflexive manner (see 2.6 below). Particular attention is given to the researcher's position as a Nigerian male occupying an unstable insider–outsider location: culturally proximate to participants through Nigerian identity and community familiarity, while gender-distant from women's embodied experiences of FGM/C.

The study therefore addresses an under-examined methodological question: *how do researcher gender, cultural proximity and insider–outsider positionality shape the ethical, methodological and interpretative processes involved in conducting sensitive FGM/C research within a diaspora community?*

Three interconnected objectives guide the analysis:

1. to examine how cultural proximity and gender shaped access, trust, disclosure and researcher–participant relationships;
2. to critically analyse how terminology, prior assumptions, emotional responses and researcher positionality influenced data generation and interpretation; and
3. to identify methodological and ethical lessons for researchers investigating FGM/C and other sensitive cultural health practices within diaspora communities.

By positioning reflexivity as an analytical and ethical practice rather than an autobiographical addendum, the article contributes to methodological debates concerning sensitive health research, gendered researcher–participant relationships and the fluidity of insider–outsider positioning. It further demonstrates how reflexive engagement can illuminate the intersection between culture, migration, gender and knowledge production in public health research.

2.4 Qualitative Data Collection

Semi-structured interviews and focus-group discussions (FGDs) explored participants' understandings of FGM/C, cultural and religious meanings, generational differences, gendered decision making and attitudes towards continuation or abandonment. Sessions generally lasted approximately 45–60 minutes, were audio-recorded with consent and transcribed verbatim. Participant feedback was used for

contextual clarification and communicative engagement rather than as proof of a single objectively correct interpretation, consistent with contemporary critiques of member checking [34].

2.5 Reflexive Thematic Analysis

Qualitative data were managed using NVivo and analysed using reflexive thematic analysis (RTA) following Braun and Clarke [30–33]. Analysis involved familiarisation, coding, development and revision of candidate themes, refinement and naming of themes, and analytic writing. These phases were iterative rather than strictly linear. NVivo was used as a data-management tool; interpretative analysis remained the responsibility of the researcher. Consistent with RTA, themes were treated as analytic constructions developed through engagement with the dataset rather than as objectively existing entities awaiting discovery [31–33].

2.6 Researcher Positionality and Reflexive Practice

The researcher is a first-generation Nigerian male living in London. This position created cultural proximity to participants while simultaneously locating the researcher outside women's embodied experience of FGM/C, particularly the young female adults. Insider-outsider positioning was therefore treated as fluid and relational rather than fixed [19, 22, 23]. A reflexive diary was maintained to record prior assumptions, emotional reactions, fieldwork interactions and changing interpretations. Reflections were discussed in supervision to challenge taken-for-granted interpretations and distinguish participant accounts from researcher assumptions.

2.7 Terminology and Relational Ethics

The study used FGM/C as the principal analytical term while remaining attentive to participants' use of “circumcision”, “cutting” and related culturally familiar expressions. This approach sought to retain clarity about harm while avoiding the assumption that one term would function neutrally in every research encounter. Relational ethics emphasises responsibility within research relationships, particularly where disclosure is intimate or culturally sensitive [39].

2.8 Ethics

Ethical approval

for this study was granted by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (ECDA) at the University of Hertfordshire. The quantitative phase was approved under protocol HSK/PGR/UH/05163 (See appendix A), and the qualitative phase under protocol HSK/PGR/UH/05298 (See appendix B), with an approved extension HSK/PGR/UH/05298(1) (See appendix C). The study was conducted in accordance with the relevant guidelines and regulations of the approving ethics committee, the University of Hertfordshire policies governing studies involving human participants (UPR RE01), and the conditions of the approved research protocols. Participants received study information and provided informed consent before participation. Participation was voluntary, and confidentiality and the right to withdraw were managed in accordance with the approved protocols.

Pseudonymous participant identifiers are used in this article. Ethical responsibility also included ongoing attention to respectful representation, cultural sensitivity and researcher–participant relationships during data collection and interpretation.

