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FEMALE CIRCUMCISION IN COLONIAL OYO, SOUTHWEST NIGERIA: THE CONTEST BETWEEN TRADITIONALISM AND MODERNISM

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Abstract

The paper examined the complex dynamics surrounding female circumcision in colonial Oyo, Southwest Nigeria. The methodology employed included historical research. Primary sources included oral interviews and archival materials. Secondary sources included textbooks, journal articles, newspapers and internet information. The collected data were subjected to qualitative analysis. We explored how traditional practices clashed with modernist ideals imposed by British colonial powers. The research revealed that female circumcision was a site of contestation between traditional Oyo culture and colonial modernity. While colonial authorities viewed the practice as barbaric and oppressive, Oyo traditionalists saw it as an essential rite of passage and a marker of cultural identity. We argued that the contest over female circumcision was a struggle for cultural dominance and a reflection of the broader tensions between traditionalism and modernism in colonial Oyo. Our findings contributed to a deeper understanding of the complex power dynamics and cultural negotiations that shaped gender, identity, and tradition in colonial and postcolonial contexts.

Keywords*: Female circumcision, Colonial Oyo, Cultural contestation, Gender, Identity*

Introduction

Female circumcision (FC) can be defined as the removal or cutting of the female genitalia. It is also referred to as Female Genital Mutilation (FGM), Female Cutting (FC) or Female Genital

Cutting (FGC). According to Nnorom, traditionally, FGM is called 'Female Cutting'. The western opinion on its harmful physical, psychological and human rights consequences led to the use of the term Female Genital Mutilation or Female Genital Cutting from the 1980s (Nnorom,2015). Female circumcision, also known as female genital mutilation or cutting (FGM/C), has been practiced in various societies around the world, including colonial Oyo[1]. In colonial Oyo, FC was seen as a cultural and social practice, often tied to notions of purity, initiation, and societal roles. This cultural practice holds historical significance and was deeply embedded in the social life of colonial Oyo, where it was viewed through a traditional lens.

Oyo: A Brief History

Oyo is a town in Oyo State, located in the South-Western geopolitical zone of Nigeria (Figure 1). Oyo State consists of thirty-three Local Governments and twenty-nine Local Council Development Areas. The Local Government Areas in Oyo State are Afijio, Akinyele, Atiba, Atisbo, Egbeda, Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, Ibadan South West, Ibarapa Central, Ibarapa East, Ibarapa North, Idọ, Irepo, Iseyin, Itesiwaju, Iwajowa, Kajola, Lagelu, Ogbomoso North, Ogbomoso South, Ogo-Oluwa, Olorunsogo, Oluyole, Ona-Ara, Oorelope, Oriire, Oyo East, Oyo West, Saki East, Saki West and Surulere.[2]

In the north, Oyo shares a boundary with Igboho; in the north-west, by Ago-Are; in the north-east, by Ogbomosho; in the south-west, by Iseyin; in the south-east, by Awe; and in the south, by Ibadan. Historically, in the sixteenth century, Oyo grew into a kingdom by conquering

[1] A. Smith. "Colonialism and Culture: The Emergence of Yoruba Identity". Indiana University Press, pp. 24-30
[2] Oyo State latest News

its neighbours and making social and political arrangements.[3] Alaafin Orompoto conquered the neighbourhood tribes and formed an army to protect and expand the land. The cultural heritage of Oyo is expressed through celebrations, religious traditions, music, and tales shared among families with Yoruba roots. Music was an essential part of culture because of its spiritual role, and religion united the tribes around shared beliefs. The city's location, near important trade routes, allowed it to flourish as a centre of trade and cultural exchange, leading to its growth and eventual establishment as the capital of the Oyo Empire. Oyo gave Yorubaland a distinct identity. The name Yoruba was initially used for Oyo-speaking people, their empire and dialect until the 19th century, when Christian Missionaries began to apply the label widely to other Yoruba subgroups. [4] Drawing and sculpting various gods by using unique techniques distinguished the Oyo people from others.[5]

[3] E.M Udo The Vitality of Yoruba culture in Americas, Fahamu: A journal of African Studies 41(12) pp. 33-39
[4] Oyeweso, S and Adesina, Olutayo C. eds, Oyo: History, Tradition and Royalty, Essays in Honour of His Imperial Majesty the Alaafin of Oyo, Oba (Dr.) Lamidi Olayiwola Adeyemi III @ 80, Ibadan, Ibadan University press. pp. 51-54
[5] A. Ajayi & A. Omojeje. Oyo-Ondo Relations: A study in Prinstine Inter-group relations in Nigeria. African Journal of History and Culture 11(6), pp. 57-64.

