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JUDGING OTHER CULTURES

The Case of Genital Mutilation

In June 1997, the Board of Immigration Appeals of the United States Immigration and Naturalization Service (INS) granted political asylum to a nineteen-year-old woman from Togo who had fled her home to escape the practice of genital mutilation.[1] Fauziya Kassindja is the daughter of Muhammed Kassindja, a successful owner of a small trucking business in Kpalimé. Her father opposed the ritual practice: He remembered his sister's screams during the rite and her suffering from a tetanus infection she developed afterwards. Hajia, his wife, recalled the death of her older sister from an infection associated with the rite; this tragedy led Hajia's family to exempt her from cutting, and she, too, opposed the practice for her children. During his lifetime, Muhammed, being wealthy, was able to defy the tribal customs of the Tchamba-Kunsuntu, to which he belonged. Both illiterate themselves, the Kassindjas sent Fauziya to a boarding school in Ghana, so that she could learn English and help her father in his business. Meanwhile, her four older sisters married men of their own choice, genitals intact.

Fauziya's family was thus an anomaly in the region. Rakia Idrissou, the local genital exciser, told a reporter that girls usually have the procedure between the ages of four and seven. If weak, they are held down by four women; if stronger, they require five women, one to sit on their chests and one for each arm and leg. They must be kept still, she said, because if they jerk suddenly the razor blade used for the surgery can cut too deep.

When Fauziya was fifteen, however, her father died. Her mother was summarily turned out of the house by hostile relatives, and an aunt took control of the household, ending Fauziya's education. "We don't want girls to go to school too much," this aunt told a reporter from *The New York Times*. The family patriarch then arranged for Fauziya to become the fourth wife of an electrician; her prospective husband insisted that she have the genital operation first. To avoid the marriage and the mutilation that would have preceded it, Fauziya decided to leave home; her mother gave her $3,000 of the $3,500 inheritance that was her only sustenance. On her wedding day, Fauziya left her aunt's house, flagged down a taxi, and, with nothing but the clothes on her back, asked the driver to take her across the border into Ghana, some twenty miles away. Once in Ghana, she got on a flight to Germany; with help from people who befriended her there, she got a flight to the United States.

On landing in Newark she confessed that her documents were false and asked for political asylum. After weeks of detention in an unsanitary and oppressive immigration prison, she got legal assistance—again with the help of her mother, who contacted a nephew who was working as a janitor in the Washington area. Scraping together $500, the nephew hired a law student at American University, Ms. Miller Bashir, to handle Fauziya's case. At first, Bashir was unsuccessful, and a Philadelphia immigration judge denied Fauziya's request for asylum. Through the determined efforts of activists, journalists, and law faculty at American University, she successfully appealed the denial. The appellate ruling stated that the practice of genital mutilation constitutes persecution and concluded: "It remains particularly true that women have little legal recourse and may face threats to their freedom, threats or acts of physical violence, or social ostracization for refusing to undergo this harmful traditional practice, or attempting to protect their female children."

In recent years, the practice of female genital mutilation has been increasingly in the news, generating a complex debate about cultural norms and the worth of sexual functioning. This chapter attempts to describe and to sort out some aspects of this controversy. First, however, a word about nomenclature. Although discussions sometimes use the terms "female circumcision" and "clitoridectomy," "female genital mutilation" (FGM) is the standard generic term for all these procedures in the medical literature. "Clitoridectomy" standardly designates a subcategory, described shortly. The term "female circumcision" has been rejected by international medical practitioners because it suggests the fallacious analogy to male circumcision, which is generally believed to have either no effect or a positive effect on physical health and sexual functioning.[2] Anatomically, the degree of cutting in the female operations described here is far more extensive. (The male equivalent of the clitoridectomy would be the amputation of most of the penis. The male equivalent of infibulation would be "removal of the entire penis, its roots of soft tissue, and part of the scrotal skin."[3]) This discussion is confined to cases that involve substantial removal of tissue and/or functional impairment; I make no comment on purely symbolic procedures that involve no removal of tissue, and these are not included under the rubric "female genital mutilation" by international agencies that study the prevalence of the procedure.[4]

Three types of genital cutting are commonly practiced: (1) In *clitoridectomy*, a part or the whole of the clitoris is amputated and the bleeding is stopped by pressure or a stitch. (2) In *excision*, both the clitoris and the inner lips are amputated. Bleeding is usually stopped by stitching, but the vagina is not covered. (3) In *infibulation*, the clitoris is removed, some or all of the labia minora are cut off, and incisions are made in the labia majora to create raw surface. These surfaces are either stitched together or held in contact until they heal as a hood of skin that covers the urethra and most of the vagina.[5] Approximately 85% of women who undergo FGM have type 1 or type 2; infibulation, which accounts for only 15% of the total, nonetheless accounts for 80 to 90% of all operations in certain countries, for example, the Sudan, Somalia, and Djibouti.

