



What about "Female Genital Mutilation"? And Why Understanding Culture Matters in the First Place

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Richard A. Shweder

What About “Female Genital Mutilation”? And Why Understanding Culture Matters in the First Place

Female genital mutilation (FGM, also known as female circumcision) has been practiced traditionally for centuries in sub-Saharan Africa. Customs, rituals, myths, and taboos have perpetuated the practice even though it has maimed or killed untold numbers of women and girls. . . . FGM’s disastrous health effects, combined with the social injustices it perpetuates, constitute a serious barrier to overall African development.

—Susan Rich and Stephanie Joyce¹

On the basis of the vast literature on the harmful effects of genital surgeries, one might have anticipated finding a wealth of studies that document considerable increases in mortality and morbidity. This review could find no incontrovertible evidence on mortality, and the rate of medical complications suggests that they are the exception rather than the rule.

—Carla M. Obermeyer²

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Early societies in Africa established strong controls over the sexual behavior of their women and devised the brutal means of circumcision to curb female sexual desire and response.

—Olayinka Koso-Thomas³

... studies that systematically investigate the sexual feelings of women and men in societies where genital surgeries are found are rare, and the scant information that is available calls into question the assertion that female genital surgeries are fundamentally antithetical to women's sexuality and incompatible with sexual enjoyment.

—Carla M. Obermeyer⁴

Those who practice some of the most controversial of such customs—clitoridectomy, polygamy, the marriage of children or marriages that are otherwise coerced—sometimes explicitly defend them as necessary for controlling women and openly acknowledge that the customs persist at men's insistence.

—Susan M. Okin⁵

It is difficult for me—considering the number of ceremonies I have observed, including my own—to accept that what appear to be expressions of joy and ecstatic celebrations of womanhood in actuality disguise hidden experiences of coercion and subjugation. Indeed, I offer that the bulk of Kono women who uphold these rituals do so because they want to—they relish the supernatural powers of their ritual leaders over against men in society, and they brace the legitimacy of female authority and, particularly, the authority of their mothers and grandmothers.

—Fuambai Ahmadu⁶

BY RITES A WOMAN: LISTENING TO THE
MULTICULTURAL VOICES OF FEMINISM

ON NOVEMBER 18, 1999, Fuumbai Ahmadu, a young African scholar who grew up in the United States, delivered a paper at the American Anthropological Association meeting in Chicago that should be deeply troubling to all liberal freethinking people who value democratic pluralism and the toleration of "differences" and who care about the accuracy of cultural representations in our public-policy debates.

Ahmadu began her paper with these words:

I also share with feminist scholars and activists campaigning against the practice [of female circumcision] a concern for women's physical, psychological and sexual well-being, as well as for the implications of these traditional rituals for women's status and power in society. Coming from an ethnic group [the Kono of Eastern Sierra Leone] in which female (and male) initiation and "circumcision" are institutionalized and a central feature of culture and society and having myself undergone this traditional process of becoming a "woman," I find it increasingly challenging to reconcile my own experiences with prevailing global discourses on female "circumcision."⁷

Coming-of-age ceremonies and gender-identity ceremonies involving genital alterations are embraced by, and deeply embedded in the lives of, many African women, not only in Africa but in Europe and the United States as well. Estimates of the number of contemporary African women who participate in these practices vary widely and wildly between eighty million and two hundred million. In general, these women keep their secrets secret. They have not been inclined to expose the most intimate parts of their bodies to public examination and they have not been in the habit of making their case on the op-ed pages of American newspapers, in the halls of Congress, or at academic meetings. So it was an extraordinary event to witness Fuumbai Ahmadu, an initiate and an anthropologist, stand up and state that the oft-repeated claims "regarding adverse effects [of female circumcision] on women's sexuality do not tally with the experiences of most Kono women," including her own.⁸ Ahmadu was twenty-two years old and sexually experi-

enced when she returned to Sierra Leone to be circumcised, so at least in her own case she knows what she is talking about. Most Kono women uphold the practice of female (and male) circumcision and positively evaluate its consequences for their psychological, social, spiritual, and physical well-being. Ahmadu went on to suggest that Kono girls and women feel empowered by the initiation ceremony (see quotation, above) and she described some of the reasons why.

Ahmadu's ethnographic observations and personal testimony may seem astonishing to readers of *Dædalus*. In the social and intellectual circles in which most Americans travel it has been so "politically correct" to deplore female circumcision that the alarming claims and representations of anti-"FGM" advocacy groups (images of African parents routinely and for hundreds of years disfiguring, maiming, and murdering their female children and depriving them of their capacity for a sexual response) have not been carefully scrutinized with regard to reliable evidence. Nor have they been cross-examined by freethinking minds through a process of systematic rebuttal. Quite the contrary; the facts on the ground and the correct moral attitude for "good guys" have been taken to be so self-evident that merely posing the rhetorical question "what about FGM?" is presumed to function as an obvious counterargument to cultural pluralism and to define a clear limit to any feelings of tolerance for alternative ways of life. This is unfortunate, because in this case there is good reason to believe that the case is far less one-sided than supposed, that the "bad guys" are not really all that bad, that the values of pluralism should be upheld, and that the "good guys" may have rushed to judgment and gotten an awful lot rather wrong.

Six months before Fuambai Ahmadu publicly expressed her doubts about the prevailing global discourse on female circumcision, readers of the *Medical Anthropology Quarterly* observed an extraordinary event of a similar yet (methodologically) different sort. Carla Obermeyer, a medical anthropologist and epidemiologist at Harvard University, published a comprehensive review of the existing medical literature on female genital surgeries in Africa, in which she concluded that

the claims of the anti-"FGM" movement are highly exaggerated and may not match reality.

