
Judging the Other Responding to Traditional Female Genital Surgeries

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Western feminists, physicians, and ethicists condemn the traditional genital surgeries performed on women in some non-Western cultures. But coming to moral judgment is not the end of the story; we must also decide what to do about our judgments. We must learn to work respectfully with, not independently of, local resources for cultural self-examination and change.

Traditional female genital surgeries, often referred to as female circumcision, have been the source of enormous and bitter international controversy since the late 1970s. The debate often reaches an impasse between two well-meaning but seemingly irreconcilable positions: cultural relativism and universalism. The clash between these two approaches is an implicit obstacle in a great number of issues in bioethics, human rights, and social theory. In this paper we use female circumcision as a case study to examine how it may be possible to move beyond the current impasse.

Recent developments in bioethical theory have challenged the deductive model of ethical reasoning, which proceeds from abstract principles (as do both cultural relativism and universalism) to moral judgments. Casu-

istry, or contextual, case-based reasoning may consider moral principles, but does not proceed from them alone in a deductive process. Rather, contextual elements like historical and cultural issues, power relations, and responsibility are important factors to consider. It is in this regard that cultural relativism, at least descriptive relativism as explicated by Melford Spiro,¹ legitimates the examination of cultural data as an aid to understanding the practice of female circumcision. In this paper we argue that cultural relativism, even at its inception, did not mean an absolute refusal to engage moral questions and was, in fact, a moral response to the devaluation of non-European cultures by nineteenth century "Social Darwinists." As anthropologists we also argue that a critically important question in any moral debate is: Why is this issue the central question that bioethicists, feminists, and others are concerned with now? Female circumcision—like any issue subject to ethical debate—has, in addition to the fact of its prac-

tice, layers of symbolic meaning that lend heat to the debate.

Cultural Relativism and Moral Universals

The two apparently irreconcilable positions of ethical universalism and cultural relativism frame the debate about traditional female genital surgeries. The consequence of this framing is often an ideological impasse. Both ethical relativism and cultural relativism embrace the notion that groups and individuals hold different sets of values that must be respected. The two approaches derive, however, from different bodies of theory and from distinct historical roots.

Cultural relativism is complex, encompassing, on the one hand, questions of how much we can actually understand of other culturally based realities, and on the other hand, prescriptions for appreciating those diverse realities.² Spiro's typology of three types of cultural relativism—descriptive, normative, and epistemological—reflects this complexity and helps clarify why discussions of relativism are often frustrating.³ On Spiro's account descriptive relativism simply implies an acknowledgement of the diversity of beliefs and behaviors across cultures; normative relativism implies an acceptance of each culture's moral judgments as reasonable for that culture; and epistemological relativism questions how one can even comprehend the "Other's" reality sufficiently to make an evaluative judgment. Cultural relativism as understood by contemporary American social theory began as a rejection of nineteenth century Social Darwinist theories that held European culture to be the pinnacle of evolution, and other cultures (especially pre-literate, so-called "primitive" cultures) to be examples of Europeans' living ancestors. The social milieu in the United States at the time was profoundly xenophobic, with waves of immigrants passing through Ellis Island. In this context, cultural relativism, as espoused by Franz Boas and his students Ruth Benedict, Margaret Mead, and Melville Herskovits, was a moral force for tolerance.⁴ By insisting that cultural values and beliefs have meaning and must be understood within

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the context of each culture, it promoted a respect for diversity.

The American Anthropological Association maintained its official stance of relativism even in the face of the atrocities of the second World War and international political support for the doctrine of universal human rights. In 1947 the association's statement in response to the United Nations Declaration of Human Rights asserted, "Man in the Twentieth Century cannot be circumscribed by the standards of any single culture."⁵ Although most anthropologists at the time appeared to consent to this cultural relativism, some rejected it. Julian Steward, a leading anthropologist of this period, wrote in the *American Anthropologist*,

Either we tolerate everything, and keep hands off, or we fight intolerance and conquest . . . As human beings, we unanimously opposed the brutal treatment of Jews in Hitler Germany, but what stand shall be taken on the thousands of other kinds of racial and cultural discrimination, unfair practices, and inconsiderate attitudes found throughout the world?⁶

More recent theoretical developments in anthropology, including interpretive and postmodernist theory, have called attention to the epistemological issues involved in cross-cultural understanding. By focusing on the preeminence of culture in shaping perceived reality,⁷ on the role of Western value judgments in contemporary social science,⁸ and on the nature of power relations and resistance in everyday acts,⁹ contemporary anthropologists have underscored the difficulties involved in developing adequate cross-cultural understanding. Such questioning can help us develop deeper, more nuanced understandings of cultural practices that are now the focus of ethical, legal, and moral debate.

Traditional female genital surgeries are one such locus of debate, in which the impasse between respecting cultural diversity and protecting basic human rights has become especially acute. Of the growing number of analyses by both philosophers and anthropologists, most conclude by

calling for an end to the practice on the grounds that it is ethically wrong, though they may differ in what they understand the ethical failing to be.¹⁰ The human rights scholar Alison Slack, for example, identifies two major opposing concerns: the absolute right of "cultural self-determination" and the right of the individual not to be subjected to a tradition or practice that might be harmful or fatal.¹¹ Slack's argument rests on the issue of consent, noting that the surgeries are performed on children who "have no say in the matter" (p. 470). And indeed because of low rates of education even adult women who voluntarily undergo the procedure cannot be considered truly informed about the deleterious complications of the custom. Anthropologist Robert Edgerton calls his colleagues to task for romanticizing pre-literate and peasant societies.¹² And Daniel Gordon argues that anthropology has failed professionally because it has not adopted a position of moral advocacy against female circumcision.¹³

