Circumcision, Pluralism, and Dilemmas of Cultural Relativism

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One of the things about studying anthropology is that we encounter cultural ideas and practices that are very alien to our own. Encountering the “other” can be a challenge in two ways. On an intellectual level, it can be a challenge to understand vastly different cultures and customs—why do people do/believe that? How does it fit within the wider context of their lives? The second of these challenges can be on a personal level, because the beliefs and practices of others might offend our own notions of morality and propriety. Studying and living in other cultures sometimes brings up our own ugly ethnocentrism.

At the same time, it is fair to ask, Are there limits to cultural relativism? Looking cross-culturally, anthropologists can identify some universal (or at least extremely common) elements in cultural codes about proper personal conduct. All societies follow the ethnocentric line of thought that their own traditions are correct and right, but at the same time there are gigantic areas of controversy. In a complex society, the laws that are recognized and enforced often reflect the interests of the dominant social group.

The topic of this selection, female circumcision, really bothers some students; they can hardly believe that such cultural practices exist in the twenty-first century. In Africa, female circumcision has been a controversial topic for nearly a century, and there have been repeated international efforts to “eradicate” the custom, as if it were a disease. But this is not simply a medical issue, and to oversimplify the complex issue misses the point.

It is important to recognize that the single term FGM (female genital modification or mutilation) refers to a wide variety of surgeries with different levels of invasiveness. It is also important to remember that the symbolic and ritual meanings of this practice also vary among cultures. Finally, as students of anthropology, we need to recognize that there are at least two different views of what is at stake here, and, as in many other arenas of public controversy, there is real value to a sympathetic understanding of both sides.

This selection has two parts. The first provides a description of female circumcision in Africa—reporting the “facts” almost as it might be reported in a reference book. The second part discusses the author’s strategies for teaching about the female circumcision controversy in the college classroom context. This controversy is both local and global—it involves traditional cultures, immigrants, and international nongovernmental organizations (NGOs). Understanding the different dimensions of the argument is an important educational goal; hopefully, it will also challenge you to come to your own well-informed opinion.

As you read this selection, ask yourself the following questions:

- For the women in the societies that practice it, FGM is related to beliefs about aesthetics of the body. Can you think of traditions in your own culture that transform or modify the body for purposes of beauty or identity? (Try relating this to Miner’s description of body ritual among the Nacirema in Selection 1.)
- What are the potential health complications of female circumcision? What are the possible social complications of not being circumcised?
- What are the human rights issues involved? Is this a question where local societies should debate it themselves, or is international intervention necessary?
- Why does this tradition persist even when it is made against the law? Why would loving parents have this done to their daughters?
- Is the analogy to male circumcision in the West appropriate?

The following terms discussed in this selection are included in the Glossary at the back of the book:

- clitorotomy
- infibulation
- FGM
- neocolonial
- human rights
- sunna circumcision
Differences of social and cultural practice have been a source of both puzzlement and edification around the world and throughout human history, interpreted and treated in vastly different ways in different circumstances. They have been perennial resources through which people form their own identities, defining themselves through contrasts with other cultures. Distinctions in dress, cuisine, language, music, and ritual are particularly common as such markers of identity and difference. When ethnic or religious groups and minorities are reviled, differences in cultural practice have been used to help justify derogatory attitudes and discrimination. In other settings, cultural difference and diversity have been celebrated through various forms of multiculturalism.

With such remarkable diversity in the world, however, situations inevitably arise where incompatible social and cultural values, practices, and aesthetics produce conflict or controversy. How should they be dealt with? Cultural relativism would suggest that each set of practices and understandings is valid within its own circumstances and way of life. Yet plural societies combine and blend different beliefs and practices within the same social settings. Further, certain practices seem to challenge the nonjudgmental tolerance that cultural relativism implies (Swidler 2002) and raise serious questions about how to define human rights and who should define them. To many Americans, for instance, religious practices of discipline and self-mortification might seem extreme when they include self-flagellation, or political martyrdom might be taken as a sign of fanaticism. To people in other parts of the world, on the other hand, certain American economic practices might seem exploitative and certain modes of American dress might be seen as indecent or immoral.

Anthropologists seek to understand cultural production, i.e., how cultural meanings and social worlds continually take shape and change through daily interaction, communication, and exchange, through interpretations of personal and community histories and negotiations of political economic differences. They seek to understand the range of experience, meanings, and values produced by the world’s diverse societies and cultures, examining how people perceive and make sense of lives and circumstances as different as those of African pastoralists caught in a long civil war, Chinese women working in a silk factory, men in an urban homeless shelter in the United States, contemporary Australians maintaining complex ritual traditions and fighting for land and mining claims, or radical political activists in Europe (Hutchinson 1996; Roell 1999; Desjarlais 1997; Dussart 2000; Holmes 2000). In doing so, anthropologists may move beyond simple relativism to develop knowledge and judgments based on pluralism. Philosopher and social theorist Isaiah Berlin describes the distinction between relativism and pluralism (1991:10–11):

“I prefer coffee, you prefer champagne. We have different tastes. There is no more to be said.” That is relativism. . . . [Pluralism is] the conception that there are many different ends that men [sic] may seek and still be fully rational, fully men [sic], capable of understanding each other and sympathising and deriving light from each other, as we derive it from reading Plato or the novels of medieval Japan—worlds, outlooks, very remote from our own.