Obermeyer began her essay by pointing out that "The exhaustive review of the literature on which this article is based was motivated by what appeared as a potential disparity between the mobilization of resources toward activism and the research base that ought to support such efforts."⁹ When she took a closer look at that "research base" (a total of 435 articles were reviewed from the medical, demographic, and social science literatures, including every published article available on the topic of "female circumcision" or "female genital mutilation" in the Medline, Popline, and Sociofile databases), she discovered that in most publications in which statements were made about the devastating effects of female circumcision no evidence was presented at all. When she examined research reports actually containing original evidence she discovered numerous methodological flaws (e.g., small or unrepresentative samples, no control groups) and quality-control problems (e.g., vague descriptions of medical complications) in some of the most widely cited documents. She remarks: "Despite their deficiencies, some of the published reports have come to acquire an aura of dependability through repeated and uncritical citations."¹⁰

In order to draw some realistic, even if tentative, conclusions about the health consequences of female circumcision in Africa, Obermeyer then introduced some standard epidemiological quality-control criteria for evaluating evidence.¹¹ For example, a research study would be excluded if its sampling methods were not described or if its claims were based on a single case rather than a population sample. On the basis of the relatively small number of available studies that actually passed minimum scientific standards (for example, eight studies on the topic of medical complications), Obermeyer reported that the widely publicized medical complications of African genital operations are the exception, not the rule; that female genital alterations are not incompatible with sexual enjoyment; and that the claim that untold numbers of girls and women have been killed as a result of this "traditional practice" is not well supported by the evidence.¹²

Many anthropologists and other researchers who work on this topic in various field settings in Africa have been aware of discrepancies between the global discourse on female circumcision (with its images of maiming, murder, sexual dysfunction, mutilation, coercion, and oppression) and their own ethnographic experiences with indigenous discourses and physical realities.¹³

Perhaps the first anthropological protest against the global discourse came in 1938 from Jomo Kenyatta, who, prior to becoming the first president of postcolonial Kenya, wrote a Ph.D. thesis in anthropology at the London School of Economics. His thesis was published as a book entitled *Facing Mount Kenya: The Tribal Life of the Gikuyu*, in which he described both the customary premarital sexual practices of the Gikuyu (lots of fondling and rather liberal attitudes toward adolescent petting and sexual arousal) and the practice of female (and male) circumcision.

Kenyatta's words, published in 1938, have an uncanny contemporary ring and relevance. First he informs us that "In 1931 a conference on African children was held in Geneva under the auspices of the Save the Children Fund. In this conference several European delegates urged that the time was ripe when this 'barbarous custom' should be abolished, and that, like all other 'heathen' customs, it should be abolished at once by law."¹⁴

He goes on to argue that among the Gikuyu a genital alteration, "like Jewish circumcision," is a bodily sign that is regarded "as the *conditio sine qua non* of the whole teaching of tribal law, religion and morality," that no proper Gikuyu man or woman would have sex with or marry someone who was not circumcised, that the practice is an essential step into responsible adulthood for many African girls and boys, and that "there is a strong community of educated Gikuyu opinion in defense of this custom."¹⁵

Nearly sixty years later echoes of Jomo Kenyatta's message can be found in the writings of Corinne Kratz, who has written a detailed account of female initiation in another ethnic group in Kenya, the Okiek. The Okiek, she tells us, do not talk about

circumcision in terms of the dampening of sexual pleasure or desire, but rather speak of it "in terms of cleanliness, beauty and adulthood." According to Kratz, Okiek women and men view "genital modification and the bravery and self-control displayed during the operation as constitutive experiences of Okiek personhood."¹⁶

Many other examples could be cited of discrepancies between the global discourse and the experience of many field researchers in Africa. With regard to the issue of sexual enjoyment, for example, Robert Edgerton remarks that "Kikuyu men and women, like those of several other East African societies that practice female circumcision, assured me in 1961–62 that circumcised women continue to be orgasmic," and similar remarks appear in other field reports.¹⁷

With regard to the global discourse that represents circumcision as a disfigurement or a "mutilation," Sandra Lane and Robert Rubinstein have offered the following caution:

An important caveat, however, is that many members of societies that practice traditional female genital surgeries do not view the result as mutilation. Among these groups, in fact, the resulting appearance is considered an improvement over female genitalia in their natural state. Indeed, to call a woman uncircumcised, or to call a man the son of an uncircumcised mother, is a terrible insult and noncircumcised adult female genitalia are often considered disgusting. In interviews we conducted in rural and urban Egypt and in studies conducted by faculty of the High Institute of Nursing, Zagazig University, Egypt, the overwhelming majority of circumcised women planned to have the procedure performed on their daughters. In discussions with some fifty women we found only two who resent and are angry at having been circumcised. Even these women do not think that female circumcision is one of the most critical problems facing Egyptian women and girls. In the rural Egyptian hamlet where we have conducted fieldwork some women were not familiar with groups that did not circumcise their girls. When they learned that the female researcher was not circumcised their response was disgust mixed with joking laughter. They wondered how she could have thus gotten married and questioned how her mother could have neglected such an important part of her preparation for womanhood.¹⁸

These ethnographic reports are noteworthy because they suggest that instead of assuming that our own perceptions of beauty and disfigurement are universal and must be transcendental we might want to consider the possibility that there is a real and astonishing cultural divide around the world in moral, emotional, and aesthetic reactions to female genital surgeries. There is, of course, no doubt that our own personal feelings of disgust and anxiety about this topic are powerful and can be easily aroused and rhetorically manipulated either with pictures (for example, of Third World surgical implements) or with words (for example, labeling the activity “torture” or “mutilation”). But if we want to understand the true character of this cultural divide in sensibilities it may make good sense to bracket our own initial (and automatic) emotional/visceral reactions and to save any powerful conclusive feelings for the end of the argument, rather than have them color or short-circuit all objective analysis. Perhaps, instead of simply deploring the “savages,” we might develop a better understanding of the subject by constructing a synoptic account of the inside point of view, from the perspective of those many African women for whom such practices seem both normal and desirable.

