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COMMENT ON OBIORA'S *BRIDGES* *AND BARRICADES*

M.A. Ogbu[†]

Professor Obiora's article¹ is an excellent contribution to the ongoing debate on female circumcision. The article is thoughtfully written and illuminates some of the controversies, ambiguities, and complexities in the circumcision discourse. She is to be commended for taking on such an important and difficult task. It takes a lot of courage to argue for circumcision or to suggest a middle course of "action" in the face of global condemnation and indignation.

The debate over female circumcision has thus far been lopsided in favor of those opposed to the practice for many reasons. Among them are: (1) the argument against female circumcision sounds plausible because it is generally phrased in terms of "oppression of women" and/or "mutilation of women and children;" and (2) the few, particularly African women, who have attempted to present a different interpretation are dismissed as defensive, socially conditioned to accept their victimization, or as operating on false consciousness. One strongly suspects that the discourse on circumcision is driven by ideology rather than empirical reality.

Professor Obiora argues convincingly that female circumcision is not as simple or as clear-cut an issue as people present it. It is a complex and sensitive issue with many personal and social ramifications *in cultural contexts*. This point eludes both feminists and human rights advocates who phrase the issue in terms of a universal human problem or who think that they can legislate it out of existence. But as Obiora rightly points out, to understand the phenomenon of circumcision we have to place the problem, the mo-

[†] Dr. PH, Department of Public Health, San Francisco, California

1. See L. Amede Obiora, *Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision*, 47 CASE W. RES. L. REV. 275 (1996).

tives of its practitioners, and its functions in cultural context.² I agree with the author that we need to examine circumcision through the same social lenses used by its practitioners.

Obiora provides useful insights into a number of critical issues in the circumcision discourse. I do not intend to repeat what she has already said. Instead, I will offer a few additional comments to enhance the discourse with particular reference to Africa.

I. FRAMING THE QUESTION: GENDER AND CIRCUMCISION

Feminists phrase the issue of circumcision as a weapon of patriarchy in the social control of women. In so doing, they divert attention from the issue of *circumcision per se*. They almost completely ignore the fact that in Africa, if not elsewhere, circumcision is practiced on both females and males.³ Among some Nigerian groups, for example, circumcision was performed at the same time for females and males either during infancy, pubescence, or before marriage.⁴

An extreme form of female circumcision, infibulation,⁵ occurs among some ethnic groups in Somalia and Sudan, or among members who have settled in other African countries.⁶ It is this type of female circumcision that provides the ammunition for the "human rights" argument against circumcision. However, infibulation is not widespread. Furthermore, in some societies, male circumcision is

2. See *id.* at 286.

3. See R.E. BRADBURY, *THE BENIN KINGDOM AND THE EDO-SPEAKING PEOPLES OF SOUTH-WESTERN NIGERIA* 48, 78, 107, 153 (1957) (noting that the Edo-speaking people often perform circumcision on both males and females); LUCY MAIR, *AFRICAN MARRIAGE AND SOCIAL CHANGE* 117-118 (Neville Rubin & Eugene Cotran eds., 1969) (noting that in the West-African region circumcision is performed on males and clitoridectomy is performed on females); Lorna Marshall, *The King Bushmen of the Kalahari Desert*, in *PEOPLES OF AFRICA* 241, 264-67 (James L. Gibbs, Jr. ed., 1965) (describing the circumcision practices of the Bushmen people); ROBERT A. MYERS, *FEMALE AND MALE PERCEPTIONS OF FEMALE GENITAL OPERATIONS IN SIX SOUTHERN NIGERIAN ETHNIC GROUPS* 2-9 (1986) (describing the widespread African practice of circumcision and concentrating specifically on the female perspective); SIMON OTTENBERG, *BOYHOOD RITUALS IN AN AFRICAN SOCIETY: AN INTERPRETATION* 40 (1989) (discussing circumcision of male and female African children). *But see* P.C. LLOYD, *THE ITSEKIRI* 197 (1957) (noting that among the Itsekiri people, male children were circumcised shortly after birth whereas female children were not).

4. See BRADBURY, *supra* note 3, at 48, 78, 107, 153. *But see* LLOYD, *supra* note 3, at 197 (noting that female Itsekiri infants are not circumcised at birth).