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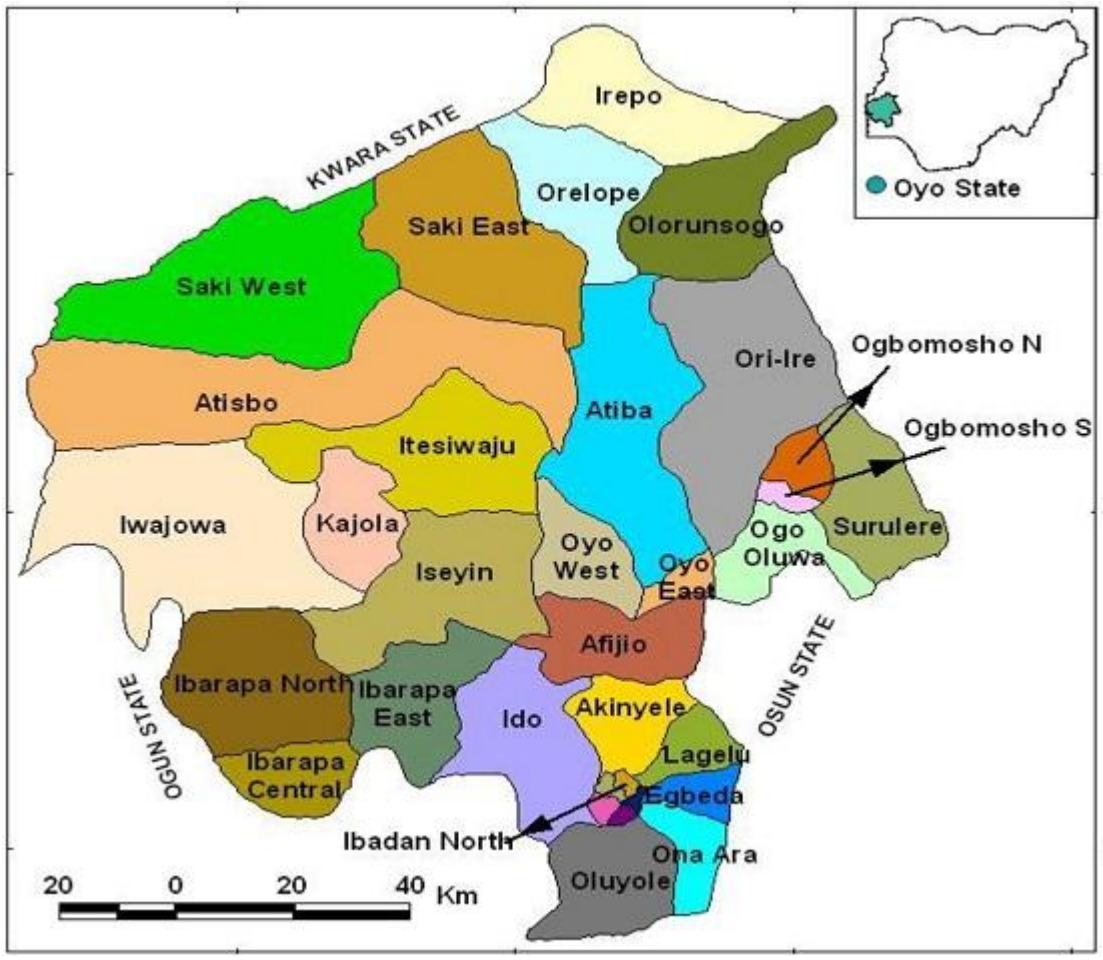