Female Circumcision

Female circumcision denotes a set of traditional surgeries, usually performed in childhood, that remove part or all of the external genitalia and are conducted primarily on African and some Middle Eastern and Asian women. Most researchers of the custom have followed a typology that categorizes traditional female genital surgeries as circumcision, excision, and infibulation. *Circumcision proper* involves removal of the prepuce, which is also known in some Muslim countries as *sunna* circumcision. Removal of only the clitoral prepuce is very uncommon.¹⁴ Even if the practitioner attempts to remove only the prepuce, careful surgical dissection of the prepuce from the glans clitoris is difficult, if not impossible, especially when many of these operations are performed on nonanesthetized children. *Excision* involves removal of part or all the clitoris and in some cases the adjacent parts of the labia minora; in *infibulation* or *Pharaonic circumcision* the clitoris and labia minora are removed and the anterior portion or more of the labia majora are removed and sutured together, covering the

vagina except for a small opening. Robert Cook and a number of other authors have further adapted this system to add *introcision*, an operation to enlarge the vaginal opening that has been reported among Aboriginal Australian groups who also enlarge the male's penis with the practice of subincision.¹⁵ While introcision and subincision certainly pose health risks, they differ considerably from the types of procedures found in many African and some Asian societies that are the topic of this paper.

Nahid Toubia, a Sudanese feminist and physician, suggests a clearer two-part scheme of classification that divides the procedures into reduction and covering operations.¹⁶ Reduction operations include partial or total clitoridectomy, in some cases with excision of the labia minora. Covering operations (infibulation or Pharaonic circumcision) involve clitoridectomy, excision of the labia minora, removal of part of the labia majora, and approximation of the wound edges of the remaining labia majora, which heal to form a sheet of skin and scar tissue. The wound edges are held together while healing by suturing (often with indigenous thorn sutures) or by binding the girl's legs together for up to forty days. In some cases, an object such as a thorn is placed in the wound to maintain a small opening for the flow of urine and menstrual blood. The resulting "hood of skin" covers the urinary meatus and most of the vagina. Depending on the resulting size, the vaginal opening may need to be widened after marriage to allow sexual intercourse. Deinfibulation, or anterior episiotomy, to release the scar must be performed for childbirth. Women are then reinfibulated, or resutured, after childbirth.¹⁷

Epidemiology. Female circumcision is performed on an estimated 80 to 114 million women in twenty-seven Eastern and Western African countries, parts of Yemen, and scattered groups in India and Malaysia.¹⁸ However, female circumcision has not been unique to Africa and Asia. To "cure" female nervousness and masturbation, clitoridectomy was performed on European and American women and girls during the nineteenth century and as recently as the 1940s.¹⁹ The procedure has also been

reported among African immigrants to Western countries.

Available data show that 85 percent of female circumcision worldwide involves clitoridectomy, while infibulation accounts for about 15 percent of all procedures.²⁰ Gordon suggested that female circumcision is decreasing in Egypt,²¹ but this decrease appears to be restricted to the educated middle and upper classes. Studies conducted in Egypt in the late 1980s and early 1990s indicate that 99 percent of rural and lower-income urban women in and around Alexandria,²² and over 80 percent of high school girls in Alexandria are circumcised.²³ In Sudan the 1989-90 Demographic Health Survey, which covered northern Sudan, reported 89 percent of women aged fifteen to forty-nine were circumcised: 82 percent by infibulation and the remainder by "intermediate," which is a modified form of infibulation, or by reduction operations.²⁴

Health Effects. In a great number of cases the surgery is performed without anesthesia and without sterile instruments. The immediate adverse health effects include hemorrhaging, shock, infection, pain, urinary retention, and damage to the urethra or anus. Septicaemia, tetanus, and urinary infections result from the use of unsterilized instruments and/or unhygienic salves in treating wounds. Acute urinary retention may result due to fear of the pain of urinating through the open wound.

The range of long-term physical complications and health effects due to the procedures are considerably more severe with covering operations than with reduction operations, and include repeated urinary tract infections, urethral or bladder stones, excessive scar tissue formation, dermoid cysts, and obstructed labor. After infibulation the urinary meatus is covered by the "hood" of skin, making urination occur more slowly, which makes a woman more prone to urinary tract infection and to the formation of stones. Among infibulated women scarring and the need for an anterior episiotomy for childbirth, and frequently resulting tears, fistulae, and chronic pelvic infections, are likely contributors to infertility and the very high rates of maternal mor-

tality in Sudan and Somalia.²⁵ Sexual and psychological problems include painful intercourse, diminished sexual response, depression, and anxiety.

Pelvic inflammatory disease from chronic infection and blockage of the fallopian tubes by scar tissue can

researchers have not themselves been circumcised.²⁹

In areas where different ethnic groups live in close proximity, the tradition can be an important marker of group identity. Ellen Gruenbaum gives one such example in the Sudan,

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cause infertility. In a study conducted in Khartoum Hospital, Hamid Rushwan found that infibulation is an important cause of pelvic inflammatory infection in northern Sudan.²⁶ Vesicovaginal fistulae and rectovaginal fistulae are disabling consequences of childbirth among Sudanese women.²⁷ These fistulae most often result from prolonged obstructed labor, in part due to the extensive scar tissue caused by infibulation.

