

Female Genital Cutting, Sexuality, and Anti-FGC Advocacy

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Few aspects of global women's lives attract the kind of attention that Female Genital Cutting (FGC)¹ has in the last decade or so. According to the World Health Organization (WHO), approximately 100 - 140 million women living in 28 African nations (and a handful of women in Asia and the Middle East) have undergone some form of FGC. FGC practices include the cutting of the labia or clitoris, removal of the prepuce (clitoral hood), removal of the external part of the clitoris and/or the inner labia, and sewing up the vaginal opening, and any combination of these practices. Although often found in Muslim societies, FGC is not specifically Muslim and is looked down upon by most non-African Muslims; most likely such practices pre-date the introduction of Islam into North Africa and were carried forward with new meanings as groups converted.

Western attention on FGC has focused on two aspects: the potential health impact on women undergoing these procedures, and the potential impact on women's ability to engage in and enjoy sexual intercourse. Because data in both areas has been scarce - the worldwide interest in FGC developed fairly recently, so long-term health trends are only now beginning to be apparent, and data on sexual enjoyment is nearly impossible to compile in any meaningful sense - FGC has proven an empty template for the projection of Western conceptions of sex and sexuality and their relation to individual identity. Most arguments against FGC see these practices as an attempt by native men to control the sexuality of "their" women, by reducing the ability of women to enjoy sex and therefore reducing the likelihood that they will engage in sex for any reason other than wifely duty. While people in some societies do describe their particular practices in such terms, this is hardly universal; women are just as likely to describe the empowerment and control they feel as a result of their procedures. Responses to FGC among the women who undergo such procedures are complex and nuanced, in a way that Western responses absolutely are not.

This piece has two aims. The first is to explore some of the ways that women who have undergone FGC talk about the practices of their own societies, both in first-person accounts and in second-hand accounts that make up the ethnographic record. The second is to look into the wide gap between the experiences recorded in the ethnographic record and the discourses that make up Western anti-FGC advocacy. What emerges is, I think, a classic example of the formulation put forth by Gayatri Spivak: "white men [and women] saving brown women from brown men" (1988). Spivak's seminal article, "Can the Subaltern Speak?", points to the willingness of the privileged to speak for and about the less privileged, generally in ways that reflect more the concerns of the privileged than anything familiar to the actual lives of the

subaltern. In the case of anti-FGC advocacy, the voice of “brown women” is almost entirely absent, literally silenced by an insistence that the horrendousness of the practice precludes any possible positive evaluation, and therefore the only valid voices are those that condemn FGC. All contradictory testimony is dismissed as the result of “brainwashing”, “false consciousness”, “fear of male reprisal”, “anti-Westernism”, “ignorance”, or other forms of willful or unwillful complicity. For instance, Mary Daly wrote of women’s participation in carrying out these procedures, “Mentally castrated, these women participate in the destruction of their own kind” (1978, quoted in Walley 1997: 419).²

Context

Since few Westerners aside from those directly involved in FGC advocacy or research are familiar with the ethnographic context in which FGC occurs, I will begin by offering short descriptions of several different procedures and the conditions under which they occur. Given the wide range of procedures involved and cultural complexes in which they are situated, this does not aim to be anything like a representative sample - there are hundreds if not thousands of culturally-unique practices that are lumped under the heading of “FGC”. Procedures can be found taking place in elaborate ritual ceremonies, generally associated with a woman’s coming of age, or they can be performed by trained midwives under pseudo-medical conditions (some would have them done in hospitals, but as FGC is illegal in nearly every country in which it occurs, this is not a possibility) to either very young girls several years off from reaching maturity or to older women well past the age of maturity. There simply is no “typical” practice.