5. See Obiora, *supra* note 1, at 289 (defining the process of infibulation, which poses the greatest health risks).

6. See *id.* at 308-10.

also extreme, although it may not be as extreme as female infibulation. For example, among the Tiv of Nigeria,⁷ the Pygmy of the Kalahari Desert,⁸ and the Chaga of East Africa,⁹ male circumcision is more extensive and painful than female circumcision. Among the Tiv, both males and females are required to be circumcised in order to achieve adult status, and the operation takes place between the ages of seven and eighteen.¹⁰ Both males and females may also undergo another physical "mutilation"—scarification on the face and shoulders, even though it is not required for adult status.¹¹ It is a matter of individual choice. Women have a *choice* of additional scarification on the abdomen for "cosmetic" reasons. Bohannon tells us that women's scarification on the abdomen "is an ordeal that is sometimes compared to circumcision of males."¹² This implies that the circumcision of males is more of an ordeal than that of females. He adds that the women's "[s]carification [on the abdomen] is done primarily for cosmetic purposes and has nothing to do with status."¹³ Apparently not many Tiv girls choose to undergo the abdominal scarification, *but some choose to do so*. I have described the Tiv situation to make two points. First, both males and females are circumcised, and in some cases male circumcision appears more extreme than female circumcision. Second, scarification on the abdomen is a severe mutilation of the body that some women chose to undergo, but it has nothing to do with sexual control or sexual desires.

Because of their ideological preoccupation with patriarchy, feminists ignore empirical studies of circumcision in African societies.¹⁴ By framing circumcision as a physical mutilation practiced on women, feminists have contributed little to our understanding of "the problem" of circumcision. What they have accomplished is to pit women against men through rhetorical and ideological discourse. The discourse on circumcision, however, should be based

7. See Paul Bohannon, *The Tiv of Nigeria*, in PEOPLES OF AFRICA 513-46 (James L. Gibbs, Jr. ed., 1965) (describing male circumcision among the Tiv).

8. See Marshall, *supra* note 3, at 264-67 (noting the severity of circumcision used by the Pygmy).

9. See O.F. RAUM, CHAGA CHILDHOOD 307, 357 (1940) (describing male circumcision among the Chaga of East Africa).

10. See Bohannon, *supra* note 7, at 531.

11. See *id.*

12. *Id.*

13. *Id.*

14. See *infra* notes 15-16 and accompanying text (discussing empirical studies).

on empirical evidence and a systematic analysis of what actually goes on in African societies—not on ideological projections.

II. CIRCUMCISION AND CONTROL OF FEMALE SEXUAL DESIRES

The argument that female circumcision is a mechanism used by men to control women's sexual desires and behaviors is an undocumented assertion. It demonstrates a lack of understanding of the phenomenon of circumcision in the context of African cultures. In our review of the anthropological literature on circumcision in specific African societies and in different regions we have found only one study that addresses the issue of women's sexual desires.¹⁵ In Myers' survey of six ethnic groups in Nigeria, only 4.5% of the respondents agreed that the reason for female circumcision is to diminish female sexual desire; but 3% also said that it is to enhance female desire.¹⁶ The people overwhelmingly reported other reasons that are more culturally important to them: maintaining custom or tradition (47%); protecting the baby at birth from the clitoris, which might injure the baby or cause the baby's death (24%); improving cosmetic or aesthetic appearance (14%); and increasing reproductive ability (8%).¹⁷

Feminist and Western literature in general leads one to think that Western women who are not circumcised experience a high degree of sexual pleasure and are free from sexual frustration. This is not the case. Perusals of American talk-shows, women's magazines, and academic journals show that a high proportion of American women have difficulty achieving orgasm in spite of their intact clitoris. Anti-circumcision feminists do not explain why so many uncircumcised American women experience such difficulty.

As already noted, ethnographic studies provide evidence that circumcision in Africa is practiced on both males and females, but not because of its sexual value (its effects on sexual desires and pleasure).¹⁸ In Nigeria, as in other parts of Africa, women from some ethnic groups are reputed to have higher sexual desires and pleasures than women of other ethnic groups, yet it is known that women in all the groups are circumcised. Many studies have

15. See MYERS, *supra* note 3, at 3-5 (listing survey results regarding female perceptions of effects of circumcision on sexual desire).