3.0 Results

3.1 Quantitative Sample Characteristics

The final quantitative sample comprised 145 eligible and sufficiently complete questionnaires. Table 1 presents the demographic characteristics documented for this final sample. The sample was community recruited and is not presented as statistically representative of Nigerians living in London or the United Kingdom.

Table 1
Sociodemographic characteristics of quantitative survey participants (N = 145)

Characteristic	Category	n	%
Age group	18–35 years	35	24.14
	36–45 years	40	27.59
	46–55 years	30	20.69
	56–65 + years	40	27.59
	Total	145	100.00
Gender	Female	75	51.72
	Male	70	48.28
	Total	145	100.00
Ethnic group	Igbo/Ibo	30	20.69
	Yoruba	35	24.14
	Urhobo	45	31.03
	Isoko	15	10.34
	Hausa	10	6.90
	Other Nigerian ethnic groups	10	6.90
	Total	145	100.00
Faith group	Christian	115	79.31
	Muslim	25	17.24
	Other	5	3.45
	Total	145	100.00

Note: Percentages may not sum exactly to 100.00 because of rounding. “Other Nigerian ethnic groups” should be retained only where the underlying eligibility record confirms Nigerian origin.

3.2 Quantitative findings used in the Reflexive Analysis

The quantitative component provided contextual evidence for the qualitative and reflexive analysis, particularly around age, education, gender, ethnicity and previous experience of FGM/C. Accordingly, Table 2 below distinguishes historical working results from statistics on the final cleaned N = 145 dataset. This prevents a change of denominator from being mistaken for a genuine reanalysis. R^2 values are interpreted as measures of variance accounted for by a model and are **not, by themselves, evidence that an individual predictor is statistically significant**.

Table 2
Status of quantitative associations for the final N = 145 manuscript

Relationship/model	Source result	Statistical interpretation	Treatment in revised article
Age group × position towards FGM/C	$r = 0.356$, $p < 0.001$	Statistically significant positive association	Retained; explored qualitatively through generational accounts
Academic qualification × position towards FGM/C	$r = -0.151$, $p = 0.069$	Weak, non-significant association	Retained; interpreted cautiously
Previous FGM/C experience × cultural/religious attribution	$r = -0.039$, $p = 0.641$	Negligible, non-significant association	Retained as contextual evidence
Gender × previous FGM/C experience	$r = -0.010$, $p = 0.905$	Negligible, non-significant association	Retained; no claim that gender is unimportant
Age group × previous experience/age-related FGM/C practice	$r = 0.289$, $p < 0.001$	Small positive, statistically significant association	Retained as contextual evidence
Ethnic group × previous FGM/C experience	$r = 0.074$, $p = 0.372$	Non-significant; Pearson *r* inappropriate for substantive interpretation of nominal ethnicity	Excluded from substantive conclusions
Age-related regression model	$R^2 = 0.384$, $p < 0.001$	Reported model accounted for 38.4% of variance	Retained provisionally, subject to verification
Education-related regression model	$R^2 = 0.013$; main-variable $p = 0.173$	Very limited explained variance; non-significant predictor result	Retained provisionally

3.3 Reflexive Qualitative Findings

Five interconnected themes captured how positionality and research relationships shaped access, disclosure and interpretation:

(1) fluid insider-outsider positioning; (2) gendered legitimacy and access; (3) terminology and disclosure; (4) cultural proximity and interpretative assumptions; and (5) emotional labour and reflexivity. The themes are analytic rather than demographic categories and draw on the 33 qualitative participants.

3.3.1 Fluid Insider-Outsider Positioning

Shared Nigerian identity provided cultural recognition but did not create a stable insider position. Participants differed by generation, ethnicity, religion, gender and relationship to FGM/C. Older and

younger accounts sometimes illustrated contrasting relationships with inherited norms:

"I no longer endorse it, but individuals of my generation still perceive it as a means to safeguard a girl's purity." (MMO1, 66–80 + years, Female, Christian, Urhobo, a first-generation migrant)

"FGM-C is a detrimental practice that is unacceptable in our community today." (PTHA, 18–35, Female, Muslim, Yoruba and second-generation Nigerian migrant)

These accounts demonstrate why cultural proximity could not be equated with uniform cultural agreement. The researcher moved between familiarity and distance depending on the participant and the issue being discussed.

