

Disputing the myth of the sexual dysfunction of circumcised women

An interview with Fuambai S. Ahmadu by Richard A. Shweder

This interview on the subject of female genital cutting serves to contextualize a submission by Carlos D. Londoño Sulkin, who describes the changes of perception he and other members of the audience experienced after a lecture by Fuambai Ahmadu on this subject at the University of Regina on 19 March 2009. The title

of Ahmadu's talk was 'Disputing the myth of the sexual dysfunction of circumcised women'. In order to make sense of Londoño Sulkin's reactions to her account, Fuambai Ahmadu was invited to set out her case, which she does in the form of a question-and-answer session with Richard Shweder. Ed.

Fuambai S. Ahmadu and Richard A. Shweder

Fuambai Ahmadu went back to her parents' native Sierra Leone with her sister, Sunju Ahmadu, and other family members to undergo female initiation from December 1991 to January 1992. Ahmadu works for the National Institutes of Health (NIH) in Maryland. After receiving her doctorate from the Department of Anthropology at the London School of Economics in 2005, she completed a two-year post-doctoral fellowship at the Department of Comparative Human Development, University of Chicago. Her email is ahmadufu@mail.nih.gov.

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Richard Shweder: The voices of the many East and West African women who value the practice of genital modification for both girls and boys have not been audible in North American and European media accounts of the practice. How do you address the subject when you lecture on this topic?

Fuambai Ahmadu: I opened my talk at Regina with a short documentary film produced by my younger sister, Sunju Ahmadu, which depicted parts of the public celebrations of our own initiation/excision ceremony nearly two decades ago. The audience thoroughly engaged with the film and in the discussion that followed. I first talked about the film, addressing what I felt was the most obvious question in their minds: how could it be that the African women in the documentary spoke so positively about female initiation and excision (both referred to as *bondo* among the Kono and other ethnic groups in Sierra Leone)?

The Kono are a minority population who reside in the eastern part of Sierra Leone. This area became known throughout the world as a result of the publicity surrounding the CNN documentary *Cry Freetown* and the Hollywood feature film *Blood diamond* that followed, which depicted the gruesome, protracted war in the country and its effect on Kono in particular because of the region's high concentration of diamond deposits. The Kono, who are descendents of the Mande from what is now the area of Mali, practise female and male initiation and excision/circumcision as complementary and parallel cultural and symbolic processes celebrating the transition from boyhood to manhood and girlhood to womanhood respectively.

Among many Kono, like perhaps most other Mande groups, there is a view of children as being part of nature, undefined and possessing both male and female elements. In male initiation rituals, the prepuce or foreskin of the

penis symbolizes femininity and is associated with female sexual organs, thus removal of the foreskin represents the masculinization of the boy. In parallel and complementary form the exposed clitoris represents the male sexual organ or penis and thus its removal symbolizes the feminization of the girl child and marks her adult sexual status. In men's ceremonies, men identify and celebrate their differences from women; similarly women's ceremonies elaborate, exaggerate and celebrate their differences from men, often ridiculing and belittling male sexuality and supposed social and sexual superiority.

In Sierra Leone, women's initiation is highly organized and hierarchical: the institution itself is synonymous with women's power, their political, economic, reproductive and ritual spheres of influence. Excision, or removal of the external clitoral glans and labia minora, in initiation is a symbolic representation of matriarchal power. How can this be so? Removal of the external glans and hood is said to activate women's 'penis' within the vagina (the clitoral 'shaft' and 'g-spot' that are subcutaneous). During vaginal intercourse, women say they dominate the male procreative tool (penis) and substance (semen) for sexual pleasure and reproductive purpose, but in ritual they claim to possess the phallus autonomously. Excision also symbolizes the 'separation' of mother and son or of matriarchy and patriarchy (in Mande mythology matriarchy is portrayed as prior to and giving birth to patriarchy). Female elders say that initiation and the act of excision is a potent emotional and psychological reminder to men that it is women who give birth to them and mothers who, after God, are the natural origins or raw elements from which all human creation, culture and society are derived. This concept of a primordial, supreme and all-powerful Mother is at the core of Mande creation mythology and ritual practices that are prevalent even today.

Male circumcision reflects the other side of this duality, the separation of son from mother, phallus from owner, male from female. In men's initiation it is not the phallus that is the dominant symbol of power, as in women's rituals. It is the vagina itself and the obscurity of the womb that we see reflected in the secret ritual masks of the Mande male initiatory societies, as anthropologist Sara Brett-Smith (1997) aptly pointed out. It is through these symbolic means that Mande male ancestors learned the secrets and obtained ritual medicines that prepared them for warfare and hunting in the deep forests of the past. The dominant female substance that associates men with death is blood, and both menstrual and parturition blood in particular are imbued with awesome destructive powers.