Culture, Religion, Social Change, and Female Circumcision. Female circumcision is usually controlled by mothers, grandmothers, and other female kin; fathers and male relatives do not traditionally take part in the decision to circumcise or in the performance of the procedure. Circumcision is often cited as a necessary prerequisite for marriage, and there are numerous additional explanations for the practice. Many rural and poor urban Egyptians, for instance, say that if a girl is not circumcised her clitoris will grow long like a penis and thus removal of this potentially masculine organ makes a girl more completely female.²⁸ Perhaps the most important rationale for female circumcision is that because it is such an ancient and commonly practiced tradition, reduced or infibulated genitals are simply considered normal. Indeed, when Sudanese or Egyptian villagers have discussed the custom with female Western researchers, they have been shocked to discover that the female

where two Muslim ethnic groups, the Arabic-speaking Kenana and West African-origin Zabarma, live side-by-side in the Rahad Development Scheme.³⁰ Both groups acknowledge the Kenana's ethnic superiority, which is based on their Arab identity and on extensive infibulation that they practice. Although Zabarma undergo clitoridectomy, the Kenana refer derisively to them as "uncircumcised." As a result of this close contact, some Zabarma have begun to undergo infibulation rather than clitoridectomies, employing the Kenana midwife to perform the procedures.

Concerns with virginity, marriageability, and the husband's sexual pleasure are also commonly stated reasons for performing traditional female genital surgeries.³¹ Infibulation provides physical evidence of virginity, and the diminution of a woman's sexual response caused by removal of clitoris and labia minora is valued because it is believed that she will then be much less likely to act in a manner that would compromise her family's honor. In contrast to the limiting effect of female circumcision on a woman's sexual response, the infibulated vaginal opening is believed to offer greater friction for the husband during sexual intercourse and is considered an enhancement to male sexual response.³²

Also common is the belief that female circumcision is required by religion. The practice of female circum-

cision predates the advent of both Christianity and Islam as evidenced by a reference to it in a Greek papyrus in Egypt, circa 163 B.C.E.³³ In Egypt and Sudan, both Christians and Muslims,³⁴ and in Ethiopia, the Falashas, a Jewish group, have all circumcised young girls.³⁵

receives some support from scholars who base their opinions largely on custom and beliefs about the need to control female sexuality, rather than on the authority of the *Qur'an* or *Hadith*.

In Islam as practiced in everyday life, the association of religious ideas

However, when the female children of the Roman Catholic converts grew up their male coreligionists refused to marry them, choosing instead non-Catholic wives. The College of Cardinals in Rome was forced to rescind its decision and allow traditional genital surgeries among Egyptian Catholics.

Recent social changes associated with development, particularly changes whose impact on women's lives has not been taken into account, have not always resulted in a decrease in the practice. Gruenbaum describes how 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."³⁹ The resulting economic insecurity made it extremely unlikely that parents would risk leaving their daughters uncircumcised. Interviews conducted by Sandra Lane in rural areas near Alexandria, in Alexandria itself, and in Cairo indicate that the practice of female circumcision is being modernized, but not necessarily abandoned. Many parents who can afford to are choosing to have their daughters' surgeries performed by physicians, with local anesthesia and less risk of infection. Some parents explained that now that the husbands become migrant laborers for years-long periods female circumcision is a protection against dishonor, since it is believed to calm women's sexual needs. Similar reasoning was offered by parents who pointed out that now girls stay longer in school and that women are forced by economic circumstances to work outside the home. These developments make complete chaperonage impossible and thus female circumcision is thought to offer protection.

The Debate Historically

Colonial governments unsuccessfully opposed female circumcision in Kenya during the 1930s and in Sudan during the 1940s. Yet the worldwide debate on the custom did not really begin until the 1970s. Traditional genital surgeries were known and had been widely studied in anthropology at least since Bruno Bettelheim's 1955

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Removal of the prepuce is a religious requirement for all Muslim male children, but is not deemed a requirement for female children by most Islamic scholars. Although it is not a practice of the majority of Muslims in the world, among those who do practice it female circumcision is nonetheless often considered to be legitimated by religion. Islamic law is based on the *Qur'an*, which Muslims believe to be the exact words of God as revealed to the Prophet Muhammad; the *Hadith*, which are the sayings and actions of the Prophet during his lifetime; and on the body of religious commentary, which in Sunni Islam has been elaborated in four schools of jurisprudence, *Shafi*, *Hanbali*, *Maliki*, and *Hanafi*. Female circumcision is not mentioned at all in the *Qur'an*. According to some scholars of *Hadith*, the Prophet Muhammad is reported to have said, "When you perform excision do not exhaust [do not remove the clitoris completely], for this is good for women and liked by husbands."³⁶ Yet the Prophet's reported advice on excision is based on a so-called "defective chain of narrators" in the oral tradition and is therefore considered by many scholars unreliable as evidence of the Prophet's statement. Despite this, in the writings of all of the schools of Sunni Islamic jurisprudence the notion that female circumcision is *religiously recommended*

with female circumcision is evident in the colloquial terms used to describe the custom. The use of the term *sunna* (meaning to follow the tradition of the Prophet), implies that the custom is religiously ordained. Similarly, although the classical Arabic term for female circumcision is *khifad* (literally "reduction"), in colloquial Arabic it is popularly called *tahara*, referring to a ritual state of purity that is required for Islamic prayer.³⁷ In the bipolar opposition implied by the term *tahara*, genitals in their natural state—unexcised or uninfibulated—are ritually impure. In fact, in Egypt to ask if a woman is circumcised one asks, "*Intii mutahara?*" "Are you purified?" More recent Islamic developments in Sudan, however, may eventually decrease the practice of infibulation, or at least lead to less severe types of surgeries. Gruenbaum, for example, found that because of their belief that infibulation is not an Islamic requirement, Sudanese Islamic movement members advocate less severe forms of the procedure or even abandoning the practice entirely.³⁸

In previous centuries Christian doctrine in Egypt also became concerned with female circumcision. Early in the seventeenth century, when Roman Catholic missionaries settled in Egypt, the Roman Catholic priests forbade female circumcision on the mistaken grounds that it was a Jewish custom.³⁹

psychoanalytic analysis of the indigenous genital alterations. Yet even in the 1960s such surgeries were studied in the context of cultural relativism, with no moral judgment attached to their analysis. A number of developments—unrelated to female circumcision—in Europe and the United States in the late 1960s and early 1970s imbued the debate with its current passion, at least from the Western perspective. African and Arab women have found much of this Western discourse denigrating and reflective of Eurocentric preoccupations with sex, individualism, and other concerns valued in Western societies.