Consider the Mende of West Africa. After the onset of menarche (first menstruation), a group of girls are taken into the wilderness for a coming-of-age ritual lasting weeks or even months. During this time, they dress in short skirts and strings of beads, their bodies smeared with a white clay mixture that is intended to protect them from malicious supernatural forces during the incredibly vulnerable transition period. The rites are led by women from the *Sande*, the women’s society into which the girls are being initiated, who will teach their charges the meanings and obligations of womanhood in Mende culture. The rites are characterized by a great deal of singing, dancing, story-telling, and feasting, creating a festive, celebratory atmosphere reflective of the value placed on womanhood. Surrounded by their friends and mentors, the girls undergo the removal of the external clitoris and part of the labia minora, the pain of which is meant to mimic and prepare them for the pain of childbirth. The ritual is a promise of solidarity for the Mende - as they undergo the pain of clitoridectomy surrounded by and supported by the women of their community, so shall they experience the pain of childbirth and the other sufferings that life may have in store for them. The procedure also removes the last vestige of maleness from the female body, as the male circumcision removes the last vestige of femaleness from the penis; female genitals are totally hidden and internal after the procedure, as male genitals are fully exposed and external after theirs. Upon completion of their training, the new-fledged women are bathed in a special brew of

herbs and leaves, removing the magical protection, and reintroduced to their communities as women fully cognizant and in control of their sexuality (Haviland *et al.* 2005: 352).

Other FGC procedures occur in the virtual absence of ceremony. Among the people studied by Janice Boddy in Sudan (she calls them the “Hofriyat” to protect their identity), genital cutting procedures are performed in a relatively straight-forward, medicalized fashion, without any concurrent religious observations. The Hofriyat practice what they call “Pharaonic circumcision”, the removal of the clitoris and labia minora followed by the closing up of the vaginal opening. The procedure today is performed by a trained midwife and with the use of anesthesia, and using modern equipment; before 1969, it was practiced by elder women, without anesthesia, who used L-shaped thorns to close the vaginal opening. Boddy describes a procedure she witnessed:

A crowd of women, many of them grandmothers, has gathered outside the room, not a man in sight. A dozen hands push me forward. “You’ve got to see this up close,” says Zaineb, “it’s important.” I dare not confess my reluctance. The girl is lying on an *angareeb* (native bed), her body supported by several adult kinswomen. Two of these hold her legs apart. Then she is administered a local anesthetic by injection. In the silence of the next few moments, Miriam takes a pair of what look to me like children’s paper scissors and quickly cuts away the girl’s clitoris and labia minora. She tells me this is the *lahme djewa* (the inside flesh). I am surprised that there is so little blood. Then she takes a surgical needle from her midwife’s kit, threads it with suture, and sews together the labia majora, leaving a small opening at the vulva. After a liberal application of antiseptic, it is all over.

The young girl seems to be experiencing more shock than pain, and I wonder if the anesthetic has finally taken effect. The women briefly trill their joyous ululation and we adjourn to the courtyard for tea. While we wait, the sisters receive the ritual ornaments that will protect them from harm as they recuperate (1997: 310).

Among the Hofriyat, the performance of the Pharaonic circumcision does not transform one into a woman; it makes her marriageable, but she does not assume full womanhood until she is actually married.

Although in the vast majority of cases it is women who perform and attend FGC procedures, in some areas this is a man’s responsibility. Many people have seen the mid-90’s film produced and aired by CNN that depicts a screaming girl held down while a male barber performs the operation. Although the film was widely criticized for its lack of cultural sensitivity and contextualization, forcing CNN to defend itself against numerous lawsuits, nobody seems to deny that FGCs do occur in this manner. In other places, FGC is wholly dissociated from the transition to

womanhood, sometimes occurring as early as age 4 or 5 or some time after she has assumed womanhood. The Bedouin women in Lila Abu-Lughod's *Writing Women's Worlds* suggest that infibulation might be practiced as an occasional thing, to assure a husband that his wife or wives are faithful while he's away (1993: 106-7).

Responses

With such a wide range of practices and of meanings attached to them, one would suspect that there would be a wide range of responses by women who live in societies where FGC is practiced, and one would be correct. I do not intend here to represent the entire range of possible responses; the mainstream media is over-saturated with voices condemning FGC which, while they may represent the mainstream of Western thought, do not seem to correspond with the responses of even those native women who actively oppose FGC. My intention here is not to represent fully the complexity of the issue but rather to *restore* some of the complexity that is often glossed over in debates among Westerners.