Figure 1: Map of Nigeria showing the location of Oyo State and Oyo Town

Source: Google Map

Female Circumcision: A Discourse

Historical evidence, as pointed out by scholars such as Adeokun et al., reveals that the origin of FC is shrouded in mystery, as there is no specific date for its origin. Existing literature has pointed to numerous countries as the likely origin of FC. However, scholars such as Kiragu, Akumadu, Okaka, and Nnorom have agreed that FGM can be traced to ancient Egypt before spreading to other parts of the world. Adeokun posited that the origin of FC appeared clouded, even though it has been reported that in virtually all the continents of the world, it is still being

practised worldwide. Ofor agreed with Adeokun that it remained clouded, as nobody could ascertain when the practice started. According to Ogungbade[6], the history of FC in Oyo town is unknown, but it can be traced back to their forefathers. He avers that they inherited the practice from their forefathers and continue to practice it.

Globally, Female circumcision is of growing concern for health care providers. FC can no longer be seen as a cultural or traditional custom because it has become a problem in modern societies.[7] Toubia[8] viewed FGM as a ritualistic practice that involves the cutting of female genitals. Globally, it is believed that this practice is still practiced in Africa. It has also been observed that the practice is still on in Malaysia, Indonesia, India, Pakistan and East Africa, particularly among the Muslim population in those areas.[9] In Nigeria, it is reported that the Yoruba, Igbo and Hausa practice FC, but the Fulani and Nupe do not. The most likely reasons for this are more cultural than scientific. According to a United Nations report from 2015, FGM is most prevalent in states such as Osùn (76.3 percent), Ekiti (71.2 percent), Oyo (69.7 percent), Ebonyi (55.6 percent), Imo (48.8 percent), and Lagos (44.8 percent). Ogungbade[10], affirmed that FGM is still prevalent in Oyo town.

In Sierra Leone, women returning to their communities after displacement caused by civil unrest have requested that FC express a commitment to their culture and celebrate a return to normalcy. With the global campaign to end FGM, it might be difficult to end the practice because of the cultural implications of it. In some cultures, the ceremonies that always

[6] Ogungbade, Female circumcision practitioner, personal interview, Oyo Town.
[7] N. Toubia, Female Genital Mutilation; A Call for Global Action. New York: Rainbow publishers, pp. 40-47
[8] N. Toubia, Female Genital Mutilation; A Call for Global Action. New York: Rainbow publishers, pp. 40-47
[9] E. Dorkenoo. Cutting the Rose: female Genital Mutilation: the practice and its prevention. London: Minority Right Report, pp. 62-67
[10] Ogungbade, Female circumcision practitioner, personal interview, Oyo Town

accompany the FC practice serve as an important rite of passage for women, thereby prompting them to seek the practice. Some other cultures strictly celebrate it, with special clothes, foods, and oral history shared among the women taking part in this rite. Thus, these ceremonies give the women access to the beliefs and customs they cherished so much.

Women who perform the activities are traditional birth attendants, and their roles in most cases are inherited from their family, but in countries like Sierra-Leone, the FGM providers are the head of secret women's societies such as Bondó. Because FGM in Sierra Leone is part of initiation into women's secret societies, known as Bondó (or Sande), membership in these societies marked a girl's transition to womanhood and becoming a community member. Girls received training for their roles as wives and mothers. (28 too many) However, out of concern for mortality and public health, FGM is being performed in hospitals and clinics by physicians and modern trained health care providers.[11] The participation of health care providers in FGM is a subject which has generated ethical and cultural debate in North America and African countries because performing FGM outside the cultural setting alters the ritualistic, socialisation and cultural practice. In Gambia, only women of the blacksmith caste perform FGM.[12] In recent times, 95.7 percent of FGM is performed in Gambia by a "traditional circumciser", 1.2 percent by a "traditional birth attendant" and 0.3 percent by a medical professional.