One of the first developments was Masters and Johnson's 1966 publication of *Human Sexual Response*, establishing the centrality of the clitoris in female orgasm and debunking Freud's notion of the mature vaginal orgasm. Feminists, particularly in the United States, linked their aspirations for autonomy and self-determination with control over their sexuality, and rejected notions that women's genitals were shameful, ugly, and dirty: at a National Organization for Women conference in 1973, for example, Betty Dodson's slide show consisting of close-up photographs of women's vulvas received a standing ovation. The artist Judy Chicago created *The Dinner Party*, which consisted of thirty-nine ceramic plates depicting her artist's rendering of the genitals of famous women throughout history. It is not an exaggeration to say that by the late 1970s the clitoris became a metaphor for women's power and self-determination.

As with many social movements, the anti-circumcision crusade has had a charismatic leader. Fran Hosken was traveling in Africa during 1973 when a chance remark about female circumcision literally changed the direction of her life. She writes, "When I began to realize the magnitude and the horror of the problems I was dealing with, I could not stop, or I would not be able to live with myself."¹¹ Subsequent to this epiphany, Hosken began lobbying the World Health Organization and numerous other international agencies, wrote extensively about the custom for scientific and popular journals, and began a newsletter that she continues to publish.

She is to be credited for compiling much of what is known about the epidemiology of female circumcision around the world. Largely as a result of Hosken's efforts, in 1979 the World Health Organization and the Sudanese government cosponsored an international seminar, "Traditional Practices Affecting the Health of Women and Children," which was concerned predominately with female circumcision. Unfortunately, the way Hosken characterizes the cultures and the people who practice female circumcision, which she calls mutilation, is often seen as intolerant and insensitive by the very people whom she has sought to help. Thus, Hosken has been a catalyst for both awareness and polarization.

Hosken has had a critical impact on the semantics of the debate. Traditional female genital surgeries have often been referred to in English as "female circumcision," a term that we use in this paper. As Hosken and later activists argue, in the sense of being analogous to male circumcision, this is inappropriate. The anatomical structures removed in female circumcision are much more extensive than those removed in male circumcision. Because mutilation implies removal or destruction without medical necessity, persons working toward abolishing these traditional operations refer to them as "female genital mutilation."

By the 1980s female circumcision was condemned widely in the Western popular and scholarly press, variously labeled as a "crime of gender," "torture," "barbarism," "ritualized torturous abuse," etc. Reports of female circumcision being practiced among African and Asian immigrants to Western countries have led to a variety of legislative and legal responses. Parliaments in the United Kingdom, Sweden, and the Netherlands have passed legislation prohibiting female circumcision.¹² In France, traditional practitioners and parents from eighteen immigrant families have been brought to trial as a result of performing traditional female genital surgeries.¹³ In October 1993, Representative Patricia Schroeder introduced a bill before the U.S. Congress to ban female circumcision in the United States (H.R. 3247). The Canadian

College of Physicians and Surgeons drafted a policy statement barring Ontario doctors from performing female circumcision.¹⁴ In both the United States and France, women from Nigeria and Mali have requested political asylum to avoid forced circumcision for themselves or their daughters.¹⁵

Arab and African Women Respond

An important caveat, however, is that many members of societies that practice traditional female genital surgeries do not view the result as mutilation. Among these groups, in fact, the resulting appearance is considered an improvement over female genitalia in their natural state. Indeed, to call a woman uncircumcised, or to call a man the son of an uncircumcised mother, is a terrible insult and noncircumcised adult female genitalia are often considered disgusting.

In interviews we conducted in rural and urban Egypt and in studies conducted by faculty of the High Institute of Nursing, Zagazig University, Egypt, the overwhelming majority of circumcised women planned to have the procedure performed on their daughters.¹⁶ In discussions with some fifty women we found only two who resent and are angry at having been circumcised. Even these women, however, do not think that female circumcision is one of the most critical problems facing Egyptian women and girls. In the rural Egyptian hamlet where we have conducted fieldwork some women were not familiar with groups that did not circumcise their girls. When they learned that the female researcher was not circumcised their response was disgust mixed with joking laughter. They wondered how she could have thus gotten married and questioned how her mother could have neglected such an important part of her preparation for womanhood. It was clearly unthinkable to them for a woman not to be circumcised. Although all of the urban women and men with whom we spoke were aware that in other countries women were not circumcised, many lower class urban women expressed puzzlement that Westerners consider female circumcision so traumatic. One asked, "Why do you think

that is such a problem? That happened a long time ago and hurt for a short while. My husband's beatings are a much greater problem."

By the mid-1980s many Arab and African women wanted Western women barred from participating in

seen within the context of women's lives, in which they face numerous gender-linked health risks. Many of these feminists noted that, from their point of view, women in Europe and North America face serious discrimination as well, and they were critical

Women, on women's education and professional attainment, and on helping women to understand their legal rights.

