

WILEY



Anthropology, Liberalism and Female Genital Cutting

Author(s): Carlos D. Londoño Sulkin

Source: *Anthropology Today*, Vol. 25, No. 6 (Dec., 2009), pp. 17-19

Published by: [Royal Anthropological Institute of Great Britain and Ireland](#)

Stable URL: <http://www.jstor.org/stable/25599051>

Accessed: 26-01-2016 18:56 UTC

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Wiley and Royal Anthropological Institute of Great Britain and Ireland are collaborating with JSTOR to digitize, preserve and extend access to *Anthropology Today*.

<http://www.jstor.org>

sexual enjoyment and desire seems foreign to the accounts of most of my older female informants.

RS: *You recently engaged in a debate in New York City about the practice at a meeting of a foundation concerned with the welfare of African women, which was reviewed in The American Prospect (Goldberg 2009a). Could you describe the context of the debate, and reflect on the way it was represented in that article as 'rites v rights'?*

FA: Sauti Yetu, which is a grassroots African women's organization that is dedicated in part to addressing issues of violence as well as other injustices in our communities and larger society, hosted an amicable debate in New York between me and a Kenyan woman, also circumcised, to discuss our experiences of initiation and views about the practice. This was organized as a reflection upon the fourth annual International Day of Zero Tolerance of Female Genital Mutilation, an occasion for events across the globe dedicated to abolishing the practice. Michelle Goldberg was there to research the event for her new book on the politics of women's reproduction worldwide (published as Goldberg 2009b). In her review of the event, Goldberg (2009a) made reference to this debate and acknowledged the need to consider other voices such as my own on this topic. On the one hand I thought her review went a long way to dispel myths about circumcised women (as being traditional, culture-bound, uneducated and necessarily coerced into 'mutilation'); however, on the other hand, I thought the article continued to reproduce stereotypes of the practice as being medically harmful and extremely traumatic for most women.

Goldberg conveniently ignored the lack of medical evidence to support her assertion about the 'thousands' of women who suffer from female circumcision and continued to carry the message that eradication is the only moral and appropriately feminist response to this 'human rights abuse' against African women. Underlying her assertion is the uncritical assumption of a universal category of woman, whose 'intact' external clitoral glans and hood is somehow essential to her identity, sexual pleasure and experience of wholeness. Circumcised African women, according to this view, are in a permanent condition of 'pain' and 'suffering' from which, Goldberg would argue, only other enlightened African women (with the indirect but certain guidance of Western women) can provide

escape. Of course, I find this view patronizing and infantilizing of adult African women who, like Western women who opt for cosmetic genital surgeries, should be free to decide for themselves what to do with their own bodies.

Another point I made that Goldberg overlooked is that supporters of female circumcision justify the practice on much of the same grounds that they support male circumcision. The uncircumcised clitoris and penis are considered homologous aesthetically and hygienically. Just as the male foreskin covers the head of the penis, the female foreskin covers the clitoral glans. Both, they argue, lead to build-up of smegma and bacteria in the layers of skin between the hood and glans. This accumulation is thought of as odorous, susceptible to infection and a nuisance to keep clean on a daily basis. Further, circumcised women point to the risks of painful clitoral adhesions that occur in girls and women who do not cleanse properly, and to the requirement of excision as a treatment for these extreme cases. Supporters of female circumcision also point to the risk of clitoral hypertrophy or an enlarged clitoris that resembles a small penis. For these reasons many circumcised women view the decision to circumcise their daughters as something as obvious as the decision to circumcise sons: why, one woman asked, would any reasonable mother want to burden her daughter with excess clitoral and labial tissue that is unhygienic, unsightly and interferes with sexual penetration, especially if the same mother would choose circumcision to ensure healthy and aesthetically appealing genitalia for her son?