16. *Id.* at 3.

17. *Id.* at 2-3.

18. See MYERS, *supra* note 3, 16-18 and accompanying text.

shown that sexual desire and sexual pleasure do not depend on clitoral excitement alone but also a host of other factors, including cultural attitudes toward sex, sexual partners, and emotional states.¹⁹ Africans do not interpret circumcision in terms of "love-making" but in terms of its social values: group cohesion, social bonding, fertility rites, protection of the unborn child, transition to adulthood, identity, and purification.²⁰

III. INDIVIDUAL V. COLLECTIVE GOALS IN CIRCUMCISION PRACTICE

One problem in the circumcision discourse is that Westerners have difficulty understanding the importance of social goals as distinguished from individual goals. In Africa it is not individual needs that drive actions such as female circumcision, it is the needs or welfare of the group to which the woman belongs. In their context, African women do not perceive their individual needs as conflicting with the goals or needs of their group but see both as one and the same. In contrast, feminists rank individual needs above group or social needs. As a result they see circumcision as oppressive to the individual woman.

IV. CIRCUMCISION AND HEALTH

Nahid Toubia argues convincingly and with ample evidence that infibulation in Somalia and Sudan is associated with significant health hazards.²¹ However, the adverse health consequences she has documented cannot be generalized to all forms of female circumcision or to other parts of Africa where infibulation does not occur. In our examination of the literature, we have not found other instances where it is reported that circumcision resulted in health complications at the time of its operation or later in life. In one or two studies it was mentioned that complications may occur

19. See Ruth Moulton, *Multiple Factors in Frigidity*, in *WOMEN: BODY AND CULTURE* 157, 162-65 (Signe Hammer ed., 1975).

20. See MAIR, *supra* note 3, at 10, 48 (discussing belief that operation on genitals is both necessary to ensure satisfactory sexual functioning and to enter adulthood); MYERS, *supra* note 3, at 2-3 (listing reasons behind circumcision); OTTENBERG, *supra* note 3, at 40-41 (discussing how circumcision is viewed by African society).

21. NAHID TOUBIA, *FEMALE GENITAL MUTILATION: A CALL FOR GLOBAL ACTION* 13-15 (1995) (discussing significant health risks that accompany infibulation, such as bleeding, infection, urinary tract problems, and excessive scar tissue).

later during childbirth *if the circumcision was not properly done*.²² In general, however, the ethnographic literature suggests that in almost all cases of non-infibulation, the circumcision is performed by specialists.²³ These specialists not only know how to perform the physical operation on the penis or clitoris, but they also have the medical knowledge necessary to treat their clients and usually continue to attend to them until the wounds are healed.²⁴

V. WHAT TO DO ABOUT CIRCUMCISION

What, then, do we do to stop female circumcision? Let us first consider the recommendations of the feminists and human rights advocates. Simply put, they recommend importing a Western model to African countries. In many Western countries there is legislation under which anyone practicing female circumcision on female children is prosecuted under child abuse laws.²⁵ From this perspective, each African country must first pass legislation banning female circumcision and then prosecute for child abuse anyone performing circumcision.

This strategy will not work in African countries for several reasons. First, it assumes that the structure of African countries is similar to that of Western countries. In Western countries people have been "liberated" more or less from their "tribal/ethnic cultures" and are operating under their "national cultures" (e.g., French, German, or American culture). As a result, France, the United States, and other Western countries can deal with problems such as female circumcision and abortions through legislation.

22. See MAIR, *supra* note 3, at 117.

23. See BRADBURY, *supra* note 3, at 48, 154-55 (finding that circumcision is performed by specialists from Benin City); LLOYD, *supra* note 3, at 183 (noting that male circumcision is performed by an expert among the Itsekiri); Marshall, *supra* note 3, at 265 (finding that among the Bushmen, circumcision ritual performed by expert).

24. See WALTER GOLDSCHMIDT, *THE SEBEI: A STUDY IN ADAPTATION* 105 (1986) (explaining seclusion period after male circumcision during which penis is examined to ensure proper healing and to determine if more cutting is necessary); MAIR, *supra* note 3, at 42 (noting that after circumcision there is generally much concern about the client's welfare); OTTENBERG, *supra* note 3, at 36-37 (explaining that among the Afkipo, the circumcisor checks every few days to ensure cut is healing properly).