The practice of female genital mutilation remains extremely common in Africa, although it is illegal, and widely resisted, in most of the countries where it occurs.[6] The World Health Organization estimates that overall, in today's world between 85 and 115 million women have had such operations. In terms of percentages, for example, 93% of women in Mali have undergone genital cutting, 98% in Somalia, 89% of women in the Sudan, 43% in the Central African Republic, 43% in the Ivory Coast, and 12% in Togo.[7] Smaller numbers of operations are now reported from countries such as Australia, Belgium, France, the United Kingdom, and the United States.

Female genital mutilation is linked to extensive and in some cases lifelong health problems. These include infection, hemorrhage, and abscess at the time of the operation; later difficulties in urination and menstruation; stones in the urethra and bladder due to repeated infections; excessive growth of scar tissue at the site, which may become disfiguring; pain during intercourse; infertility (with devastating implications for a woman's other life chances); obstructed labor and damaging rips and tears during childbirth.[8] Complications from infibulation are more severe than those from clitoridectomy and incision; nonetheless, the false perception that clitoridectomy is "safe" frequently leads to the ignoring of complications.

Both in the implicated nations and outside, feminists have organized to demand the abolition of this practice, citing its health risks, its impact on sexual functioning, and the violations of dignity and choice associated with its compulsory and nonconsensual nature. These opponents have been joined by many authorities in their respective nations, both religious and secular. In Egypt, for example, both the Health Minister, Ismail Sallem, and the new head of Al Azhar, the nation's leading Islamic institution, support a ban on the practice. The World Health Organization has advised health professionals not to participate in the practice since 1982 and repeated its strong opposition in 1994; the practice has also been condemned by the U.N. Commission on Human Rights, UNICEF, the World Medication Organization, Minority Rights Group International, and Amnesty International.[9]

At the same time, however, other writers have begun to protest that the criticism of genital mutilation is inappropriate and "ethnocentric," a demonizing of another culture when we have many reasons to find fault with our own.[10] They have also charged that the focus on this problem involves a Western glamorization of sexual pleasure that is inappropriate, especially when we judge other cultures with different moral norms. To encounter such positions we do not need to turn to scholarly debates. We find them in our undergraduate students, who are inclined to be ethical relativists on such matters, at least initially, hestitant to make any negative judgment of a culture other than their own. Because it seems important for anyone interested in political change in this area to understand these views in their popular and nonacademic form, I shall illustrate them from student writings I have encountered both in my own teaching and in my research for a book on liberal education, adding some points from the academic debate.[11]

Many students, like some participants in the academic debate, are general cultural relativists, holding that it is always inappropriate to criticize the practices of another culture, and that cultures can appropriately be judged only by their own internal norms. That general position would indeed imply that it is wrong for Westerners to criticize female genital mutilation, but not for any reasons interestingly specific to genital mutilation itself. For that reason, and because I have already considered that family of views in chapter 1, discussing the views of relativists in anthropology and development policy, I shall focus here on four criticisms that, while influenced by relativism, stop short of the general relativist thesis:

(1) It is morally wrong to criticize the practices of another culture unless one is prepared to be similarly critical of comparable practices when they occur in one's own culture. (Thus, a typical student reaction is to criticize the "ethnocentrism" of a stance that holds that one's own culture is the benchmark for "the principles and practices that are appropriate for all people.")[12]

(2) It is morally wrong to criticize the practices of another culture unless one's own culture has eradicated all evils of a comparable kind.[13] (Thus, a typical undergraduate paper comments that criticism of genital mutilation is unacceptable "when one considers the domestic problems we are faced with in our own cultures.")