I write and teach about different cultural perspectives on female circumcision with regard to pleasure, hygiene and genital aesthetics, not to insist that uncircumcised Western women opponents have it wrong and circumcised African women proponents are right (such stereotypical categorizations are never quite so neat anyway) but to point out that there are different and contested views and experiences and that no one is more right than the other. So it is my opinion that we need to remove the stigma of mutilation and let all girls know they are beautiful and accepted, no matter what the appearance of their genitalia or their cultural background, lest the myth of sexual dysfunction in circumcised women become a true self-fulfilling prophecy, as Catania and others are increasingly witnessing in their care of circumcised African girls and women. ●

1. <http://tierneylab.blogs.nytimes.com/2008/03/19/a-compromise-on-female-circumcision/>

Anthropology, liberalism and female genital cutting

Carlos D. Londoño Sulkin

Carlos D. Londoño Sulkin is Associate Professor of the Department of Anthropology, University of Regina, in Canada. His research focuses on selfhood and morality among People of the Center (Colombian Amazon). His email is carlos.londono@uregina.ca.

This essay is my reaction, as an outsider to ethnographic studies of genital modifications and of African peoples, to Fuambai Ahmadu's discussion. Ahmadu commented that, paradoxically, an open discussion on her lecture would probably have been impossible at larger, more central institutions like the London School of Economics or New York University, where the issue would have generated too much disturbance.

Female genital cutting consists in the more or less ritualized incision or removal of part of the external genitalia of girls or young women. The cuts vary in form: in some versions the prepuce (hood) of the clitoris is pricked, in others the prepuce or the entire external part of the clitoris is removed. So-called 'excisions' involve the removal of the external part of the clitoris and the labia minora. The most famous but least practised version is infibulation (or Pharaonic circumcision), which involves removal of the labia minora and external part of the clitoris and sewing

the labia majora together, leaving a small orifice for urination and menstruation. Genital modifications of these and similar kinds are widely practised in sub-Saharan Africa and in a few other societies through history and around the world. In the literature and the media, the practice is often represented as a brutal violation of little girls' rights to bodily and sexual integrity, often by domineering patriarchs and brainwashed matriarchs, all in the service of male domination over women's bodies and sexuality. A common term for the practice builds in this sense of damage done to the women in question: it is called female genital mutilation (FGM). Presented thus, opposition to FGM appears to be a safe, no-brainer ethical cause, and signing a zero-tolerance-to-FGM petition unproblematic. What monster wouldn't support it, and protect women from mutilation and a life of poor health and joyless sex?¹

Many – including some scholars with direct and nuanced expertise on the matter – find that FGM is where one draws

1. See the WHO (2008) interagency statement for a recent and dramatic call to bring cutting practices to an end.

2. For a discussion of such calls among anthropologists, see Hernlund and Shell-Duncan (2007) and Shweder (2002); examples of expert critics are Mandara, Abusharaf and Mackie in Shell-Duncan and Hernlund (2000).

3. I use the term 'irony' here more or less in Rorty's sense, to refer to some acknowledgment of the contingency of one's central beliefs and desires (1989: xv); I would add that it would involve at least acknowledging charitably that others might for understandable causes or reasons not share them.

4. I am as neutral about the disappearance or further spread of cutting practices as I am about tattooing and tooth braces: let these feature in people's symbolic practices constitutive of personhood, as long as they are not cruel. If they are to disappear, let it not be as a result of impositions from powerful outsiders with unquestioning faith in their own understandings of personhood, cosmology and sociality.

Ahmadu, F. 2007. 'Ain't I a woman, too?' Challenging myths of sexual dysfunction of circumcised women. In: Hernlund, Y. and Shell-Duncan, B. (eds) 2007. *Transcultural bodies: Female genital cutting in global context*, pp. 278-310. New Brunswick: Rutgers University Press.

— 2000. Rites and wrongs: Excision and power among Kono women of Sierra Leone. In: Shell-Duncan, B. and Hernlund, Y. (eds) *Female 'circumcision' in Africa: Culture, change and controversy*, pp. 283-312. Boulder, CO: Lynne Rienner.

Bell, K. 2005. Genital cutting and Western discourses on sexuality. *Medical Anthropology Quarterly* 19(2): 125-148.