Members of one culture can, by the force of imaginative insight, understand . . . the values, the ideals, the forms of life of another culture or society, even those remote in time or space. They may find these values unacceptable, but if they open their minds sufficiently they can grasp how one might be a full human being, with whom one could communicate, and at the same time live in the light of values widely different from one’s own, but which nevertheless one can see to be values, ends of life, by the realisation of which men [sic] could be fulfilled.

Anthropological research may not be able to resolve conflicts and controversies that emerge from social and cultural difference, but the knowledge produced can provide the foundation of understanding needed for engagement and debate grounded in pluralism. It can help to identify the basic value contradictions and issues at stake as well as the different positions and interests in play. It is also important to pay attention to such controversies and debates themselves as cultural phenomena, analyzing their rhetorics, weighing competing arguments, and placing them within their own social and historical contexts. These analytical skills are important in understanding debates concerning issues of social justice, abortion rights, defining human rights, or controversial practices such as sati in India, and they are critical to effective political action related to any of these issues.

This essay considers a widespread cultural practice that has many different forms and meanings throughout the world and a long history of sparking debate and controversy at different times and places: forms of genital modification commonly called circumcision. Vehement debates have swirled around male and female circumcision alike, but the essay focuses particularly on practices of female genital
modification because they currently receive the greatest attention and are at the center of recent contention. After outlining the varied practices of female genital modification and some of the meanings associated with them, the essay will turn to controversies and debates about these cultural practices.

THE VARIED PRACTICES AND MEANINGS OF FEMALE GENITAL MODIFICATION

Female circumcision is a term commonly used to refer to surgical operations performed in over thirty African, Middle Eastern, and Southeast Asian countries, by immigrants from those communities living elsewhere, and for roughly a century (about 1850 to 1950) by physicians in Europe and the United States. As this geographic and historical span suggests, the operations are embedded in a wide range of cultural and historical contexts and can be quite different in definition, meaning, and effect. All involve surgical modification of female genitals in some way, though this ranges from relatively minor marking for symbolic purposes to the most radical operation, infibulation.¹

The general term female circumcision includes at least three clinically distinct kinds of surgery. Clitoridectomy removes all or part of the clitoris and the hood, or prepuce, covering it.² The second type, excision, includes clitoridectomy but also removes some or all of the labia minora; all or part of the labia majora might also be cut. The most extreme form of circumcision, infibulation, goes beyond excision.³ After removing the labia, the sides of the vulva are joined so that scar tissue forms over the vaginal opening, leaving a small gap for urination and menstruation. Infibulated women often require surgical opening to allow first intercourse and birthing; in many cases women are reinfibulated after each childbirth. In addition to these three well-recognized types of female circumcision, a fourth is sometimes included. The mildest form, this involves a symbolic pricking or slight nicking of the clitoris or prepuce. Excision and infibulation are the most widely practiced types of female genital modification. In Africa, infibulation is common primarily in the Horn of Africa (Somalia, Sudan, Djibouti, Ethiopia).

Whether and how circumcision practices affect women’s sexuality is much debated. It is important to distinguish sexual desire, sexual activity, and sexual pleasure when considering this question. Sexual desire and sexual activity may not diminish with female genital operations. Evidence about sexual feeling and pleasure is variable, difficult to define or measure, and hard to come by.⁴ Euro-American opponents of the practices assert that circumcised women feel no sexual pleasure, but a number of African women disagree with these assertions. Studies suggest that the effect varies widely with type of operation, with prior sexual experience, and other circumstances as well. Some African activists also suggest that the stress on sexual pleasure in anticircumcision campaigns reflects a recent, primarily Western concept of sexuality.⁵

The operations have also been said to carry a number of health risks. While the range of possible health problems is well known, there has been little epidemiological research to determine how widespread each problem might be in different areas. Immediate risks include infection, shock, excessive bleeding, and urinary retention. Risks that are related to hygienic conditions and care during and after the operations. Longer term health problems are most common with infibulation but can be associated with excision as well. Most of these problems are related to heavy scarring and to covering over of vaginal and urinary openings after infibulation: keloid scars, vulvar cysts, retention of urine or menses, painful menstruation, difficulty urinating, and chronic pelvic infections. Clinical studies on the relation between these health problems and genital modification are contradictory, however, and a recent study in Gambia found that many negative consequences commonly cited for the operations were not significantly more common in women who had been cut (Morison et al. 2001).⁶

In many places where female circumcision is practiced, the physical operation is but one moment in an elaborate ceremony that contains many other events. For Ogiek people in Kenya, for instance, initiation into adulthood includes circumcision for boys and excision for girls, but the full initiation process continues for several months and includes much more as well: moral teaching, family and community engagement, the negotiation of new social relationships, and important cultural meanings and values. While the operations are a central initiation trial and create a permanent physical mark of adulthood, initiation cannot be reduced to circumcision or excision alone. In many other societies, initiation does not involve circumcision at all.

