

DRAMATISING CLITORIDECTOMY IN URHOBO: PUBLIC HEALTH EXPLORATION OF FEMALE GENITAL MUTILATION IN MABEL EVWIERHOMA'S THE CUT ACROSS

Stephen Kekeghe

Department of English & Literary Studies,
Delta State University, Abraka stephenkekeghe@delsu.edu.ng

Abstract

The cultural practice of female genital cutting, customarily known as female circumcision, is conveyed by different cultural expressions including conventional literature and popular arts. Existing studies on this indigenous tradition in Nigeria have concentrated more on fieldworks in the domains of social and medical anthropology, undermining the role of literature, especially the dramatic form, in creating public health awareness of clitoridectomy. This study, therefore, examines the health implications of female genital cutting in Mabel Ekwierhoma's *The Cut Across*, a drama piece that realistically depicts the cultural experience of female genital mutilation in Urhobo land, emphasising its ensuing health complications. The play was subjected to literary investigation, using the tools of qualitative content analysis. The analysis draws from Postcolonial Theory with a central focus on Postcolonial Health, to account for how colonial influence and Euro-modern culture shape new conversations on health administration in the colonies, especially as it applies to the representations of non-medical clitoridectomy (female circumcision) in the play. The study reveals that Ekwierhoma appropriates characters and events in the play to create public health awareness campaign that negativises the cutting of female genitals, and prioritises the wellbeing of women. The setting of the play in an imaginary Urhobo community, Omafuo, underscores the fact that the experiences invented in the play are drawn from the Urhobo worldview, to make a universal statement that decries female genital cutting as an unhealthy and destructive cultural practice. Through Emu, the play's protagonist, Ekwierhoma presents a revolutionary stance that portrays female circumcision as a practice that dehumanises women and subjects them to health perils.

Keywords: Female circumcision, Illness narratives, Postcolonial health, Mabel Ekwierhoma, *The Cut Across*

Introduction

The utilitarian import of literature manifests in its public health perspectives, which is evident in the exploration of diseases, human sufferings and rehabilitative strategies. Creative writers recreate both the biological and cultural dimensions of human health, including realities of female genital mutilation that subject women to myriads of medical challenges. This suggests that the imaginative consciousness and commitment of literary writers is evident in their explorations of different sociocultural and health realities. Manifestly, conventional literature and popular arts are commonly deployed in public health campaigns, which underscores the functional significance of literary forms (Basch and Wagner 17; Kekeghe 509). As Allan Beveridge notes, literature helps to “deepen the understanding of suffering and confers wisdom on clinical practice” (p. 1). This implies that the exploration of human health and suffering is reflective of the social obligation of the writer, whose social vision is to contribute to societal improvement. For instance, Tobias Smollet, a Scottish physician and novelist, recognises the social import of literature by aptly describing the novel as “a large diffused picture comprehending the characters of life” (qtd in Gibson, 49). In the process of comprehending and recreating life, human pathologies constitute the thrust of literary imagination. This is why D. S. Sheriff asserts that “literary classics present and confront us with the problems of daily

human experience including medical ones” (688). Sheriff’s position attests to the fact that human realities include the sociocultural and medical challenges faced by people. Through the art of literary imagination, characters and events are appropriated to mimic the natural world. McManus puts this tersely: “the characters in books, films or plays act, quite literally, as surrogates for a vast range of real people” (1143).

Clitoridectomy which is commonly known as Female Genital Mutilation (FGM) or female circumcision (*emeteyavwon*) is a predominant indigenous cultural practice among the Urhobo people of Nigeria and other cultural groups in the world, including Africa, the Middle East, Asia and in diaspora communities across the globe. Hannah Modupe Akpodiete states that female genital mutilation is a common cultural practice in different parts of Nigeria, and emphasises that “there is evidence of prevalence among young people in Urhobo land in the rural areas” (478). Gibson Fenfe acknowledges the festival of female circumcision in Urhobo, especially among the Orhuwhorun people, which he terms “the festival parade of daughters” (54-118). Clitoridectomy involves the partial or total removal of female genitalia for non-medical reasons, which poses devastating physical and psychological health consequences on the victims (Karmaker, et al., 20; Abdulcadir et al., 2011). The *World Health Organization* defines it as an exercise that “comprises all procedures involving the partial or total

removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other nontherapeutic reasons” (25).

Over the years, female circumcision has attracted global concerns especially in relation to human right violation and health threats. The practice has been observed to pose substantial threats to the health and well-being of millions of women and girls (Bekers, 15; Black, 377). According to Enobong Mbang Akpambang, this practice “constitutes one of the vital challenges confronting the rights of women in Nigeria” (1). There have been conscious international efforts to conscientise society of the danger of FGM by writers, activists, medical and health practitioners. The concept of female genital mutilation spells the negative health implication of that cultural practice of genital cutting. On this note, Stephen Bishop declares:

replacing the previously widespread term 'female circumcision' with a label such as FGM-Female Genital Mutilation-represents precisely the kind of discourse that will not easily persuade all parties concerned. Certainly 'Mutilation' is a word that elicits more negative reactions than 'Circumcision', and that is precisely what it coiners want (39).