Brett-Smith, S. 1997. The mouth of the Komo. *Res: Anthropology and Aesthetics* 31: 71-96.

Catania, L. et al. 2007. Pleasure and orgasm in women with female genital mutilation/cutting (FGM/C). *Journal of Sexual Medicine* 4: 1666-1678.

Coleman, D.L. 1998. The Seattle compromise: Multicultural sensitivity and Americanization. *Duke Law Review* 47: 717-783.

Essen, B. et al. 2002. Is there an association between female circumcision and perinatal death? *Bulletin of the World Health Organization* 80: 629-632.

— 2005. No association between female circumcision and prolonged labor: A case control study of immigrant women giving birth in Sweden. *European Journal of Obstetrics and Gynecology and*

the line on multiculturalism, relativism and tolerance, and deem it important to work to end these practices.² It was Ahmadu's (2000) paper that led me to think differently about cutting practices and movements to eradicate them. It reminded me of certain discussions about threats to liberalism. The philosopher Richard Rorty (1989), citing Judith Shklar, defined liberals as people who think that the worst thing one can be is cruel; reducing cruelty is one of the good things we're about when we seek knowledge and generate change. That same interest motivates many a philanthropic cause. But liberal achievements and causes – those that seek to increase our freedoms and reduce our cruelties – run the risk of becoming simplistic and sclerotic. Without some ironic awareness that our preferences and convictions, even if we are willing to fight for them, are a function of the contingencies of our biographies, our causes can become coarse battering rams with no consideration for different points of view or room for subtlety, and may therefore start perpetrating their own cruelties. I find this to be the case with movements seeking to *eradicate* female genital cutting.

Ironic³ self-criticism seems to me to be necessary for Westerners thinking about cutting. Both knee-jerk reactions ('it's wrong because it's wrong!') and some more thoughtful ones take for granted that something indubitably horrible has happened to all women who have undergone this practice – namely, that the cutting has deprived them forever of orgasm or sexual pleasure, and that it will generate a plethora of reproductive and other short- and long-term health problems for them. An important body of clinical and ethnographic research does not support this, and questions the scientific rigour of the admittedly enormous literature that does support it. Severe health or reproductive complications, even in the case of the larger genital modifications, are infrequent (Obermeyer, cited in Hernlund and Shell Duncan 2007). People in the societies that practise female genital cutting are well aware that pain and some bleeding are a matter of course in their practices, and that there are some limited risks of infection and other health problems; many still deem the practice to have positive and even necessary effects as far as maturation, health, bodily comfort and beauty are concerned. Researchers like Ahmadu, Dopico (in Shell-Duncan and Hernlund 2000), and Catania et al. (2007) also counter claims to the effect that female genital cutting impedes sexual enjoyment: their excised interviewees appeared to enjoy sex and achieve orgasm in proportions comparable to those of 'intact' women. This may have something to do with the fact that a large proportion of the erectile, orgasm-triggering tissue of the clitoris is hidden, and even the most radical excisions remove only a small part of it. If Ahmadu, Dopico and Catania et al. are right about this, it should not be assumed – as many a well-intended liberal does – that genital cutting is in fact, and necessarily, physically traumatic and limiting. Some anti-FGM activists' exaggerated claims on this subject undermine their own mission: they conflict with locals' experiences, creating a credibility gap (Shell-Duncan and Hernlund 2000).

A second, widespread claim is that genital cutting is ultimately an oppressive practice of male control over the bodies and sex of women, and the rhetoric highlights how men in societies where this happens claim that uncircumcised women are wanton and therefore undesirable as spouses. Such claims oversimplify the social relations in question and stereotype the people involved, often in an ethnocentric, even racist fashion. From Ahmadu's writings and talk, it seems that this claim selectively ignores other aspects of the discourses about sex and bodies in some of these societies. For instance, among Kono people both men and women are circumcised, and in both cases, the procedure is meant to make individuals mature, wise and continent. The point is not to curtail female libido, but to

make both men and women more judicious about everything, including sex. I would also underscore that acts of genital cutting – male or female – are symbolic gestures, and as such their associations and meanings are multiple and changing; nothing ties them intrinsically to a particular religion or context of gender relations (for surprising examples, see Thomas 2000 and Leonard 2000).