In every case the purposes and meanings of female genital modification are related to specific cultural understandings of identity, personhood, morality, adulthood, gender, bodily aesthetics, and other important issues. In the Sudan, for instance, it is seen as enhancing a woman’s purity, cleanliness, and beauty. For the Kikuyu people of Kenya, circumcision was the foundation of moral self-mastery for women and men alike, performed as part of initiation into adulthood. The age of those circumcised varies widely.
according to these cultural understandings. In much of Mali and the Sudan, for instance, girls are circumcised at six to eight years, while various communities in Kenya and Sierra Leone perform the operation in the early teens. Yoruba people in Nigeria often circumcise their children at just a few days old, much like male circumcision in the United States and Europe. Circumcision and excision are not connected with initiation for the Yoruba people, but they do relate the operations to moral concepts associated with shame and fertility. Circumcision is not regularly performed after puberty in Africa, where the operation is usually seen as related to a person’s social and moral development. The history of female circumcision in Europe and the United States contrasts with most of the world with regard to circumcision age. For roughly a century beginning in the 1850s, clitoridectomy was prescribed for adult women in Europe and the United States as medical treatment for insomnia, sterility, and masturbation (which was defined as an ailment at that time).

Many societies practice male but not female circumcision, but the reverse is rare. Where both are practiced, they can only be understood fully when considered together in relation to one another. In many societies, cultural meanings and patterns link the two and equate them. A single word refers to both operations in many African languages, and this correspondence is often central to the way their practitioners understand them. The English translation, “female circumcision,” maintains this parallel between male and female genital operations, though anticircumcision activists have criticized the term for being misleading (as discussed below).

DEBATES AND CONTROVERSIES ABOUT CIRCUMCISION

Both male and female genital operations have engendered long histories of debate and opposition; these have often involved cross-cultural disagreements about the meaning and worth of the practices. The value of Jewish male circumcision, for instance, was debated in Rome during the first century A.D., and male circumcision has become a topic of heated opposition in the United States again today. The most widespread and vociferous opposition currently centers on female genital modification, but these practices have been the subject of international political controversies and abolition campaigns since at least the 1910s. Contemproary campaigns continue the tradition and rhetoric of colonial and missionary opposition and also build on decades of Africa-based activism. Health consequences have consistently been part of the debate, particularly in relation to infibulation, but the issues have also been defined at times in terms of colonialism, neocolonialism, feminism, sexuality, and human rights.

Controversies can be confusing. Heated arguments based on strong convictions are rarely presented in ways that make clear the different assumptions, perspectives, and interests fueling contention. When controversies cross cultural and national boundaries, they can be very complicated indeed. To begin to understand circumcision debates, it is important to first identify the grounds of controversy: Who is involved, what is it about, and what is at issue. Circumcision controversies concern a wide variety of actors and cross a number of social and legal arenas, from family and household relations to international tribunals. This renders it impossible to characterize the debates in simple terms. It is inaccurate and misleading to describe them merely as contests of women versus men or Africans versus outsiders.

To understand today’s debates, it is helpful to think about them in relation to several contexts. Most central are the sociocultural contexts of the varied practices at issue and the history and contexts of the current controversies themselves. An effective way to highlight the issues and perspectives involved is to consider these contexts comparatively, to relate different situations and practices, or to explore similarities and differences between several controversies (e.g., debates about male and female genital operations, debates that occur at different historical periods, or debates that might concern different practices but are presented in similar ways (such as sati in India)). Examining cultural practices in context also means identifying the different actors, perspectives, and meanings involved (see below). It is important to recognize that trying to understand unfamiliar practices does not necessarily mean supporting them. However, to oppose or help alter practices that some might consider problematic, it is essential to work with the people involved, as equal peers. Such understanding is critical to effective engagement.

One of the best-documented historical examples of circumcision controversy took place in central Kenya during the colonial era. Colonial missionaries and administrators there made judgments about which local customs violated Christian behavior and sought to discourage them. Campaigns to abolish female circumcision in central Kenya were among these efforts. When the Church of Scotland Mission and segments of the Church Missionary Society tried to prohibit the practice in the 1910s and 1920s, Kikuyu female circumcision became connected with the anti-colonial movement and defense of cultural tradition (Murray 1974, 1976). Jomo Kenyatta, later president of
Kenya, was a prominent opponent of colonial attempts to alter Kikuyu custom. These local protests against abolishing female circumcision provided an impetus for starting independent schools and churches in central Kenya.