Mr Alabede[13] believed that FC is perpetuated to oppress women and girls and to control their sexuality. In this perspective, FC is an aspect of several other practices that oppress women and girls. This is because FC is mainly believed to be a practice that prevents women from being

[11] A.M. Gibeau. Female genital mutilation: when a cultural practice generates clinical and ethical dilemmas in JOGNN, 27 (1), pp. 85-91
[12] A.M. Gibeau. Female genital mutilation: when a cultural practice generates clinical and ethical dilemmas in JOGNN, 27 (1), pp. 85-91
[13] Alabede, personal interview. Oyo Town.

promiscuous, thus making them marriageable. The clitoris, which is the major organ that is cut off during the FC practice, is a major stimulant for a woman to enjoy sexual intercourse. Getting rid of the clitoris makes sex unpalatable for a woman[14]. However, in the case of a man, he is allowed to have his complete sexual organs intact, as male circumcision has been scientifically proven to be more beneficial to the man's sexual life. Among these other practices are dowry, purchasing of brides, cultural standards of beauty that compel women to manipulate their anatomy (such as electric breast augmentation and liposuction). FC, as one of these categories, has attracted the global community, and there is a push for global change of this practice.

According to a study carried out by the WHO[15]"There are several reasons advanced for the practice of FGM in Somalia"**.** They included religious reasons (necessary for spiritual cleansing), hygiene and aesthetics (fears of ugly looks and bad odour), and society (a rite of passage needed for acceptability). Moreover, there are community enforcement mechanisms that compel communities to continue practicing FC. For example, in Somalia, infibulated women are easily divorced, while in Kenya and Sierra Leone, there is sworn secrecy among FC candidates to bar disclosure of their pain and agony. In Mali, it was required that those marrying into the communities be circumcised. The fear of God, anger and possible punishment of ancestors are instilled in them.

In Oyo, the continued practice of FC is strongly grounded in a desire to reduce feelings of sexual arousal in women so as not to get involved in premarital sex. One of the most sensitive parts of a woman is the clitoris, together with the nipples, which gear a woman up for sex when

[14] Imaralu, personal Interview, Ilishan Remo.
[15] World Health Organisation. Understanding and addressing violence against women-female genital mutilation. WHO/RHR? 12.4 2012.

enthused. If this is left uncut, people like Alábẹ́dé[16], Ogundele, and Agboola believe it will lead to promiscuity. Okunade (2016) agreed that the reasons for the practice of FC include that it helps reduce promiscuity, that it is part of people's culture or tradition, and that it is also seen as a rite. Oyeyemi and Ekine submitted that some people believed that it makes external genitalia clean and attractive, while Ayenigbara et al.[17] stated that circumcision promotes good health, improves fertility and gives more pleasure to the husband.

Studies have revealed that four basic rationales were responsible for the continued practice of FC in Oyo: religious, sociological, hygienic, and psychosexual. The religious rationales are attributed to Islam, and the practice has been seen as an obligatory duty and a religious requirement of Muslims. Although this is not cited in the Quran, it is cited in the Sunna anthology.[18] Sunna represented the words and actions attributed to the Prophet Mohammed. It is in the Sunna that the Fatwas (religious rulings issued by Muslim scholars) are found. The Fatwas are not religiously binding but morally obligatory. Thus, while some Fatwas uphold the abandoning of FC based on its health implications, some believe that those who avoid FC are abandoning their moral obligation as Muslims.

As a sociological issue, it is believed that FC confirmed eligibility for marriage for girls, maintains tradition, prevents the rape of women and demarcates the sexual differentiation between men and women. Hygienically, it is believed by the Yoruba practitioners of FC that it guarantees fertility, prevents infant mortality by removing the poisonous "clitoris", removes the "dirty" female genitalia and beautifies the female vagina. The poisonous clitoris refers to a belief

[16] Alabede, personal interview. Oyo Town
[17] Ayenigbara G.O., Aina S.I, Famakin T.D. Female genital mutilation: types, consequences and constraits of its eradication in Nigeria. Journal of Dental and Medical Sciences. 3(5), pp. 7-10.
[18] A.M. Gibeau. Female genital mutilation: when a cultural practice generates clinical and ethical dilemmas in JOGNN, 27 (1), pp. 85-91.

that the clitoris can act as a sting, both during intercourse and during the birth of a child. Furthermore, it is believed by the different groups (Yoruba, Igbo, etc) that practice it that the genitalia will have a smooth appearance after circumcision and removal of the labia is considered cleaner, and both look less dirty. However, Rahman (2000) submitted that many people continue FC because it is part of the societal norms handed down by their mothers and grandmothers, and any attempt to discontinue the practice is met with societal pressure and the risk of isolation.