3.3.2 Gendered Legitimacy and Access

The researcher's male gender became particularly visible when participants discussed women's embodied experience and family decision making. Some participants described older women as important decision makers, while men could exercise less visible forms of influence:

"It was my grandmother who insisted I must do it. My father didn't even know." (MMO3, 66–80+, female, Christian, Edo ethnic group, and First-generation Nigerian migrant)

"Men don't perform it, but we benefit from it — that's the truth some don't admit." (VAA 36–45, Male, Christian, Yoruba first-generation Nigerian migrant)

Participants did not respond uniformly to the male researcher. One participant commented:

"At least you listen without prejudice — some women wouldn't." (MMO1, 66–80 + years, Female, Christian, Urhobo, a first-generation Nigerian migrant)

These accounts do not establish that men or women occupy fixed positions. Rather, they illustrate gender as a relational condition affecting authority, access and disclosure.

3.3.3 Terminology and Disclosure

Terminology itself became part of the interaction. Some participants were unhappy about the 'mutilation' appellation. According to a participant statement:

"Although I recognise it is incorrect, but our people refer to it as traditional circumcision rather than mutilation." (RSP, 36–45, Female, Christian, Ibo first-generation migrant).

The distinction signalled more than vocabulary: "mutilation" foregrounded harm, whereas "circumcision" could function as culturally familiar language. Participants also actively distinguished cultural and religious explanations:

"Islam doesn't command it—people just mix culture with religion." (BOO, 18–35, Female, Muslim, Yoruba and a second-generation Nigerian migrant).

Another participant stated: *"The Creator only mandated the circumcision of male offsprings; therefore, every Christian male child is required to undergo this procedure. However, the order/covenant does not encompass the circumcision of female children."* (ADO) 36–45, Male, Chrisitan, Yoruba, a first-generation migrant)

Terminology and religious attribution were therefore negotiated rather than simply recorded as fixed categories. These accounts demonstrated that "culture" and "religion" were not simply fixed variables that participants possessed. Participants themselves actively distinguished, interpreted and renegotiated the relationship between the two. Terminology consequently became part of the research process rather than merely a matter of editorial preference. The language selected by the researcher could influence whether participants perceived the encounter as an opportunity to explain their perspectives or as a setting in which judgement had already been established.

3.3.4 Cultural Proximity and Interpretative Assumptions

Cultural familiarity could facilitate communication but also risk presumed understanding. Formal education, for example, did not necessarily remove concerns about community belonging:

"Education makes you aware, but it doesn't remove the fear of being judged by your people." (BUK, 36–45, Female, Christian, Yoruba and first-generation Nigerian migrant)

Reflexive analysis consequently required a shift from asking whether the researcher recognised a cultural reference to asking what that reference meant to the participant in that encounter. The reflexive diary documented occasions when initial assumptions about culture, religion and generational change required revision.

3.3.5 Emotional Labour and Reflexivity

FGM/C discussions involved harm, sexuality, family authority, cultural defence and moral disagreement. The researcher recorded discomfort, empathy and changing perspectives during fieldwork. These responses were treated as prompts for reflexive scrutiny rather than evidence about participants. Reflexive journaling and supervision supported examination of how emotion might affect questioning, listening and interpretation, were used consistently with wider work on emotional labour in sensitive research [20, 21, 35].

3.4 Integration of findings

Integration showed that demographic variables alone could not explain the methodological dynamics of the study. Age and generation were salient in participant narratives; education interacted with concerns about belonging; gender was important to authority and researcher legitimacy even where simple quantitative associations might be small; and religion was actively distinguished from culture by participants. Table 3 summarises the integration of empirical evidence with the five reflexive themes.