(3) Female genital mutilation is morally on a par with practices of dieting and body shaping in American culture. (I observed quite a few courses in which this comparison played a central role, and the comparison has often been suggested by my own students. In a similar vein, philosopher Yael Tamir writes that "Western conceptions of female beauty encourage women to undergo a wide range of painful, medically unnecessary, and potentially damaging processes."[14])

(4) Female genital mutilation involves the loss of a capacity that may not be especially central to the lives in question, and one to which Westerners attach disproportionate significance. Thus "references to clitoridectomy commonly reveal a patronizing attitude toward women, suggesting that they are primarily sexual beings."[15]

These are significant charges, which should be confronted. Feminist argument should not be condescending to women in developing countries who have their own views of what is good. Such condescension is all the more damaging when it comes from women who are reluctant to criticize the flaws in their own culture, for then it is reminiscent of the worst smugness of "white man's bur-

den" colonialism. Our students are surely right to think that withholding one's own judgment until one has listened carefully to the experiences of members of the culture in question is a crucial part of intelligent deliberation. On the other hand, the prevalence of a practice, and the fact that even today many women endorse and perpetuate it, should not be taken as the final word, given that there also many women in African cultures who struggle against it, and given that those who do perpetuate it may do so in background conditions of intimidation and economic and political inequality. How, then, should we respond to these very common charges?

The first thesis is true, and it is useful to be reminded of it. Americans have all too often criticized other cultures without examining their own cultural shortcomings. It is less clear, however, that lack of self-criticism is a grave problem for Americans on such issues. We find no shortage of criticism of the ideal female body image, or of practices of dieting intended to produce it. Indeed, American feminists would appear to have devoted considerably more attention to these American problems than to genital mutilation, to judge from the success of books such as Naomi Wolf's *The Beauty Myth* and Susan Bordo's *Unbearable Weight*. Indeed, a review of the recent feminist literature suggests the problem may lie in exactly the opposite direction, in an excessive focusing on our own failings. We indulge in moral narcissim when we flagellate ourselves for our own errors while neglecting to attend to the needs of those who ask our help from a distance.

The second thesis is surely false. It is wrong to insist on cleaning up one's own house before responding to urgent calls from outside. Should we have said "Hands off Apartheid," on the grounds that racism persists in the United States? Or, during the Second World War, "Hands off the rescue of the Jews," on the grounds that in the 1930s and 1940s every nation that contained Jews was implicated in anti-Semitic practices? It is and should be difficult to decide how to allocate one's moral effort between local and distant abuses. To work against both is urgently important, and individuals will legitimately make different decisions about their priorities. But the fact that a needy human being happens to live in Togo rather than Idaho does not make her less my fellow, less deserving of my moral commitment. And to fail to recognize the plight of a fellow human being because we are busy moving our own culture to greater moral heights seems the very height of moral obtuseness and parochialism.

We could add that FGM is not as such the practice of a single culture or group of cultures. As recently as in the 1940s, related operations were performed by U.S. and British doctors to treat female "problems" such as masturbation and lesbianism.[16] Nor is there any cultural or religious group in which the practice is universal. As Nahid Toubia puts it, "FGM is an issue that concerns women and men who believe in equality, dignity and fairness to all human beings, regardless of gender, race, religion or ethnic identity. . . . It represents a human tragedy and must not be used to set Africans against non-Africans, one religious group against another, or even women against men."[17]

If the third thesis were true, it might support a decision to give priority to the local in our political action (though not necessarily speech and writing): If two abuses are morally the same and we have better local information about one and are better placed politically to do something about it, that one seems to be a sensible choice to focus on in our actions here and now. But is the third thesis true? Surely not. Let us enumerate the differences.