The psychosexual benefits of FC, according to these practitioners (Ogundele, Agboola and Alábẹ́dé: Key Informant, 2019), are that it enhanced male pleasure, ensured girls' virginity, limited women's sexual desire, ensured monogamy, removed the poisonous clitoris, and reduced sexual demand on any man who had more than one wife. These views notwithstanding, the World Health Organisation (WHO) has recognized the FGM practice as a violation of human rights, especially that of the girls and women. WHO has reported that an estimated number of women and girls between 100 million and 140 million are thought to be living with the consequences of Female Genital Mutilation. According to WHO, FGM reflects deep-rooted inequality between the sexes and constitutes extreme discrimination against women. According to UNICEF reports, the prevalence of FGM by country is as follows: Somalia 98 percent, Guinea 96 percent, Djibouti 93 percent, Egypt 91 percent, Eritrea and Mali 81 percent, Sierra Leone and Sudan 88 percent.[19] This analysis showed that FGM is still prevalent in African countries, including Nigeria, despite the government policies and programmes to end the practice.

The various reasons advanced by practitioners for the continued practice of FC, like hygiene, enhancement of fertility, reduction of promiscuity among women, prevention of child

[19] The Guardian. In 28 Too Many (2016) Country Profile: FGM in Nigeria. http://www.28toomany.org/countries/Nigeria/. Date accessed 21 Nov, 2017.

death and so on, seem unjustifiable for the continued practice of FC. This study found that the primary reason for the continued practice of FC is cultural. The basis for this position is that FC has been medically proven to provide no benefit to the woman. It rather has some negative health implications for the woman. These negative health effects, like reduction in sexual pleasure because of the absence of the clitoris, complications during childbirth and more, have been discussed extensively in this study. The people of Oyo believed that FC is an age-long cultural practice and should not be eradicated because of modernisation; thus, there is a need to continue in this way of life.

Female Circumcision in Colonial Oyo

As reported during the colonial period, male circumcision was a common occurrence among all the Yoruba. A boy of marriageable age who was yet to be circumcised would find it difficult to get a wife because the culture deems it right that a male child at birth must be circumcised, with the exception of religion (Intelligence Report, 1930). The operation was usually carried out when a child was ten (10) days old, though it might not be done until the child was a month old, or it might be carried out even later. Except the Egun, also called Popo (an ethnic group found mainly in parts of present day Southwestern Nigeria and the Republic of Benin), all the female children passed through clitoridectomy. However, the Egun performed a system of massages that produced hypertrophy of the clitoris.[20]

Among the Sobo (Urhobo people of the Niger Delta), clitoridectomy was regarded as very important if children were not to die young. It was common for Sobo women who lived in Lagos to be invited back home by their families once they were pregnant so that the operation could be carried out if it

[20] Intelligence Report, Abolition of customs which are detrimental to native welfare and economic prosperity. No 994

had not been done at puberty. At this time, it is on record that this operation was carried out almost exclusively by the Hausa, who might have acquired their knowledge through the Fulani from the Arabs, and who were good at the art of circumcision. However, the oral interviews with Mr Ogungbade maintained that the art of circumcision was carried out by the Oyo people and not the Hausa. Hence, we cannot regard the Hausa as the practitioners of female circumcision among the Oyo in the colonial period. In the colony, it was believed that the practice and custom of clitoridectomy reduced the craving for coitus of the female. It also made it very easy for her to put up with the long (2 or more years) lactation period in the case of each child, because they generally believed that if cohabitation as well as conception took place at the same time, the child would die.

The operations of circumcision and clitoridectomy were performed perfectly in nearly all cases without any form of danger to the patient, and the latter one, which was not considered a serious mutilation, did not have any effect as thought on the fertility of the women who had been circumcised. The colonists attributed the major cause of barrenness to venereal disease, which was common, rather than to female circumcision. The colonists observed that the practice of clitoridectomy was dying out among the educated Christians, and they generally believed that the spread of education and child welfare, as well as maternity work, would continue to combat it. However, it might take a long time to be completely eradicated. Aside from this, it was suggested that no further steps should be taken to attack this practice.