Table 3
Integration of empirical findings with reflexive methodological themes

Reflexive theme	Evidence from the study	Methodological challenge	Reflexive implication
Fluid insider-outsider positioning	Contrasting generational accounts and diverse Nigerian identities.	Shared nationality could be mistaken for complete cultural membership.	Treat positionality as relational, intersectional and encounter specific.
Gendered legitimacy and access	Accounts of female family authority, indirect male influence and reactions to a male researcher.	Male researcher lacked women's embodied experience and sometimes faced legitimacy questions.	Make gender explicit in access, rapport, disclosure and interpretative limits.
Terminology and disclosure	Participants differentiated “mutilation”, “circumcision”, culture and religion.	Research terminology could communicate judgement and affect disclosure.	Use participant-sensitive language without minimising harm.
Cultural proximity and interpretative assumptions	Cultural familiarity coexisted with divergent meanings and concern about community judgement.	Familiarity could foster assumed comprehension.	Examine rather than assume the significance of well-known cultural allusions.
Emotional labour and reflexivity	Diary entries recorded discomfort, empathy and changing interpretations.	Researcher emotions could influence questioning and interpretation.	Use reflexive records and supervision to examine, not erase, emotional involvement.

In retrospect, religion was also more complex than a binary explanatory variable. Participants frequently distinguished religious doctrine from cultural practice and actively reinterpreted religious explanations during interviews and FGDs.

The reflexive analysis added a further layer by showing that these findings were produced through relationships in which researcher gender, cultural familiarity, terminology, trust and emotion could influence what was discussed and how accounts were interpreted.

4.0 Discussion

4.1 Principal Findings and Contribution

This study examined the ethical, methodological and positional complexities of researching FGM/C among Nigerian diaspora communities in London. Across a final quantitative sample of 145 and a qualitative sample of 33, the central methodological finding was that researcher positionality could not be reduced to a stable insider or outsider category. Five themes - fluid insider-outsider positioning, gendered legitimacy and access, terminology and disclosure, cultural proximity and interpretative

assumptions, and emotional labour and reflexivity - show how knowledge was produced through changing relationships between researchers and participants.

The findings extend FGM/C diaspora scholarship by bringing the research encounter itself into analysis. European studies have documented changing attitudes following migration alongside continuing tensions involving identity, social pressure, healthcare encounters and stigma [4, 5, 7–10]. The present study adds that these same cultural negotiations can shape what participants disclose, how they position the researcher and how their accounts are interpreted.

4.2 Fluid Insider-Outsider Positionality in Diaspora Research

The finding that positionality shifted across encounters supports conceptualisations of insider-outsider status as relational rather than binary [19–23]. Nigerian identity could facilitate recognition and access, yet gender, generation, ethnicity, religion, professional identity and individual experience simultaneously created forms of distance. Shared cultural membership therefore did not confer unrestricted interpretative authority.

This is especially important in diaspora research because migration may alter relationships with inherited norms. Studies in European migrant populations show that attitudes towards FGM/C can change after migration while social pressure and concerns about belonging may persist [4, 7]. Cultural change should therefore be understood as negotiated rather than automatic or linear.

4.3 Gendered Legitimacy, Access and Men's involvement

The researcher's male gender created a clear boundary to experiential insider status because FGM/C concerns women's bodies, sexuality and reproductive health. Yet excluding men entirely would risk obscuring their direct and indirect roles in the social environment surrounding the practice. Research among migrant men has identified enabling, disabling and neutral positions towards abandonment [24]. The present findings similarly suggest that men may reject, legitimise, benefit indirectly from or remain silent about FGM/C, while women may resist, experience, negotiate or transmit cultural expectations.

Researcher gender again, should consequently be treated as a relational methodological factor rather than a fixed advantage or disadvantage. Its significance depends on who is participating, what is being discussed and how the researcher is perceived in that encounter.

4.4 Terminology, Disclosure and Relational Ethics

The distinction between “mutilation”, “cutting” and “circumcision” was methodological as well as semantic. Language can signal the researcher's moral position and affect participants' willingness to discuss a stigmatised practice. However, the term "mutilation" has been criticised for alienating communities, potentially hindering effective dialogue and intervention. The Studies of migrant women's healthcare experiences report insufficient professional knowledge, insensitive communication and stigmatising encounters [8–10]. Research communication requires comparable sensitivity.