So, contrary to much of the rhetoric of the anti-FGM campaigns, the female sex and female sexuality are not oppressed in, through or by these ritual practices. On the contrary, female sexuality and reproductive powers are celebrated and reified in the masquerades, as the origins of creation, of nature and of culture, and feared as potent weapons of death and destruction. This cultural and symbolic context of female initiation and excision explains how it could be that Kono girls and women in the film



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Fig. 1. Fuambai S. Ahmadu.

were speaking in positive, almost reverential terms, about the practice, their bodies and the experience of womanhood. There are different types of female genital cutting practices that are performed for many different reasons, and these practices prevail in diverse sociocultural contexts, so not all women who are affected necessarily support these practices or view them as empowering to girls and women.

RS: What is your general view of the relationships between informed anthropological and medical research on this topic and representations in the advocacy literature which describe the practice as 'female genital mutilation'?

FA: The anthropological literature on this topic (prior to the nearly universal acceptance of the term FGM in the mid-1990s) was more nuanced and contextualized within the dominant socio-cultural frameworks of affected women. But what about the health risks? How could even well-meaning anthropologists justify the medical hazards of this practice and the sexual oppression of women as represented by advocacy groups who see culture in this instance as an excuse for male barbarism and domination? The problem with the representation of various forms of female circumcision as 'mutilation' is that the term, among other things, presupposes some irreversible and serious harm. This is not supported by current medical research on female circumcision.

Carla Obermeyer (1999, 2003), who was a consultant for WHO, published two comprehensive and critical reviews. The first looked at the available literature on female circumcision up to 1996, the second from 1997 to 2002. Her conclusion is as follows: 'On the basis of the vast literature on the harmful effects of genital surgeries, one might have anticipated finding a wealth of studies that documents 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' (Obermeyer 1999: 92)

Another major source, which contradicts received notions about the health hazards of excision in particular, is a study by Linda Morison et al. (2001) at the UK's Medical Research Council Laboratories located in Fajara, The Gambia. Widely cited as authoritative in the literature, this research is the most systematic, comprehensive and controlled investigation of the health consequences of female circumcision yet to be conducted. In summary, the study found that the supposed morbidities often cited as common problems associated with excision (such as infertility, painful sex, vulval tumours, menstrual problems, incontinence and most endogenous infections) did not distinguish women who had the surgery from those who did not. The rate of infertility was exactly the same for both groups – 10%. The authors noted additionally that women expressed high levels of support for the practice.

However, neither Obermeyer's reviews nor the Morison et al. study have been mentioned in any major Western press, despite their startling and counter-intuitive findings on female circumcision and health. This is in contrast to the highly publicized *Lancet* report by the WHO Study Group on FGM, released in June 2006, which received widespread, immediate and sensationalized press coverage highlighting claims about infant and maternal mortality during hospital birth. As Bettina Shell-Duncan (2008) pointed out, the *New York Times* unquestioningly sensationalized this group's findings under the heading: 'Genital cutting raises by 50% likelihood that mothers or their newborns will die, study finds' (Rosenthal 2006). Shell-Duncan notes that what this shocking headline failed to mention is the modest magnitude of risk. Another observer noted that, in comparing risk factors in pregnancy, this places female circumcision somewhere behind maternal smoking.

I would note that in the extended *New York Times* Tierneylab blog¹ discussion of this topic you [Shweder] also questioned the findings of the WHO *Lancet* study and its purported evidence of increased 'harm' for circumcised women. You noted that the study collected data on women across six nations but never displayed the results for individual nations to see if they could be replicated; there was no direct control for the quality of health care available for 'circumcised' versus 'uncircumcised' women; the sample was unrepresentative of the whole population; and even given the evidence presented, any risk of genital surgery was astonishingly small and hardly a mandate for an eradication rather than a public health programme.

Sweden-based studies conducted by Birgitta Essen, an obstetrician, and by Sara Johnsdotter, a medical anthropologist, are worthy of mention (Johnsdotter and Essen 2004, Birgitta Essen et al. 2002, 2005). In Essen et al. 2002 no evidence was found of causal connection between genital surgeries and obstructed or prolonged labour. Essen et al. (2005) concluded, surprisingly, that circumcised women were at a lower risk of prolonged labour as compared with uncircumcised Swedish women.