It must be noted that the practice was challenged by Reverend Banns Richard, who visited Oyo in 1910. He submitted that the practice was barbaric and reported the same to the Queen.[21] As regards the practices usually associated with the rites of initiation, the practice of male circumcision was almost widespread all over Nigeria. In fact, it was a common occurrence among the Muslims and, to a large extent, among the 'pagan or animistic tribes'.

[21] N.A.I., Missionaries Documents No. 31216, 1911

Among the 'animistic tribes' in the Northern provinces, the practice was central to the rites of initiation.[22] They generally believed that through these rites, the boys became qualified to be real men. In society, they acquired a new nature, and they were mystically united with their ancestors as well as with the tutelary genius of the tribe they found themselves in. As a result of the magico-religious importance attached to the rites, they were performed with utmost secrecy, and strangers, as well as women, might not be admitted as partakers.

The age at which this took place ranged from fifteen to twenty. Usually, there would be a preliminary training that might last between a few days and a month. At this time, the boys were instructed by the older men in the tribe's lore and taught to be obedient and respectful. After the completion of the preliminary training, the boys were ready for circumcision, which at times might be followed by the ceremony of immersion in a stream on the morning they were to be initiated.

The period of convalescence was a continuous course of instruction in religious and social duties, during which the customs and traditions of the past would be revealed to them. They were also instructed to venerate their fathers, who would, in the future, protect their children in the spirit world; to listen attentively to the discussion of the older men; to associate with men; and to eschew the society of women. They were also advised to shun adultery, stealing and lying. Special emphasis was laid on the importance of maintaining secrecy on their return home, because to the women, circumcision must be presented as a magical operation. The rites would be concluded by taking the boys to the shrine, and they would be shown the sacred symbols, before which they were meant to prostrate and cover their eyes.

The aforementioned position was contradicted by Townsend Ross, a Baptist Reverend and a medical doctor who was in Oyo between 1924 and 1938. Rev'd Ross noted that:

> While the practice is cultural and the people are sentimental about their culture and history, they should employ modern methods of

[22] N.A.I., Missionaries Documents No. 31216, 1911

> circumcision. At best, they should harmonise with modern practitioners who are in Oyo Atiba.[23]

The above was also corroborated by Bishop Larston Brown, who was in Oyo between 1921 and 1957.To him:

> The distinction between cultural practices of genital mutilation is that of Socio-cultural-psychological and sociological confrontation with acceptable modern practice. While the natives may be right, embracing a modern approach to sustaining their practice and culture should be encouraged.[24]

From the excerpt, it is clear that the colonial government really did nothing effective to put an end to female circumcision in Oyo town and, by extension, Nigeria as a whole. It is clearly seen from the account of Bishop Larston Brown that the Oyo people were very reluctant to stop the practice of female circumcision because of the beliefs associated with it.

The reward-factor system largely remains the same in the colonial era. The mercantilist economy of colonialism affected the practice reward system because, as the economy changed, the practitioners (few) began to see themselves as entrepreneurs who must charge a paltry sum for their services. It was argued that the money charged was largely intended to re-emphasise their recognition and importance in a society confronting modernisation.[25]

The Contest between Traditionalism and Modernism

Female Circumcision in the post-colonial Oyo confronted the challenges of modernisation that came from the modern medical practice and its practitioners who felt the circumcision should be done in the hospitals, both for males and females. It should be noted that despite the challenges the practice faced

[23] N.A.I European documents No: 41317, (1939).
[24] N.A.I. Presbyterian Documents, No72714, 1956
[25] Ogungbade, Female circumcision practitioner, personal interview, Oyo Town.

in Oyo, believers in the system and its procedures still patronised the *Olóòlàs* (Practitioner). Noting its continuity, Ogungbade opined that practitioners still used the same method in the pre-colonial, colonial, and post-colonial periods. The requirements for the process are black soap and snail. An eulogy will be said before and after the procedure. Snail slime was considered very useful for clotting blood, although engine oil was later also used. Water was used to clean the blood during the operation, which lasted for about 10 minutes. According to him, the clitoris (*Idọ*) was not just cut, but a particular line on the vagina must be followed in order to do the cutting appropriately, or else the injury would take more time to heal. Meanwhile, they had no fixed price for circumcision. At times, practitioners might charge strangers or outsiders between one thousand naira (₦1,000.00) and one thousand five hundred naira (₦1,500.00). For close relations, they might be charged 500 naira (N500.00), or it might be free. This is how some circumcisers made their money, and they could have five to ten clients a day, depending on how fast they worked. Aside from the money charged, which still seemed insignificant, the valid historical facts of honour, respect, and the image of the practitioners' houses still held sway.