Given the unremitting horror with which FGC is reported and discussed among Westerners, it may come as a surprise that many women in societies that practice FGC utterly reject the description of themselves as “victims”. In an interview with anthropologist Fuambai Ahmadu, a Kono woman named Leunita exclaimed:

What gets me mad, is when people say we are ‘victims’. And I say, victims of what? The women of the Bundu [cut women] are not victims! For us, the one you would have to pity is the woman who is not of the Bundu! (Burdick)

For Kono women like Leunita (and Ahmadu herself; see below), FGC is both a source of and recognition of the power women wield in the world. “The secret power we exercise — and why men fear us — is our ability to have children. Without being cut, the ancestresses will not want to release to you the powers of your own body” (*Ibid.*). Boddy noted a similar concern with fertility among the Hofriyat, where she reads FGC as a de-emphasis of (external) sensuality and enhancement of the (internal) reproductive capacity. Thus women are defined - define themselves - not as objects for the sexual gratification of men (or of themselves) but as “mothers of men”, men who, as she assumes eldership in the society, will “listen to” her and through which she will exercise power in her community (313-4).

Fuambai Ahmadu is an interesting spokesperson for women who perform and undergo FGC. A Kono woman herself, educated at the London School of Economics, at the age of 22 Ahmadu decided to return to Sierra Leone and complete the traditional coming-of-age ritual. In justifying her decision, Ahmadu wrote:

It is difficult for me - considering the number of ceremonies I have observed, including my own - to accept that what appears 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 embrace the legitimacy of female authority and particularly, the authority of their mothers and grandmothers. (2000, quoted in Shweder 2003: 169).

About as widespread as beliefs about reproductivity are concerns about aesthetics. Nearly all women in societies that practice FGC describe circumcised or otherwise cut genitals as more attractive than uncut genitals. Indeed, it is for this reason that many researchers reject the term “female genital *mutilation*“, which is preferred by many advocates; very few women see their genitals as “mutilated” by FGC. As Sandra Lane and Robert Rubinstein note:

Among these groups, in fact, the resulting appearance is considered an improvement over female genitalia in their natural state.... 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 (1996: 35).

Luanita told Ahmadu that “I think one of the most beautiful things is after a woman is cut. There can be no question that she is more beautiful that way. Very beautiful” (Burdick). The Hofriyati women in Boddy’s study described their cut genitals as clean, smooth, and pure (313), assessments which are in agreement with similar descriptions across the range of FGC-practicing societies (Shweder: 181). Given these positive assessments of such practices, it is not surprising that an overwhelming number of women choose to have their daughters cut.

According to the Sudan Demographic and Health Survey of 1989-90 conducted in northern and central Sudan, of 3,805 women interviewed, 89 percent were circumcised. Of the women that were circumcised, 96 percent said they had or would circumcise their daughters. When asked whether they favored continuation of the practice, 90 percent of circumcised woman said they favored its continuation (Shweder: 179).

The women interviewed by Land and Rubinstein were no exceptions:

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 (35).

Sexuality

Although health concerns make up the public face of anti-FGC activism, it is the issue of sexuality that is the “hook” in mainstream debates. Many of the claimed health risks associated with FGC have been discredited (Obermeyer 2003) and many of those that haven’t are risks associated with a wide range of other practices that attract little or no attention. For example, any cutting of the body provides a vector for infection, but there is very little outcry about the scarification practices that often accompany or occupy the same place as FGC in coming-of-age rituals. This is not to say there are no health risks associated with FGC, but rather that the attention paid to those health risks is greater because of the salacious interest in women’s sexuality. The root of this concern is the loss of sexual pleasure associated with damage to or removal of the clitoris. Since the release of the Masters and Johnson’s *Human Sexual Response* (1966) and especially *The Hite Report: A Nationwide Study of Female Sexuality* (1976; excerpts in Hite 2006), the clitoris has been recognized as central to women’s ability to reach orgasm. It thus stands to reason that the loss of this organ would reduce women’s ability to have orgasm and, therefore, to enjoy sex.

Compounding the loss of the clitoris is the discomfort and even pain that may accompany intercourse for women who have undergone FGC. Most procedures leave some degree of scar tissue, which may make sex uncomfortable or painful, and infibulation greatly restricts the vaginal opening, which can cause significant pain in some women.

