



African Population and
Health Research Center

Policy Brief



Eradicating Female Genital Mutilation/Cutting in Southwest Nigeria: Insights from the StopCut Project

Highlights

- Female Genital Mutilation/Cutting (FGM/C) affects 24.8% of reproductive-age women in Nigeria.
- The StopCut project, implemented in Oyo, Osun, and Ekiti states, aimed to reduce FGM/C through education, legal awareness, and advocacy.
- StopCut improves knowledge and reporting, but ending FGM/C demands stronger enforcement and cultural shifts.

Background

World Health Organization defines Female Genital Mutilation (FGM) as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

FGM has no known health benefits for women and girls who undergo it, only harm that range from severe bleeding, urinary problems, infections, menstrual difficulties, childbirth complications among others. Female Genital Mutilation/Cutting (FGM/C) remains a pervasive human rights violation in Nigeria, with a prevalence of 24.8% among women of reproductive age.

The StopCut project, implemented in Oyo, Osun, and Ekiti states, aimed to reduce FGM/C through community education, legal awareness, and advocacy. This quasi-experimental study evaluated its impact, revealing significant improvements in knowledge, legal awareness, and reporting behaviour, but persistent cultural barriers and enforcement challenges.

Key Findings

- **Increased knowledge and awareness:** Participation in StopCut significantly improved knowledge of FGM/C health consequences (e.g., 96.8% of participants aware) and the Violence Against Persons Prohibition (VAPP) Act (71% vs. 4.9% in control group).
- **Behavioral shifts:** Willingness to report FGM/C rose to 92.6% among participants (vs. 54.8% in control), and reporting of family practices increased.
- **Persistent challenges:** Despite gains, intention to practice FGM/C unexpectedly increased among participants, highlighting deep-rooted cultural norms. Only 59.2% of the control group recognized FGM/C as a criminal offense, indicating gaps in legal understanding and enforcement.

Policy Implications

- **Legal enforcement gaps:** Awareness of the VAPP Act does not translate to perceiving FGM/C as a punishable crime, suggesting weak enforcement and public distrust in legal systems.
- **Cultural resistance:** Educational efforts alone are insufficient to shift entrenched beliefs supporting.
- **FGM/C. scalability potential:** StopCut's multi-pronged approach shows promise but requires broader reach and adaptation.

Recommendations

Strengthening legal frameworks and enforcement:

Governments should rigorously enforce existing anti-FGM laws and address implementation gaps that hinder effective prosecution and deterrence. Allocating resources and capacity building for legal enforcement agencies.

Scale up interventions: Expand StopCut to other high-prevalence regions, adapting strategies to local cultural contexts, with funding from federal budgets and international donors.

Engaging men and boys in FGM prevention:

Targeted interventions should actively involve men and boys in efforts to challenge harmful gender norms and advocate for the abandonment of FGM/C. Local government authorities, in collaboration with traditional leaders and youth organizations, should lead initiatives that promote gender-equitable attitudes and behaviors.

Combating the medicalization of FGM/C:

State ministries of health and professional medical associations should spearhead awareness campaigns targeting healthcare providers to highlight the dangers of FGM/C, regardless of who performs it. Additionally, strict regulations should be enforced to prevent the medicalization of the practice.

Deepen community education: Intensify campaigns to dispel myths (e.g., FGM/C ensures fidelity), led by state health ministries and CSOs, emphasizing health risks and legal consequences.

Strengthening collaboration between government and community-based organizations:

State ministries of health and local government health departments should work in collaboration with community-based organizations to ensure that FGM programming builds strategic partnerships. These partnerships should align with larger development goals, including health, justice, and education, to create a holistic response to ending FGM.



Enhancing FGM/C reporting mechanisms: State-level law enforcement agencies, supported by the federal government, should lead efforts to publicize and operationalize all available FGM/C reporting platforms effectively. Increased awareness and accessibility of these platforms will facilitate timely reporting and intervention.

Strengthening the EndFGM alliance and capacity-building initiatives:

Federal and state governments, with support from international donors and non-governmental organizations (NGOs), should provide financial and logistical backing to expand the EndFGM Alliance and facilitate capacity-building workshops for key stakeholders.

Empowering Civil Society Organizations (CSOs):

CSOs should be equipped with the necessary resources, training, and institutional support to effectively implement community-level interventions. They should also play a central role in monitoring FGM/C cases and providing critical support services to survivors. State governments should coordinate these efforts to maximize their reach and effectiveness.

Conclusion

The StopCut project demonstrates that targeted interventions can improve knowledge and reporting of FGM/C, but ending the practice requires stronger enforcement, broader outreach, and cultural norm transformation. Policymakers must act decisively to build on these gains.

Appendices/References, Methods/Approach, Further Reading

1. StopCut project <https://hacey.org/stopcut/>
2. Olunuga O, Robinson R, Ojajuni P, Opondo W, Gitari W, Owolabi I, Izudi J, Okumu B. Impact of the Stopcut Project on the Practice of Female Genital Mutilation/Cutting in Southwest Nigeria: A quasi-experimental study. BMC Public Health. 2025 Feb 24;25(1):768. Doi: 10.1186/S12889-025-21976-1. Pmid: 39994629; Pmcid: Pmc11852816.