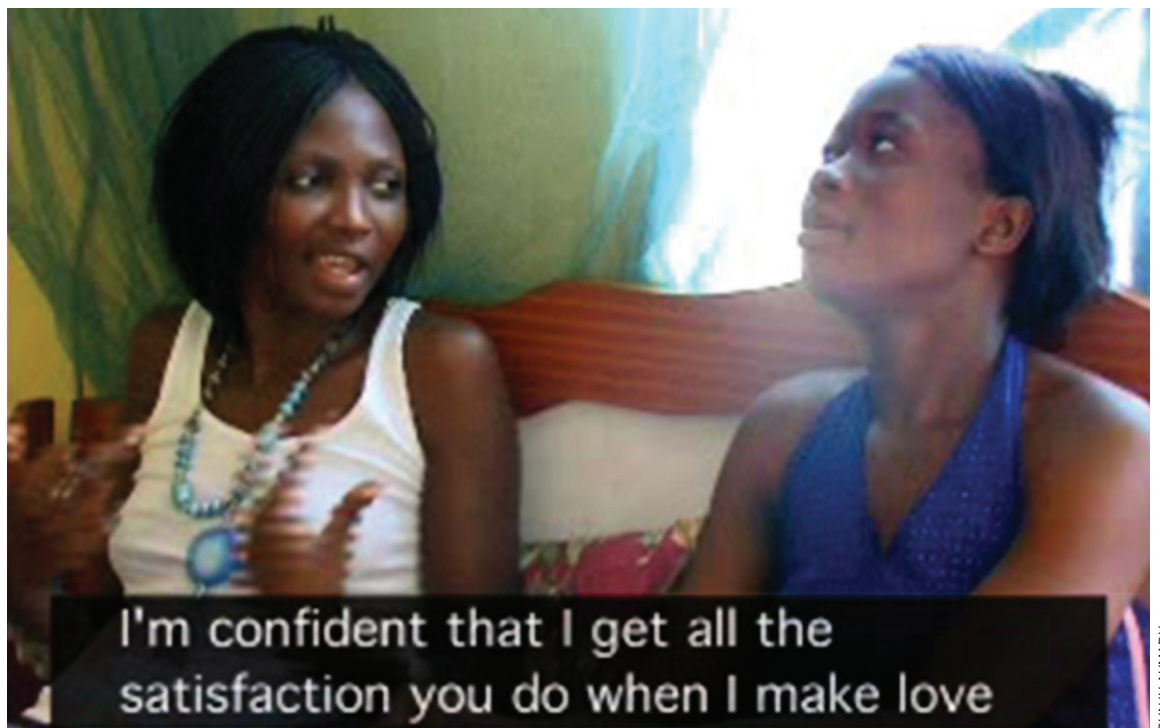
Another obstetrician/gynaecologist, Crista Johnson (2008), who attends to a large number of Somali immigrant patients, has pointed out that the risk of still births may be particularly increased for circumcised women who delay prenatal care and getting to hospitals when they are experiencing complications because they fear being stigmatized by healthcare workers, and because these workers lack specialized knowledge of these women's bodies. In other words, could it be the low standard of care circumcised women are receiving, and fears on the part of both affected women and healthcare providers in zero-tolerance and anti-FGM environments, that contribute to small differences in infant mortality rates in the *Lancet* study?

So, even if the purported negative health outcomes have been exaggerated and circumcised women rightly have their own fears about the risks of being uncircumcised, how can they justify excision of the very sensitive tissue that makes up the clitoris? As some concerned students have asked me, isn't this tantamount to castration?

It has somehow become ubiquitous and obvious knowledge that female circumcision is intended to and actually does inhibit female sexual desire and feeling and that it is like cutting off the male penis, an analogy I never quite understood. But what is the research evidence on female circumcision and sexual pleasure? Obermeyer (1999:55) stated in her review that: 'studies that systematically investigate the sexual feelings of women and men in societies where genital surgeries are found are rare, and the scant information available calls into question the assertion that female genital surgeries are fundamentally antithetical to women's sexuality and incompatible with sexual enjoyment.'

In addition to my own research in the Gambia (Ahmadu 2007), there are several important texts on this issue. The first paper was published by an ardent and vocal anti-FGM activist, Hanny Lightfoot-Klein, the author of *Prisoners of ritual*, a seminal work for anti-FGM advocates. In her article, Lightfoot-Klein (1989) challenges whether infibulation, the most extreme form of female circumcision, is inimical to women's enjoyment of sex and experience of orgasm. According to her five-year research, 94% of circumcised women reported sexual satisfaction and orgasm and many said they had sex three or four times a week. So what was the problem for Lightfoot-Klein? Sudanese women, in her view, are completely subjugated by their husbands and have no authority whatsoever or agency over their own bodies. But I see a disturbing problem with the implications of this picture: how is that so-called mutilated African women are at one and the same time subjugated by

Fig. 2. A still from *Bondo*: A journey into Kono womanhood, a documentary by Sunju Ahmadu. Following an assertion by a Freetown-based Nigerian doctor and anti-FGM activist, that African women do not understand 'wellness' and think that sexual intercourse is only for reproduction, two young Kono girlfriends, one excised and one not, discuss their personal experiences and beliefs about whether excision affects sexual pleasure. The excised woman expresses confidence in her ability to experience complete and even greater sexual fulfilment than her unexcised friend, and reaffirms her pride in being a bondo initiate.



their husbands and also enjoying sex with these patriarchal oppressors and reaching orgasm several times per week?

