



Research Article

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Circumcisions and Related Practices about Child Birth in Sagamu, Ogun State, Nigeria

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Abstract

From time immemorial, studies have shown the importance of cultural practices in ensuring human sustenance in every society. Circumcisions and related practices concerning child birth are some of the vital ones in African settings such as Sagamu in Ogun State, South West Nigeria. Surprisingly, it is equally noticeable that there are FGM practicing and non-FGM practicing communities within the same ethnic group of Yoruba, South West Nigeria. In this regard, the Egba and the Ijebu (both in Ogun State) are Oduduwa descendents who may be similar in many areas of life but quite different in their perception of circumcision of newborn babies particularly the girl-child. Each of the communities values its perception with utmost sense of pride and dignity irrespective of their common ancestral origin. The difference from the same ethnic group on this subject matter could be regarded as a research concern since it has been relatively neglected in academic literature over the years. The study employed various PLA tools, such as FGDs, KIs, Sexuality Life Line [SLL] and Flow Chart to collect data from respondents and analyzed the data through Pair Wise Ranking and Matrix Scoring/Ranking. The study concludes that the practice of circumcision is prevalent in the community under study because of social, cultural factors backing it and makes it very intricate to eradicate since it has a strong connotation with marriage.

Keywords: *Circumcisions, related practices, child birth*

1. Introduction

Male children are circumcised, which means a complete removal of male foreskin, in most societies of the world (Israelites, 1993; Mwashambwa, Mwampagatwa Rastegaev and Gesase (2013) while

female children are circumcised (i.e all surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other non-therapeutic reasons) in selected parts of the world, most especially in developing societies such as Nigeria, Ghana etc. due to a number of reasons (UNICEF, 2016).

Over the years, male circumcision is almost taken for granted while female circumcision has been described as a harmful traditional practice among many others (Adeokun, Oduwale, Oronsaye, Gbogboade, Alliyu, Adekunle, Sadiq, Sutton & Taiwo 2006). 'The genitals of close to eighty million African women have been mutilated particularly when many of them are still minor and as such could not recognize or resist the damage inflicted on them. FGC is practiced in about 28 African countries as well as in a few scattered communities in other parts of the world. It is one of the most serious forms of violence against the girl child/woman (Okeke, Anyaehie and Ezenyeaku, 2012; UNICEF, 2016)

The practice is noticeable among the Yoruba in south west of Nigeria. Surprisingly, it is equally noticeable that there are FGM practicing and non-FGM practicing communities within the same ethnic group of Yoruba. In fact, it is documented in most literature on Yoruba culture that they originated from a common ancestor- Oduduwa from Ile-Ife in Osun State, south west Nigeria, which is claimed to be the bed rock of Yoruba descendents where the children of Oduduwa migrated to establish all other towns/cities in Yoruba land.

In this regard, the Egba and the Ijebu (both in Ogun State) are Oduduwa descendents. They may be similar in many areas of life they are quite different in their perception of circumcision of newborn babies particularly the girl-child. Each of the communities values its perception with utmost sense of pride and dignity irrespective of their common ancestral origin. The Egba and specifically Owu, Oke Ona and Gbagura practice FGC while the Sagamu, in Ijebu area of Ogun State is a non-practicing community.

The difference from same ethnic group on this subject matter is of interest and of research concern. Further to this, the level of interaction between FGC Practicing individuals and families residing in non-FGC Practicing Communities could be very interesting to the body of knowledge since it has been hitherto neglected in academic literature.

This exploratory study in Sagamu-non FGC practicing Community, south western Nigeria is therefore an attempt to find out the varying perspectives of all stakeholders on FGC using participatory research approach. This, we hope, will shed new light on one aspect of health decision-making related to a harmful traditional practice that affects millions of women and girls.

The goals of the study are;

To identify social processes associated with community change in the practice of female circumcision. Specifically however, the study intends to

1. Identify and describe social, cultural, and political factors that characterize and sustain or discourage the practice of female circumcision in the study communities.
2. Identify individuals and groups involved in the practice of female circumcision and their interrelationships.
3. Compare practicing and non-practicing Yoruba sub-ethnic groups with regards to their practice of female circumcision.
4. To explore the significance of the observed trend towards female infant circumcision in relation to other forms of circumcision.
5. Identify potential mechanisms for social change relative of female circumcision.
6. Convert research data to information that local communities and NGOs can use to design and implement a plan of action for reducing the practice of infant female circumcision.