1. Female genital mutilation is carried out by force, whereas dieting in response to culturally constructed images of beauty is a matter of choice, however seductive the persuasion. Few mothers restrict their children's dietary intake to unhealthy levels in order to make them slim; indeed most mothers of anorexic girls are horrified and deeply grieved by their daughters' condition. By contrast, during FGM small girls, frequently as young as four or five, are held down by force, often, as in Togo, by a group of adult women, and have no chance to select an alternative. The choices involved in dieting are often not fully autonomous: They may be the product of misinformation and strong social forces that put pressure on women to make choice, sometimes dangerous ones, that they would not make otherwise. We should criticize these pressures and the absence of full autonomy created by them. And yet the distinction between social pressure and physical force should also remain salient, both morally and legally. (Similarly, the line between seduction and rape is difficult to draw; frequently it turns on the elusive distinction between a threat and an offer, and on equally difficult questions about what threatened harms remove consent.) Nonetheless, we should make the distinction as best we can, and recognize that there remain relevant differences between genital mutilation and dieting, as usually practiced in America.
2. Female genital mutilation is irreversible, whereas dieting is, famously, far from irreversible.
3. Female genital mutilation is usually performed in conditions that in and of themselves are dangerous and unsanitary, conditions to which no child should be exposed; dieting is not.
4. Female genital mutilation is linked to extensive and in some cases lifelong health problems, even death. (In Kassindja's region, deaths are rationalized by the folk wisdom that profuse bleeding is a sign that a girl is not a virgin.) Dieting is linked to problems of this gravity only in the extreme cases of anorexia and bulimia, which, even, then, are reversible.
5. Female genital mutilation is usually performed on children far too young to consent even were consent solicited; dieting involves, above all, adolescents and young adults.[18] Even when children are older, consent is not solicited. Typical is the statement of an Ivory Coast father of a twelve-year-old girl about to be cut. "She has no choice," he stated. "I decide. Her viewpoint is not important." His wife, who personally opposes the practice, concurs: "It is up to my husband," she states. "The man makes the decisions about the children."[19]
6. In the United States, as many women as men complete primary education, and more women than men complete secondary education; adult literacy is 99% for both females and males. In Togo, adult female literacy is 32.9% (52% that of men); in the Sudan, 30.6% (56% that of men); in the Ivory Coast, 26.1% (56%); in Burkina Faso, 8% (29%). Illiteracy is an impediment to independence; other impediments are supplied by economic dependency and lack of employment opportunities. These facts suggest limits to the notions of consent and choice, even as applied to the mothers or

relatives who perform the operation, who may not be aware of the extent of resistance to the practice in their own and relevantly similar societies. To these limits we may add those imposed by political powerlessness, malnutrition, and intimidation. The wife of the patriarch in Fauziya Kassindja's clan told a reporter that she is opposed to the practice and would have run away like Fauziya had she been able—but nonetheless, she will allow the operation for her infant daughter. "I have to do what my husband says," she concludes. "It is not for women to give an order. I feel what happened to my body. I remember my suffering. But I cannot prevent it for my daughter."

7. Female genital mutilation means the irreversible loss of the capability for a type of sexual functioning that many women value highly, usually at an age when they are far too young to know what value it has or does not have in their own life. In the rare case in which a woman can make the comparison, she usually reports profound regret. Mariam Razak, a neighbor of the Kassindjas, was fifteen when she was cut, with five adult women holding her down. She had had sex with the man who is now her husband prior to that time and found it satisfying. Now, they both say, things are difficult. Mariam compares the loss to having a terminal illness that lasts a lifetime. "Now," her husband says, "something was lost in that place. . . . I try to make her feel pleasure, but it doesn't work very well."[20]
8. Female genital mutilation is unambiguously linked to customs of male domination. Even its official rationales, in terms of purity and propriety, point to aspects of sex hierarchy. Typical is the statement of Egyptian farmer Said Ibrahim, upset about the government ban: "Am I supposed to stand around while my daughter chases men?" To which Mohammed Ali, age seventeen, added, "Banning it would make women wild like those in America." Sex relations constructed by the practice are relations in which intercourse becomes a vehicle for one-sided male pleasure rather than for mutuality of pleasure.[21]

By contrast, the ideal female body image purveyed in the American media has multiple and complex resonances, including those of male domination, but also including those of physical fitness, independence, and boyish nonmaternity.

These differences help explain why there is no serious campaign to make ads for diet programs, or the pictures of emaciated women in *Vogue*, illegal, whereas FGM is illegal in most of the countries in which it occurs.[22] (In the Sudan, the practice is punishable by up to two years' imprisonment.) Such laws are not well enforced, but their existence is evidence of a widespread movement against the practice in the countries implicated. Women in local regions where the practice is traditional give evidence of acquiescing, insofar as they do, out of intimidation and lack of options; women in adjacent regions where the practice is not traditional typically deplore it, citing health risks, loss of pleasure, and unnecessary suffering.[23]

These differences also explain why Fauziya Kassindja was able to win political asylum. We shall not see similar arguments for political asylum for American women who have been pressured by the culture to be thin—however much it remains appropriate to criticize the norms of female beauty displayed in *Vogue* (as some advertisers have begun to do), the practices of some mothers, and the many covert pressures that combine to produce eating disorders in our society. Similarly, whereas the prospect of footbinding of the traditional Chinese type (in which the bones of the feet were repeatedly broken and the flesh of the foot became rotten[24]) would, in my view, give grounds for political asylum; the presence of advertisements for high-heeled shoes surely would not, however many problems may be associated with the fashion. Even the publication of articles urging women to undergo FGM should be seen as altogether different from forcing a woman to undergo the procedure.