Bishop's assertion above shows that the concept of 'mutilation' is deliberately utilised to negativise the cutting of female genital because of its harmful consequences. African literary writers are conscious of the health challenges engendered by the cultural practice of female genital

cutting. Works like Ngugi wa Thiong'o's *The River Between*, Flora Nwapa's *Efuru*, Nawal El Saadawi's *Woman at Point Zero* amongst others, explore the realities of female genital mutilation in Africa. Such literary efforts emphasise the devastations of female circumcisions in African society, and this attests to the role of literature in conscientising the public. In mirroring the cultural practice of circumcision, literary writers offer different perspectives in different representations. In tandem with this, Bekers asserts that “while Ngugi, Waciuma and Likimani present female excision as a highly problematic issue in colonial Kenya, they are careful not to undermine the practice itself” (19). Unlike Ngugi, Waciuma and Likimani, Flora Nwapa's *Efuru* (1966) deals with female circumcision by addressing the place and treatment of women in Africa's rural and traditional societies. The literary representation of female genital cutting is an effort aimed at “making the society a better place to live in” (Agbasiere, 71). In *The Cut Across*, Mabel I. E. Ewwierhoma makes a realistic dramatic statement on the negative health implication of female genital cutting, which is a common cultural practice in different communities in the Urhobo society.

The study adopts Postcolonial Theory, with a specific focus on Postcolonial Health, to account for the lasting impact of colonialism on the health and healthcare systems of former colonies or colonised spaces. Postcolonial theory is a literary and critical framework that examines the

sociopolitical, cultural and economic impact of colonialism on the colonised territories (Said, 1978 & Bhabha, 1994; Spivak, 2021). It addresses the ensuing influence of European colonialism and/or colonial legacies on the post-colonies. Formulated and promoted by cultural scientists and theorists like Edward Said, Gayatri Chakravorty Spivak, Homi K. Bhabha, Frantz Fanon and the likes, Postcolonial theory seeks to understand how colonial legacies continue to shape contemporary communities, which are formerly colonised terrains. The different aspects of postcolonial theory like Edward Said's Orientalism, Gayatri Chakravorty Spivak's Subaltern Studies and Homi Bhabha's Hybridity and Third Space (Said, 1978; Bhabha, 1994; Spivak, 2021), account for the manifestations of the coloniser on the colonised communities. Kekeghe et al. affirm that the indices of colonialism on former colonies of the British show that “the colonized will continue to negotiate nationhood as they live with the after-effects of colonial imperialism” (p. 1). The interactions between the coloniers (self) and the colonised (other) produced plural identities, which include the administration of health and healthcare systems in the colonised regions.

Postcolonial Health as used in this study, is concerned with how the experiences of colonialism continue to shape the wellbeing and healthcare systems of previously colonised countries. It is beyond mere historical narratives on coloniality— it involves the recognition of the

enduring, tangible effects of colonial power dynamics on contemporary health outcomes in the colonies. Heinrich examines the viability of postcolonial theory in global health communication, with a special focus on the decolonisation of health (351). Though not specifically mentioned, Heinrich's study underscores conversations that highlight the import of postcolonial health in global health discourse. Healthcare occupies a cardinal place in every community or nation; as such, it constitutes the centre-stage of postcolonial discourse. This is why Efanodor-Obeten and Igechi) assert that “one of the major developmental indicators of every nation is the rate at which citizens access healthcare services” (9). In other words, “there is a correlation between a sound health system and economic development” of every nation (Efanodor-Obeten and Igechi, 10).

The basic tenets of Postcolonial Health are utilised to investigate the influence of Euro-modern culture, a colonial legacy, on indigenous health, with regards to the ensuing health complications in the practice of clitoridectomy in the Urhobo society. Annette et al (2005) examine the applicability of postcolonial theory to nursing research in the area of precolonial or indigenous healthcare practices. They argue that postcolonial outlooks provide pathways for research that centre on the understanding of how the colonial past shape the present context of health and healthcare in aboriginal communities. Faleye, Akande and Moyo (2024) features different essays that examine how public health interventions in postcolonial Africa mirror wider manifestations of power in the region. The arguments in the book underscore the manifestations of healthcare in the post-colonies, which falls within the domain of

postcolonial health. The current study examines indicators of colonial heritage, specifically postcolonial health, as it relates to Evwierhoma's deployment of the dramatic form to interrogate the resultant health complications of female genital cutting in Urhoboland. In exploring the damage posed by the culture of female circumcision in Urhobo, Evwierhoma's play, *The Cut Across*, presents a public health perspective that underscores colonial and/or Euro-modern orientations.