2. Previous Studies

Circumcision began long time ago and people may not be sure of where and when it originated. What many people historically believe is that circumcision started in Egypt over 4000 years ago Paula, (2010) and the reason Egyptians circumcised their males is rooted in the belief that purity of Priests in Ancient Egypt for the running of the society is a requirement that should not be compromised. The attempt not to compromise this religious service led to the idea of circumcision

because males from who priests are drawn are born with some 'female parts and the removal of the foreskin was meant to remove the female parts of the sexual organ'

The belief that the males were born with female parts was widespread among African ethnic groups and they practiced male circumcision for similar purpose. The Dogon, considered of Egyptian origin, of western Africa practice both male and female circumcision, and they believe that every person is born with both male and female parts. For males the foreskin is the female part whereas for females the clitoris is the male part. The Dogon circumcise to make each gender pure (K'Odhiambo, 2016).

K'Odhiambo submission seems to lay the foundation of the origin of both the male and female circumcisions. However, for Anna, (2008), K'Odhiambo's (2016) view, is more or else an overt view because the real issue, (which is covert) for the origin of circumcision may not be unconnected with the societal desire to control sexual activities of both sexes. Anna argued that 'Control of sexual desires in any culture, be it religious or any ethnic group, is a factor that has immensely contributed to human progress'.

Through sexual control, humans are morally organised, arranged and managed towards the survival of the society. Both overt and covert reasons for the practice of circumcision that is of valuable contributions to the society must have led to its adoption as communities began to spread from one end of the globe to another.

There have been arguments for and against both male and female circumcisions the world over. In fact, the for and against arguments has led to the polarization of adoption or not of male circumcision among countries of the world backed with legislation for whatever line of the divide taken by each country.

Some governments such as South Africa have made laws that do not allow circumcision to be done on young persons who, due to their ages, cannot make decisions. Circumcision on minors can only be allowed if it is for the treatment of some disease. In Germany, a court outlawed circumcision done to children when they are still unable, on their own, to make decisions. In 1975, doctors dealing with childhood diseases in America made a ruling that circumcision should not be forced on a child if it is not for medical treatment. Experts agree that circumcision done to infants has long lasting negative effects on brain development, affecting how they behave throughout life (K'Odhiambo, 2016).

On the contrary, Female Genital Cuttings have not received any conflicting legal status as it is overwhelmingly condemned globally having its support only among traditional communities of the world Omonijo, Anyaegbunam, Okoye, Okunlola, Adeleke, Olowookere, Adenuga and Olaoye (2019). In fact the medical and other disadvantages have documented severally having received attention for many scholarly research the world over. If anything, FGC has received worldwide condemnations based on the consensus on its effects on the female sex. (Adeokun *et al* 2006, Okeke, Anyaehie and Ezenyeaku, 2012; Ahanonu and Victor 2014; Adetola, 2017; Epundu, Ilika, Ibeh, Nwabueze, Emelumadu and Nnebue, 2018).

3. Methodology

Female circumcision [FC] is a prevalent practice in the south-west of Nigeria (Omonijo *et al.*, 2019). However, in an interesting departure from this culture, the Remo people of Ogun State do not practice female circumcision. This project has taken the advantage of this variation to examine the potential for change in the larger Yoruba group. Sagamu LGA has an estimated population of 205, 854 based on the 1991 projected census (National Population Commission, 1991). It is made up of both urban and rural areas. It is a cosmopolitan area with migrant from different part of the country.

3.1 Communities Selected

Three communities were selected in Sagamu LGA for the study. Two small adjacent communities were selected in the urban area [Soyindo and Epe]. Likosi community was chosen in the rural area. These communities are made up of several hundred households with their own identifiable elders

and authorities. The communities were selected based on certain factors such as they have been known to be co-operative and were made up of largely indigenous population.