How, then, is FGM traditionally justified, when it is? In social terms, it is highly likely that FGM emerged as the functional equivalent to the seclusion of women. African women, unlike their counterparts in India, Pakistan, and elsewhere, are major agricultural producers. There is no barrier to women's work outside the home, and indeed the entire organization of agriculture in Africa traditionally rests on the centrality of female labor.[25] In India, women's purity is traditionally guaranteed by seclusion; in Africa, this guarantee was absent, and another form of control emerged. But this functional history clearly does not justify the practice. What arguments are currently available?

It is now generally agreed that there is no religious requirement to perform FGM. The prophet Mohammed's most cited statement about the practice (from a reply to a question during a speech) makes the process nonessential, and the force of his statement seems to have been to discourage extensive cutting in favor of a more symbolic type of operation.[26] The one reference to the operaation in the *hadith* classifies it as a *makrama*, or nonessential practice. FGM is not practiced at all in many Islamic countries, including Pakistan, Algeria, Tunisia, Saudia Arabia, Iran, and Iraq. Defenses appealing to morality (FGM keeps women from extramarital sex) have resonance because they connect with the practice's likely original rationale, but they presuppose an unacceptable picture of women as whorish and childish. However sincerely such arguments are addressed, they should not be accepted by people with an interest in women's dignity. Defenses in terms of physical beauty are trickier, because we know how much cultures differ in what they regard as beautiful, but even perceptions of beauty (also at issue in Chinese footbinding) should yield before evidence of impairment of health and sexual functioning. Arguments claiming that without the practice women will not be acceptable to men may state something true in local circumstances (as was also the case with footbinding) and may therefore provide a rationale for individual families to defer to custom as the best of a bad business (although this is less true now than formerly, given the widespread resistance to the practice in most areas where it occurs). Such arguments, however, clearly cannot justify the practice in moral or legal terms; similarly, arguments advising slaves to behave themselves if they do not want to be beaten may give good advice but cannot justify the institution of slavery.

The strongest argument in favor of the practice is an argument that appeals to cultural continuity. Jomo Kenyatta and others have stressed the constitutive role played by such initiation rites in the formation of a community and the disintegrative effect of interference.[27] For this reason, Kenyatta opposed criminalization of the surgery and recommended a more gradual process of education

and persuasion. Although one must have some sympathy with these concerns, it is still important to remember that a community is not a mysterious organic unity but a plurality of people standing in different relations of power to one another. It is not obvious that the type of cohesion that is effected by subordination and functional impairment is something we ought to perpetuate. Moreover, sixty years after Kenyatta's ambivalent defense, we see widespread evidence of resistance from within each culture, and there is reason to think that the practice is kept alive above all by the excisers themselves, paramedical workers who enjoy both high income and high prestige in the community from their occupation. These women frequently have the status of priestesses and have great influence over social perceptions.[28] Countries that move against the practice should certainly make provision for the economic security of these women, but this does not mean taking them as unbiased interpreters of cultural tradition. To the extent that an initiation ritual is still held to be a valuable source of cultural solidarity, such rituals can surely be practiced (as they already are in some places) using a merely symbolic operation that does not remove any tissue.

Let me now turn to the fourth thesis. A secondary theme in recent feminist debates about FGM is skepticism about the human value of sexual functioning. Philosopher Yael Tamir, for example, argues that hedonistic American feminists have ascribed too much value to pleasure. She suggests that it is men, above all, whose interests are being served by this, because female sexual enjoyment in our society is "seen as a measure of the sexual power and achievements of men," and because men find women who do not enjoy sex more intimidating than those who do.