It may be surprising, then, that many, though by no means all, women who have experienced FGC are able to engage in and enjoy sex. In one medical study cited by Obermeyer (407), 43% of women who had some form of FGC experienced a lack of orgasms, while only 18% of those who had not undergone FGC had the same problem (another study found a 12% rate of anorgasmia; Obermeyer’s review found the methodology of both studies to be highly suspect). While this is a significant effect, it bears noting that 57% of women who had had FGCs were therefore achieving orgasm. It also bears noting that studies of *American* women claim that as many as 40% have never experienced orgasm (Health24).

On the other hand, many women express clear satisfaction with their sex lives. At a Swedish conference on female circumcision, a Somali woman spoke up to make her satisfaction quite clear:

A Swedish minister raised his voice during the seminar and expressed his resentment at the fact that so many women were deprived of their possibility to feel sexual pleasure. Then a Somali woman in the audience stood up, turned to this man and the rest of the audience, and talked about her own experiences. In a calm and a bit shy voice, she witnessed that she herself was infibulated, but that she had a rich and satisfying sexual life despite this state of her genitals (Johnsdotter, *et al.* 2004: 2).

Ellen Gruenbaum was also confronted by women who insisted that they “finished” during sex:

I pressed for a clearer description. Somewhat exasperated that I didn't seem to understand plain Arabic, a visiting midwife named Miriam grabbed my hand, squeezed my fingers, and said, “Look, Ellen, some of us do ‘finish.’ It feels like electricity, like this . . . ” and she flicked her finger sharply and rhythmically against my constricted fingers. [2001; quoted in Gruenbaum 2006: 127]

While the capacity for sexual pleasure is to some degree affected by the extent of cutting involved, there are clear cultural factors at work as well. Fuambai Ahmadu says that many women who, like herself, had sexual experience before their excision may experience no difference or even increased sensitivity (in Bell 2005: 138), which suggests that the ability to experience sexual pleasure is learned and subject to training. Among the Sabaots studied by Christine Walley, for instance, earlier anthropologists had noticed extensive - and socially sanctioned - sex play to the point of orgasm between young men and women who had not yet experienced FGC (although penetration was explicitly forbidden) (1997: 415-6). Given the commonness of extramarital affairs among both men and women in this society, it seems likely that women continue to enjoy sex throughout their lives - and that perhaps this early development of sexual faculties helps prepare women for whatever loss of physical sensation they may experience after their initiations.

The chart reproduced from Orubuloye *et al.* (2000) presents an interesting comparison between the responses of urban and rural Yoruba women to their FGCs. Asked “Whether they believe their ‘circumcision’ has reduced their enjoyment of sexual activity”, 53% of rural women replied that it had increased their enjoyment of sex (with another 40% saying it had no effect either way) while only 16% of urban women answered the same (with the same number saying it had decreased their enjoyment of sex, and 63% citing no effect either way). These figures suggest a significant difference in the way rural and urban women experienced their bodily sensations in general and sex specifically.

Anthropologists have long recognized a difference (or, rather, set of differences) in the personality formation typical to, on one hand, agriculturalists and pastoralists, and on the other, urban dwellers and foragers (see, e.g. Barry *et al.* 1959). In societies where subsistence is dependent on long-range planning and the cooperation of their members, personality formation emphasizes obedience, solidarity, and responsibility, a complex generically referred to as “dependence training”. Dependence training is generally associated with agriculture and herding, where individual initiative or deviance from tradition can have disastrous consequences - for instance, by failing to produce an adequate harvest, or by weakening the overall quality of the herd. In societies where resources are accumulated on a day to day basis - the hunting and gathering of foragers, for instance, or the hourly wages of urban employees - the need for such interdependence is significantly weaker and individual initiative,

achievement, and self-reliance are emphasized through “independence training”. There are many different practices that contribute to overall enculturation, ranging from infant feeding patterns to playtime activities to punishment regimes to the assignment of household chores; the treatment of sexuality is an important factor in how an individual will relate to the rest of their society. Where independence is important, individual desire and achievement of its satisfaction is emphasized; children are often encouraged to experiment freely with sexuality, and adults choose their own mates. Where dependence is important, on the contrary, individual sexuality is a resource of the community, and individuals are assured that their needs will be addressed by and for the community as a whole; childhood sexuality may be allowed but subject to clear rules, and marriages tend to be arranged. The potential for conflict posed by sexuality is a much greater threat in agricultural and herding communities, where the smooth interrelation of members and lineages is necessary to survival.