3.2 Sample Selection

The purposive sampling techniques were used. The participants for the Focus Group Discussion (FGD) and Participatory Learning Approach (PLA) activities were drawn from among the community members. The eligibility criteria for participation included ethnicity [Yoruba], age group, whether they have female children or not and availability during the study period. The basic groups that were involved in the study included:

- Women under 35 years who have daughters.
- Women over 35 years who have daughters.
- Unmarried women 18-25 years with no daughters.
- Men under 35 years who have daughters.
- Men over 35 years who have daughters.

To further gain insight into current forces that may sustain or undermine female circumcision, certain key people in the communities were interviewed. The key informant included opinion leaders such as the king, community leader, and health workers.

3.3 PLA Design and Methodology

The study is a qualitative research using the PLA. The need to understand deeply entrenched issues from local people's perspective and enable them [community members] to play a more active role on issues that relate to their development informed the choice of PLA. The PLA helped to explore different dimensions of the identified problem.

Both verbal and non-verbal approaches were used. The various PLA tools used included FGDs, KIIs, Sexuality Life Line [SLL], Flow Chart, Pair Wise Ranking and Matrix Scoring/Ranking. All the demographic groups were involved in FGDs while some key members of the community were interviewed individually through Key Informant Interview (KII). The team members exhibited flexibility and adaptability in the choice of the PLA tools used for each group. Issues such as traditional practices associated with birth of babies, practice and perception of FGC in the selected communities, effect of inter marriage on FGC/decision at household level, perceived benefits and disadvantages of the practice and their perception of government legislation on FGC were explored.

Some of the methods used are briefly described below:

- FGD: Focus groups are semi-structured discussions with a small group of persons [usually 6-12 people] sharing a common feature e.g. age, gender etc. A small list of open-ended topic, posed as questions or participatory task, is used as a guide for the discussions.
- KII: Qualitative and open-ended interviews rely on broad, open-ended questions to be addressed to knowledgeable individuals in a conversational, relaxed, and informal way.
- Ranking exercises: which may be done with groups or individuals, are a way to enable people to express their preference and priorities about a given issue e.g. pair-wise ranking, preference ranking, and scoring.

4. Data Analysis

The analysis of the information gathered took place at three different stages. The first stage of the analysis occurred on the field during information gathering with the community members. After the output of the non-verbal methods have been completed, the summary of the outcome was reviewed with the participants and discussion of this outcome gives a deep insight into these issues.

The second stage of the analysis took place at the end of each day's activities. The visual outputs of the day derived from the participants were reviewed. Discussion of the visual output was jotted on the individual cardboards.

The third stage of the analysis occurred after the field exercise. By then, the tape-recorded FGDs and KIs had been transcribed.

The transcribed materials were corrected and emerging themes were noted and quoted. The information was classified and reclassified; some themes were merged and arranged. The finding was discussed along themes and sub-themes and these were correlated with the result of the non-verbal PLA tools

5. Findings and Discussion

The findings of the study are presented under the different themes that emerged from data generated from the groups of stakeholders who participated in the PLA. The various views and opinions of different groups within and across the communities of study are reported detailing areas of agreement and disagreement on different issues/ concerns.

Also, the findings presented here, under each theme, were derived from a combination of PLA tools used with each groups of the participants.

5.1 Traditional Practices Relating to Childbirth

The concerns and subsequent practices associated with childbirth in the study communities predate the arrival of the child into the communities. However, on arrival of a child there are traditional practices that are performed on both the child and the mother. These practices are not uniform as it differs from one family, religious affiliations or community to another. There are however some common practices that cut across the communities and families.

Common to all the members of the community is the practice of naming the new child. However, the days of the actual naming differ. Most will name a new child at the 8th day, while the Orunmila faithful do theirs on the 9th day. Also among the Orunmila believers, on the third day after births, new baby would be taken to the priest to inquire into the destiny or future of the child. It is believed that the enquiry will prepare the parents as to how best to care and guide the child in his/her lifetime. This practice is not reported among other religions in the community.