25. The United States recently passed a law criminalizing "female genital mutilation." See 142 CONG. REC. H11644-01, H11829 (daily ed. Sept. 28, 1996).

The structure of African countries is different. With few exceptions, if any, each African country is made up of several "tribal/ethnic societies" whose cultures are still the bases of the beliefs and behaviors of their members, including those who live in cities. It is these ethnic beliefs and behaviors that influence the people's practice of circumcision, rather than the country's beliefs and behaviors. Thus, there is no guarantee that any of the various cultural groups will abandon or modify their circumcision practices simply because of legislation by the national government.

There is precedent showing the failure of the legislative approach to change a cultural practice: the attempt of the former Eastern Nigerian government to modify the practice of "bride-price" through legislation. In the 1950s, partly due to an uncontrollable inflation of bride-price, the regional government established a commission of inquiry on the matter headed by the anthropologist, G.I. Jones. After conducting hearings throughout the region, the commission published its findings showing that bride-price ranged from as low as twelve shillings in some ethnic groups to more than a thousand pounds in some other ethnic groups. On the basis of this report, the regional government passed legislation fixing bride-price in the region at one hundred pounds.²⁶

To our knowledge, no ethnic group in the region altered its practice of bride-price and marriage because of the legislation. Indeed, a joke developed in the region about the regulation of bride-price by the government. The joke goes like this: When a man and his people visit the parents and relatives of a prospective bride to negotiate a marriage, the first question the girl's people ask is, "Have you come to marry according to our custom or according to government legislation?" If the would-be groom replies that he has come to marry according to the legislation, the girl's relatives tell him to go and marry the daughter of the Honorable Minister of Culture who was in charge of implementing the legislation.

The lesson from "the bride-price problem" is that the governments in African countries cannot legislate out of existence a cultural practice that has deep meaning for people who still operate on the basis of their indigenous beliefs. A government can, of course, pass legislation to that effect, but it cannot force people to abide by it.

26. See *Commission of Inquiry on Bride Price in Eastern Nigeria* (1950).

African experiences notwithstanding, the failure of the legislative approach in defining a health problem as a political or legal problem is illustrated by American history. Beginning with Prohibition, AIDS, and now the War on Drugs, we can see how unrealistic it is to use a legislative approach to solve a cultural or health problem.

Professor Obiora herself makes two recommendations that deserve some comments. I agree with her suggestion of basic education but not with "circumcision education."²⁷ Under "circumcision education" Obiora recommends educating African women about the adverse impact of circumcision. There is an irony here because this recommendation implies that she is accepting the very feminist argument she spent most of her article refuting. As she puts it:

In this respect, medical facts that are not readily discountable on the basis of subjective experience may be marshalled to explicate the adverse implications of the practice for the practitioners' overarching values and objectives. . . . In the event that the women are successfully persuaded, they may decide to abandon the practice entirely or to salvage its redeeming features.²⁸

Another problem with this recommendation is that targeted education is not an appropriate strategy for dealing with non-infibulation circumcision procedures that have not been shown to create health risks nor are perceived to be health risks by members of the practicing culture. The recommendation is, however, appropriate for those groups that practice infibulation and experience serious health risks.

It is also difficult to accept Obiora's other recommendation, clinicalization,²⁹ as a general remedy. Earlier in her paper she argued convincingly for distinguishing among four types of circumcision: (1) pricking of the clitoris; (2) prepucing the hood and outerskin of the clitoris (called *sunna* in muslim cultures); (3) clitoridectomy (cutting the clitoris and labia minora), and; (4) infibulation (cutting the entire area of vagina and sewing it up).³⁰ In recommending "clinicalization," Obiora ignores these distinctions,

27. Obiora, *supra* note 1, at 361-63.

28. *Id.* at 361-62 (citations omitted).

29. *See id.* at 365-76.