The Urhobo society informed Mabel Evwierhoma's imagination of female circumcision. The Urhobo is the largest ethnic groups in the Niger Delta region of southern Nigeria, principally located in Delta and Bayelsa States. Known for their rich cultural traditions, the Urhobo people are traditionally grouped into 24 autonomous kingdoms, each ruled by a king. The kings play both traditional and spiritual roles in the Urhobo society. The Urhobo language also known as Urhobo, is classified under the Niger-Congo language family, and serves as a significant symbol of cultural identity among the Urhobo. The Urhobo people practice different cultural and artistic heritage. The practice of female circumcision or female genital cutting is a predominant cultural practice in different communities in Urhobo (Sodje JD, Ilevbare FO 883; Fenfe, 54 and Akpodiete, 478).

Evwierhoma's *The Cut Across*: Towards a Public Health Reading of Clitoridectomy

Mabel Evwierhoma's *The Cut Across* centers on Emu, an agonised victim of clitoridectomy, who returns from Europe to her village, Omafuo who, to protest against the practice of female circumcision. Set in an imaginary Urhobo community, the play hybridises pre-modern and modern knowledge, to stimulate a postcolonial conversation on the attendant

health implications of that cultural practice in Urhobo. Armed with knowledge and experience, Emu exudes an appealing revolutionary stance leading to the liberation of young women from the culture of female genital mutilation. Ewrierhoma uses this play to create public health awareness of the various negative implications of female genital mutilation in Urhobo and different African communities.

At the beginning of the play, Emu expresses concerns about the poor priority of the people of Omafuo who, especially the fact that they are not intentional about development but continue to privilege the hurtful and unhealthy practice of female genital cutting. For instance, Omafuo who, to the surprise of Emu, is still without tap water. In dramatic monologue, she ridicules the people's predilection: "I'm sure most, if not all of the girls have gone under the notorious blade" (p. 10). Emu's assertion prepares the ground for the postcolonial health conversations that run through the play. She appeals to the audience as one armed with positive western orientations that will shape the health awareness of the people of Omafuo who, especially the pre-modern practice of clitoridectomy. As a victim of that injurious culture, Emu is determined to stimulate health consciousness that will put an end to it. Emu's conversation with her mother, Oni Emu, greatly attests to this:

Oni Emu: ...don't talk about the cutting of your private flesh...

Emu: ...I really feel cheated and need to connect with my missing part or my whole being. I do not feel

complete. But I already told Pa Emuotor on the phone the last time we spoke that I wanted to discuss how to end the practice of genital cutting with him... (15).

Emu's mother, Oni Emu, is troubled by the revolutionary approach of Emu, and admonishes her to shun her agitation against the indigenous tradition of female circumcision. Oni Emu is presented as a helpless woman who endures patriarchal repression and the health tortures posed by that practice, and tries to avoid being perceived as pitching her daughter against an established tradition. Thus, she implores Emu: "I beg you in the name of your father and ancestors, do not raise the matter" (14). As much as Oni Emu detests the practice of clitoridectomy, she is afraid to revolt against it given its root in the patriarchal structure of the society being portrayed. Her assertion, "they will accuse me of instigating you against tradition" (15), does not only expose her vulnerability, it suggests that female circumcision is a deep-seated cultural practice of the people. Emu is, therefore, equipped with Euro-modern knowledge that highlights the health complications caused by the cutting of female genitals.

Emu's commitment to end the practice of genital cutting meets strong resistance in the community. Her uncle, Pa Emuotor and his wife, Oni Esiri, are strongly opposed to Emu's revulsion and protest towards the practice. Emu's perception is shaped by her knowledge of the health problems which circumcised women are subjected to. In an attempt to provide public health awareness, she orientates young women aged between 25 and 30 years old. Efe's admiration of Emu's knowledge and modern postures prepares the ground for Emu's health awareness campaign on clitoridectomy. In one statement to Efe, Emu provides a deep persuasive message that decries the practice of female genital cutting: "I hope I could take you with me so you'll escape that brutal practice of genital cutting with those dirty blades and crude instruments

in a dirty environment” (22). Her emphasis on “dirty blades and crude instruments in a dirty environment” underscores her health consciousness, and exposes the reprehensibility of the practice. As highlighted by Emu, the use of dirty instruments for the cutting of female genitals is said to cause epidemic conditions (Hosken, 150-156). The impact of Emu's message is felt by the characters as evident in Uyota's condemnation of the culture: “Why should such a barbaric culture continue?” (22).