The use of sharp objects on newborn babies for different purposes and different parts of the body is also common to all community members. In this regard, the male child is circumcised mostly before 8th day naming ceremony or sometimes after. The female children are not circumcised at all in this community irrespective of their religious affiliations. A participant among the women said:

Here in Sagamu, we do practice male circumcision. Any male not circumcised would be subjected to ridicule and jest because he has "Atoto" [i.e. foreskin]; he cannot get married in this community and we don't practice female circumcision at all.

The Muslims however, shaves the hair of the newborn babe whether male or female at birth and particularly before the naming ceremony is performed on the 8th day. It is in fact a pre-condition for naming, failure which naming would not be conducted. Another common practice is the punching of hole in the ear of the female child. This is also done mostly before the eight-day ceremony. The various differences noted in the practices associated with either male or female child are mostly attributed to the different religious documents such as the Bible, Quran, Ifa-oracle or simply traditions. For example, one of the high-chief-a key informants in Soyindo said:

In the bible, I only read about the circumcision of the male child, even Jesus Christ was circumcised, and I did not read where Mary the mother of Jesus was circumcised.

The common reference to one religion or another by the participants shows that religion plays a significant role in the life of a child in the community. It dictates what practices is done or not on a child from birth to death. It is a phenomenon that may either sustain or discourage any practice in these communities.

5.2 Migration (Inter- Marriage) and FGC

One of the objectives of this study is to identify individuals and groups involved in the practice of female circumcision and their interrelationships. The three communities studied in Sagamu i.e. Soyindo, Epe and Likosi are the non-practicing ones. Nevertheless, these communities have had some contact with practicing individuals or groups through some means such as migration, and marriage.

It is observed from the study that migration and marriage sometimes have different impact on the practice of FGC and in other situations similar impact. In the case of marriage, where a practicing woman marries to non-practicing man, the culture or tradition relating to childbirth in the husband's family/community will prevail. In other words, where the husband's family does not practice female circumcision the practicing wife may have to give up the idea of circumcision for the female child more so, when the community concern is patriarchal in nature where men take major decisions affecting the household including the women.

In the same vein, any other traditional practices relating to childbirth in the husband's family/community may have to be observed by the FGC- practicing woman marrying to an FGC-non-practicing man. Some of which also be harmful or not. A case in point of such practices affecting women after birth was narrated to the team:

Some people when they give birth to a child, they would not take anything like hot water for some days. At Ibodo community, I have a daughter who got married to them, when you deliver a baby you'll spend some days before you can eat anything that has blood. You will only eat 'eko' (white pastry food)

Apparently, the participant seems to be expressing her inability to influence what her daughter would do in her husband's family. Generally, the wives, irrespective of their own orientation, often observe the prevailing tradition in the husband's family. Another participant also noted that "we ladies from Soyindo married to the "Oloro's" (Oro cult) family are made to pass through some rituals which, it is believed, paves way for healthy environment for anew born baby" others reported cases of having to eat lizards as part of the preparation for child birth and delivery even though lizard is not a common part of menu among the Yoruba generally.

Still on the issues of marriage, a situation where both couples are from an FGC practicing family/community but resides in a non-practicing community the result may not be same as above. As it was discovered that couples from practicing communities do practice FGC even though they resides in non-practicing communities. They could either invite a circumciser among their fellow migrant to perform the act or travel to their state of origin (home) to perform the circumcision.

However, as such couples stay longer in the non-FGC practicing community they tend to change gradually from practicing to non-practicing of infant female circumcision. For example, when inquiries were made from those migrants from Ekiti State (a practicing State) living in Likosi-(a non-practicing community) if they practice FGC? They responded that "we have some who have imbibed the culture of Likosi community; they don't circumcise their daughters again". One of the participants from to Ekiti State reported as follows:

When I gave birth to my first daughter, my wife took her home (Ekiti State) where she was circumcised but when my wife wanted to deliver our second child and we took her to a doctor (here at Likosi) he told me that it is (i.e. FGC) not good. It gives women problem when they want to give birth to a child. And because of this, I have stopped the practice of female circumcision in my household.

The story narrated above seems to be a pointer to one of the agents that could speedily bring about the eradication of FGC. It therefore suggests that men have as much role to play in this issue as the women who are physically affected and/or infected by the continuous practice of FGC.