Arenas encompassed in this debate, then, included British politics (with pressure from feminist parliamentarians and anticolonial activists), rivalries between Christian denominations with missions in Kenya, the colonial administration in Kenya, and local Kenyan communities. In addition to anticolonial movements and defense of cultural tradition, the debate also became connected with relations of authority between men and women and between women of different generations, and even the introduction of maternity clinics. Since 1979, the Kenyan government has conducted several antircircumcision campaigns that were tinged with Christian and colonial overtones, banning female circumcision in 1982 but with little effect. In 1996, a national organization proposed an alternative initiation ceremony as a substitute. Like Kenya, each country has its own such history of circumcision debates and policies.

To place contemporary controversies in context, we should also consider their own history and the different arenas where debates occur. The debates have been related to feminist movements in various times and places, to colonial administration and missionary campaigns, to Islamic religious movements, and a number of other issues. Arenas of debate shift as different parties become involved. Several decades after the Kenyan controversy, in the late 1990s, international efforts to have the World Health Organization (WHO) address female circumcision were not effective. Later, in the 1970s, a number of publicizing efforts and publications converged to galvanize international attention. These included articles in African publications in the mid-1970s, a press conference held in Switzerland before the WHO assembly in 1977, and publications by Fran Hosken (1979) and Mary Daly (1990) in the United States. The Inter-African Committee on Traditional Practices affecting the Health of Women and Children was formed in Geneva in 1977. A 1979 WHO seminar in Khartoum helped to begin regular discussion of female genital operations by international bodies and at regular conferences. The resurgence of antircircumcision activity in the 1970s was also buoyed by the United Nations Decade of Women (1975–1985).

Since the early 1990s, international debates about female genital modification have again become increasingly heated and highly politicized. Greater media coverage in the 1990s and publicity over legal cases concerning African immigrants in France and the United States brought the debates to a wider public than previously. In the United States, involvement by such well-known figures as novelist Alice Walker also helped to publicize and polarize the debate. A number of African scholars and activists based in the United States (such as Sebile Dawit, Salem Mekuria, and Micere Mugo) have been highly critical of the way Walker and others have represented female circumcision in Africa. They argue that Walker and others are engaged in neocolonial depictions that demonize African practitioners, distort the social meanings and contexts involved, portray African women only as victims, ignore decades of activism in Africa, and isolate female circumcision from other issues of women’s health, economic status, and education.

Both practices of female genital modification and the arenas of debate have shifted over the years as other circumstances changed and different constituencies became involved. Public health education about the potential risks of the operations has increased in most countries where they are practiced. Similarly, an increasing number of female genital modifications are being performed either by specialists who have received some hygienic training or in health clinics and hospitals. As noted above, alternative rituals have also been proposed in some countries, though it is not clear whether they will be widely adopted. Shifts in practice also include adoption of genital modification by noncircumcising communities (Leonard 1999) and modification of long-standing rituals toward what I call “circumcision by pronouncement” or “performative circumcision,” i.e., substituting a verbal formula for actual cutting (Abusharif 1999:7; Hernlund 1999).

There are intense debates among African activists about whether a medicalized, minor form of female genital modification should be promoted as an interim substitute for more severe operations (Obioma 1997; Shell-Duncan 2001). African immigrant communities in Europe and the United States often continue traditional practices in new ways in their new homes. Their preservation of practices has brought all these debates to the fore in those countries as immigrant communities and their children have grown in recent decades. Sweden, Switzerland, the United Kingdom, and several other European countries passed laws restricting the operations in the 1980s and early 1990s. The United States followed suit in 1997.

**Contexts for Understanding the Debates and Issues**

These examples illustrate how many different parties and perspectives can become involved in these controversies. In tracing the shape of today’s debates, it is useful to distinguish the following three interacting arenas. The social, cultural, and historical contexts of
debates about female and male genital operations can be examined for each:

1. **Home countries** are countries in Africa, the Middle East, and Southeast Asia where circumsicating practices have traditional standing. There may be a variety of traditions and practices that include genital modification within each home country and a number of different positions within each community, if the practices are debated.

2. The **United States** and **Europe** are the second arena to consider. These countries also have a history of genital operations for both boys and girls. The histories are related to changing understandings of health, class, ethnicity, gender, and sexuality. In the U.K., for instance, male circumcision has become a middle-class fashion by the 1920s (Lonsdale 1992:388). In Nazi Germany, it was taken as a mark of Jewish identity. In the United States today, while men are more likely to be circumcised than African Americans or Hispanics; higher education levels are also related to higher circumcision rates (Leumann et al. 1997: 1053–1054). Clitoridectomy was a recognized medical treatment for women in these countries for decades, as noted above. Concern about female genital operations within these countries is now related particularly to immigrants from home countries.

