
Feminism, Anthropology and the Politics of Excision in Mali: Global and Local Debates in a Postcolonial World

Claudie Gosselin *University of Toronto*

Abstract: This article examines the politics and discourses surrounding female circumcision, and explores ethical approaches to its study for feminist anthropologists. First I present an overview of the international debate on these operations, and review the literature on “female genital mutilation.” Unfortunately these writings that are meant to help empower African women can “colonize” them (after Mohanty, 1991). Second, the current debates around the practice in Mali are discussed. The issue has become a metonym for politically, ideologically and economically motivated discussions on gender, age, caste, Islam and Westernization.

Résumé: Cet article explore les discours et les relations de pouvoir qui entourent et sous-tendent les débats sur la circoncision féminine. L’auteure explore des approches éthiques qui pourraient être adoptées par les anthropologues féministes. Tout d’abord, un survol historique des débats sur la scène internationale est présenté, incluant une revue des publications sur les «mutilations génitales». Malheureusement ces écrits qui se veulent libérateurs pour les femmes africaines peuvent avoir comme conséquence de les coloniser à nouveau (cf. Mohanty, 1991). Dans une deuxième partie l’auteure présente les résultats de ses recherches sur les débats actuels sur l’excision au Mali. Le débat sur l’excision fonctionne comme une métonymie à travers laquelle sont débattue d’autres grandes questions sociales et politiques sur les rapports sociaux entre les sexes et entre les jeunes et les aîné-e-s, sur la stratification sociale par castes, et sur les mérites comparés de l’Islam et de l’occidentalisation.

Introduction

For a feminist anthropologist, there is no comfortable position from which to study female circumcision. The very decision to write (or not) about the topic becomes a political statement, and so is one’s choice of tone and terminology. The issue has become a highly sensitive nexus where converge some of the most difficult ethical debates in feminism and anthropology: the issues of cultural relativism, international human rights, difference, ethnocentrism and Western imperialism.

This article examines the politics and the different discourses surrounding the issue of female circumcision, and explores ethical approaches to their study for feminist anthropologists. The first part presents an historical overview of the international debate on these operations, sketching the meanings that they have come to carry for feminists, anthropologists and human-rights activists. A review of the literature on “female genital mutilation” illustrates how most anti-circumcision activists dismiss “tradition” and try to inscribe new meanings onto the practices, categorizing them as “violence against women.” Yet writings which are meant to help free women from oppression unfortunately have often been seen to “colonize” (after Mohanty, 1991) African and Muslim women. This predicament suggests a role that anthropologists can play in this debate: helping to both contextualize these operations, discussing their local functions and cultural meanings and to understand why efforts to eradicate what are considered by Western feminists to be such offensive, patriarchal practices, are resisted by women themselves.

The specific cultural meanings of female circumcision, however, are multiple and changing. The research I recently completed in southern Mali¹ was based on an understanding of culture as a complex “network of perspectives,” as “an ongoing debate” (Hannerz, 1992: 262). Malian society is one in which ethnicity has always been fluid and where cultural meanings, as well as indi-

viduals, have long and extensively crossed group boundaries (cf. Amselle, 1990), particularly in urban areas where I worked. The current debates and discourses on and around excision in Mali that I survey in the second part of this article reveal that this issue has become a metonym for politically, ideologically and economically motivated discussions on gender, age, caste, Islam, Westernization and the role of the state. Throughout the article I discuss the dilemmas that obtain for a Western feminist anthropologist researching and writing about a topic so politically charged.

Formulation of a Global Debate: Feminism, Anthropology and Human Rights

Two decades ago, the various operations which anthropologists usually refer to as “female circumcision,” but which activists make a point of calling “female genital mutilation,”² became symbols *par excellence* of patriarchal oppression for radical Western feminists—the “mutilation to end all mutilations” (Keyi-Ayema, 1995). A chapter of Mary Daly’s influential 1978 book, *Gyn/Ecology: The Metaethics of Radical Feminism*, was devoted to “African Genital Mutilation: The Unspeakable Atrocities.” Fran Hosken, the self-appointed American champion of the international campaign for the abolition of the practices, started publishing in the late 1970s. The issue became part of a global debate at the 1980 Non-Governmental Organizations Forum in Copenhagen, the parallel meeting to the mid-decade United Nations World Conference on Women, where it bitterly divided Western and African feminists (Dorkenoo, 1994: 61-63; Gilliam, 1991: 218).