Also, the knowledge available to the head of household about any issue may assist in either encouraging or discouraging such issues. Migration from practicing community to the non-practicing one, in the case of the participant's story given above, has a positive effect on the practice of FGC.

5.3 Community Perception of Circumcision, Benefits and Consequences

Circumcision is part of the practices that must culturally be performed on new child born in the communities studied. The communities believe that all male children must be circumcised as a form of traditional rite rooted in the different religions in the communities. All religions approve of male circumcision in all the communities and it is described as 'normal'. A participant argued that "it is according to the Bible and the Qur'an, that male child must be circumcised after birth". Even the traditionalists claimed, the oracles and the traditions that tell them to circumcise male child belong to 'our forefathers' and 'they know how they came about it'. However, the participants seem not to know how some traditional practices came about even though they believe and practice them.

Apart from the religions support given to the male circumcision, other reasons include the fact that if the *'atoto'* (fore-skin) is not cut off it might be a source of infection for the boy. It may withhold lots of dirty materials and thereby causing irritation and infection. Also, if a boy is not circumcised in these communities he will become a subject of ridicule, as he will be jest at by his mates. Such a boy will be referred to as *Alatoto* i.e. "the uncircumcised" and 'he will be treated differently and in the extreme he may not be able to marry any girl within the community.'

Contrariwise, the communities do not practice female circumcision at all. The practice of FGC does not have any religious or traditional backing as the male circumcision. When enquiries were made on why they do not practice FGC, even a high chief from Soyindo who doubled as a Christian and the Aro of Soyindo commented that:

Our tradition at Ijebu-remo did not allow for female circumcision, though I personally do not know the reason for this—Here in Soyindo and Remo we don't practice it at all.

The non-practice among these communities could, as well, be a chance of history and not a deliberate awareness of the danger in FGC. However, since male circumcision is seen as normal female circumcision is definitely not normal. FGC is described virtually by all the participants in the non-practicing communities as a very bad thing'. A chief affirmed that

"Female circumcision is not a good thing because God has created the female private part ready for the male private part to do the job". He queried "why should we then use sharp objects to cut the female part, it is bad."

Although non-practicing communities perceived the practice of FGC as very bad yet, some of the participant [women less than 35] was not aware of the practice at all until the time of the research. They claimed they have "never heard about it at all". The research therefore serves as an eye opener for such participants. The older men and women however, claimed they have heard about the practice particularly among the Yoruba from Oyo, Osun, and Ekiti states. Some of them however claimed that "the practice must be decreasing because" they don't hear people discussing it". This statement may becloud people's knowledge about the reality of the practice, as its non-discussion was perceived as non-existence or reduction of the practice.

The study, though, carried out in non-practicing communities, deliberate efforts were made to inquire from some of the practicing participants residing in a non-practicing community why they are no longer practicing the act. They argued that since their host communities do not do it they also gradually stop the practice. One of the older women from Epe community said that 'we do practice it in my area, but I have not done it for my female child" she went further to say that 'I did not have the chance here in Sagamu, since they don't do it. This somehow discouraged me from embarking on the circumcision". The patriarchal nature of the community might have had an effect here too since under patriarchy, the men is often regarded as the head and decision maker. FGC therefore became a difficult choice for the participants here to carry out.

This change in attitude on the part of practicing participants residing in non-practicing communities was also noticed even among men. Some actually attribute their change in attitude about the practice to the non-practicing nature of the town and others attributed it to the influence of superior knowledge made available to them by doctors particularly during their maternity visits to hospitals. It could therefore be argued that the non-practicing communities have had a positive

effect on the practicing participants irrespective of their sex.

The major reason or the perceived reason by the practicing participants and even the non-practicing participant for the practice of FGC is that it reduces the sexual desire of the women thereby preventing fornication and promiscuity. It is against this backdrop that enquiries were made about the uncircumcised women if they fornicate. A practicing participant affirmed that

“yes, any female not circumcised would be sexually aroused at any time and may even call on any man to have sex with her. So, in order to prevent all these, that is why we circumcised our girls.”