3. The third arena is that of **international campaigns**. Though obviously related to the other two, it is useful to consider how international campaigns differ from debates within the other arenas, how international bodies and action groups establish their legitimacy to intervene in other countries, and how the international arena redefines issues central to particular communities and nations.

In addition to identifying the complex social geographies and range of actors involved, it is equally important to pay attention to the ways that language and rhetoric shape the presentation of issues and convey particular values and judgments. For instance, the growing intensity of the debates became encapsulated in the very terms used for female genital operations between the 1970s and 1990s, illustrating the political divisions and rhetorics involved. Female circumcision was the most common term for decades, the English phrase ordinarily used in the debates about British colonial attempts to outlaw female genital operations in Kenya in the 1920s–50s. In the 1970s, antircircumcision activists increasingly criticized the term female circumcision, claiming that it condoned a brutal custom by creating what they considered false similarities between male and female circumcision. A more partisan alternative was coined and eventually popularized: *female genital mutilation*. The new term did not attempt impartial description, but condemned the practices through a label that defined them all as intentional mistreatment and disfigurement. Promotion of the new “mutilation” term was part of an escalating antircircumcision campaign that used more sensationalism and gory images. As this term became more common, it was shortened to an acronym, “FGM.” Others reject this term as misrepresenting the intentions of African families, criminalizing parents and relatives, and judging them through Euroamerican cultural values.

The increasingly heated and polarized nature of the debate thus became embedded in its very terms. Attempting to find an appropriate phrase, New York Times reporter Celia Dugger used the term *genital cutting* in her late 1990s articles, a term she adopted from demographic and health surveys. A number of other alternative terms also came into use in the mid-1990s, seeking more neutral ground: genital surgery, genital operations, genital modification, and body modification. This last term acknowledges broad similarities among such practices as male and female genital surgeries, genital/body piercing, and other cosmetic surgery. Female circumcision, genital cutting, and FGM remain the most common terms in English, though the acronym FGM has now also been redefined as “female genital modification” in efforts to use less polarizing, descriptive language.

Whatever terms are used, the topic at the center of controversy is a generalized category defined and shaped by that very debate. The category is created by extracting and combining fragments from many different cultural practices found in dozens of countries, a variety of practice described above. The fragments all concern genital modification but may share little else. Taken out of their social and cultural contexts, they combine to form a new, abstract category (e.g., “female circumcision”). Scientific, medical language is an important tool in this process. The clinical emphasis makes the general category seem like an objective and universal way to talk about women’s bodies, but it also narrows the range of information defined as relevant to the debate. For instance, the physically different operations described above are combined and treated as the same thing, though they vary considerably in extent and effects. The rest of the ceremonies in which the physical operations may be embedded are often ignored.

The terms used in circumcision controversies convey different impressions of the people involved as well. A number of African women and others have objected to the word *mutilation*, for instance, because it misrepresents parents and families. It suggests that
they intend harm to their children, likening to child abuse what they themselves might see as a cultural triumph, “carried out for the noblest of reasons, the best of intentions, and in good faith” (Iweirebor 1996). Accounts often demonize women who perform the operations as well. In recent French legal cases, for instance, they were portrayed as avaricious and predatory and received the harshest rulings.

A prominent example concerns the way African or “Third World” women in general are represented as a single, unified group, as seen across a range of sources: news media, informational publicity material produced by action groups, scholarly writing, or novels. This stereotyped concept of “African women” is usually formed by homogenizing divergent circumstances; it assumes women to be a pre-existent, coherent group with shared interests and desires. This requires removing the concept of “woman” from any specific cultural context and isolating it from related notions that help form understandings of gender. How are differences based on nationality, class, ethnicity, religion, education, or age accommodated in this generalized figure and how might these variations affect the debates? The “average” Third World woman that emerges is set in contrast to elite women, though the contrast is often implicit. Elite women are portrayed as self-conscious, active, choice-making agents. They are not exclusively Western, but also include women born in the Third World who have joined the campaign against female genital modification. Yet African activists consistently protest that their work is rarely recognized when controversies are described. The rhetoric and structure of these controversies might be examined further by looking at how different kinds of men are portrayed, or by considering parallel cases in contemporary campaigns against male genital operations, abortion, or welfare.

These different portrayals of Third World women and other actors in circumcision controversies are often bound up with notions of “progress” and other values as they have been defined in Euroamerican contexts. But conflicting values are the very crust of controversy. Diverse social and political positions inform the perspectives of those involved, but they are also grounded in different cultural frameworks, competing definitions of the practices at issue, and what seem to be irreconcilable values. In seeking to understand circumcision debates, it can be helpful to identify the various positions on each issue, along with the priorities and cultural values associated with each. Issues at stake would include the following:

**Human Rights** Circumcision debates presented in human rights terms often emphasize the integrity and inviolability of the human body, sometimes using analogies with torture and child abuse. As noted above, this falsely attributes evil intent to parents and relatives. “Human rights” as a concept is itself under considerable debate. Should social and economic rights be included? Whose values will be enshrined as universal when there are fundamental disagreements (An-Na’im 1992; An-Na’im and Deng 1990)? How might the language of human rights accommodate the diverse people, practices, and circumstances involved?