These differences are linked to another, related factor: the role of consumption in a society. Jonathan Ned Katz (2004) has detailed how American conceptions of the meaning and function of sex changed as the US was transformed into a largely rural, agriculture-based society to a largely-urban, industrialized one, and I think the general outline can be applied wherever such transformations have occurred or are occurring. In pre-industrial America, Katz writes, “Middle-class white Americans idealized a True Womanhood, True Manhood, and True Love, all characterized by “purity” - the freedom from sensuality.... The human body was thought of as a means toward procreation and production; penis and vagina were instruments of reproduction, not of pleasure. Human energy... was to be used in producing children and in work, not wasted in libidinous pleasures” (70). With the shift of the vast bulk of the American population into urban centers, and consequently from a lifestyle in which the bulk of their subsistence was produced and processed by themselves to an economy characterized by the consumption of goods and services produced by others, notions of sexuality changed.

The transformation of the family from producer to consumer unit resulted in a change in family members’ relation to their own bodies; from being an instrument primarily of work, the human body was integrated into a new economy, and began more commonly to be perceived as a means of consumption and pleasure (71).

It seems very likely that the way rural and urban women experience sex and perceive the effect of FGC is very different, practically incommensurable. This hypothesis is lent credence by the work of Sara Johnsdotter and Birgitta Ess with Somali, Eritrean, and Ethiopian refugees now resident in Sweden. In interviews, Johnsdotter and Ess were surprised to find that their interlocutors were quite willing to speak frankly about sex, and that many of them expressed contentment with their sex lives:

[Omar interprets the words of a Somali woman in her 50s:] - *Even we who have pharaonic circumcision, we never have problems.* [The three of us

start laughing, since the woman with her facial expression shows that she alludes on sex.]

[The woman speaks again and Omar interprets:] - *Maybe we are more sexual than you [everyone laughs again]... and we don't have any problems...She says we have nothing, no problems and good sex. We are equal in that. We are like Swedish women; maybe we are more...active. And everything comes from the heart and comes from the pain you know.*

[Johnsdotter says:] - *But...the wedding night...*

[Omar interprets:] - *It was worst that night. It was something that you never forget, but after that it is good (2).*

In their interviews, though, many of the women noted explicitly that this was not something they had ever thought about prior to coming to Sweden, and compare their experiences not with those of other refugees, with whom they claim to have never spoken of such matters, but - like the woman above - with Swedish women. For many, like the elderly Ethiopian woman quoted below, it was not until they came to Sweden that they even thought about FGC as something that had happened to them ,that they should have thoughts about:

[Johnsdotter asks:] - *Do you remember when you first heard of it [female circumcision] in Sweden?*

[An Ethiopian woman in her 60s:] - *I think it was in -'80. Maybe -'83.*

- *What did you hear then?*

- *There was talk about circumcision, and that it is no good, that you destroy the girl's sexuality and all that, and that it is something bad.*

- *What did you think when you heard that?*

- *Well... I thought that it is probably true. In our country we were raised to... Those who come from [a district where girls are not circumcised], they are different in their behaviour towards a man or a boy. Yes... their sexuality... behaviour... well, they are sexier, you could say. They behave differently... when it comes to intercourse*

- *Are you talking about ability to enjoy...?*

- *Yes. If they are not circumcised.*

- *Did you think of this while you lived in Ethiopia?*

- *No, I never thought of it then. Nobody does.(5; bold emphasis added).*

Action

Although not all assessments of FGC are positive or even mixed (as some of the responses reported above are), the wide range of responses suggests that the terms in which much anti-FGC advocacy - and, even moreso, mainstream responses - couch their opposition to these practices are overly simplified and based not so much on the lived experiences of the Africa women on whose behalf they claim to speak but on

their own, culturally-bound perceptions of these practices, what I call the “if-it-was-me” response. While I believe that it is possible to attain some degree of understanding of the experiences of people vastly different from one’s self, doing so requires an effort that very few are willing or even able to muster. However, I believe such an effort is necessary and vital where FGC is concerned, as the potential for damaging and counter-productive action is significant. Even where our actions may not impact the lives of African women, the way FGC is spoken about in Western society is often racist, ethnocentric, and disrespectful of the lives and cultures of the women who experience FGC.