Another practicing participant quickly added that “cutting the clitoris will make the girl to have some body resistance to excessive sexual arousal”. These assertions were however rejected by young men non-practicing participant that “our ladies here don’t fornicate in fact, our ladies protect their ego”. Yet, another elderly man declares that “I don’t think FGC prevent their [practicing participant] female from fornicating it is all lies, they are the greatest fornicators”. The two groups within the focus groups discussion sections could not substantiate their discussions on the role of FGC on fornication with facts. It is however noted that fornication is neither inclusive nor exclusive for any group of people be it practicing or non-practicing FGC.

Another reason adduced for the practice of FGC by the practicing participants in Sagamu is that “if the child head touches the clitoris of the female mother at birth the child would die”. This same reason is perceived by the non-practicing participant as why FGC is done in the practicing communities. This reason is however debunked and substantiated by empirical evidences of many live birth women in the non-practicing communities have had with their clitoris intact un-mutilated or cut in any form or shape. Hear this from young men from Epe community:

We do have safe delivery because my mother gave birth to me and my siblings and nothing happened to us. I believe their beliefs may be wrong.

The older men put on the same argument from Epe and Soyindo where some of the men are traditional birth attendance [TBAs]. This is not to suggest that there were no complications arising from childbirth in these communities. Such complications may occur from other factors but definitely not as a result of non-cutting of the clitoris.

Besides the above, the study further investigated the benefit of circumcision on both male and female with greater emphasis of FGC. On the male circumcision, it is noted among the participant that “it allows for easy penetration” into the vagina. Also, it prevents the male child from any future embarrassment or shames since all male are expected to be circumcised. There is no controversy over this at all. So, if any one is not conforming, such becomes a deviant against the acceptable norm of the society. Furthermore, male circumcision is seen as beneficial because it prevent the boy child against infection because if the foreskin is not cut it may be too dirty due to its nature”. The entire participant agreed that there are no consequences for male circumcision at all. However some noted that the pain and the loss of blood during and after circumcision might be seen as unavoidable consequences. Moreover, if done at birth, as it is the normal practice the boy child is not aware of it at all.

Contrary to the perceived benefit and consequences of male circumcision suggested by the participant the FGC generated a lot of argument and counter argument among the participant in the different groups and across sexual divide.

First, on the benefit of FGC, the participants said that it brings about safe delivery. The non-practicing communities repeated this position severally as the reason why the practicing communities do FGC. The few participants from the practicing communities in Sagamu study also confirmed this belief. Some others however expressed their views, though, not forcefully that even the non-practicing communities do have safe delivery.

Another perceived benefit is the inability of the woman to be sexually active after FGC. This is expressed as a means of reducing or preventing promiscuity on the parts of the women. This position was however very controversial as hot argument erupted among the groups particularly where there was practicing and non-practicing people. Hear this;

There are lots of benefits. It is because of promiscuity, that we circumcise our female child. [R1]. Even at Ibadan and Osun there are female who fornicate also [R2]

The participants above are men under 35 from Likosi [R1] was from a practicing community and [R2] was from a non-practicing community. The argument was that despite the reason adduced for FGC [R2] and others in the group argued forcefully that FGC do not prevent fornication in the practicing community. The groups also affirm that both practicing and non-practicing communities do engage in fornication and promiscuity at one level or another. The implication of this line of thought is that it may be difficult to establish the effect of FGC on promiscuity and fornication without further investigations.

Finally, many other people within and across groups, gender and communities said that there is no benefit whatsoever in the practice of FGC. For such people it should be stopped. On the consequences of FGC, the group generated a long list and this reflected in the various flow-charts drawn by the groups. The groups as a consequence of FGC mentioned loss of pride as a result of loss of virginity.

A male participant from Likosi community said that;

In those days, we are meant to believe that any female, whose husband meets and find out that she had been dis-virgin beforetime has lost her pride, because the husband is expected to be the one to dis-virgin her, but it would be assumed that she had been fornicating. So, loss of pride, to me, is an harmful effect on the women

Another female participant from Soyindo community also noted that;

Here, our men prefer to meet us with our virginity, that is when the girl has pride in the presence of that husband, but, in this case [i.e. FGC], any circumcised female be assumed to have been fornicating or promiscuous though, she may not.