In an interview with Sherif Alábẹ́dé Bello[26]He justified the practice of FC because he believed that tradition demands that the clitoris of a woman must not touch the head of the child during childbirth. He opined that it could lead to stillbirth or the death of the baby. He also portrayed the fact that FGM is customary, which means not all families engage in the practice, but a family lineage that sees it as a requirement for all her female children engages the services of the *Oníkọlà* (Practitioners). Alábẹ́dé (Key Informant 2019) also affirmed that FC originated in Oyo town because, in Yoruba cosmology, Oyo and Ile-Ife played a significant role as custodians of ancient Yoruba culture, and most customs and traditions of the race are expectedly traced to these two towns and jealously preserved there. As a result, eradicating the practice was difficult in the area.

[26] S. Bello, Personal Interview, Oyo Town.

Although the practice is dwindling, the modern Oyo and its people still maintain FC. This was because, among other factors, it was a cultural phenomenon associated with their identity. They also believed that history bestowed on them the practice and the protection of FC. In his submission, Amosa Olaleye[27] Posited that circumcision first started with enslaved people before people started doing it for their biological children. Because of the evil attached to the clitoris when people who were not circumcised wanted to give birth, a rope had to be tied to their clitoris to prevent the baby's head from touching the clitoris, and that is why most people who did not do circumcision at birth did it before marriage.

Although Oyo, Egba and other Yoruba communities practised FC, an oral source from Ademola Adeniyi[28]stated that the Ijebu condemned the practice and did not participate in it. In Oyo and most Yoruba communities, there was always payment for the act; some practitioners take their payment in cash, while some take theirs through items such as yams, fowls, and kolanuts, which were used to pray for the well-being of the circumcised child. According to Abogunde in an interview (Key Informant, 2019), after the clitoris had been cut, a tribal mark would be given to the child, and this mark is called "Òndó" (tribal mark), which signified that the child had been circumcised and was not a bastard. After being circumcised, it is generally believed that after urinating three times, the pain would subside, and after this, the child would be regarded as a complete woman. However, it is important to note that in the postcolonial period, the giving of tribal marks after circumcision is now unpopular because of the influence of Westernisation.

According to the study and accessible oral sources, the Yoruba practice of FC is purely cultural and has been tied to superstitious beliefs to maintain it. One of the justifications given for the practice by

[27] A. Olaleye, personal interview, Oyo Town.
[28] A. Adeniyi, personal interview, Oyo Town.

informants like (Ogungbade, Key Informant, 2019)[29] Was that it helps to maintain peace, particularly if a family's daughters are engaged to be married to a man, and the man notices that the woman has been circumcised. He will gladly accept her as a wife with the belief that the circumcision would prevent her from going astray. They also think that it restrained her promiscuity. However, in most cases, if the situation were reversed, the man might send the woman back to her parents, disrupting the current harmony between the two families.

According to Abogunde and Akintoye, the woman must undergo the circumcision ceremony before she is officially ushered into womanhood. Since they saw the clitoris as a wicked portion of the mother's anatomy that must not touch the innocent kid and may cause the infant to die if it did, they felt that an uncircumcised woman had some evil linked to her. Additionally, they believed that the clitoris was responsible for unpleasant vagina odour and that, as it enlarged, it began to resemble the male reproductive organ in a woman's private region. As a result, they justified the practice by saying that it was necessary to remove it in order to keep the woman's vagina area tidy and alluring to her lover.

From the information gathered, Agboola, Ogungbade, and Alábẹ́dé all gave reasons why FC is done in Oyo town. They cite cultural factors, hygiene, the avoidance of promiscuity, difficult labor, touch with the clitoris during delivery, and stillbirth as the main justifications. They said that the removal of the clitoris makes the female less receptive to males and moderates her sexuality, making FC crucial. This indicates that FC is a method used to manage women's sexuality in an effort to lower the likelihood of infidelity. They also believe that FC reduces a woman's sexual demand on her husband, thus allowing the husband to have many wives. This also helps in promoting women's virginity and protecting marital fidelity.