From the consciousness that her message is well received, Emu becomes more intentional in championing a revolutionary campaign against female genital mutilation, daring the structure that sustains it. On this note, female characters who privilege the practice like Akpona, who says that “it makes women faithful” (22) and Miyeri who asserts that “it removes the trigger of promiscuity” (47), are educated by Emu, demonstrating a feminist perspective: “And the men? What proves their fidelity? I also want to find out what they do with the cut off part. Do they eat it...?” (22-23). The confidence with which Emu speaks has persuasive effects on the young women. Akpona responds with a tone of sudden realisation:

AKPONA: Let us listen to Emu. Maybe her ideas will bring about changes in this culture of pain, blood and tears.

...

ESIRI: Please, let us hear Emu out. She has ideas.

...

EMU: I believe that the people will listen.

(23-24).

Akpona admits that clitoridectomy is a “culture of pain, blood and tears,” which the people must get rid of. Evwierhoma appropriates these characters to make a strong statement against female circumcision in

Urhobo. Aware of the medical complications faced by circumcised women, including herself, Emu bravely fights for the community to abolish the practice of female circumcision. Her enthusiasm is, however, perceived as a distortion of a social order by the custodians of that tradition. Despite admitting to the positives in Emu's agitation, Esiri is indecisive as to whether or not to pitch tent with Emu, which further underlines the fact that it is an age-long practice that has been fully normalised in the community. In reporting the case to her father, Pa Emuotor, Emu's cousin, Esiri, expresses fears and tension about Emu's attempt at disordering the social structure:

ESIRI: [Emu] plans to invite white men to come and investigate female circumcision in this village...

PA EMUOTOR: Call your mother. (*ESIRI rushes out*).

ONIESIRI: Ose, did you send for me?

PA EMUOTOR: Yes, I did...

ONIESIRI: What have the ears heard and eyes seen that you are restless? Tell me, my husband...

PA EMUOTOR:... I just heard now that some white people and lawyers invited by Emu are coming to arrest us in this village because of female circumcision...

ONIESIRI: Kweke! (*Clapping her hands together*).

(2 5 -

26).

The dialogue above shows that a serious tension is generated in the community as a result of Emu's quest to put an end to female genital cutting. Emu's uncle, Pa Emuotor, who is a custodian of the practice of female genital mutilation, laments to some elders that “[Emu] wants to arrest me for female circumcision and has brought some people from the white man's country to help her in the arrest” (29). The elders' dialogue underscores Emu's determination to end clitoridectomy in the community:

POTOKRI: ... What exactly did she say?

PA EMUOTOR: Well, you see, Emu once mentioned the need for us to refrain from cutting the genitals of

young maidens of this village to me one time that she called from oyibo country. She even told me her plan was to write about it in her school... (30).

Pa Emuotor's reference to 'oyibo country' implies that Emu's health campaign is derived from her knowledge of Western practices in Europe, which further attests to the postcolonial health discourse in the study. Upon invitation, Emu brings her western knowledge to bear and boldly educates the elders on the health danger of female circumcision: "I am concerned about the act and believe that you will hear me and take action against it. I am very disturbed about the fate of the young girls in this community" (34). When Emu's mother kneels down to beg the elders, Emu confronts her boldly: "Must you kneel? Are you responsible for the illegal genital cutting of young girls and the scarring of their private bodies?" (35). From this point, the revolutionary position of Emu is evident, and clearly transmits the legal and human health implications of clitoridectomy. In preparation for the final hearing, Emu enjoys significant support from young women in the community:

EFE: Emu, I hear the elders and chiefs are to hear your case of abomination against ancestral ways.

EMU: So I heard and I am prepared for the hearing.

AKPONA: I pray for your boldness and strong voice at the hearing. Last week, Mama Ejiro's daughter bled and almost died under cruel and filthy blade of theirs. I want the cutting of our genitals to stop. I wish girls were not born with that thing (40-41).

The dialogue above reveals that Mama Ejiro's daughter bleeds terribly almost to the point of death, after the cutting of her genital. The health complications of Mama Ejiro's daughter as recounted by Akpona, shows that the practice of female genital cutting puts young women at health risk. This is the message that Evwierhoma uses the play to pass across. Ofuafo adds: "If you saw Ejiro's condition, you won't want your goat to

experience it, not to talk of your enemy” (42). Reflecting deeply on the dehumanisation of women, Ofuafo poses a significant question that highlights the unhealthiness of genital cutting: “Why would a girl's body part be cut while she is awake and still alive?” (42). Emu addresses her cousin, Esiri, lamenting about the health concerns engendered by non-medical clitoridectomy:

EMU: How about those to be cut in future? Are you all aware of the infections that the hospitals across the forest treat as a result of genital cutting? How soon do you forget Ediri, Aghogho and others who cannot bear children because of the mistake in cutting too much flesh from the genitals? Or the psychological pain thereafter? Esiri, face reality (42).