Participant-responsive terminology does not require ethical neutrality about harm. Rather, it recognises that analytical terminology and relational terminology can serve different purposes. Relational ethics directs attention to responsibility within the researcher-participant relationship, particularly where disclosure concerns intimate or culturally contested experience [39].

It was in 1979, a radical feminist scholar, Hosken [40] coined the term "female genital mutilation" (FGM) to emphasise the severity of the practice and distinguish it from male circumcision. Mugo in 1997 [41] challenges the application of the term "mutilation" by drawing attention to the inconsistency in how body modification practices are perceived in different cultural contexts. Mugo notes that Western practices such as body piercings, genital piercings, and cosmetic surgeries like labiaplasty are often viewed as ‘modifications’, not ‘mutilations’. This distinction calls for critical reflection on who defines the terminology used in discussing such practices and how these definitions are influenced by socio-political power dynamics. Mugo’s work prompts the question, “Who determines what terms are used against whom?” [41:466]. Mugo, highlighting the complex relationship between epistemological control and cultural values. Hence, the current researcher used the term FGM-C (Female Genital Mutilation-Circumcision) in some cases throughout data collection and analysis with a view to facilitating honest conversation with participants [42]

4.5 Cultural Proximity and Interpretative Assumptions

Cultural familiarity was both a resource and a reflexive risk. It supported contextual recognition but could encourage the assumption that familiar expressions carried shared meanings. The findings therefore support a distinction between recognising a cultural reference and understanding what it means to a particular participant. This distinction is consistent with reflexive scholarship that treats knowledge as situated and researcher interpretation as accountable rather than neutral [19–23].

The same caution applies to culture and religion. Participants actively differentiated theological teaching from cultural tradition. Nigerian research likewise demonstrates that FGM/C meanings can involve social acceptance, identity and stigma rather than a single cultural or religious determinant [12–14].

4.6 Emotional Labour and Reflexivity as Analytical Practice

Sensitive research has an emotional dimension. Researcher emotion was neither treated as contamination to be eliminated nor as evidence replacing participant accounts. Instead, reflexive documentation enabled examination of how discomfort, empathy and prior assumptions might shape the research process [20, 21]. Hanna similarly highlights the emotional labour generated by sensitive qualitative research and the need to recognise its methodological implications [35].

The reflexive diary and supervisory dialogue therefore functioned as analytic resources. Reflexivity was ethical because it encouraged attention to dignity, vulnerability and power, and epistemology because it examined the conditions through which interpretations were produced.

4.7 Implications for FGM/C Research, Policy and Community Engagement

FGM/C prevention and research should avoid treating diaspora populations as homogeneous risk communities. Community participation, culturally safe healthcare and engagement with women and men are important components of responsive practice [5, 24–26, 36, 37]. Faith and community organisations can provide valuable spaces for dialogue, but researchers and practitioners should recognise internal diversity rather than treating leaders or demographic categories as proxies for uniform community opinion.

The findings also support culturally humble communication. Understanding the social reasoning through which participants discuss FGM/C does not require endorsing the practice. Critical analysis, safeguarding and respect for participants can coexist. This is particularly important where stigma associated with FGM/C may itself affect diaspora communities and their interactions with health and safeguarding systems [7–10].

5.0 Strengths and Limitations

This study is an empirical mixed-methods study that uses the findings of FGM/C research among Nigerian diaspora communities in London to examine how researcher gender, cultural proximity and fluid insider–outsider positioning shape access, disclosure, interpretation and knowledge production in sensitive health research. Hence, the principal strength of this study is the integration of quantitative, qualitative and reflexive evidence. The final quantitative sample comprised 145 valid respondents and the qualitative component comprised 33 participants, enabling demographic patterns to be considered alongside contextual accounts of culture, gender, generation and research relationships. Inclusion of both women and men enabled analysis of gendered influence beyond an exclusive focus on women as participants, while the researcher's cultural proximity was itself subjected to reflexive scrutiny.