There are nevertheless indigenous individuals and groups who seek to abolish female circumcision, many of whom do so within a framework of women's health rather than women's rights. Egyptian author Youssef Al-Masry, for example, has written that female circumcision "is a wicked mutilation of nature, and because it is against nature, it is an evil, which under all circumstances must be abolished."⁵¹ In 1980 in *The Hidden Face of Eve* Nawal El-Saadawy revealed that she had been circumcised as a child in rural Egypt and described the trauma and medical complications from female circumcision that she had later observed as a physician.⁵²

Marie Assaad's work on female circumcision in Egypt and Nahid Toubia's in Sudan focus explicitly on how the practice of female circumcision might be ended. In Egypt, a Committee Against Female Circumcision has been organized by Aziza Hussein and other members of the Cairo Family Planning Association specifically to work on ending the practice. The committee's activities include health education and outreach to women around the country with information about the harmful aspects of the custom.⁵³

In 1959 the practice was banned by decree in Egypt in all Ministry of Health hospitals and clinics. At the United Nations International Conference on Population and Development (ICPD) held in September 1994 in Cairo, Aziza Hussein organized a presentation on female circumcision and at that time Population Minister Maher Mahran and members of the People's Assembly (Egypt's parliament) spoke publicly in favor of passing legislation to criminalize the practice.⁵⁴ Then, during the ICPD, the television network CNN aired a segment on female circumcision that showed an actual operation being conducted by a traditional practitioner on a young Egyptian girl. The broadcast raised a furor among the Egyptian public. In the few-minute-long segment a small part of Egyptian culture was displayed that seriously angered and "shamed" Egypt before the international community.⁵⁵

Many feminists from Egypt and Sudan noted that, from their point of view, women in Europe and North America face serious discrimination as well, and they were critical of Western feminists' failure to link female circumcision with violence against women, child prostitution, breast enlargement surgery, and rape.

public discussions of female circumcision. Nahid Toubia, herself an activist against the practice, has argued, for example:

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 validation to the view of the primitiveness of Arabs, Muslims and Africans all in one blow.¹⁷

Similarly, Soheir Morsy argues that Western interest in the topic is a "paternalistic" reminder of a "bygone era of colonial domination."¹⁸ And in a critique of Alice Walker's film on circumcision, *Warrior Marks*, Seble Dawit and Salem Mekuria, activists against the custom, claim that Walker portrays "respected elder women of the village's secret society . . . [as] slit-eyed murderers wielding rusted weapons with which to butcher children."¹⁹

Between 1988 and 1992 we spoke with a number of Egyptian and Sudanese feminists regarding female circumcision, many of whom argued that female circumcision should be

of Western feminists' failure to link female circumcision with violence against women, child prostitution, breast enlargement surgery, and rape.

An active feminist movement has existed in Egypt since early this century. Even in the beginning of the Egyptian feminist movement, however, Egyptian feminists felt that their contact with American feminists was one-sided, with the American women patronizingly trying to dictate the "correct" agenda. Just after the first World War, for example, American feminists were almost entirely concerned with suffrage and did not understand the importance to Egyptian feminists of their country's struggle against British colonialism.²⁰ An analogous misunderstanding occurs today. Western feminists make female circumcision a preeminent concern, with little or no regard for the priorities of Arab and African feminists. In fact, a few contemporary feminist groups in Egypt, notably the "New Women Centre," do focus on female circumcision as a substantial part of their activities, but most groups have deemed other issues more pressing. A great deal of activist work has focused, for example, on revising the personal status laws covering divorce and inheritance, on passage of the United Nations Convention to End All Forms of Discrimination Against

Following the ICPD the Grand Shaikh of Al Azhar Gad el-Haq, one of the country's most prominent religious leaders, issued a *fatwa* (religious opinion) that female circumcision is "an Islamic duty to which all Muslim women should adhere."⁵⁶ The Minister of Health, Ali Abdel-Fattah then rescinded the 1959 ban by issuing a policy statement allowing the procedure to be performed in governmental health facilities, a move that has resulted, according to the Egyptian Organization for Human Rights, in "big fights among gynaecologists, plastic surgeons, and paediatricians, [who are] competing to operate and get money from the girls' parents."⁵⁷

Can We Move Beyond the Impasse?

The debate about traditional female genital surgeries is a particular instance of the more general class of problems involved in intercultural reasoning in relation to intervention. It is useful in dealing with these problems to keep in mind three characteristics of working with cultural materials, which we briefly consider before suggesting how it may be possible to move beyond the impasse at which the debate about traditional female genital surgeries has stalled.

Intervention always involves claims about legitimacy, standing, and authority that are socially constructed and culturally mediated. In the act of intervention, whether verbal or physical, the intervenor always maintains a perspective on the issue at hand and defends an interest. Further, either implicit or explicit to all interventions are assertions of legitimacy (what actions are appropriate), standing (who has the appropriate status to carry out an intervention), and authority (who has the power to intervene). Despite appeals to impartial standards by intervenors, how people organize themselves in relation to an intervention and the meaning that they both give and take from the intervention result in large measure from social and cultural dynamics.

Colonial relationships, for example, lead to the perception by colonizers and colonials of very different senses of privilege. This sense, in turn may

lead to diametrically opposed understanding of the status, roles, and power dynamics involved in interventions, like those directed from the West at eliminating traditional practices. Where the residue (if not the actual sense) of colonial privilege may contribute to a Western intervenor's expectation that her actions will be viewed as appropriate and authoritative, former colonial subjects may take precisely the opposite view. Indeed, this dynamic contributes to the impasse about traditional female genital surgeries.