Emu reveals that genital cutting causes different diseases, noting that “hospitals across the forest” struggle to treat such infections (42). In solidarity, Anughe admits that “Emu is that change agent the community needs,” and declares that “None of my daughters shall go under that wicked blade” (45). Anughe further confronts Omafuvwe, one of the cutters: “As a cutter, Omafuvwe, tell me how you have profited by cutting flesh and shedding blood from those innocent females?” (46). This suggests that Emu's creation of public health awareness of the danger in cutting female genital has had a significant impact on the women. Emu brings this revolutionary approach for the wellbeing of the young women in Omafuo who Community, which is redolent of the Urhobo. It is apt to argue that Evwierhoma's portraiture of Emu is representative of her thoughts towards the practice. This is evident in Evwierhoma's dedication of the play “to all the female survivors of circumcision...and their flesh cut by the cruel blade” (5). In other words, through Emu, Evwierhoma protests against the culture of clitoridectomy in Urhobo. This is evident in Emu's monologue, which raises compelling questions that decry the

practice of female genital cutting: “Why should acts in the name of culture be undertaken when the repercussions help no one?... And those elders, don't they hear of the victims and survivors of female genital cutting?” (48). Emu's interior monologue conveys the health hazards that go with female genital cutting, which makes it a dangerous and reprehensible practice.

Evwierhoma's portrait of Emu in the play reflects her consciousness of the devastating health implications of clitoridectomy, and her commitment to put a stop to it in Urhobo communities and elsewhere. Emu displays an obligation to promote the wellbeing of women in Omafuo who by fighting to stop the cutting of their genitals which provokes different health conditions and complications. The Paramount Chief admits that Emu “showed us that your community is dear” (p. 58), underscoring Emu's patriotism towards the welfare of women in Omafuo who. The following dialogue relates the public health consciousness in the play:

PARAMOUNT CHIEF: ...Tell me, what is at stake with female genital cutting? Emu, speak to us.

EMU: Great Lion, father of the community, what is at stake puzzles the world. The world is amazed that we continue an act that maims women for life. The statistics on the dead...the disfigured, barren and sick women whose lives the cutters have reshaped are at stake. What more can I say? There are infections and diseases transmitted by the unsterilized blades and they are dismissed by our people as common ailments (58).

In addition to the high mortalities of circumcised women, Emu recounts other health complications ranging from infertility, and infectious diseases that are caused by the cutting of females' genitals. The dialogues in the play are replete with health messages that are consciously recreated

to condemn the practice of clitoridectomy. Through the character of Emu, Evwierhoma creates public health awareness of female circumcision, highlighting the physical and psychological damage suffered by women. With realistic characterisation and dialogues, the playwright laments the harrowing condition of “the disfigured, barren and sick women whose lives the cutters have reshaped” (58). Emu, like Evwierhoma, is repulsed by the unhygienic atmosphere of the cutter, especially the increase in “infections and diseases transmitted by the unsterilized blades” (58). This assertion demonstrates the needlessness of the practice of female genital cutting. With lean justifications for it, its ensuing health challenges are enormous and overwhelming, making it an inexcusable practice that dehumanises women.

The destruction of women's libidinal drives through the cutting of their genital triggers both physical and psychological health conditions. The lack of libido in circumcised women creates an emotional void and a feeling of emptiness which manifests in the victims. Emu once laments to her mother: “I really feel cheated and need to connect with my missing part or my whole being. I do not feel complete” (15). Emu's utterance underscores her psychological and emotional distress caused by the cutting of her genital. This might be caused by the numbness experienced in her sexuality. Alidost et al declare that “Female genital mutilation/cutting (FGM/C) can affect women's lives through various physical, psychological, social and even sexual mechanisms” (281). Episodes in the play reflect on how circumcised women struggle with the agony of lack of libido, which equally affect their partners. Emu's revelation on this subject gets validations as evident in the following dialogue:

EMU: Our fathers should think about our sisters abandoned by their husbands for being frigid because of cutting. They should remember the dead and the

living dead from the cruel cut across bodies and lives with blades and cutters that dry up the well spring of women's lives.

ELDER 4: (*Pensive*) My son, Oghenevwede, complained about his wife's coldness after she gave birth to her first child and has always threatened to send her back home.

MADAM DIATA: Kweke! See how and why girls from across the forests and rivers have become wives to your sons, dear elders! Our own daughters bear scars from cutting that even men cannot bear to endure in the many cold marriages we see daily (59).