This piece is not intended as a defense of FGC or even to dissuade activism intended to help women for whom FGC is a part of their daily lives. Rather, it is hoped that by complicating the over-simplified representations that make up the bulk of anti-FGC discussions, more effective action can be developed that, while it may not directly address the end of FGC, can improve the lives of women overall and indirectly address the issue at hand.

I am hardly alone or even in the lead with these concerns. African Anti-FGC activists have been bitter in their condemnation of efforts by Western “supporters” on their behalf. [Nahid Toubia](#), founder and president of the anti-FGC group Research, Action, and Information Network for the Bodily Integrity of Women (RAINBO), has argued that:

The West has acted as though they have suddenly discovered a dangerous epidemic which they then sensationalized in international women’s forums creating a backlash of over-sensitivity in the concerned communities. They have portrayed it as irrefutable evidence of the barbarism and vulgarity of underdeveloped countries... It became a conclusive vindication of the primitiveness of Arabs, Muslims and Africans all in one blow (quoted in Lane *et al.*: 36).

Alice Walker’s film *Warrior Marks* and novel *Possessing the Secret of Joy*, which have done so much to consolidate anti-FGC sentiments in the US, have come in for special abuse by African activists such as Seble Dawit and Salem Mekuria for portraying a village in which “the respected elder women of the village’s secret society turn into slit-eyed murderers wielding rusted weapons with which to butcher children”, to which the “heroine-savior” Walker has come to “articulate their pain” (1993; quoted in Walley: 428). The UN Decade for Women (1975 - 85) turned into a platform for such criticism of Western feminist anti-FGC work when a group of African women threatened to walk out of the mid-decade conference in Copenhagen in 1980, objecting to both the tactics of First World anti-FGC activists and to the overall power dynamics between Western and non-Western women (*Ibid.*: 419). As the example of Alice Walker’s book, written over a decade later, and ongoing mainstream concern about FGC illustrate, very little has changed in Westerner’s conceptions of the problems with FGC and what should be done about it.

This criticism is not intended to convince Western women to “butt out” of issues they have no business being concerned with; rather, the issue is how Western feminists and other activists will use their power and privilege in relation to non-Western women’s lives. As Kenyan anthropologist Achola Pala-Okeyo puts it, “the role of [Western] feminists is not to be in front, leading the way for other women, but to be in back *supporting* the other women’s struggles to bring about change” (quoted in Walley: 430). This is good advice in general; however, the complexity of FGC and its embeddedness in local cultural practices suggests that the focus on the eradication of FGC is misplaced altogether. It is not a simple matter of recognizing the importance of FGC as a “tradition”, educating natives about the potential health risks associated with it, and creating new, more acceptable alternatives; FGC is deeply imbricated with local and global economic structures that need to be taken into account. What African women need is not the elimination of FGC; they need adequate health care and economic well-being *regardless* of whether FGC continues to be practiced or not.

One of the major contributing factors to the persistence of FGC, despite 30 years of intense Western opposition preceded by 70 years of colonial opposition, is the ongoing economic inequality that shapes women’s lives. As Lane and Rubinstein note (following Gruenbaum), “economic changes associated with development increased women’s economic dependency on men, which caused them to focus on maintaining ‘their marriageability and to prevent divorce by keeping husbands sexually and reproductively satisfied’. The resulting economic insecurity made it extremely unlikely that parents would risk leaving their daughters uncircumcised” (34). These economic changes also made the solidarity with other women engendered by FGC incredibly important. In places where other means of establishing women’s solidarity have been established - such as local savings circles, environmental groups, and cooperative enterprises - the practice of FGC has decreased (Walley: 418). This suggests that Western energy is likely better spent on ameliorating the effects of globalization and promoting strong local associations than in confronting FGC directly - which is often perceived by local men and women as an extension of the imperialism and global capitalism that engender resistance to anti-FGC efforts.