Several limitations require emphasis. First, recruitment was non-probability and community based; the 145 survey respondents cannot be considered statistically representative of Nigerians living in London or the wider UK Nigerian diaspora. Second, recruitment through three community and faith organisations may have underrepresented people unaffiliated with such organisations. Third, FGM/C is sensitive and potentially stigmatised, so responses may have been affected by social desirability, legal awareness, recall or reluctance to disclose. Finally, the researcher’s gender and cultural proximity may have facilitated some disclosures while inhibiting others; this was analysed reflexively rather than treated as something that could be eliminated.

6.0 Conclusion

Researching FGM/C within Nigerian diaspora communities in London required more than technical competence in surveys, interviews and thematic analysis. It required sustained attention to the

relationships through which participants' accounts became research knowledge. Drawing on a mixed-methods study with 145 valid quantitative respondents and 33 qualitative participants, this article demonstrates that researcher positionality was neither fixed nor adequately described through a simple insider-outsider distinction.

Nigerian cultural identity provided forms of familiarity and access, while gender, generation, ethnicity, professional identity and participants' individual experiences continually altered the researcher's position. The five themes developed in the analysis show that access, legitimacy, terminology, cultural familiarity and emotional response are interconnected methodological conditions of sensitive research.

Reflexivity should therefore be understood not as an attempt to eliminate researchers’ subjectivity but as an ongoing ethical and analytical practice through which subjectivity, power, cultural proximity and relational dynamics are made available for critical examinations. This approach can strengthen methodological transparency, cultural humility and ethical accountability in FGM/C research and in wider research on sensitive cultural health practices.

Declarations

Ethics approval and consent to participate

This study was approved by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (ECDA) at the University of Hertfordshire in accordance with its relevant guidelines and regulations and the University of Hertfordshire policies for studies involving human participants (UPR RE01). Ethics approval was granted for the quantitative phase (protocol HSK/PGR/UH/05163) and the qualitative phase (protocol HSK/PGR/UH/05298), with an extension to the qualitative approval (HSK/PGR/UH/05298(1)). All participants received study information and provided informed consent before participation. Participation was voluntary, and confidentiality was maintained in accordance with the approved protocols.

Consent for Publication

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Author Contribution

James Atikporu Oghenovo[1], Professor B.L.[2], Dr M.B.[2]James Atikporu Oghenovo: Conceptualisation; Methodology; Investigation; Data Curation; Formal Analysis; Validation; Writing – Original Draft; Writing – Review & Editing; Project Administration. J.A.O. conceived and designed the study, undertook participant recruitment and data collection, conducted the quantitative and qualitative analyses, developed the reflexive interpretation of the findings, and prepared the original manuscript.Professor B.L.: Supervision; Methodology; Validation; Writing – Review & Editing. B.L., as Principal Supervisor of the doctoral study, provided overall academic and research supervision, contributed to the development and refinement of the study design and methodological approach, provided critical intellectual guidance throughout the research process, supported interpretation of the findings, and critically reviewed and contributed to the development of the manuscript.Dr M.B.: Supervision; Methodology; Validation; Writing – Review & Editing. M.B., as Supervisor of the doctoral study, provided academic and methodological guidance throughout the research, contributed to the refinement of the research design and analytical approach, supported critical interpretation of the findings, and critically reviewed and contributed to the development of the manuscript.All authors contributed to the intellectual development of the work, reviewed and approved the final manuscript, and agree to be accountable for the aspects of the work for which they contributed

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Data Availability

Data Availability Statement: The datasets generated and/or analysed during the current study are not publicly available because they contain sensitive information concerning female genital mutilation/cutting and potentially identifiable diaspora communities. De-identified data may be available from the corresponding author, James Atikporu Oghenovo, on reasonable request, subject to the conditions of the original ethics approvals, participant consent, and applicable confidentiality and data protection requirements.