**Self-Determination** The human rights approach does not fit easily with another common way that circumcision debates are framed, in terms of self-determination. However, self-determination can be defined in relation to individuals, families, or communities, each with rather different implications. Upholding family autonomy, community values, or religious freedom would seem to support continuing traditional practices understood as central to personal and community identity. Does this include male and female initiation ceremonies? How does individual self-determination apply in the intricate contexts of family and community relations? How do questions of self-determination apply to children of different ages?

**Health Issues and Sexuality** These were discussed earlier in this essay. Both have been central to debates about female genital modification. Questions of sexuality have also figured in opponents’ efforts to explain the operations. They commonly assert that male desire to control female sexuality is the origin and reason for all such practices. This universal conspiracy theory, however, does not correspond to what is known about circumcising practices. There is no evidence or discussion of when or how this might have happened in so many places, how this explanation would account for the variety of circumcising practices, why women also staunchly defend them, or how the theory relates to explanations offered by practitioners.

Yet even when the issues and stances in circumcision controversies are delineated, the fact remains that the debates involve fundamentally different perceptions and lived understandings of aesthetics, morality, society, and personhood that come together with questions of authority, class, power, gender, and history. There are no simple, single answers to the issues they raise. They pinpoint a nexus whose very opacity of understanding illustrates recalcitrant problems and issues of cultural translation. In this respect, recent circumcision controversies draw attention to the limits and dilemmas of cultural relativism and moral judgments. How are such judgments, choices, and even laws to be made in plural societies (which ultimately means all societies)? Can incommensurable values be
accommodated? As Sir Isaiah Berlin noted, “A certain humility in these matters is very necessary” (1991:18).

CULTURAL AND MORAL VALUES:
DILEMMAS OF RELATIVISM

Many people would agree that cultural difference and diversity should be recognized, respected, and accommodated. Cultural relativism has fairly wide currency in the United States as a general way to approach cultural difference, though it coexists with popular notions of cultural evolution and civilization hierarchy. The relativist view that each society’s practices and values are valid and understandable in the particular context of their lives may be easiest to hold, however, when applied to distant people or to practices that seem strange but harmless. What happens when people with incompatible practices and values live closely together, when culturally justified practices seem to be physically harmful, or when an overarching national legal system must deal with radically different values? Does cultural relativism imply moral relativism as well?

The controversies over genital operations present such dilemmas and flashpoints. Usually associated with ceremonial performances, the songs, dances, costumes, and other beliefs that give meaning to the ceremonies are readily accepted as part of “tradition,” as markers of particular forms of ethnic or religious identity. Scarification or tattooing might also be recognized and appreciated as part of a different aesthetic or religion, so what is different about genital operations? Why are they seen as an exception that raises this moral dilemma? What other practices pose similar dilemmas?

In the last decade, legal cases dealing with African immigrants in the United States and Europe have raised these issues in particularly clear and urgent ways. Examining these cases—particularly court procedure and sections of testimony—provides a way to again consider the different actors and interests involved, this time in situations even closer to home (Kratz 2002). Among the many questions that these cases raise are the following:

• Whose legal rights should be protected and when? Parents’ rights to raise their children in accordance with their beliefs and traditions? What if parents disagree? The rights of the girls affected? What if they choose to undergo the operation? What if they are minors legally?
• When female genital operations are outlawed, who is legally responsible and liable for prosecution? At different times and places, the accused have included fathers, mothers, initiates, and surgeons. What constructions of actors, intentions, and meanings are involved in each of these scenarios?
• When court proceedings involve immigrants, how are issues of adequate translation and adequate legal representation handled? These were important problems in the way French cases in the 1990s were handled.
• Are judges, juries, lawyers, and those concerned with civil liberties informed about the communities and cultural values involved? For instance, a lawyer in one case argued that the girls affected would have psychological problems when they realized they were not like other women, but the “other women” assumed in this statement were not women of the immigrant community. In fact, most women in their own ethnic community had had the operation, making the argument one that would more appropriately support the operation (cf. Mathias 1996:4).
• How do gendered differences in immigrant experiences influence knowledge about relevant laws and services and the ways people participate in legal proceedings?

These questions raise some of the difficult practical implications of general issues of cultural translation and the moral dilemmas involved. They provide another way to ground the circumcision debates in specific questions and situations. Such groundings provide useful ways to understand and engage with controversies that are puzzling and sometimes troubling in their passions and complexities.