MORAL PLURALISM AND THE “MUTUAL YUCK RESPONSE”

People recoil at each other’s practices and say “yuck” at each other all over the world. When it comes to female genital alterations, however, the “mutual yuck” response is particularly intense and may even approach a sense of mutual outrage or horror. From a purely descriptive point of view, that particular type of modification of the “natural” body is routine and normal in many ethnic groups. For example, national prevalence rates of 80–98 percent have been reported for Egypt, Ethiopia, the Gambia, Mali, Sierra Leone, Somalia, and the Sudan.¹⁹ In African nations where the overall prevalence rate is lower—for example, 50 percent in Kenya, 43 percent in Cote d’Ivoire, 30 percent in Ghana—this is typically because some ethnic groups in those countries have a tradition of female circumcision while other ethnic groups do not. For example, within Ghana the ethnic groups in the north and the east

circumcise girls (and boys), while the ethnic groups in the south have no tradition of female circumcision. In general, for both boys and girls the best predictor of circumcision (versus the absence of it) is ethnicity or cultural group affiliation. For example, circumcision is customary for the Kono of Sierra Leone, but for the Wolof of Senegal it is not. For women within these groups, one key factor—their cultural affiliation—trumps other predictors of behavior, such as educational level or socioeconomic status. Among the Kono, even women with a secondary-school or college education are circumcised, while Senegalese Wolof women—including the illiterate and unschooled—are not.

There are other notable facts about this cultural practice. For one thing, most African women do not think about circumcision in human-rights terms. Women who endorse female circumcision typically argue that it is an important part of their cultural heritage or their religion, while women who do not endorse the practice typically argue that it is not permitted by their cultural heritage or their religion.²⁰

Second, among members of ethnic groups for whom female circumcision is part of their cultural heritage approval ratings for the custom are generally rather high. According to the Sudan Demographic and Health Survey of 1989–1990, which was conducted in northern and central Sudan, out of 3,805 women interviewed 89 percent were circumcised. Of the women who were circumcised, 96 percent said they had circumcised or would circumcise their daughters. When asked whether they favored continuation of the practice, 90 percent of circumcised women said they favored its continuation.²¹

In Sierra Leone the picture is much the same, and the vast majority of women are sympathetic to the practice. Even Olayinka Koso-Thomas, an anti-“FGM” activist, makes note of the high degree of support for genital operations, although she expresses herself with a rather patronizing voice and in imperial tones. “Most African women,” Koso-Thomas observes, “still have not developed the sensitivity to feel deprived or to see in many cultural practices a violation of their human rights. The consequence of this is that, in the mid-80s, when most women in Africa have voting rights and can influence political decisions against practices harmful to their health, they continue to up-

hold the dictates and mores of the communities in which they live; they seem in fact to regard traditional beliefs as inviolate.”²² When it comes to maintaining their coming-of-age and gender-identity ceremonies, Koso-Thomas does not like the way many African women vote. She thinks she is enlightened about human rights and health and that they remain in the dark. But she does recognize that, despite her censure, most women in Sierra Leone endorse the practice of circumcision.

Third, although ethnic group affiliation is the best predictor of who circumcises and who does not, the timing and form of the operation are not consistent across groups. Thus, there is enormous variability in the age at which the surgery is normally performed (any time from birth to the late teenage years). There is also enormous variability in the traditional style and degree of surgery (from a cut in the prepuce covering the clitoris to the complete “smoothing out” of the genital area by removing all visible parts of the clitoris and most if not all of the labia). In some ethnic groups (for example, in Somalia and the Sudan) the “smoothing out” operation is concluded by stitching closed the vaginal opening, with the aim of enhancing fertility and protecting the womb.²³ The latter procedure, often referred to as “infibulation” or Pharaonic circumcision, is not typical in most circumcising ethnic groups, although it has received a good deal of attention in the anti-“FGM” literature. It is estimated that it occurs in about 15 percent of all African cases.

In places where the practice of female circumcision is popular, including Somalia and the Sudan, it is widely believed by women that these genital alterations improve their bodies and make them more beautiful, more feminine, more civilized, more honorable.

- More beautiful because the body is made smooth and a protrusion or “fleshy encumbrance” is removed that is thought to be ugly and odious to both sight and touch.²⁴ There is a cultural aesthetics in play among circumcising ethnic groups, an ideal of the human sexual region as smooth, cleansed, and refined, which supports the view that the genitals of both women and men are unsightly, misshapen, and rather unappealing if left in their “natural” state.