By calling attention to the social and cultural construction of legitimacy, standing, and authority, we do not mean to suggest an extreme relativist position wherein all practices, regardless of how damaging they may be, are accepted as equally legitimate within the context of the cultures from which they come. Rather, taking account of contemporary and historical relationships of power and privilege are essential first steps toward arriving at a sensitive and nuanced approach to engagement.

Cultural knowledge is dynamic and contingent. Descriptions of cultural practices, values, and beliefs convey the data, and understandings of those data, collected by a researcher in a specific temporal and spatial context. Such characterizations can be useful if their use is strictly anchored in specific circumstances. But it always is misguided to treat such characterizations as stable and unchanging in any significant degree. Doing so commits what Robert Rubinstein has elsewhere called the "fallacy of detachable cultural descriptions."⁵⁸ Especially when such detached descriptions are used to form the basis for analyses that cross social and cultural boundaries, they become simplified, dehumanizing stereotypes of complex, deeply human phenomena. Middle Eastern and African women frequently claim, for instance, that traditional female genital surgeries are discussed out of context and in ways that deny their humanity.

Human social and cultural life is dynamic. Moreover, not all members of a society hold or behave according to a single set of norms, which in any event are constantly affected by social, political, and economic changes.

Cultural descriptions also are always made within a specific context and for a particular purpose. Thus, even if well described in relation to a particular context, the unanchored use of cultural descriptions creates a sense of knowledge of the "Other" to which a false precision and completeness too often is attached. The result is that knowledge of other cultures is always contingent, tentative, and incomplete.

The further even a superb analysis is moved from the original investigatory question, the more damage is done by committing the fallacy of detachable cultural descriptions. The quest for stable, generally applicable (universalizable) understandings appears to be an aspect of human cognition, one that works to direct attention away from evidence contradictory to the model.

Effective intervention takes place within a complex communicative web. Too often interventions intended to bring about one result produce quite the opposite effect. In many cases, the paradoxical result of intervention derives in large measure from failing to analyze adequately the potential pitfalls of the intervention. But in what essential way would intervention that avoids these hazards be different?

Culturally responsive efforts to address problematic practices necessarily involve constructing the analysis and subsequent intervention in ways that are at once honest and respectful. In large measure, this leads to acknowledging that what and how we speak about the practice in question makes a real difference. Culturally responsive intervention is made in a voice that engages the "Other" as an equal interlocutor. Finding such a voice does not depend upon having an approach and method that can be applied equally well in a variety of cultural contexts. Methods that are taken to be applicable in this transportable manner inevitably lead to the privileging of the analysts' perspective and interests. In place of such generalizable effort, sensitive cultural analyses depend upon the recognition of the contingent and fluid nature of social relations. Thus, finding a voice requires a more modest sense of how and what can be said with certainty and to whom and, most

importantly, listening to and valuing the perspectives of the "Other."

Thus, while we agree with Toubia, who writes, "No ethical defense can be made for preserving a cultural practice that damages women's health and interferes with their sexuality,"⁵⁹

ter quite bluntly, if we care about the genitals of the women in those cultures, we need also to care about their feelings.

These procedures have been compared to torture and child abuse. We argue that they are not torture, but

sic to the group's now threatened identity.

It is clear that female circumcision, especially the more extensive procedures and especially those that are performed without asepsis or anesthesia, are physically harmful. The procedures are increasingly being performed by physicians, who often claim that they are minimizing the harm that would potentially result if the procedure were performed by traditional operators. Arab and African feminists strongly condemn the medicalization of female circumcision, which they believe will promote its continuation rather than its abandonment. Physicians and nurses in the United States may encounter immigrant parents who request the procedure for their daughters or infibulated women in need of obstetrical services. American health care personnel working abroad may be asked by traditional practitioners or families for their help with the procedures. We therefore urge medical and nursing schools to include information about female circumcision in their curricula. This material should cover both the mechanics of how to care for circumcised women and the legal, ethical, and cultural aspects of the custom.

The search for a way to successfully confront female circumcision and to move beyond the impasse of the confrontation of universalism and cultural relativism depends upon finding a language and constructing an approach respectful of diverse cultural concerns. To that end we conclude with a policy statement that we drafted for discussion by members of the Society for Health and Human Values:

In recent years it has been recognized that women and girls suffer discrimination in many societies. In many parts of the world women and girls receive less food and medical care than men and boys; in areas of civil conflict women and girls are raped as an intentional strategy of war; in some countries domestic violence causes substantial injury, disability and death; in some areas girls are subject to traditional genital surgeries that cause

When Western authors call for the practice to be eradicated in Africa or Asia it is too often perceived by members of the involved societies as cultural imperialism.

this complex cross-cultural issue cannot be adequately dealt with by a simple condemnation.

Western authors have identified female circumcision as a custom that should be eradicated. The public health language of "eradication" is most often associated with germ theory and worldwide campaigns against infectious diseases like smallpox, malaria, and polio. Female circumcision, however, is not an organism to be rooted out and killed with antibiotics, prevented through immunization, or managed with vector control, and it is especially important that we proceed with high regard for the beliefs and concerns of the cultures where it is practiced.

Enormous damage can be done by inappropriate choice of language. For this reason, although many concerned individuals call the procedure "female genital mutilation" we prefer less inflammatory language. Members of the Arab and African cultures who practice female circumcision have experienced colonialism and other types of continued imperialism by Western governments. They experienced and continue to experience racism and various forms of discrimination. The extreme language used by Western authors to describe female circumcision is perceived by Arab and African people as a continued devaluation of themselves and their entire cultures. To put the mat-

ter 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.