For Angela Gilliam, the 1980 debate in Copenhagen epitomized the division in the women’s movement “between those who believe that the major struggle for women is increasing their access to, and control over, the world’s resources and those who believe that the main issue is access to, and control over, orgasms” (1991: 217). In her analysis, the way that outraged “Western” women championed the issue at Copenhagen revealed “latent racism,” “intellectual neocolonialism” and “anti-Arab and anti-Islamic fervour” (ibid.: 218). Because the issue was presented as “‘savage customs’ from ‘backward’ African and Arab cultures,” African representatives, even those who had been advocating the abolition of the practices on health grounds, felt compelled to defend the custom (ibid.). Clearly and rightly so, Gilliam faults Western feminists for their pejorative tone and for their failure to denounce with equivalent vigour the economic and political oppression of women in Africa (see

also Gruenbaum, 1982, 1996). An Ethiopian participant at the Conference explained that “Western women should stop their ‘crusade against female circumcision’ and help African women with more basic health concerns, such as food and water” (Boulware-Miller, 1985: 172). However, a look at Efua Dorkenoo’s account of the same event reveals that Gilliam has simplified and polarized the debate.

Dorkenoo is widely recognized internationally as one of the leading experts on “female genital mutilation.” Born in Ghana and a nurse by training, she is currently the Director of FORWARD International, a London-based non-governmental organization (NGO) active on health issues for African women in the UK and internationally. She has recently published on the issue (Dorkenoo, 1994), and in 1994 was awarded the Order of the British Empire for her “tireless work campaigning against FGM” (Anonymous, 1995). Her agenda in writing *Cutting the Rose* (1994) clearly was to rally as many people as possible in a global effort to eradicate “female genital mutilation.” Hence her account (1994: 62-63) of the events at the NGO Forum in Copenhagen in 1980 is carefully phrased to avoid alienating any group. Despite this obvious political agenda, her narrative highlights the fact that African feminists are themselves divided on the issue. She contrasts the reactions of African delegates from East Africa to those from West Africa, pointing out that in some East African countries such as Sudan and Somalia, where the most extensive form of surgery, infibulation,³ predominates, local eradication campaigns by 1980 already had a long history—were “more advanced,” in Dorkenoo’s typical evolutionary discourse. On the other hand, delegates from West Africa, where the most common types of female circumcision found are clitoridectomy and excision,⁴ were shocked at what they saw as Western neocolonialist interest. According to Dorkenoo, it was the media who sensationalized the issue and caused hostility on the part of African delegates. She focusses on the *learning process* of “some Westerners who initially had strong views on immediate abolition of this ‘barbaric custom’” (ibid.: 63). In her optimistic interpretation, Western participants at the Conference, after listening to the African delegates, “became convinced that the only efficient way to support African women working against the practice was by financing and supporting specific projects and educational activities planned and implemented by and with those in the countries concerned, and on their terms” (ibid.).

The debate in Copenhagen is significant because it gives some clues to the reasons why female circumcision has become so divisive an issue for the feminist commu-

nity. While it is increasingly conceptualized as a human rights issue under the rubric “violence against women,” female circumcision is unlike any other gender-specific violence in the fact that, despite attempts by activists such as Dorkenoo to portray it as a global issue, as a cultural norm it is fundamentally an African phenomenon (Fitzpatrick, 1994: 542).⁵ Therefore in the international human rights discourse, this issue seems to pit the West *qua* International Community against Africa, a situation which, considering the continued economic exploitation of the African continent and the history of missionaries’ and colonialists’ efforts at eradicating female circumcision, readily leads to accusations of Western imperialism. As Rhoda E. Howard observes, “[i]n the present world economic situation, in which many African economies continue to spiral downward, culture can be seen as the last bastion of national pride. When all else is gone, culture can be preserved” (1995: 111). As Michel Erlich (1991) argues for France and Sondra Hale (1994) for the United States, outrage at female circumcision still too often serves as an outlet through which racist anti-African and anti-Muslim feelings are vented. Christine Walley (1997: 409) elaborates: “interest in Europe and in the United States stems not only from feminist or humanist concerns, but also from the desire to sensationalize, to titillate, and to call attention to differences between ‘us’ and ‘them’ in ways that reaffirm notions of Western cultural superiority.”