- More feminine because unmodified genitals (in both males and females) are seen as sexually ambiguous. From a female's perspective the clitoris is viewed as an unwelcome vestige of the male organ, and its removal is positively associated with several good things: the attainment of full female identity, induction into a social network and support group of powerful adult women, and ultimately marriage and motherhood.²⁵ Many women who uphold these traditions of female initiation seek to empower themselves by getting rid of what they perceive as an unbidden and dispensable trace of unwanted male anatomy.
- More civilized because a genital alteration is a symbolic action that says something about one's willingness to exercise restraint over feelings of lust and self-control over the antisocial desire for sexual pleasure.
- More honorable because the surgery announces one's commitment to perpetuate the lineage and value the womb as the source of social reproduction.²⁶

As hard as it may be for "us" to believe, in places where female circumcision is commonplace it is not only popular but fashionable. As hard as it may be for "us" to believe (and I recognize that for some of "us" this is really hard to believe), many women in places such as Mali, Somalia, Egypt, Kenya, and Chad are repulsed by the idea of unmodified female genitals. They view unmodified genitals as ugly, unrefined, and undignified, and hence not fully human. They associate unmodified genitals with life outside of or at the bottom of civilized society. "Yuck," they think to themselves; "what kind of barbarians are these who don't circumcise their genitals?"

The "yuck" is, of course, mutual. Female genital alterations are not routine and normal for members of mainstream or majority populations in Europe, the United States, China, Japan, and other parts of the world, including South Africa. For members of those cultures the very thought of female genital surgery produces an unpleasant visceral reaction; although it should be noted that for many of us the detailed visualization of any kind of surgery—a bypass operation, an abortion, a sex change operation, a breast implantation, a face lift, or even a

decorative eyebrow or tongue piercing—produces an unpleasant visceral reaction. In other words, merely contemplating a surgery, especially on the face or the genitals, can be quite upsetting or revolting, even when the surgery seems fully justified from our own “native point of view.”

In the United States and Europe the practice of genital surgery has been disparaged as “mutilation.”²⁷ It has been re-described as rape or torture and associated with the nightmare of some brutal patriarchal male (or perhaps a Victorian gynecologist) grabbing a young woman or girl, pulling her into the back room screaming and kicking, and using a knife or razor blade to deprive her of her sexuality. Various dramatic and disturbing claims have been made about the health hazards and harmful side effects of African genital operations, including the loss of a capacity to experience sexual pleasure.

Saying “yuck” to the practice has become a symbol of opposition to the oppression of women and of one’s support for their emancipation around the world. Eliminating the practice has become a high-priority mission for many Western feminists (and for some human-rights activists in Africa, who, understandably enough, often, although not invariably, come from noncircumcising ethnic groups) and for some international health and human-rights organizations (for example, the World Health Organization, Amnesty International, and Equality Now).

Outside of Africa, especially in the United States and Europe, opposition to female circumcision has become so “politically correct” that until very recently most *anti-anti-“FGM”* criticism has been defensive, superficial, or sympathetic. The sympathetic criticisms are mainly critiques of counterproductive “eradication” tactics. They provide advice on how to be more effective as an anti-“FGM” activist.²⁸

There have also been occasional complaints that anti-“FGM” campaigns displace attention and divert resources from battles against social injustice in the United States and Europe.²⁹ And there have been expressions of concern about the anguished state of mind of African children living in the United States who are told by the media and by social-service agencies that their own mother is “mutilated” and that she is potentially dangerous to them too.³⁰

But these types of criticisms do not go very deep. In general, the purported facts about female circumcision go unquestioned, the moral implications of the case are thought to be obvious, and the mere query "what about FGM?" is presumed to function in and of itself as a knock-down argument against both cultural pluralism and any inclination toward tolerance.³¹

SO WHAT ABOUT FGM?

So what about "FGM"? I shall treat this as a real question deserving a considered response rather than as a rhetorical query intended to terminate all debate. For starters, the practice of genital alteration is a rather poor example of gender inequality or of society picking on women. Surveying the world, one finds very few cultures, if any, in which genital surgeries are performed on girls but not boys, although there are many cultures in which they are performed only on boys or on both sexes. The male genital alterations often take place in adolescence and they can involve major modifications (including subincision, in which the penis is split along the line of the urethra). Considering the prevalence, timing, and intensity of the relevant initiation rites, and viewing genital alteration on a worldwide scale, one is hard pressed to argue that it is an obvious instance of a gender inequity disfavoring girls. Quite the contrary; social recognition of the ritual transformation of both boys and girls into a more mature status as empowered men and women is not infrequently a major point of the ceremony. In other words, female circumcision, when and where it occurs in Africa, is much more a case of society treating boys and girls equally before the common law and inducting them into responsible adulthood in parallel ways.

The practice is also a rather poor example of patriarchal domination. Many patriarchal cultures in Europe and Asia do not engage in genital alterations at all or (as in the case of Jews, many non-African Muslims, and many African ethnic groups) exclude girls from participation in this valued practice and do it only to boys. Moreover, the African ethnic groups that circumcise females (and males) are very different from each other in kinship, religion, economy, family life, ceremonial practice,

and so forth. Some are Islamic, some are not. Some are patriarchal, some (such as the Kono, a matrilineal society) are not. Some have formal initiations into well-established women's organizations, some do not.³² Some care a lot about female purity, sexual restraint outside of marriage, and the social regulation of desire, but others (such as the Gikuyu) are more relaxed about premarital sexual play and are not puritanical. And when it comes to female initiation and genital alterations the practice is almost always controlled, performed, and most strongly upheld by women, although male kin often do provide material and moral support. Typically, however, men have rather little to do with these female operations, may not know very much about them, and may feel it is not really their business to interfere or to try to tell their wives, mothers, aunts, and grandmothers what to do. It is the women of the society who are the cultural experts in this intimate feminine domain, and they are not particularly inclined to give up their powers or share their secrets.