Regarding legal or policy interventions, we think it is appropriate to legislate against the practice in our own society, and we endorse Representative Patricia Schroeder's bill before the U.S. Congress that would prohibit female circumcision. When Western authors call for the practice to be eradicated in Africa or Asia, however, it is too often perceived by members of the involved societies as cultural imperialism.⁶⁰ This perception is strengthened when Western authors fail to acknowledge the important work of indigenous activists who advocate against female circumcision. Pragmatically, moreover, indigenous activists may more correctly judge when a given strategy will succeed. Western efforts, unguided by detailed cultural knowledge, may, like the CNN broadcast, inspire a backlash in which the custom is viewed as intrin-

long-lasting and severe health consequences; and in other areas cosmetic surgeries and pressures to attain a slender physical ideal also have negative health consequences.

While we respect the beliefs and practices of all cultures, we recognize that, in some cases, traditions that have expressed cherished ideals must be viewed in a new light. We believe that female genital operations, including clitoridectomy, excision of the labia minora, and infibulation, are such traditions. Physicians and other health care specialists world wide have acknowledged the degree of immediate and long-term damage these surgeries cause to the health of women and girls. In light of this medical information, we urge that these procedures be abandoned.

We recognize the efforts of numerous individuals and groups, in the countries where female genital surgeries are common, who have sought to abolish their practice through education and policy change. We endorse and support the efforts of these groups.⁶¹

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References

1. Melford Spiro, "Cultural Relativism and the Future of Anthropology," *Cultural Anthropology* 1 (1986): 259-86.
2. Alison D. Renteln, "Relativism and the Search for Human Rights," *American Anthropologist* 90 (1988): 56-72.
3. Spiro, "Cultural Relativism."
4. Wilcomb E. Washburn, "Cultural Relativism, Human Rights, and the AAA," *American Anthropologist* 89 (1987): 939-43; Renteln, "Relativism."

5. Washburn, "Cultural Relativism," p. 940.
6. Julian Steward, "On Science and Human Rights," *American Anthropologist* 50 (1948): 352-55, at p. 352.
7. Clifford Geertz, "Anti Anti-relativism," *American Anthropologist* 86 (1984): 263-78.
8. Paul Rabinow, "Humanism as Nihilism: The Bracketing of Truth and Seriousness in American Cultural Anthropology," in *Social Science as Moral Inquiry*, ed. Norma Haan, Robert N. Bellah, Paul Rabinow, and William M. Sullivan (New York: Columbia University Press, 1983), pp. 52-75.
9. James Scott, *Weapons of the Weak: Resistance in Everyday Life* (New Haven: Yale University Press, 1991).
10. Eike-Henner Kluge, "Female Circumcision: When Medical Ethics Confronts Cultural Values," *Canadian Medical Association Journal* 148, no. 2 (1993): 288-89; Stephen A. James, "Reconciling International Human Rights and Cultural Relativism: The Case of Female Circumcision," *Bioethics* 8, no. 1 (1994): 1-26; Loretta M. Kopelman, "Female Circumcision/Genital Mutilation and Ethical Relativism," *Second Opinion* 20, no. 2 (1994): 55-71.
11. Alison T. Slack, "Female Circumcision: A Critical Appraisal," *Human Rights Quarterly* 10 (1988): 437-86.
12. Robert Edgerton, *Sick Societies: Challenging the Myth of Primitive Harmony* (New York: The Free Press, 1992).
13. Daniel Gordon, "Female Circumcision and Genital Operations in Egypt and the Sudan: A Dilemma for Medical Anthropology," *Medical Anthropology Quarterly* 5, no. 1 (1991): 3-14.
14. Nahid Toubia, *Female Genital Mutilation: A Call for Global Action* (New York: Women Ink, 1993); "Female Circumcision as Public Health Issue," *NEJM* 331 (1994): 712-16.
15. Robert Cook, "Damage to Physical Health from Pharaonic Circumcision (Infibulation) of Females: A Review of the Medical Literature," in *Traditional Practices Affecting the Health of Women and Children. Female Circumcision, Childhood Marriage, Nutritional Taboos, etc. Report of a Seminar, Khartoum, 10-15 February 1979*, ed. World Health Organization (Alexandria, Egypt: WHO, Regional Office for the Eastern Mediterranean, 1981), pp. 53-69.
16. Toubia, *Female Genital Mutilation*.
17. Asma El Dareer, *Woman, Why Do You Weep?* (London: Zed Press, 1982).
18. Leonard J. Kouba and Judith Muasher, "Female Circumcision in Africa: An Overview," *African Studies Review* 28, no. 1 (1985): 95-110; Minority Rights Group International, *Female Genital Mutilation: Proposal for Change* (London: Minority Rights Group International, 1992); Toubia, *Female Genital Mutilation*.
19. Elizabeth Sheehan, "Victorian Clitoridectomy," *Medical Anthropology Newsletter* 12 (1981): 10-15.
20. Toubia, *Female Genital Mutilation*, p. 10.
21. Gordon, "Female Circumcision and Genital Operations."
22. Sanna A. Nour and Tessby M. Rashad, "Epidemiology of Female Circumcision in Sharkia Egypt," *The Bulletin of the High Institute of Public Health* 18, no. 1 (1988): 89-103.
23. B. Zeitoun, "Circumcision of Girls," (in Arabic) *October* 730 (1990): 48.
24. *Sudan Demographic and Health Survey 1989/1990* (Khartoum, Sudan, and Columbia, Md.: Ministry of Economic and National Planning, and Institute for Resource Development, 1991).
25. Nahid Toubia, "The Social and Political Implications of Female Circumcision: The Case of Sudan." In *Women and the Family in the Middle East*, ed. Elizabeth Fernea (Austin: University of Texas Press, 1985), pp. 148-59.
26. Hamid Rushwan, "Etiological Factors in Pelvic Inflammatory Disease in Sudanese Women," *American Journal of Obstetrics and Gynecology* 138, no. 7 (1980): 877-79.
27. Carla AbouZahr and Erica Royston, *Maternal Mortality: A Global Factbook* (Geneva: World Health Organization, 1991).
28. Evelyn A. Early, *Baladi Women of Cairo: Playing with an Egg and a Stone* (Boulder, Colo.: Lynne Rienner Publishers, 1993), pp. 102-106.
29. Ellen Gruenbaum, "The Movement Against Clitoridectomy and Infibulation in Sudan: Public Health and the Women's Movement," *Medical Anthropology Newsletter* 13, no. 2 (1982): 4-12; Sandra D. Lane, "A Biocultural Study of Trachoma in an Egyptian Hamlet." Unpublished doctoral dissertation, University of California, San Francisco with University of California, Berkeley, 1987.
30. Ellen Gruenbaum, "The Islamic Movement, Development, and Health Education: Recent Changes in the Health of Rural Women in Central Sudan," *Social Science and Medicine* 33 (1987): 637-45.
31. *Sudan Demographic and Health Survey 1989/1990*.
32. El Dareer, *Woman, Why Do You Weep?*
33. Otto Meinardu, "Mythological, Historical and Sociological Aspects of the Practice of Female Circumcision among the Egyptians," *Acta Ethnographica Academiae Scientiarum Hungaricae* 16 (1967): 387-97.
34. Marie B. Assaad, "Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change," *Studies in Family Planning* 11, no. 1 (1980): 3-16; *Sudan Demographic and Health Survey 1989/1990*.