The dialogue above underscores the physical and psychopathological conditions that are induced by the cutting of female genital. Alice Behrendt and Steffen Moritz reveal that circumcised women manifest “affective or anxiety disorders” and symptoms that characterise Posttraumatic Stress-Disorder (1001). When Emu states that circumcised women are “abandoned by their husbands for being frigid because of cutting” (59), she attempts to unfold the psychological pains of the victims, a dialogic strategy deployed by Evwierhoma to caution the public against the danger of non-medical clitoridectomy. Emu's message, a burden of personal experience, is well received by the elders, and it shows the positive impact of her health awareness campaign of clitoridectomy. As evident in the dialogue above, Elder 4 attests to Emu's assertion, illustrating with his son, Oghenevwede, who “complained about his wife's coldness after she gave birth to her first child and has always threatened to send her back home” (p. 59). In a tone that is reflective of agony and protest, Madam Diata agrees with Emu, saying that “our own daughters bear scars from cutting that even men cannot bear to endure in the many cold marriages we see daily” (9). This implies that beyond the physical hurt, circumcised women are subjected to psychological tortures.

Evwierhoma's *The Cut Across* demonstrates that circumcised women face different health challenges including complications during childbirth. Female genital mutilation can lead to the mortality of pregnant women and their foetuses (Sodje and Ilevbare, 883). Rabiepour and Ahmadi argue circumcision is “a prevalent predictor of poor neonatal outcomes and delivery processes”, which suggests that “circumcised women need intensive care during delivery” (1). Emu recounts some tragic experiences emanating from genital cutting, especially complications faced by circumcised women during delivery:

EMU: Our father, need I remind you of Awesuo who we all know? After she was cut, and badly too, her complaints met deaf ears. What the cutter told her was that childbirth would put away all her problems. By the time her baby was to be born, it was tired and the Birth Attendant had no experience with which to handle her case. We left to get more experienced help. On getting to the dispensary, the child was dead inside his mother. The Dispenser in Warri helped to bring out the baby, a son that was Okpako's replica in handsomeness.

SISI INOKU:...Awesuo could not push out her child because of the damage cutting did to her (60-61).

The harrowing experience of Awesuo, who could not push out her baby during delivery, is one of the many health complications caused by clitoridectomy. Emu relates the deception of the cutter who assures Awesuo after badly cutting her that “childbirth would put away all her problems,” only for her to face severe consequences during delivery—she could not push out the baby, who eventually dies in her womb. In such a distressing situation, Awesuo is abandoned by her husband, there by negativizing female genital mutilation. Emu highlights cases of women who bled to death in the process of circumcision, including Nenerukeme, daughter of the Paramount Chief. The persuasive strategies utilised in through Emu in play evidently unfurls the negatives in female genital

cuttings, portraying it as a reprehensible practice. This is why after hearing Emu's analysis of the situation, the Paramount Chief applauds her patriotism and commitment to create health awareness, and even blames the elders of mishandling the matter:

PARAMOUNT CHIEF: Elders, you did not handle this matter well. Are you not aware that the rulers across the big river at the headquarters have outlawed the practice of cutting women's genitals? This was discussed some moons ago at the palace. We hear that many cutters have thrown away their blades, scissors and knives and chosen other vocations like farming, trading and dealing in crafts (60).

That assertion by the Paramount Chief underscores the convincingness and believability in Emu's health awareness campaign. Here, the modern and the old interact, showing the place of social dynamics especially as it relates to postcolonial health. The western exposure of Emu is in tandem with the thoughts of other communities that have jettisoned the culture of female circumcision. The Paramount Chief notes the need to adapt to the dynamics of an ever-evolving world, reminding the elders of Omofuowho that “rulers across the big river at the headquarters have outlawed the practice of cutting women's genitals” (60). The knowledge which Emu imported from Europe becomes helpful to rethink the cultural identity of the people in relation to health and wellbeing. This is where postcolonial health philosophy comes handy in interrogating the hybrid ideas in the play. On a tone of finality, Paramount Chief declares:

The submission by our daughter has moved me and I know that it moved you, too. Our maidens suffer in silence because of the taboo against questioning tradition or going against its tenets. It is no longer possible to resist the wave of universal thought against female cutting. I, the Great Lion of the Land of Omafuowho, hereby declare:...any family, mother or father that resists their maiden from going under the blade for genital cutting shall have their wish. It is no

longer compulsory that cutters should force our young girls and women for circumcision... (63).

The pronouncement of the Paramount Chief at the play's resolution is in agreement with Emu's campaign against female genital mutilation. This suggests the potency of Emu's public health crusade against clitoridectomy. As demonstrated by other characters in the play, the Paramount Chief spots the merit in Emu's fight against the cutting of female genitals, especially the fact that she is able to highlight the health complications and challenges triggered by it. This is why he affirms that “the submission by our daughter has moved me and I know that it moved you, too” (63). There is an admittance of the need to embrace universal ideas in the play, especially in relation to the culture of female circumcision. This is evident in the Paramount Chief's assertion that “It is no longer possible to resist the wave of universal thought against female cutting” (63). Through Emu and the Paramount Chief, Evwierhoma prioritises sociocultural dynamism, underscoring the imperativeness of postcolonial health.