While the medical evidence remains cloudy or inconclusive, it seems clear that no medical benefit comes of FGC and that some degree of harm is inflicted by many of the practices.³ Given the unlikelihood that FGC will cease in the immediate future, the resistance Western activists have posed to medicalization seems cruel and inhuman. Most of the potential medical dangers posed by FGC can be eliminated or drastically reduced by access to adequate health care, both in the performance of the procedures and in dealing with any complications that arise. While there may be some truth to the contention that allowing FGC to be performed under hospital conditions will delay its eradication, this seems a reasonable trade-off for the suffering that might be alleviated. This argument should not be foreign to Western feminists, many of whom have relied on a similar argument in defending the availability of abortion.

On an ideological level, it is imperative that Westerners, *particularly* Western feminists, abandon the moral condemnation in which their opposition to FGC is so frequently couched. Lane and Rubinstein write that:

[T]hese procedures... are not torture, but are arranged and paid for by loving parents who deeply believe that the surgeries are for their daughters' welfare. Parents fear, with much justification, that leaving their daughters uncircumcised will make them unmarriageable. Parents worry about their daughters during the procedures and care for their wounds afterward to help them recover. Even if we disagree with the practice of female circumcision, we must remember that the parents who do this are not monsters, but are ordinary, decent, caring persons (38).

Feminists have long recognized the relationship between sexism, classism, and racism; challenging what many see as a sexist practice through the use of racist discourses backed by Western power and privilege cannot be taken as an adequate response to FGC.

What's more, objections to FGC in the West may well be as sexist as they are racist. As Ahmadu notes (quoted in Bell: 138), Western anti-FGC discourses suggest a conception of both gender and sexuality that feminists have long opposed:

One... assumption is that human bodies are "complete" and that sex is "given" at birth. A second assumption is that the clitoris represents an integral aspect of femininity and has a central erotic function in women's sexuality.

Many FGC practices are based on the explicit contention that women are made, not born - a formulation not entirely unthinkable to Western feminists. Neither gender nor sexuality are fixed in the body; both are constructed from both physiological and cultural realities. The notions that the physiological function of the clitoris is the only valid part of sexual experience or that orgasm is the only measure of the pleasurable of sex would not only be rejected by most Western feminists but are directly contradicted by the claimed experience of African women themselves. Female genital cutting represents a challenging test of Western ideals and highlights the ongoing contradiction between, on one hand, the desire to end unnecessary suffering and, on the other, the desire to respect cultural and individual autonomy. It is difficult to accept that practices that seem most clearly to demand outside intervention might be the ones we should think twice about interfering with, or that the suffering engendered by those practices might be preferable to the dangers posed by such intervention. While opposition to FGC is not necessarily bad in and of itself, it is important to remember that FGC does not exist in a vacuum, that the anti-FGC movement is just the latest in a long string of Western intervention in native practices carried out "for their own good", and that like the proverbial bull in the china closet,

the exercise of our power may well create disastrous consequences that cannot be undone.

Footnotes

1. The language used to describe these procedures is a tricky and sensitive area. While the WHO uses the term “Female Genital Mutilation”, for an anthropologist this feels like the worst sort of ethnocentrism, implying an aesthetic and moral valuation that is directly at odds with the values of the people who practice these procedures, most of whom describe the procedures as making their genitals cleaner, better, or more attractive. While “FGM” is a popular term among advocacy groups, it has little currency among researchers, who are very aware of the way that language can bias their outcomes. I have chosen to use the relatively neutral term “cutting” (from several alternatives in use among researchers: “alteration”, “surgeries”, “modification”) as it seems to be the most widespread usage and the most plainly descriptive.

2. I am, of course, aware of the irony in my stepping forward as a spokesperson for the subaltern; yet again, the subaltern cannot speak, and we must speak for her. As much as possible, I intend to rely on the recorded comments of women who are affected by FGC, and barring that the second-hand accounts by those who have worked directly with them, but ultimately I recognize that my own privilege must necessarily mediate their voices. It is my hope, though, that if a crack in the wall of anti-FGC advocacy can be opened, it may help to create a space for more first-hand voices.

3. I have ignored here the medical research on the harm posed by FGC, for two reasons. First, as Obermeyer (2003) has shown, much of the medical research is based on faulty premises, defective methodology, and misanalysis of evidence (when it’s based on evidence at all). Second, arguments about medical issues caused by FGC seem too often to be a smokescreen for moral arguments; as noted in this paper, very few practices that pose risks as great as or greater than FGC go un-commented by anti-FGC advocates and the Western mainstream alike.

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