I am prepared to agree with Tamir to this extent: The attention given FGM seems to me somewhat disproportionate, among the many gross abuses the world practices against women: unequal nutrition and health care, lack of the right to assemble and to walk in public, lack of equality under the law, lack of equal access to education, sex-selective infanticide and feticide, domestic violence, marital rape, rape in police custody, and many more. Unlike Tamir, I believe that the primary reason for this focus is not a fascination with sex but the relative tractability of FGM as a practical problem, given the fact that it is already widely resisted and indeed illegal, and given that it is not supported by any religion. How much harder to grapple with women's legal inequality before Islamic courts, their pervasive hunger, their illiteracy, their subjection to battery and violence. But surely Tamir is right that we should not focus on this one abuse while relaxing our determination to make structural changes that will bring women closer to full equality worldwide. And she may also be right to suggest that the fascination with FGM contains at least an element of the sensational or even the prurient.

Tamir, however, does not simply criticize the disproportionate focus on FGM: She offers a more general denigration of the importance of sexual pleasure as an element in human flourishing. This part of her argument is flawed by the failure to make a crucial distinction: that between a function and the capacity to choose that function. Criticizing her opponents for their alleged belief that the capacity for sexual pleasure is a central human good, she writes:

> Nuns take an oath of celibacy, but we do not usually condemn the church for preventing its clergy from enjoying an active sex life. Moreover, most of us do not think that Mother Teresa is leading a worse life than Chichulina, though the latter claims to have experienced an extensive number of orgasms. It is true that nuns are offered spiritual life in exchange for earthly goods, but in the societies where clitoridectomy is performed, the fulfilling life of motherhood and child bearing are offered in exchange. Some may rightly claim that one can function as a wife and a mother while still experiencing sexual pleasures. Others believe that full devotion to God does not require an oath of celibacy. Yet these views are, after all, a matter of convention.[29]

There are a number of oddities in this argument. (It is hard, for example, to know what to make of the assertion that the possibility of combining sexual pleasure with motherhood is a mere "matter of convention.") More centrally, however, Tamir mischaracterizes the debate. No feminist opponent of FGM is saying or implying that celibacy is bad, that nuns all have a starved life, that orgasms are the be-all and end-all of existence. I know of no opponent who would not agree with Tamir's statement that women "are not merely sexual agents, that their ability to lead rich and rewarding lives does not depend solely on the nature of their sex life." But there is a great difference between fasting and starving; just so, there is also a great difference between a vow of celibacy and FGM. Celibacy involves the choice not to exercise a capability to which nuns, insofar as they are orthodox Roman Catholics, ascribe considerable human value.[30] Its active exercise is thought good for all but a few of those humans, and even for them it is the choice not to use a capacity one has (as in the case of fasting) that is deemed morally valuable. (A Catholic should hold that a survivor of FGM cannot achieve the Christian good of celibacy.) FGM, by contrast, involves forgoing altogether the very possibility of sexual functioning—and, as I said, well before one is of an age to make such a choice.[31] We all know that people who are blind or unable to walk can lead rich and meaningful lives; nonetheless, we would all deplore practices that deliberately disabled people in those respects, nor would we think that critics of those practices are giving walking or seeing undue importance in human life.

Can even the mothers of these girls make an informed choice as to the value of female sexual pleasure? They have been immersed in traditional beliefs about women's impurity; lacking literacy and education, as a large proportion do, they have difficulty seeking out alternative paradigms. As the immigration report points out, their situation is made more difficult by fear and powerlessness. Equally important, their own experience of sexual life cannot have contained orgasmic pleasure if they themselves encountered FGM as girls; even if they did not, they are highly likely to have experienced marriage and sexual life as a series of insults to their dignity, given the ubiquity of domestic violence and marital rape. Should they believe that FGM is a bad thing for their daughters—as a remarkable proportion of the women interviewed in the recent stories clearly do—they have no power to make their choices effective and many incentives to conceal the views they hold. Such facts do not show that women who have had a more fortunate experience of marriage and sexuality are making a mistake when

they hold that the capacity for sexual pleasure should be preserved for those who may choose to exercise it. There is certainly something wrong with any social situation in which women are viewed only or primarily as sex objects; but criticizing such perceptions has nothing to do with defending FGM.