Another interesting contributions also came from Epe community that;

The child that is circumcised has lost her pride because God created men that when they marry they should be the one to dis-virgin their wife. Why should some people now go and start cutting or dis-virgin the girl without her knowledge.

We have detailed the above instances to present the actual opinion of the different groups, gender and communities in Sagamu area of study so as to appreciate the perception of the people very well. From the foregoing, it is evident that the practice of FGC does a damage to the dignity of the women concerned particularly when her consent was not considered at all in a matter that affect her own body. The effect in this case is not only irreparable physical damage; it is also psychological, illegal and socially damaging. It could also be matrimonially disruptive particularly in the case of inter-marriage between practicing and non-practicing couples.

Yet, contentious issue here is the issue of virginity. Although, the type of practice in Ogun state FGC is not tantamount to loss of virginity, it is however perceived as such by almost all the participants in Sagamu. The differences in the female-vagina structure arising from FGC types 1&2 done in Ogun state [IAC, Nigeria, 1997] in the practicing community and non-practicing community seems to have informed the perception of the participants about who is actually virgin or dis-virgin among the women. It may interest you, as well, to know the story of another respondent;

I know a boy and a girl who promised to marry each other and at their first meeting, the boy discovered that the girl had been dis-virgin and she claimed to be virgin, this brought about confusion that the girl had to go and inquire from her parents what happened to her.

Next on the list of the consequences is the issue of infection. Circumcised women are most likely to be infected at different stages of the FGC. This could be during or post cutting of the vagina. Various infections, sexually transmitted diseases and even HIV/AIDS could be transmitted into an innocent child's body particularly with the use of unsterilized cutting objects. Some

participants saw prevention of women from promiscuity as benefit others however felt that FGC actually encourages promiscuity and fornication. 'I don't believe it prevents female from fornication, all is a lie, they are the greatest fornicator'. As we noted earlier, this issue is a contentious one and it may need further investigations. However, another participant seem to support the earlier one when he said that;

The female child that is circumcised would not have fear of anybody because, what would make her complete woman has been removed and those pain she undergoes.

This participant seems to be suggesting a situation where a circumcised girl may become promiscuous as a result of the fact that she has been opened up. She may not go through any sexual pain during intercourse and as such will not be afraid to meet with all sorts of men of different sizes. The participants that raised the point consider this serious consequence of FGC. Other participants felt otherwise that a woman that is circumcised will rather be frigid rather than promiscuous. She is not likely to be interested in having sex since she does not enjoy the act. Cutting of the clitoris is seen as serving two purposes-one, prevention of the death of the child at birth and two, prevention of sexual arousal: - it is believed that once the clitoris is cut the woman will not enjoy sex and therefore not be so interested in it. The issue of removal of clitoris and subsequent frigid nature of the woman concerning sex could yet have another effect as noted by another participant. She observed that:

Any circumcised female has lost a lot of thing because male counter parts often say any female circumcised has nothing to enjoy with because it has all been cut off. For example if any of the ljebu marries any girl from Ibadan or Osun, he [the husband] would say, there is no enjoyment in her, all the important things have been removed:

It is not unlikely therefore that such a situation above may yet lead to other consequences such as extramarital affairs, serial monogamy or polygamy and in extreme cases divorce or suicide in case of loss of husband by a circumcised woman. Still on the issue of the clitoris, some also observed that the cut part from the clitoris could be used for rituals. In whatever form it is used [be it for good or bad] is described as a bad thing when the owner do not give her consent for the cutting or its use or non-use and how it should be used or by who, where and when etc. The various consequences documented by the participants using other PLA tools were presented in **Table I** while **Table II** presents the flow charts on consequences of FGC and brief details of explanation on some of them in one of the communities.

Table I: The scoring of the consequences of FGC by women in one of the communities in Sagamu.