In those cases of female genital alteration with which I am most familiar (I have lived and taught in Kenya, where the practice is routine for some ethnic groups), the adolescent girls who undergo the ritual initiation look forward to it.³³ It is an ordeal and it can be painful (especially if done "naturally" without anesthesia), but it is viewed as a test of courage. It is an event organized and controlled by women, who have their own view of the aesthetics of the body—a different view from ours about what is civilized, dignified, and beautiful. The girl's parents are not trying to be cruel to their daughter—African parents love their children too. No one is raped or tortured. There is a celebration surrounding the event.

What about the devastating negative effects on health and sexuality that are vividly portrayed in the anti-"FGM" literature? When it comes to hard-nosed scientific investigations of the consequences of female genital surgeries on sexuality and health, there are relatively few methodologically sound studies. As Obermeyer discovered in her medical review, most of the published literature is "data-free" or else relies on sensational testimonials, secondhand reports, or inadequate samples. Judged against basic epidemiological research standards, much of the

published empirical evidence, including some of the most widely cited publications in the anti-"FGM" advocacy literature (including the influential *Hosken Report*³⁴), are fatally flawed.³⁵ Nevertheless, there is some science worth considering in thinking about female circumcision, which leads Obermeyer to conclude that the global discourse about the health and sexual consequences of the practice is not sufficiently supplied with credible evidence.

The anti-"FGM" advocacy literature typically features long lists of short-term and long-term medical complications of circumcision, including blood loss, shock, acute infection, menstrual problems, childbearing difficulties, incontinence, sterility, and death. These lists read like the warning pamphlets that accompany many prescription drugs, which enumerate every claimed negative side effect of the medicine that has ever been reported (no matter how infrequently). They are very scary to read, and they are very misleading. Scary-looking, stomach-churning, anxiety-provoking lists of possible medical complications aside, Obermeyer's comprehensive review of the literature on the actual frequency and risk of medical complications following genital surgery in Africa suggests that medical complications are the exception, not the rule; that African children do not die because they have been circumcised (they die from malnutrition, war, and disease, not because of coming-of-age ceremonies); and that the experience of sexual pleasure is compatible with the genital aesthetics and related practices of circumcising groups.

Her findings are basically consistent with Robert Edgerton's comments about female circumcision among the Gikuyu in the Kenya of the 1920s and 1930s, when Western missionaries first launched their own version of "FGM eradication programs." As Edgerton remarks, the operation was performed without anesthesia and hence was very painful, "yet most girls bore it bravely and few suffered serious infection or injury as a result. Circumcised women did not lose their ability to enjoy sexual relations, nor was their child-bearing capacity diminished. Nevertheless the practice offended Christian sensibilities."³⁶

In other words, the alarmist claims that are a standard feature of the anti-"FGM" advocacy literature that African tradi-

tions of circumcision have “maimed or killed untold numbers of women and girls”³⁷ and deprived them of their sexuality may not be true. Given the most reliable, even if limited, scientific evidence at hand, those claims should be viewed with skepticism and not accepted as fact, no matter how many times they are uncritically recapitulated on the editorial pages of the *New York Times* or poignantly invoked in a journalistic essay on PBS.

If genital alteration in Africa really were a long-standing cultural practice in which parents, oblivious to intolerably high risks, disabled and murdered their preadolescent and adolescent children, there would be good reason to wish for its quick end. Obermeyer’s review suggests that this characterization of the practice may be as fanciful as it is nightmarish, or, at the very least, is dubious and misleading. Given the importance of accurate information in public-policy debates about cultural diversity in liberal democracies, it is time for the anti-“FGM” advocacy groups, who seem to have taken the place of yesterday’s Christian missionaries, either to revise the “factoids” they distribute to the public, or else to substantiate their claims with rigorously collected data.

The real facts, I would suggest, are quite otherwise. With regard to the consequences of genital surgeries, the weight of the evidence suggests that the overwhelming majority of youthful female initiates in countries such as Mali, Kenya, and Sierra Leone believe they have been improved (physically, socially, and spiritually) by the ceremonial ordeal and symbolic process (including the pain) associated with initiation. The evidence indicates that most of these youthful initiates manage to be (in their own estimation) “improved” without disastrous or even major short-term or long-term consequences for their health.

This is not to say that we should not worry about the documented 4–16 percent urinary infection rate associated with these surgeries, or the 7–13 percent of cases in which there is excessive bleeding, or the 1 percent rate of septicemia.³⁸ The reaction of many people to unsafe abortions, however, is not to get rid of abortions. Perhaps some antiabortion groups might be tempted by the argument that because some abortions are unsafe, there should be no abortions at all. However, a far

more reasonable reaction to unsafe abortions is to make them safe. Why not the same reaction in the case of female genital alterations? Infections and other medical complications that arise from unsanitary surgical procedures or malpractice can be corrected without depriving "others" of a rite of passage and system of meaning central to their cultural and personal identities and their overall sense of well-being. What I do want to suggest, however, is that the current sense of shock, horror, and righteous "Western" indignation directed against the mothers of Mali, Somalia, Egypt, Sierra Leone, Ethiopia, the Gambia, and the Sudan is misguided, and rather disturbingly misinformed.