Is it that African women are masochistic and disturbingly enjoy their own sexual subjugation? Or might this suggest that some Westerners and feminists have it wrong about the nature of African marriages, social systems and male-female interactions and intimacies? If the experiences of these Sudanese women are anything like my own and those of the community of women I was raised among, then I doubt very much that they are somehow sexually deviant masochists who are ignorant of and enjoy their own oppression.

Of particular interest is a recent publication by Lucrezia Catania (Catania et al. 2007), an Italian obstetrician and gynaecologist who runs a clinic with her Somali husband in Italy that is frequented by mainly Somali immigrants. According to the study, the findings 'suggest, without doubt, that healthy "mutilated/circumcised" women who did not suffer grave long-term complications and who have a good and fulfilling relationship may enjoy sex and have no negative impact on psychosexual life (fantasies, desire and pleasure, ability to experience orgasm)'. Catania's findings were also interesting in that, in comparison with her Italian control group, infibulated Somali women reported greater frequency of orgasms. These findings are very much in line with those of Lightfoot-Klein in her fieldwork with Sudanese women.

Kirsten Bell (2005) provides an interesting context for this debate by looking at changes in Western discourses on genital cutting and sexuality. In particular, she questions the current unspoken assumption that the male body provides the basis of understanding the female body. This is the assumption, Bell argues, that makes sense of how people readily, but in my view mistakenly, equate female circumcision with male castration.

In my own research in the Gambia and Sierra Leone (Ahmadu 2000, 2007), I have tried to point out the cultural and symbolic importance of gender complementarity and interdependence and the construction of heterosexual marriage and intercourse in understanding female and male initiation and excision/circumcision. For circumcised African women brought up in dual-sex (as opposed to male-dominated) cultures that celebrate male and female powers, heterosexual intercourse (rather than the presence of an external clitoris) is seen as key to women's most intense,

vaginally induced orgasms. Same-sex sexual interactions and relationships and 'auto-sexuality' exist and were largely ignored in the past as part of the realm of nature or childhood. *Bondo* women elders believe and teach that excision improves sexual pleasure by emphasizing orgasms reached through stimulation of the g-spot, which is said to be more intense and satisfying for an experienced woman. Excision of the protruding clitoris is said to aesthetically and physiologically enhance the appearance of the vulva and facilitate male/female coitus by removing any barrier to complete, full and deep penetration.

According to the women I interviewed, sexual foreplay is complex and requires more than immediate physical touch: emphasis is on learning erotic songs and sexually suggestive dance movements; cooking, feeding and feigned submission, as powerful aphrodisiacs, and the skills of *aural* sex (more than *oral* sex), are said to heighten sexual desire and anticipation. Orgasms experienced during vaginal intercourse, these female elders say, must be taught and trained, requiring both skill and experience on the part of both partners (male initiation ceremonies used to teach men sexual skills on how to 'hit the spot' in women – emphasizing body movement and rhythm in intercourse, and importantly, verbal innuendoes that titillate a woman's senses). Thus, from the viewpoint of these women elders vaginal intercourse is associated with womanhood and adult female sexuality. In Mande cultures the emphasis is on the vagina as the source and symbol of womanhood or – to refer to Alice Walker's popular anti-FGM novel – the hidden g-spot, rather than the visible protruding clitoris, is the 'secret' 'joy' adult women 'possess'.

And it is the vagina that is the object of awe and deference in male initiation ceremonies. Male initiates (at least in the past) learn not to fear this powerful female sexual organ but rather how to manipulate it for their own and their partners' pleasure and reproduction, as well as to obtain other secret powers of protection in hunting and warfare. Likewise female initiates are taught not to fear the male phallus but to dominate the penis for pleasure and semen in reproduction as well as in certain medicinal uses. Both male and female initiates, especially in the past, learn that sexual pleasure is not only an innate capacity in women but a right of all women in marriage. That a woman can be physiologically or psychologically *incapable* of

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. ●

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Anthropology, liberalism and female genital cutting

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

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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