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Figures

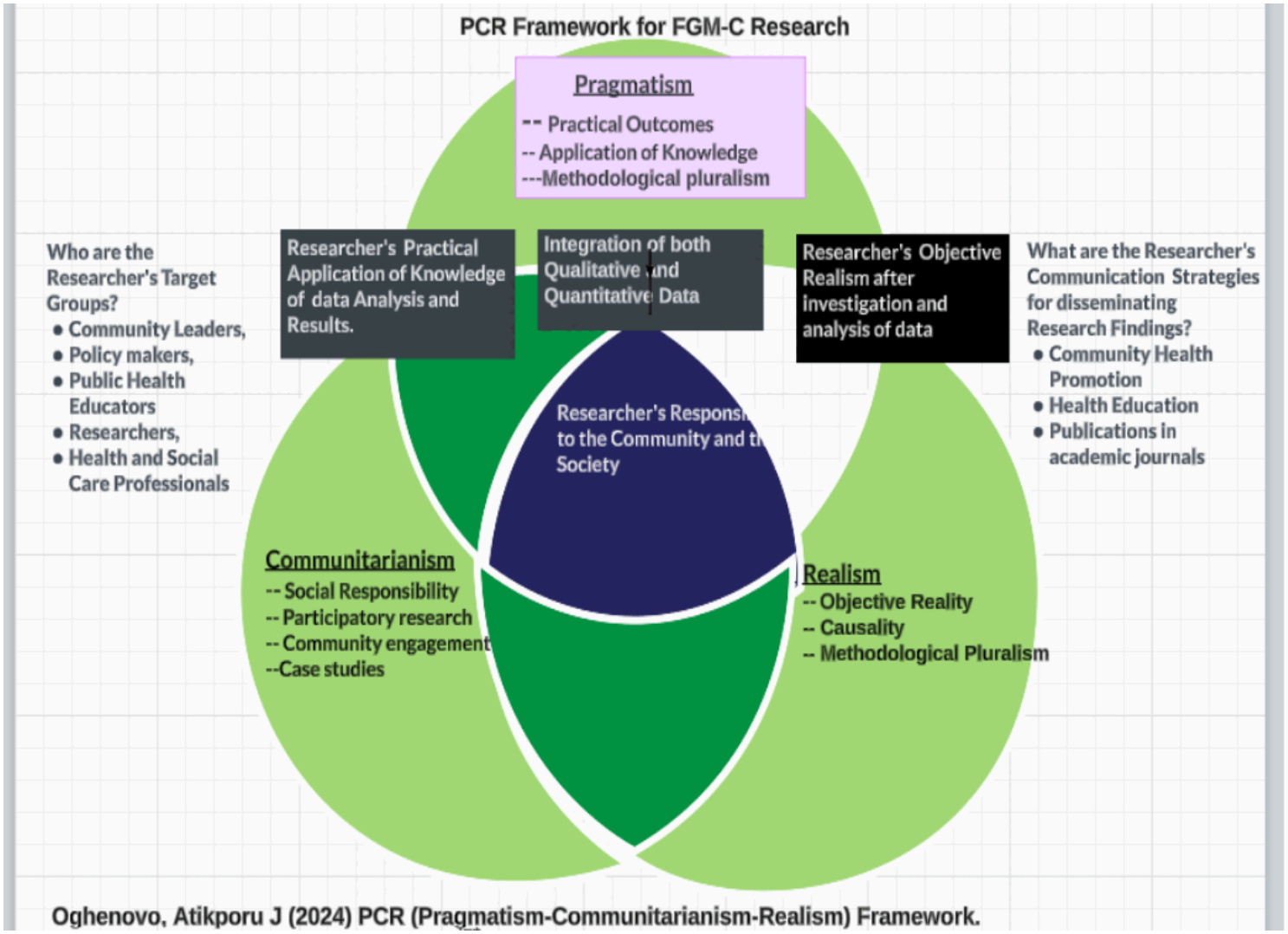


Figure 1

Unnumbered image in the Mehod section.

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