NOTES

1. This paper includes portions of Kratz (1995a) and (1996b) that have been combined, revised, and updated for inclusion here.
2. Wide variation in female genital modification can be found on the African continent alone, where it is practiced across a band of the continent that includes parts of Mauritania, Senegal, Gambia, Guine-Bissau, Sierra Leone, Liberia, Mali, Burkina Faso, Côte d’Ivoire, Ghana, Togo, Benin, Niger, Nigeria, Chad, Cameroon,
Central African Republic, Democratic Republic of the Congo (formerly Zaire), Sudan, Egypt, Eritrea, Ethiopia, Djibouti, Somalia, Kenya, Tanzania, and Uganda. The percentage of women circumcised in each country varies considerably (e.g., 5–10% in Uganda, 25–30% in Ghana, 80% in the Sudan). As does the kind of operation practiced, its cultural and personal significance, and its history. Female circumcision is not practiced at all in some communities within this broad area, but it is commonplace in others. Regional, ethnic, and religious variation in practice is considerable. Christians, Muslims, and followers of traditional religions all might practice forms of female circumcision. Communities have adopted, abandoned, and modified the practice in various ways over the centuries, in keeping with the complex histories of political and religious influence and interaction among societies on the African continent.

3. This is sometimes called summary circumcision, though summary circumcision might also refer to prepubital cutting alone. The term summary relates the practice to Islamic traditions, though most Muslim scholars and theologians deny Koranic justification for female circumcision.

4. Infibulation is also called pharomic circumcision, a name originating in beliefs that the practice was part of ancient Egyptian life.

5. See Apena (1996:8); Kratz (1994:345–346); Lyons (1981:507, 510); Obiora (1997:298). Matias (1996:3) and Ogbi (1997:414–415) cite examples where they are seen as enhancing sexuality. Again, the type of operation is critical. Infibulation is more often discussed as reducing desire (Boddy 1989:54), though Obiora (1997:310) cites another study in the Sudan to oppose effect. As for sexual pleasure, according to Grenbaum (also writing about the Sudan), some infibulated women do have orgasms, perhaps because “many midwives, fearing hemorrhage, leave much of the clitoral (erectile) tissue intact beneath the infibulation when they perform the surgeries” (1996:462). She notes, though, that other infibulated women report finding sex unsatisfying. See also Parker (1995:514); Obiora (1997:308–310); Kosothomas (1987:37–42). Several of these sources note that reports of sexual pleasure are related to sexual experience before circumcision as well as other factors.

6. Even in Europe and the United States, the pleasure-oriented definition of sexuality became prominent in recent decades. In this view, recent international debates about female genital operations have taken a form that resonates particularly with recent Western concerns and anxieties (Parker 1995). The paradoxical nature of questions of sexuality can be brought into relief through comparison. Historically, classical theologians and philosophers made parallel claims about men; they promoted male circumcision because it reduces male sexual passion (Boyard 1992:486–487; Lyons 1981:503–504). Though circumcised men today might not agree, similar assumptions still inform medical research. A study published on National Public Radio in 1997 found that circumcised men are more “sexually adventurous,” but explained this as compensation for loss of sexual feeling (Laumann et al. 1994). “Adventurousness” was defined through behavioral range and frequencies, suggesting that sexual interest, desire, and activity were actually greater with circumcision. Considering such gender reversals can raise critical questions about all these claims and show that understandings of sexuality are neither universal nor unchanging.

7. Obiora (1997:292) cites studies that show no obstetric or gynecological complication when infibulation is performed at an early age. Parker (1995:514–516) notes that findings in some studies of health risks from other forms of genital operations are not clear, though it is generally accepted that some complications can occur.


9. Far earlier, in the 1820s, circumcising practices were also at the center of debates in the Sudan (Abusharaf 1999).

10. In the Hindu practice of sati, a widow immolates herself on her husband’s funeral pyre. Sati became the subject of considerable debate in India during British colonial rule, leading to abolition in 1829. The sati controversy, like debates about female genital operations, involves a wide range of perspectives and has been framed at various times in terms of women’s status, issues of tradition, authority, religious rights, personal autonomy, and humanism. Outlining sati did not make it disappear entirely. “Through the 1970s and 1980s . . . [the same time when circumcision controversies were heating up], either incidents of sati increased or greater scrutiny was brought to bear on the issue, primarily by women’s organizations” (Courtright 1994:147). In September 1987, the case of Roop Kanwar, a young Hindu woman who burned in Rajastan, galvanized national debate. Nandy (1988) and Mani (1990) have noted continuities of language and argument between contemporary Indian positions and earlier colonial debates, parallels similar to those in circumcision controversies. Both debates involve “instabilities of perspective, of meaning, of judgment,” and provide avenues for considering the “social history of moral imagination” (Geertz 1983:32). See also Mani (1990a), Nandy (1975), and Teitscher (1995:37–72).