CONCLUSION: ON THE VIRTUES OF BEING SLOW TO JUDGE THE UNFAMILIAR AND HAVING A HARD SECOND LOOK

I can think of no better way to conclude this essay than by quoting legal scholar Lawrence Sager, who writes:

Epistemic concerns and the principle of equal liberty counsel that we be slow to judge the unfamiliar, that we take a hard second look at our own factual beliefs and normative judgments before we condemn culturally endorsed practices. So, too, they counsel that extant legal categories of excuse and mitigation not be closed to the distinct experience of cultural minorities. And finally, of course, they require that our robust tradition of constitutional liberty—including the rights of speech and belief, the right of parents to guide the development of their children, and the right of people to be free from governmental intrusion into decisions that ought to be theirs alone—be available on full and fair terms to cultural minorities.³⁹

In this essay, as a matter of epistemic concern, I have tried to suggest that we should be skeptical of the anti-"FGM" advocacy literature and the global discourse that portrays African mothers as "mutilators," "murderers," or "torturers" of their children. We should be dubious of representations that suggest that African mothers are bad mothers, or that First World mothers have a better idea of what it means to be a good mother. We should be slow to judge the unfamiliar practice of

female genital alterations, in part because the horrifying assertions by anti-“FGM” activists concerning the consequences of the practice (claims about mortality, devastating health outcomes, and the loss of a capacity to enjoy sex) are not well supported with credible scientific evidence.

Of course, the anti-“FGM” genre of preemptive overheated claims expressed in moral terms is itself all too familiar. It is the kind of discourse (for example, “you murderer of innocent life”) employed by some antiabortion activists, who use it to stigmatize liberal men and women who believe the right to family privacy implies a right to choice in cases of unwanted pregnancy. That is just one more reason to take a second look and hesitate before using the epithet “FGM” to describe the coming-of-age and gender-identity practices embraced by many millions of African women. African women too have rights to personal and family privacy, to guide the development of their children in light of their own ideals of the good life, and to be free of excessive and unreasonable government intrusion.

Imagine an African mother living in the United States who holds the following convictions. She believes that her daughters as well as her sons should be able to improve their looks and their marriage prospects, enter into a covenant with God, and be honored as adult members of the community via circumcision. Imagine that her proposed surgical procedure (for example, a cut in the prepuce that covers the clitoris) is no more substantial from a medical point of view than the customary American male circumcision operation. Why should we not extend that option to the Kono parents of daughters as well as to the Jewish parents of sons, for example?⁴⁰ Principles of gender equity, due process before the law, religious and cultural freedom, and family privacy would seem to support the option.

Or imagine a sixteen-year-old female Somali teenager living in Seattle who believes that a genital alteration would be “something very great.” She likes the look of her mother’s body and her recently circumcised cousin’s body far better than she likes the look of her own. She wants to be a mature and beautiful woman, Somali style. She wants to marry a Somali man or at least a man who appreciates the appearance of an initiated

woman's body. She wants to show solidarity with other African women who express their sense of beauty, civility, and feminine dignity in this way, and she shares their sense of aesthetics and seamliness. She reviews the medical literature and discovers that the surgery can be done safely, hygienically, and with no great effect on her capacity to enjoy sex. After consultation with her parents and the full support of other members of her community, she elects to carry on the tradition. What principle of justice demands that her cultural heritage should be "eradicated" and brought to an end?

I have also suggested that merely posing the question "What about FGM?" is not an argument against cultural pluralism. With accurate scientific information and sufficient cultural understanding it is possible to see the (not unreasonable) point of such practices for those for whom they are meaningful. Seeing the cultural point and getting the scientific facts straight is where tolerance begins. Our cherished ideals of tolerance (including the ideal of being "pro-choice") would not amount to very much if all they amounted to was our willingness to eat each other's foods and to grant each other permission to enter different houses of worship for a couple of hours on the weekend. Tolerance means setting aside our readily aroused and powerfully negative feelings about the practices of immigrant minority groups long enough to get the facts straight and engage the "other" in a serious moral dialogue. It should take far more than overheated rhetoric and offended sensibilities to justify a cultural "eradication" campaign. Needless to say, the question of tolerance versus eradication of other peoples' valued ways of life is not just a women's issue.

The controversy over female circumcision in Africa is not an open-and-shut case. Given the high stakes involved, I believe it is a responsibility of cultural pluralists—both men and women—who are knowledgeable about African circumcision practices to step forward, speak out, and educate the public about this practice. There are many African women who, out of a sense of modesty, privacy, loyalty, or a well-founded sense of fear, may hesitate to speak for themselves. And it is a responsibility of everyone, anti-"FGM" activists and cultural pluralists alike, to insist on evenhandedness and the highest standards of reason

and evidence in any public policy debate on this topic—or at least to insist that there is a public policy debate, with all sides and voices fully represented.

ACKNOWLEDGMENTS

A longer and far more comprehensive version of this essay will be published in *The Free Exercise of Culture: How Free Is It? How Free Ought It to Be?* ed. Richard A. Shweder, Martha Minow, and Hazel R. Markus (New York: Russell Sage Foundation Press). That essay treats several questions and topics that, because of space limitations, cannot be addressed here, including cultural variations in conceptions of the “normal” body, the lack of a tight link between education and attitudes toward genital surgeries, and the character and implications of “imperial liberalism” and various types of anti-“FGM” “eradication programs.” That longer essay also addresses the question of how much toleration of the practice ought to be reasonable in the context of the scientific, medical, legal, and moral traditions of a politically liberal pluralistic democracy such as the United States. It examines the connection between female and male circumcision, and critically evaluates the claim that this particular customary practice of many African ethnic groups should be viewed as a form of “political persecution.” Many friends, colleagues, and experts on African initiation ceremonies have generously (and tolerantly) discussed this topic with me and/or critiqued the longer version of this essay. Without in any way holding them responsible for my perspective on this controversial issue I wish to express my deepest gratitude to Fuambai Ahmadu, Margaret Beck, Janice Boddy, David Chambers, Jane Cohen, Elizabeth Dunn, Robert Edgerton, Arthur Eisenberg, Ylva Hernlund, Albrecht Hofheinz, Sudhir Kakar, Jane Kaplan, Frank Kessel, Corinne Kratz, Dennis Krieger, Maivân Lâm, Heather Lindkvist, Hazel Markus, Martha Minow, Carla Obermeyer, Anni Peller, Jane Rabe, Lawrence Sager, Lauren Shweder, Gerd Spittler, and Leti Volpp.