In a study presented to UNICEF in Lagos in 2016, the Women Research and Documentation Center listed the following as the causes of FC's prevalence in Nigeria: Female circumcision is performed

[29] Ogungbade, Female circumcision practitioner, personal interview, Oyo Town.

to prevent female promiscuity because it is thought that the clitoris enhances women's libido and that the clitoris and labia are considered unsightly unless trimmed. Babies of uncircumcised mothers risk dying if their heads touch the clitoris due to the belief that uncircumcised women harbor evil spirits.

The study focused on the Oyo community because available data identified Oyo as one of the towns with the highest prevalence of FC in Nigeria. According to a report from *The Premium Times* (July 1, 2019), despite the outcry by local and international organisations on the harmful effects of the FC practice, it is still ongoing in Oyo State in places like Oyo town, Ibadan North-east, Ibadan North, Ibadan, Akinleye and Afijio local government areas of the state.[30] Reportedly, those who hid their children or even escaped to avoid this act in some situations are compelled to bring them back, sometimes through diabolical means.[31]

According to *a July 1, 2019, Premium Times report, people from Oyo West, Orelope, and Kajola Local Government Areas* made public declarations against the practice in December 2018 but continued to practice it secretly.[32] According to the report, in Aroro Village, Idi Obi, a lady, Adeagbo Adebimpe, said she was tricked into coming home from the Northern part of Nigeria to see her ailing mother with her two daughters and the girls were forcefully circumcised without her knowledge and consent. Some explained that the act was carried out with their fathers' consent, but it was later established that FC is being carried out secretly, with or without parents' consent.

In recent decades, FC has drawn the attention of the international community. New laws were enacted against the practice in countries within and outside Africa. While there has been little change in the frequency of FC in the Oyo community, there is evidence of a reduction in the practice among younger generations, between the ages of 15 and 19, the lower rate among daughters of educated mothers,

[30] N. Adebowale and O. Alfred. Female Genital Mutilation Thrives In Oyo Despite Laws Banning It.Premium Times.www.premiumtimesng.com. Date Accessed, 6th April, 2019.
[31] Yetunde, personal interview, Oyo Town.
[32] The Premium Times (July 1, 2019)

less support for FC among some women in the communities, and a reduction in the average age at which a girl is subjected to the procedure[33]

In December 2018, *The Premium Times* reported that 13 per cent of women, about one out of every ten who have been genitally mutilated in Nigeria, were cut by medical professionals. This new trend is being referred to as the "medicalization of FC." Despite increasing campaigns against the practice, some medical professionals have been engaging in it, thereby causing a setback to its eradication.

Through the medicalization process, healthcare providers, such as physicians, nurses, and midwives, are increasingly practising FC, whereas traditional practitioners are not. This is a preferred approach as it reduces the risk of harm and infection.[34] In Oyo, FC is still being carried out primarily by local medical practitioners. The latter ensured the use of clean equipment and drugs to reduce pain, bleeding and infection. Furthermore, FC performed by healthcare providers cannot reduce the long-term effects, nor does it guarantee sanitary conditions. Also, this does not mean that the procedure will be less severe.

Conclusion

The traditional perspective of female circumcision in colonial Oyo underscored the intricate relationship between cultural practices, historical circumstances, and societal norms. While it is crucial to understand the cultural context within which practices like female circumcision were carried out, it is equally important to recognize the harm that such practices can cause. Contemporary awareness and advocacy have led to a broader understanding of the

[33] Ogungbade, Female circumcision practitioner, personal interview, Oyo Town.
[34] Alabede, Personal interview. Oyo Town.

health and human rights implications of FGM/C, prompting efforts to eradicate the practice and promote the well-being of women and girls worldwide.

Over time, female circumcision practices have adapted in response to changing societal attitudes and medical knowledge. Some communities have transitioned from more severe forms of circumcision to less invasive rituals, while others have abandoned the practice altogether. These changes are often influenced by factors such as education, urbanization, and exposure to alternative perspectives.

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