Condition	Anemia	Disease	Death	Total
Bleeding	○○○ ○○○	○○ ○	○○○ ○○	14
Pain	○	○○	○○	5
Infection	○○ ○	○○○ ○	○○ ○	10
Loss of sexual enjoyment	-----	○	-----	1

Source: Field Work, (2019)

Table II: Consequences of FGC in ljebu

Consequences	Exploration by participants
Early menstruation	This can result as a result of distortion of natural vagina setting.
Infertility	A circumciser that is not too careful may damage the womb in the process of circumcision
Promiscuity	They may lead to promiscuity- the ljebu often say of a promiscuous woman- have your clitoris been swallowed by a dog? The dog is perceived as a promiscuous animal among the ljebu.
Infection	This could occur if same blade is used on two or more people. This can lead to vagina sore.
Unpleasant sexual relationship.	There was no consensus on this issue as some claimed it make sex easier, some said it makes even more difficult.

Source: Field Work, (2019)

5.4 Dynamics and Reasons for Change in Traditions in Sagamu

Potential mechanisms for social change relative to female circumcision are central to this study. Attempt was therefore made in this regard to explore what has changed in the past in the various communities and how they actually happened. The various groups mentioned some customs and traditions they used to observe but no longer do today. Many however have to do will religious activities, rituals, and sacrifices. The groups narrated some striking ones, associated with childbirth. A participant said that:

In my own place [Abeokuta], when we give birth to a child, on the third day we used to call something Aboeyin [unripened palm kernel]. It will be prepared with fish, bush-rat, palm-oil. Afterwards, we would pour water on the roof seven [7] times if the child is a female and nine [9] times if the child is a male. The mother will run in and out of the house for those times water is poured carrying along the child in her hand.

The tradition, though, no longer practiced, it is a culture that is slant in favour of the male over female. Male is accorded higher number [i.e. 9] and female [7]. This seems to be a part of the gender differences rooted in traditional practices in some communities (Omonijo, Uwajeh and Anyaegbunam, 2019). Although reasons for this practice were not probed, one could suspect that same reasons why women must be cut or circumcised could have informed this tradition or vice-versa.

A high chief narrated another interesting one from Sagamu.

When a woman delivers she would be asked to go and prepare a fire wood, she would light the fire wood and turn her back at the fire just because they believe that the clot blood would melt by the heat of the fire.

Another tradition says:

When a woman delivers she would go to the river to fetch water in a pot for sixteen [16] times, during the cause of fetching anybody who come across her would be praying for her. All these have changed finally with modernization

Apart from modernization, other reasons given for change of these traditions are the incursion of foreign religions such as Islam and Christianity. A participant said that "people are now civilized if anybody meets you worshipping an oracle they will ask you, is this what you are still doing? You did not go to church or mosque, they will laugh at you". It could be inferred from the above that if FGC is confirmed not to be rooted in any religion, the religions could be means of accelerating the needed change in the practice of FGC.

The same effect modernization, civilization and religion had on the traditional practices mentioned above was noted concerning body scarifications and facial mark. These two used to be practiced but has since disappeared from the communities affected. More importantly however, the agents of change were explored and Table III was generated to illustrate those identified as agents of change. The people, based on their communities, generated these agents.

Table III also shows the scoring of the decision makers in one of the communities in Sagamu. The king is ranked highest as an agent of change in the community above. And a participant also noted that the chief is ranked second because the chief serves as the supporter of the king in executing the Obas [kings] wishes. Exploring further on the issues of mechanism for change, enquires were made on source of information in the communities. Another scoring was conducted [see the appendix]. The king's town crier was rated highest scoring 22 followed by radio [17]; television [13] and newspaper [8].

Table III: Scoring of the decision makers in one of the communities in Sagamu.

Categories of People	Authority	King makers	Dissemination	Total
Youth	○	-----	○	02
Elders	○ ○	-----	-----	02
Chiefs	○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○	17
Kings	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	30
Egbe-ibile	○	-----	○ ○	03
Development association	○ ○ ○	-----	○ ○ ○	06

Source: Field Work, (2019)

6. Concluding Remarks

Dwelling on the aims of this study, findings and discussion, the study concludes that the practice of circumcision is prevalent in the community under study because of social, cultural factors which may be very intricate to remove since it has a strong connotation with marriage in the practicing communities. Marriage institution is very essential in any society and members will continue to ensure its sustenance. Ensuring its sustenance with respect to this article involves sticking to the practice of circumcision.

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