ENDNOTES

¹Susan Rich and Stephanie Joyce, *Eradicating Female Genital Mutilation: Lessons for Donors*, Wallace Global Fund for a Sustainable Future, 1990 M Street, NW, Suite 250, Washington, D.C. 20036, n.d., 1, 3. Susan Rich is an anti-“FGM” activist who developed “FGM eradication programs” in Africa for the Special Projects Fund of Population Action International. Stephanie Joyce is an independent consultant.

²Carla M. Obermeyer, “Female Genital Surgeries: The Known, the Unknown, and the Unknowable,” *Medical Anthropology Quarterly* 13 (1999): 92. Carla Obermeyer is an anthropologist and epidemiologist in the department of population and international health at Harvard University.

³Olayinka Koso-Thomas, *The Circumcision of Women: A Strategy for Eradication* (London: Zed Books, Ltd., 1987), 37. Olayinka Koso-Thomas is a gynecologist in Sierra Leone and an anti-"FGM" activist.

⁴Obermeyer, "Female Genital Surgeries," 95.

⁵See Susan Moller Okin with respondents, *Is Multiculturalism Bad for Women?* ed. Joshua Cohen, Matthew Howard, and Martha C. Nussbaum (Princeton, N.J.: Princeton University Press, 1999), 14. Susan Okin is a First World feminist and a political scientist at Stanford University, who contends that multiculturalism is bad for women.

⁶Fuambai Ahmadu, "Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision," in Bettina Shell-Duncan and Ylva Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change* (Boulder, Colo.: Lynne Rienner, 2000), 301; also presented in the panel on "Female Genital Cutting: Local Dynamics of a Global Debate," 18 November 1999, 98th Annual Meeting of the American Anthropological Association, Chicago, Illinois. Fuambai Ahmadu is a Kono woman from Sierra Leone. She grew up in the United States and is a Ph.D. candidate in anthropology at the London School of Economics. At the age of twenty-two she returned to Sierra Leone to be initiated into the "women's secret society" and to be circumcised according to the customs of her ethnic group.

⁷*Ibid.*, 283.

⁸*Ibid.*, 308, 305.

⁹Obermeyer, "Female Genital Surgeries," 80.

¹⁰*Ibid.*, 81.

¹¹*Ibid.*, n. 24.

¹²See quotations above; also *ibid.*, 79.

¹³See, for example, Janice Boddy, *Wombs and Alien Spirits: Women, Men, and the Zar Cult in Northern Sudan* (Madison: University of Wisconsin Press, 1989); Boddy, "Violence Embodied? Circumcision, Gender Politics, and Cultural Aesthetics," in R. Emerson Dobash and Russell P. Dobash, eds., *Rethinking Violence Against Women* (Thousand Oaks, Calif.: Sage Publications, 1996), 77-110; Ellen Gruenbaum, "The Cultural Debate Over Female Circumcision: The Sudanese Are Arguing This One Out For Themselves," *Medical Anthropology Quarterly* 10 (1996): 455-475; Corinne Kratz, *Affecting Performance: Meaning, Movement, and Experience in Okiek Women's Initiation* (Washington, D.C.: Smithsonian Institution Press, 1994); Kratz, "Contexts, Controversies, Dilemmas: Teaching Circumcision," in Misty Bastian and Jane Parpart, eds., *Teaching Africa: African Studies in the New Millennium* (Boulder, Colo.: Lynne Rienner, 1994, 1999); L. Amede Obiora, "Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision," *Case Western Reserve Law Review* 47 (1997): 275-378; Melissa Parker, "Rethinking Female Circumcision," *Africa* 65 (1995): 506-524; Shell-Duncan and Hernlund, eds., *Female "Circumcision" in Africa*; Christine J. Walley, "Searching for 'Voices': Feminism, An-

thropology, and the Global Debate over Female Genital Operations," *Cultural Anthropology* 12 (1997): 405–438.

¹⁴Jomo Kenyatta, *Facing Mount Kenya: The Tribal Life of the Gikuyu* (London: Secker and Warburg, 1938), 131.

¹⁵*Ibid.*, 133, 132.

¹⁶Kratz, *Affecting Performance*, 346.

¹⁷Robert B. Edgerton, *Mau Mau: An African Crucible* (New York: The Free Press, 1989), 254, n. 22; also see Hanny Lightfoot-Klein, "The Sexual and Marital Adjustment of Genitally Circumcised and Infibulated Females in the Sudan," *Journal of Sex Research* 26 (1989): 375–392.

¹⁸Sandra D. Lane and Robert A. Rubinstein, "Judging the Other: Responding to Traditional Female Genital Surgeries," *Hastings Center Report* 26 (1996): 35.

¹⁹Bettina Shell-Duncan and Ylva Hernlund, "Female 'Circumcision' in Africa: Dimensions of the Practice and Debates," in Shell-Duncan and Hernlund, eds., *Female "Circumcision" in Africa*.

²⁰See, e.g., Asma El Dareer, "Epidemiology of Female Circumcision in the Sudan," *Tropical Doctor* 13 (1983): 43.

²¹Lindy Williams and Teresa Sobieszzyk, "Attitudes Surrounding the Continuation of Female Circumcision in the Sudan: Passing the Tradition to the Next Generation," *Journal of Marriage and the Family* 59 (1997): 966–981, Table 1.