35. Toubia, *Female Genital Mutilation*.
36. Abdel Rahman Al Naggar, *Islam and Female Circumcision* (Cairo: Cairo Family Planning Association, 1985).
37. Jamal A. Badawi, *At Tahawah: Purity and State of Undefilement* (Indianapolis, Ind.: Islamic Teaching Center, 1979).
38. Gruenbaum, "The Islamic Movement."
39. Meinardu, "Mythological, Historical and Sociological Aspects."
40. Gruenbaum, "The Islamic Movement."
41. Fran P. Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females*, 3rd rev. ed. (Lexington, Mass.: Women's International Network News, 1982), p. 24.
42. Elise Sochart, "Agenda Setting, the Role of Groups and the Legislative Process: The Prohibition of Female Circumcision in Britain," in *Parliamentary Affairs* (Oxford: Oxford University Press, 1988), pp. 508-26; Minority Rights Group International, "Female Genital Mutilation."
43. Marlise Simons, "French Court Jails Mother for Girl's Ritual Mutilation," *New York Times*, 17 January 1993.
44. "Canada: Policy on Female Genital Mutilation," *WV News* 18, no. 2 (1992): 45.
45. Anna L. Bardach, "Tearing Off the Veil," *Vanity Fair* 56, no. 8 (1993):122-26, 154-58; Sophronia S. Gregory, "At Risk of Mutilation," *Time*, 21 March 1994, pp. 45-46.
46. Nour and Rashad, "Epidemiology of Female Circumcision."
47. Nahid Toubia, "Women and Health in Sudan," in *Women of the Arab World: The Coming Challenge*, ed. Nahid Toubia (London: Zed Books, 1988), pp. 98-109.
48. Soheir Morsey, "Safeguarding Women's Bodies: The White Man's Burden Medicalized," *Medical Anthropological Quarterly* 5, no. 1 (1991): 19-23, at p. 19.
49. Seble Dawit and Salem Mekuria, "The West Just Doesn't Get It," *New York Times*, 7 December 1993.
50. Margot Badran, *Feminists, Islam, and Nation: Gender and the Making of Modern Egypt* (Princeton: Princeton University Press, 1995).
51. Quoted in Meinardu, "Mythological, Historical, and Sociological Aspects," p. 395.
52. Nawal El-Saadawy, *The Hidden Face of Eve* (Boston: Beacon Press, 1980).
53. Cairo Family Planning Association, *Do You Know the Results of Female Circumcision?* (Cairo: Women and Child Health Project, Cairo Family Planning Association, 1990).
54. Dina Ezzat, "Grappling with Conservatism," *Al-Ahram Weekly*, 2-8 June 1994; "In the Interest of the Masses," *Al-Ahram Weekly*, 1-7 September 1994; "Out of Harm's Way," *Al-Ahram Weekly*, 29 September-5 October 1994.
55. Saad E. Ibrahim, "Circumcision of the Egyptian Mind: Guilt or Shame?" *Civil Society: Democratic Transformation in the Arab World* 3, no. 31 (1994): 3.
56. Dina Ezzat, "Battling Mutilation Ritual," *Al-Ahram Weekly*, 30 March-5 April 1995.
57. Dina Ezzat, "Female 'Circumcision' Contested Again," *Al-Ahram Weekly*, 20-26 April 1995.
58. Robert A. Rubinstein, "Culture and Negotiation," in *The Struggle for Peace: Israelis and Palestinians*, ed. Elizabeth W. Fernea and Mary E. Hocking (Austin: University of Texas Press, 1992), pp. 116-29.
59. Toubia, "Female Circumcision as Public Health Issue," p. 714.
60. Ellen Gruenbaum, "Women's Rights and Cultural Self-Determination in the Female Genital Mutilation Controversy," *Anthropology Newsletter* (May 1995): 14-15.
61. Sandra D. Lane and Robert A. Rubinstein, "A Response [to 'On Condemning Female Genital Mutilation']," *Of Value* 24, no. 3 (1994): 3-4.