12. For instance, several 1990s immigration cases and asylum claims in the United States have been based on arguments about the persecution of women through genital operations. Lydia Otuoro, a Nigerian woman, fought deportation on the grounds that she was protecting her daughters from the procedure. Her case was profiled in newspapers and on television in a segment


14. Actors and institutions involved in each arena might include the following: (1) In each home country: National governments and politicians' local NGOs and national action groups; international action groups; churches; religious and ethnic communities whose circumcision practice may differ and whose histories of education and involvement with government also differ. Within each circumcising community, differences of age, gender, education, religion, and wealth also influence positions. For instance, a Christian mother, her non-Christian husband, his educated brother, and their school-child daughter might disagree about whether the girl should participate with her friends in initiation ceremonies during a school holiday. Peters (1997:484–486) discusses the different positions within the Togolese family and community in the asylum case of Faouziya Kassindja as an actual example. See Gruenbaum (1996:463–470) and the film Bontou in Paris for other examples. (2) In the United States and Europe: Female genital modification was historically recognized as a viable medical procedure in these countries, "cosmetic" labial surgery on women is currently performed, and male circumcision is also widely practiced. Current female genital operations within their borders are usually debated in relation to immigrant families and communities from various "home countries." Some families and communities have lived outside their home countries for quite a while, with some children born and raised in the United States and Europe. Actors involved in these debates include immigrants themselves (again with differences of gender, religion, ethnicity, education, length of residence, etc.); their community organizations and spokespersons; national, state, and municipal governments, judiciaries, and agencies dealing with immigrants (e.g., Immigration and Naturalization Service, Health and Human Services, child welfare services, etc.); national action groups and organizations concerned with women and children; and international action groups. (3) In international campaigns: These actors may also be engaged with those in "home countries" and in the United States or Europe, but they reach beyond national boundaries as well. They include international action groups based in various countries; the United Nations, World Health Organization, and related international agencies and NGOs; journalists; religious officials; national governments and politicians who seek conditionality clauses for foreign policy and provision of aid.

15. In many contexts, however, ritual meanings and patterns unite the two for practitioners, who often use a single word for both operations in local languages.

16. Fran Hosken may have coined the term, though I could not verify this. She certainly played a key role in popularizing it through the Women's International Network (WIN) newsletter; she wrote. By the time she wrote the Hosken Report in 1979, female genital mutilation had become her standard term. Before 1975, she vacillated between that term and female circumcision. Mary Daly also used "genital mutilations" in her 1978 book. In the British parliamentary debates about Kenya, the word mutilation was used at times to distinguish between two different types of genital operations (infibulation was not at issue in this controversy), but it did not become the primary term of reference (Pederson 1991:666). The Church of Scotland Mission, however, did begin to use the term sexual mutilation (Pederson 1991:671).

17. There are striking parallels between these shifts in rhetoric and tactics and the rhetoric of radical anti-abortion organizations such as Operation Rescue.

18. Duggar's attempt to defeat the automatic condemnation of "mutilation," the medical implications of "surgery," and what she considered the "mildness" of "female circumcision" (Moses 1997:4).

19. A number of scholarly papers discuss the problems with these generalizations and show how they are constructed; Mohanty (1988) and Stephens (1989) are a good starting place. Alice Walker's books, Possessing the Secret of Joy and Warrior Marks, are commonly used as novelistic examples. Walker's representations of African women have also been discussed by a number of scholars; Obiora (1997:322–325) and Mugo (1997) are examples focused on their relation to controversies about female genital modification.

20. Information about campaigns against male genital operations is available from NOCIRC (National Organization of Circumcision Information Resource Centers) or NOHARM (National Organization to Halt the Abuse and Routine Mutilation of Males). Both can be found through Web searches.

21. Examples of different body modifications illustrate the different kinds and contexts of "choice" involved in self-determination. Operations for breast reduction or enhancement, multiple ear piercings, and body piercings (including genital piercings) are modifications often presented by their American or European practitioners as ways to take control of one's body. These self-defined meanings are very much like local definitions of female genital operations in initiation, also seen as a sign of self-control, maturity, and both social and personal change. In both cases, the practices are linked to understandings of the body, aesthetics, sexuality, and gender relations, but the understandings are rather different, as are their social and institutional settings.

22. See Gruenbaum (1996:460–463) for further discussion of so-called false consciousness and the costs and benefits of female genital operations for various segments of Sudanese communities.

23. I have talked with many people in the United States who seek a "logical" explanation or rationale for traditions of female genital modification. When I summarize
what Okiek in Kenya might say in response—e.g., that
initiation is necessary for children to become adults—
Americans have a hard time understanding and accepting
these as “reasons.” What for Okiek are logically sat-
sifying, deeply felt, and natural understandings do not
have for Americans the same intuitive sense and reso-
nance. It is equally hard to answer Okiek questions
about Americans, whom they sometimes encounter as
tourists: Why do the women paint their mouths to look
like they drink blood? Why do they walk about without
clothing (e.g., in bathing suits)? Don’t they feel shame?
Why aren’t girls initiated—how can they live their
entire lives as children?

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