Nor does Tamir give us any reason to suppose that the importance of women's sexual pleasure is a mythic construct of the male ego. Many women have reported enjoying sex a good deal, and there is no reason to think them all victims of false consciousness. It is probably true that some men find women who do not enjoy sex more intimidating than those who do, but it would be more than a little perverse to deny oneself pleasure simply in order to intimidate men. Moreover, in the situation we are contemplating in the case of FGM, the operative male fear is surely that of women's sexual agency, which is a sign that the woman is not simply a possession and might even experience pleasure with someone other than her owner. It would be highly implausible to suggest that African women can gain power and intimidate men by undergoing FGM. The attack on FGM is part and parcel of a more general attempt by women to gain control of their sexual capacities; it is thus a relative of attacks on rape, marital rape, sexual harassment, and domestic violence. It is precisely this challenge to traditional male control that many men find threatening.

In the concluding section of her discussion of FGM, Yael Tamir imagines a country called Libidia, where women with unnaturally enlarged clitorises find they cannot do anything else but have sex and therefore seek to remove the clitoris in order to have better lives. In this way she suggests that sexual pleasure undermines other valuable human functions—so one might plausibly deem its removal a helpful thing, rather like a trip to the dentist to get rid of a diseased tooth. She here expresses a Platonic idea about the relation between continence and intellectual creativity that may be true for some individuals at some times but is surely not a universal datum of human experience. Plato did indeed hold in the *Phaedo* that mental life would be much better if the bodily appetites could be put to one side insofar as possible—though even he did not maintain this position with absolute consistency, nor did he suggest genital mutilation as a remedy.[32] Aristotle, on the other hand, held that someone who was insensible to the full range of the bodily pleasures would be "far from being a human being." We do not need to decide which thinker is right—or indeed for which people each of them is right—to decide sensibly that FGM is not like an appendectomy—that it involves the removal of a capability for whose value history and experience have had a great deal to say. Individuals may then choose whether and how to exercise it, just as we also choose whether and how to use our athletic and musical capacities.

Internal criticism is slowly changing the situation in the nations in which FGM has traditionally been practiced. The eighteen-year-old son of the patriarch of the Kassindja family told reporters that he wanted to marry a woman who had not been cut, because teachers in his high school had influenced his thinking. The patriarch himself now favors making the practice optional, to discourage more runaways who give the family a bad name. The very fact that the age of cutting in Togo has been moving steadily down (from twelve to four), in order

(the exciser says) to discourage runaways, gives evidence of mounting resistance to the practice. But many of the women and men in the relevant nations who are struggling against this practice are impoverished or unequal under the law or illiterate or powerless or in fear—and often all of these. There is no doubt that they wish outside aid. There is also no doubt that they encounter local opposition—as is always the case when one moves to change a deeply entrenched custom connected with the structures of power. (As I have suggested, some of the people involved have strong personal economic and status interests in the status quo.) Suzanne Aho, director of Togo's Office for the Protection and Promotion of the Family, explains that she tries to counsel men about women's rights of choice, but she encounters the dead weight of custom. Of the Kassindja patriarch she says: "'You cannot force her,' I told him. He understood, but he said it is a tradition."

These upholders of tradition are eager, often, to brand their internal opponents as Westernizers, colonialists, and any other bad thing that may carry public sentiment. Even so, Fauziya's father was accused of "trying to act like a white man." But this way of deflecting internal criticism should not intimidate outsiders who have reasoned the matter out, at the same time listening to the narratives of women who have been involved in the reality of FGM. The charge of "colonialism" presumably means that the norms of an oppressor group are being unthinkingly assimilated, usually to curry favor with that group. That is not at all what is happening in the case of FGM. In the United Nations, in Human Rights Watch, in many organizations throughout the world, and in countless local villages the issue has been debated. Even the not very progressive Immigration and Naturalization Service (INS) has been swayed by the data it collected. The vigor of internal resistance should give confidence to those outside who work to oppose the practice. Frequently external pressure can assist a relatively powerless internal group that is struggling to achieve change.

In short, international and national officials who have been culpably slow to recognize gender-specific abuses as human rights violations are beginning to get the idea that women's rights are human rights, and that freedom from FGM is among them. Without abandoning a broader concern for the whole list of abuses women suffer at the hands of unjust customs and individuals, we should continue to keep FGM on the list of unacceptable practices that violate women's human rights, and we should be ashamed of ourselves if we do not use whatever privilege and power has come our way to make it disappear forever.