The gist of the most subtly and innocently ethnocentric question I heard anyone pose to Ahmadu was the following: even if perhaps there weren't great health risks, and even if perhaps it isn't fundamentally a practice of male domination over women, why bother to undergo the often painful procedure, or reproduce it in younger generations, when nature has given women bodies endowed with whole clitorides, the better suited for enjoyment and sex? In other words, why on earth would people do this to themselves or their daughters? Wouldn't it be simpler and more conducive to well-being and happiness *not* to indulge in cutting? This question took for granted that our (Euroamerican) societies' mainstream accounts, practices and aesthetic preferences concerning our genders, bodies and sex are somehow more natural or normal or better than those of people whose views of these matters differ from ours. (For a deep and nuanced explanation of this, see Boddy in Hernlund and Shell-Duncan 2007.) For instance, according to Ahmadu, Kono men and women find circumcised genitals cleaner and nicer-looking, and uncircumcised genitals immature and prone to stink and itch. In other words, the idea of the 'natural' body as an ideal of beauty and wholesomeness does not hold sway with them. It really doesn't hold sway with Euroamericans, either: depending on our gender, we pierce our bodies, tattoo them, cut or colour our hair, shave our faces or armpits, develop hypertrophic muscles, and so forth, but we reveal our bias when we treat these practices as less artificial than female (but not male) genital excision.

For Kono women, to undergo *bondo* – the initiation ritual that involves excision – makes them a kind of person that is admirable: informed, courageous, capable of dealing with pain, mature and womanly. Is making the altered form of one's genitals such a significant symbol of one's personal virtues a very particular or parochial feature of this society? Sure. But so is everything we do in North America and Europe to our bodies to be clean-cut, or authentic, or cool, or beautiful, or elegant, or healthy. Furthermore, *bondo* establishes age-group and other relationships among the different women involved, relationships that Kono women and men value greatly. Are the kinds of relationships created through the Kono's excision rituals particular to that society, and thus to some extent insular? Maybe. But so are our relationships with each other and the ways we go about establishing them. We still deeply value our relationships and the symbolic mechanisms by which we create them. So do Kono and other people.

My own sense, after listening to Ahmadu, is that many Euroamericans' reactions to the removal of any genital flesh is shaped by parochial understandings and perfectly contestable biases and values concerning bodies, gender, sex and pain. Their arbitrariness becomes clear in the combined light of some clinical research and Ahmadu's (2007) and Shweder's (2002) point that there is very little Western protest against what could be portrayed as *male* genital mutilation, namely circumcision. Many Westerners find it easy to buy into the 'fact' that it is a salutary, hygienic and even aesthetically pleasing practice in our societies, or at least an unproblematic one, but do not so easily buy it when Kono women say the same about *female* circumcision.

A discussion that came up at Ahmadu's talk concerned whether girls consented freely to being excised. Did they know what was going to happen to them? If they knew, but knew as well that they risked being denigrated, ostracized