30. *See id.* at 287-89.

saying that clinicalization is needed to minimize risk for all forms of female circumcision. As she puts it, "Even under ideal conditions, female circumcision is a delicate procedure. Although the adverse effects from the less extensive forms of the operation are usually less severe, the requisite skill, surgical tools, and knowledge of anatomy, necessary for the delicate operation may be lacking."³¹ Obiora seems to extend Toubia's argument about the health risks of infibulation³² to other forms of circumcision, but nowhere in her paper does she cite studies showing that there are health risks associated with the non-infibulation practices. I have already noted that in my survey I found no reports of health risks during or after the less invasive forms of circumcision. The people who perform the circumcision on either females or males are usually experts both in the physical operation and in medical knowledge of treating and healing their clients. Whether or not they have knowledge of anatomy is beside the point.

VI. BEATING A DYING HORSE: SOCIAL CHANGE AND THE DECLINE OF CIRCUMCISION

Why is female circumcision such a big issue for feminists and human rights advocates *now*? Why have they taken up female circumcision as a cause when, in fact, in most parts of Africa it is dying or disappearing because of forces of social change; including formal schooling, Christianity, urbanization, and the like? While an exception may exist in Somalia and Sudan, our survey of the literature and our own field work in Africa suggest that the figures cited by anti-circumcision writers (mostly estimations) are exaggerated.³³ This is particularly true of Hosken who claims that "millions of African women are still being mutilated every year."³⁴

Most of the ethnographic studies consulted suggest that the circumcision of males and females is no longer practiced to the degree that it was in the past. Lucy Mair, who surveyed male and female circumcision in all African regions, has reported a sharp decline of the practice in every region.³⁵ For example, she writes

31. *Id.* at 368.

32. See TOUBIA, *supra* note 21, at 13-15.

33. See FRAN P. HOSKEN, *THE HOSKEN REPORT* (4th ed. 1993); M.A. Ogbu, *Girl to Woman in a Changing African Society: The Impact of Modernization and Development on the Sexual Socialization of Adolescents* (1995) (unpublished dissertation, University of California (Berkeley)).

34. See HOSKEN, *supra* note 33.

35. See MAIR, *supra* note 3, at 34, 80 (noting that circumcision has lost much of its

that in the Southern African region, "At one time all the South African Bantu practiced circumcision, though a number of tribes abandoned it many years ago."³⁶ In many areas the reduction or disappearance of circumcision began with the introduction or adoption of Christianity.³⁷

Forces of social change are diminishing the practice of circumcision, especially female circumcision. The current situation can be illustrated by my own research in 1993 among adolescent girls in Nigeria.³⁸ Of the four hundred girls in the study, ranging in age from ten through nineteen, fifty percent had not been circumcised.³⁹ Interviews with parents in the community revealed that a significant number of teenage girls from the same community attending school elsewhere also had not been circumcised.⁴⁰ Previously, however, pre-marital circumcision had been compulsory in order for a female to achieve adult status.⁴¹ Today, circumcision is no longer a requirement.

As further illustration, among the Afikpo Ibos Western education has contributed to the decline of female circumcision.⁴² Schooling interferes with the time between puberty and adolescence—normally the time reserved for circumcision and its accompanying seclusion period and ceremonies. Moreover, since circumcision is no longer required, the transition to adulthood, marriage, or work now comes through schooling. Currently education, employment, and even marriage often occur away from the community, further diminishing cultural influences to practice circumcision.⁴³

former importance and in many tribes has become a matter of choice).

36. *Id.* at 10.

37. *See id.* at 80 (noting that with the introduction of Christianity, circumcision was no longer an obligation and was performed without ritual); *see also* LLOYD, *supra* note 3, at 191 (finding the Itsekiri to have abandoned circumcision ceremonies with the introduction of Christianity).

38. *See* Ogbu, *supra* note 33.

39. *See id.*

40. *See id.*

41. *See* OTTENBERG, *supra* note 3, at 40.

42. *See* Phoebe Ottenberg, *The Afikpo Ibo of Eastern Nigeria*, in *PEOPLES OF AFRICA* 1-30 (James L. Gibbs, Jr. ed., 1965).

43. *See id.* at 23.

Female circumcision is gradually disappearing without legislation. I believe that with increased education for women, female circumcision in most African societies will disappear. Changes in the culture itself are providing the impetus for the elimination of circumcision. Therefore, legislation prohibiting circumcision is neither necessary nor will it be effective in altering this practice.