²²Koso-Thomas, *The Circumcision of Women*, 2.

²³See Janice Boddy, "Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan," *American Ethnologist* 9 (1982): 682–698; Boddy, *Wombs and Alien Spirits*; Boddy, "Violence Embodied?"

²⁴See, for example, Koso-Thomas, *The Circumcision of Women*, 7; Lane and Rubinstein, "Judging the Other," quoted above; Otto Meinardus, "Mythological, Historical, and Sociological Aspects of the Practice of Female Circumcision Among the Egyptians," *Acta Ethnographica: Academiae Scientiarum Hungaricae* 16 (1967): 394; Asma El Dareer, *Woman, Why Do You Weep? Circumcision and Its Consequences* (London: Zed Press, 1982), 73.

²⁵Ahmadu, "Rites and Wrongs"; Meinardus, "Mythological, Historical and Sociological Aspects of the Practice of Female Circumcision Among the Egyptians," 389.

²⁶See, for example, Boddy, "Womb as Oasis"; Boddy, *Wombs and Alien Spirits*; Boddy, "Violence Embodied?"

²⁷Fran P. Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females* (Lexington, Mass.: Women's International Network News, 1993); Abraham M. Rosenthal, "The Possible Dream," *New York Times*, 13 June 1995, A25.

²⁸Rich and Joyce, *Eradicating Female Genital Mutilation: Lessons for Donors*, 4.

²⁹For example, Yael Tamir, "Hands Off Clitoridectomy," *Boston Review* (October/November 1996).

³⁰Yewoubdar Beyene, "Body Politics and Moral Advocacy: The Impact on African Families in the U.S.," oral presentation in the panel on "Revisiting Female Circumcision: Beyond Feminism and Current Discourse," 20 November 1999, 98th Annual Meeting of the American Anthropological Association, Chicago.

³¹The recent exceptions—essays that are more incisive, ethnographically informed, nondefensive, and/or profoundly skeptical of the current anti-"FGM" global discourse—include Ahmadu, "Rites and Wrongs"; Boddy, "Violence Embodied?"; Doriane L. Coleman, "The Seattle Compromise: Multicultural Sensitivity and Americanization," *Duke Law Review* 47 (1998): 717–783; Sander L. Gilman, "'Barbaric' Rituals," in Okin, *Is Multiculturalism Bad For Women?*; Ellen Gruenbaum, "Reproductive Ritual and Social Reproduction: Female Circumcision and the Subordination of Women in Sudan," in Norman O'Neill and Jay O'Brian, eds., *Economy and Class in Sudan* (Brookfield, Vt.: Avebury, c1988); Kratz, *Affecting Performance: Meaning, Movement and Experience in Okiek Women's Initiation*; Kratz, "Contexts, Controversies, Dilemmas: Teaching Circumcision"; Obermeyer, "Female Genital Surgeries: The Known, the Unknown, and the Unknowable"; Obiora, "Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision"; Parker, "Rethinking Female Circumcision"; and some of the essays in Shell-Duncan and Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy and Change*. For a sample of views and representations concerning female initiation and circumcision, see also Boddy, *Wombs and Alien Spirits*; Mary H. Cooper, "Women and Human Rights," *CQ Researcher* (published by Congressional Quarterly, Inc.) 9 (1999): 353–376; El Dareer, *Woman, Why Do You Weep? Circumcision and Its Consequences*; Gruenbaum, "Reproductive Ritual and Social Reproduction"; Isabelle R. Gunning, "Arrogant Perception, World-Travelling and Multicultural Feminism: The Case of Female Genital Surgeries," *Columbia Human Rights Law Review* 23 (1991–1992): 189–248; Ylva Hernlund, "Cutting Without Ritual and Ritual Without Cutting: Female 'Circumcision' and the Re-Ritualization of Initiation in the Gambia," in Shell-Duncan and Hernlund, eds., *Female "Circumcision" in Africa*; Carol R. Horowitz and Carey Jackson, "Female 'Circumcision': African Women Confront American Medicine," *Journal of General Internal Medicine* 12 (1997): 491–499; Kenyatta, *Facing Mount Kenya*; Lane and Rubinstein, "Judging the Other: Responding to Traditional Female Genital Surgeries"; Meinardus, "Mythological, Historical, and Sociological Aspects of the Practice of Female Circumcision Among the Egyptians"; Alison T. Slack, "Female Circumcision: A Critical Appraisal," *Human Rights Quarterly* 10 (1988): 437–486; Walley, "Searching for 'Voices'"; Williams and Sobieszzyk, "Attitudes Surrounding the Continuation of Female Circumcision in the Sudan."

³²On the connection between circumcision and entrance into powerful "women's secret societies" in Sierra Leone, see Ahmadu, "Rites and Wrongs."

³³Concerning Kenya also see Kenyatta, *Facing Mount Kenya*; Kratz, *Affecting Performance*; Walley, "Searching for 'Voices.'"

³⁴See note 27.

³⁵Obermeyer, "Female Genital Surgeries."

³⁶Edgerton, *Mau Mau: An African Crucible*, 40.

³⁷Rich and Joyce, *Eradicating Female Genital Mutilation*, 1.

³⁸Obermeyer, "Female Genital Surgeries," 93.

³⁹See Lawrence G. Sager, "The Free Exercise of Culture: Some Doubts and Distinctions," in this issue of *Dædalus*.

⁴⁰This is basically what was proposed at the Harborview Medical Center in Seattle, until U.S. Representative Patricia Schroeder objected and raised the possibility of a violation of federal law (see Coleman, "The Seattle Compromise"). The constitutional status of the law in question has yet to be tested.