- Reproductive Biology* 121(2): 182-185.
- Goldberg, M. 2009a. Rights versus rites: When it comes to the lives of women around the globe, do local traditions ever trump human rights? *The American Prospect*, 28 April.
- 2009b. *The means of reproduction: Sex, power and the future of the world*. New York: Penguin Group.
- Gruenbaum, E. 2001. *The female circumcision controversy: An anthropological perspective*. Philadelphia: University of Pennsylvania Press.
- Hernlund, Y. and Shell-Duncan, B. (eds) 2007. *Transcultural bodies: Female genital cutting in global context*. New Brunswick: Rutgers University Press.
- Johnson, C. 2008. 'Genital self-image among Somali immigrants with female genital cutting'. Unpublished paper presented at American Anthropological Association 107th annual meeting.
- Johnson, M.C. 2000. Becoming a Muslim, becoming a person: Female 'circumcision', religious identity, and personhood in Guinea-Bissau. In: Shell-Duncan, B. and Hernlund, Y. (eds) *Female 'circumcision' in Africa: Culture, change and controversy*, pp. 215-234. Boulder, CO: Lynne Rienner.
- Johnsdotter, S. & Essén, B. 2004. 'Sexual health among young Somali women in Sweden: Living with conflicting culturally determined sexual ideologies'. Paper presented at the conference 'Advancing Knowledge on Psycho-Sexual Effects of FGM/C: Assessing the Evidence', Alexandria, Egypt, 10-12 October 2004.
- Leonard, L. 2000. Adopting female 'circumcision' in Southern Chad: The experience of Myabe. In: Shell-Duncan, B. and Hernlund, Y. (eds) *Female 'circumcision' in Africa: Culture, change and controversy*, pp. 167-192. Boulder, CO: Lynne Rienner.
- Lightfoot-Klein, H. 1989. The sexual experience and mental adjustment of genitally circumcised and infibulated females in the Sudan. *Journal of Sex Research* 26(3): 375-392.
- Morison, L. et al. 2001. The long-term reproductive health consequences of female genital cutting in rural Gambia: A community-based survey. *Tropical Medicine International Health*, 6(8): 643-653.
- Obermeyer, C.M. 1999. Female genital surgeries: The known, the unknown, and the unknowable. *Medical Anthropology Quarterly* 13(1): 79-106.
- 2003. The health consequences of female circumcision: Science, advocacy, and standards of evidence. *Medical Anthropology Quarterly* 17(3): 394-412.
- Rorty, R. 1989. *Contingency, irony, and solidarity*. Cambridge/New York: Cambridge University Press.
- Rosenthal, E. 2006. Genital cutting raises by 50% likelihood mothers or their newborns will die, study finds. *New York Times*, 2 June.
- Shell-Duncan, B. 2008. From health to human rights: Female genital cutting and the politics of intervention. *American Anthropologist* 110(2): 225-236.
- and Hernlund, Y. 2009. 'Contingency and change in the practice of FGC: Dynamics of decision-making in Senegambia'. Unpublished draft summary report.
- and Hernlund, Y. (eds) 2000. *Female 'circumcision' in Africa: Culture, change and controversy*. Boulder, CO: Lynne Rienner.
- Shweder, R.A. 2002. 'What about female genital mutilation?' and 'Why understanding culture matters in the first place'. In: Shweder, R., Minow, M. and Markus, H. (eds) *Engaging cultural differences: The multicultural challenge in liberal democracies*, pp. 216-251. New York: Russell Sage Foundation Press.
- Thomas, L. 2000. 'Ngaitana (I will circumcise myself)': Lessons from colonial campaigns to ban excision in Meru, Kenya. In: Shell-Duncan, B. and Hernlund, Y. (eds) *Female 'circumcision' in Africa: Culture, change and controversy*, pp. 129-150. Boulder, CO: Lynne Rienner.
- Walley, C.J. 1997. Searching for 'voices': Feminism, anthropology, and the global debate over female genital operations. *Cultural Anthropology* 12: 405-438.
- WHO Study Group on Female Genital Mutilation and Obstetric Outcome 2006. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *The Lancet* 367(9525): 1835-1841.
- Williams, L. and Sobieszzyk, Teresa 1997. Attitudes surrounding the continuation of female circumcision in the Sudan: Passing the tradition to the next generation. *Journal of Marriage and the Family* 59: 966-981.
- World Health Organization 2008. *Eliminating female genital mutilation: An interagency statement by UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNHCR, UNICEF, UNIFEM, WHO*. Available at: http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf
- Yoder, P.S. and Khan, Shane 2008. *Numbers of women circumcised in Africa: The production of a total*. DHS Working Papers No 39: Demographic and health research. Calverton: USAID.