Conclusion

The discussion of Evwierhoma's *The Cut Across* in this study demonstrates the functional role of literature, especially the drama form, in transmitting concerns about the devastating health consequences of clitoridectomy (female circumcision). The realistic portraiture of characters and events in the play underscores the playwright's consciousness of the realities of female genital cutting or circumcision in the society being depicted. The setting of the play and names of the characters reflect the Urhobo cultural milieu, underscoring the predominance of female circumcision in Urhobo communities. Emu, the protagonist, is imbued with knowledge and courage both to expose the ensuing medical challenges of circumcised women, and to mobilise for

the termination of the practice of female genital cutting. The privileging of western and biomedical orientations in relation to clitoridectomy in the play, create a hybrid postcolonial atmosphere within the frame of postcolonial health. This suggests that the playwright's awareness of the health challenges of clitoridectomy underscores the legacies of western colonialism and modernism, thereby creating a hybrid conversation that is concerned with postcolonial health consciousness. Through Emu, Ewrierhoma depicts a public health consciousness, by criticising female circumcision, a predominant indigenous cultural practice of the Urhobo people and other language groups in Africa. The potency of the public health awareness campaign is evident in the final speech of the Paramount Chief that de-emphasises the practice of clitoridectomy, and calls attention to the need for its complete abolition.

Works Cited

- Abdulcadir, Jasmine, Margairaz, C, Boulvain, Michel, & Irion, O. "Care of Women with Female Genital Mutilation/Cutting." *Swiss Med Wkly*, 140(8), (2011): w13137.
- Agbasiere, Julie. "African Literature and Social Commitment". *Major Themes in African Literature*. Eds. Damian U. Oyata and Alloysius U. Ohaegbu. Nsukka: AP Express Publishers, 2000. 71-83.
- Akpambang, Enobong Mbang. "Female Genital Mutilation: A Rite of Passage or a Breach of Women's Rights in Nigeria?" *Global Journal of Arts, Humanities and Social Sciences* 8 (3), 2020: 1-18
- Akpodiete, Hannah Modupe. "Mythology And Culture: Implication Of Female Genital Mutilation In Urhobo Land." *Journal of Namibian Studies* 37 (2023): 478-493
- Alidost F, Abbasi M, Ghamsari SR, Pakzad M. "Mental Health Disorders

- in Circumcised Reproductive-age Women, Legal Dimensions and Prevention Strategies: A Narrative Review.” *Rev Bras Ginecol Obstet* 45(5), 2023: 281-288.
- Basch, Corey H. and Wagner, Victoria H. “Popular Literature in Public Health: Exploring Connections Between Public Health and Humanities.” *Journal of Health Education Teaching* 8(1), 2017: 17-25
- Behrendt, Alice and Moritz, Steffen. “Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation.” *Am J Psychiatry* 162 (5), (2005): 1000-1002
- Bekers, Elizabeth. “From Women's Rite to Human Rights Issue: Literary Explorations of Female Genital Excision Since Facing Mount Kenya (1938)”. *Empathy and Rage: Female Genital Mutilation in African Literature*. Eds. Tobe Levin and Augustine A. Asaah. Oxfordshire: Ayebia Clarke Publishing Ltd, 2009. 15-37.
- Beveridge, Allan. “The Benefits of Reading Literature”. *Mindreadings: Literature and Psychiatry*. Ed. F. Oyebode. London: RCPsych Publications, 2009. 1-14
- Bhabha, Homi K. *The Location of Culture*. Abingdon: Routledge, 1994.
- Bishop, Stephen. “Oppositional Approaches to Female Genital Mutilation (FGM) in African Literature”. *Empathy and Rage: Female Genital Mutilation in African Literature*. Eds. Tobe Levin and Augustine A. Asaah. Oxfordshire: Ayebia Clarke Publishing Ltd, 2009. 38-51.
- Black, J.A., and Debelle, G.D. “Female Genital Mutilation.” *British Medical Journal* 7027 (1996): 377-378.
- Browne, Annette J., Smye, Victoria L. and Varcoe, Colleen. “The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health.” *CJNR* 37(4), (2005): 16-37

- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press, 2006
- Efanodor-Obeten, Harriet O. and Igechi, Ozekhome G. “Politics of Healthcare Reform in Postcolonial Nigeria”. *Public Health in Postcolonial Africa: The Social and Political Determinants of Health*. Olukayode A. Faleye, Tanimola M. Akande and Inocent Moyo (Eds). New York: Routledge, 2024. 9-24
- El Sadaawi, Nawal. *The Hidden Face of Eve: Women in the Arab World*. Trans. Sherif Hetata. London: Zed Books, 1980.
- Evwierhoma, Mabel I. E. *The Cut Across*. Jos: DynastyGold Impact Publishers, 2022
- Faleye, Olukayode A., Okafor, Arthur C. and Dangana, Jonathan. Spatial Politics of Health and the Control of Viral Hemorrhagic Fevers in Postcolonial Africa: Lessons from Lagos. *Public Health in Postcolonial Africa: The Social and Political Determinants of Health*. Olukayode A. Faleye, Tanimola M. Akande and Inocent Moyo (Eds). New York: Routledge, 2024. 47-58.
- Fenfe, Gibson. *The Festival Parade of Daughters: A Study of the Orhuwhorun People*. Malthouse Press, 2024.
- Gandhi, L. *Postcolonial Theory: A critical introduction*. New York: Columbia University Press, 1998.
- Gibson, William. *Art and Money in the Writings of Tobias Smollet*. Lewisburg: Bucknell University Press, 2007.
- Heinrich, L. From Promise to Pitfall: Rethinking the Role of Postcolonial Theory in Intercultural Communication—Insights from *Decolonizing Global Health Discourse*. *Journal of Intercultural Communication Research*, 54(5), (2025): 351–367.
- Hosken, Franziska P. (1978). “The Epidemiology of Female Genital Mutilations.” *Tropical Doctor*, 8(3), 150-156.

- Karmaker, Bue, Kandala, Ngianga-Bakwin, Chung, Donna, & Clarke, Aileen. "Factors Associated with Female Genital Mutilation in Burkina Faso and Its Policy Implications." *International Journal for Equity in Health*, 10(1), 20.
- Kekeghe, S., Ilolo, O., & Akuburunwa, H. "Nollywood and the Hybrid Postcolonial Space: Cultural Nationalism and Identities Construction in Kayode Kasum's *Afamefunu*." *African Identities*, (2025): 1–22.
- Kekeghe, Stephen E. "Art, Medicine, and Public Health: Synergizing Humanistic and Medical Strategies in Managing a Pandemic." In: Rezaei, N. (eds) *Multidisciplinarity and Interdisciplinarity in Health. Integrated Science 6*. Springer, Cham, 2022. 509–523
- Kekeghe, Stephen E. *Psychiatric Conditions in Selected Nigerian Literary Texts*. PhD Thesis. Dept. of English, University of Ibadan, 2018.
- McConaghy, C. *Rethinking Indigenous Education: Culturalism, Colonialism and the Politics of Knowing*. Brisbane: Post Pressed, 2000.
- McManus, Ian Chris. Humanity and the medical humanities. *The Lancet* 346(8983), 1995: 1143-1145
- Neeraja, S. *Writing Sickness, Writing Healing: Narratives of Illness and Identity*. Ph.D. Thesis. Dept. of English. University of Hyderabad, 2013.
- Nwapa, Flora. *Efuru*. Oxford: Heinemann, 1966.
- Okeke, TC, Anyaehie, USB, & Ezenyeaku, CCK. An overview of female genital mutilation in Nigeria. *Annals of medical and health sciences research*, 2(1), (2012): 70-73.
- Olukayode Faleye, Tanimola Akande, Innocent Moyo Eds. *Public Health in Postcolonial Africa: The Social and Political Determinants of Health*. Routledge, 2023

- Rabiepour, S., Ahmadi, Z. “The Effect of Female Circumcision on Maternal and Neonatal Outcomes after Childbirth: A Cohort Study.” *BMC Pregnancy Childbirth* 23,46 (2023): 1-10.
- Reimer Kirkham, S. *Making Sense of Difference: The Social Organization of Intergroup Relations in Health Care Provision*. Unpublished doctoral dissertation, University of British Columbia, Vancouver, 2000
- Said, Edward. *Orientalism*. New York: Vintage, 1979.
- Snow, Rachel C, Slanger, Tracy E, Okonofua, Friday E, Oronsaye, Frank, & Wacker, Juergen. Female genital cutting in southern urban and peri-urban Nigeria: self-reported validity, social determinants and secular decline. *Tropical Medicine & International Health*, 7(1), (2002): 91-100.
- Sodje JD, Ilevbare FO. “Transcultural Influence on Female Genital Mutilation Done in Late Pregnancy: A Case Report.” *Niger J Clin Pract* (6), 2020: 883-886.
- Spivak, G. C. *Can the Subaltern Speak?* Afterall Books, 2021.
- Toubia, Nahid. “Female Circumcision as a Public Health Issue”. *New England Journal of Medicine*, 331(11), (1994): 712-716.
- wa Thiong'o, Ngugi. *The River Between*. London: Heinemann, 1963.