Since the 1993 UN Conference on Human Rights in Vienna, female genital mutilation has increasingly been presented as a violation of human rights. In Vienna, Sudanese surgeon and anti-circumcision activist Nahid Toubia made a presentation arguing for the conceptualization of female circumcision as a violation of the rights of children and of women (Sullivan and Toubia, 1993). While the recent strategy by the international women’s movement of using a human rights approach to further gender equality (see Kerr, 1993) has undeniably been successful and empowering, in the case of female circumcision this strategy has been problematic for several reasons. First, in this process female genital operations have been homogenized and decontextualized. Further, this approach generates legal and political difficulties, as Hope Lewis has summarized (1995: 15):

First, female genital surgery practitioners are private citizens operating without express state sanction. Second, FGS is generally performed with the “consent” of the parents of minor girls, at least some of whom are aware of the attendant health risks. Third, FGS is generally performed by females on other females. Finally,

FGS has both deep cultural roots and powerful political implications for practising groups.

Additionally, as discussed above, unlike other forms of violence against women, it is non-universal.

Opposing the practice on the basis of its being a violation of the rights of the child or a violation of women’s right to sexual and corporeal integrity poses other strategic problems, as argued by Kay Boulware-Miller (1985). The first approach “suggests that women who permit the operation are incompetent and abusive mothers who, in some ways, do not love their children” (1985: 166). Understandably mothers of circumcised girls feel profoundly insulted by this allegation. As Boulware-Miller argues (*ibid.*: 169-172), the second focus—the rights of women to sexual and corporeal integrity—alienates many African women. This is evidenced in the 1980 Copenhagen dispute mentioned above and in a recent article by Fuambai Ahmadu (1995). A young African woman and graduate student of anthropology in England, Ahmadu has published an article in *Pride* magazine defending female circumcision. She forcefully writes (1995: 45): “Protecting the rights of a minority of women who oppose the practice is a legitimate and noble cause. But mounting an international campaign to coerce 80 million adult African women to give up their tradition is unjustified.” Ahmadu’s personal testimony (*ibid.*: 44) puts in question the very premise that clitoridectomy necessarily prevents sexual pleasure. In Mali, while a few of my informants attributed their lack of sexual desire or enjoyment to excision, the great majority denied having any sexual problems, some describing satisfactory stimulation of the scar area. In the case of infibulation, Gruenbaum (1996: 462) and Lightfoot-Klein (1989: 84-86) have reported conversations with Sudanese women who gave convincing descriptions of orgasm.

The “right to health” argument is a more culturally sensitive approach. This approach is less problematic for local governments, as appeals to end female circumcision can be integrated into wider health-promotion campaigns that enjoy public support. However this requires political and financial commitment on the part of the state and of health workers. In countries where the practice has become medicalized—such as is increasingly the case in Mali—those who are or would be entrusted with the task of educating the public on the health hazards of female circumcision (nurses, midwives and doctors) are sometimes the very people who operate on girls. Additionally, this medicalization of the practice is at least in part an unwanted result of anti-circumcision health campaigns, as the public in many cases has started to de-

mand safer operations. A final difficulty with the health approach is that the biomedical discourse—as we will see later—tends to dehumanize and decontextualize circumcision, reducing women and girls to their genitals. Despite these difficulties, the right to health argument is still favoured by most local activists because it is not socially acceptable for most women from groups that practise female circumcision publicly to demand the right to enjoy sex—leaving aside the question of whether they in fact do or not.

For most Western feminists, women's emancipation includes sexual liberation, and this reluctance of many African and Muslim women to argue for the right to sexual pleasure seems suspicious. In the West, the clitoris has become a powerful symbol of women's emancipation. One need only recall the 1970s debates surrounding the "myth of the vaginal orgasm" (Koedt, 1994 [1970]) and the efforts to ascribe a positive value to masturbation, clitoral orgasm and lesbian sex, to realize the potent symbolism of the clitoris in Western women's struggle for sexual equality. In the United States, Shere Hite's influential 1976 *Hite Report* celebrated clitoral stimulation as the main path to orgasm, sexual satisfaction and, as such, sexual liberation for women. In a 1979 article in *Ms.* magazine, Gloria Steinem and Robin Morgan drew an analogy between clitoridectomy and Sigmund Freud's view of the vaginal orgasm as a sign of psychological maturity and health. In Steinem and Morgan's colourful prose, Freud is accused of performing "psychic clitoridectomies" on millions of European and North American women. This focus on sexuality in the women's movement needs to be historically located in the wider predominant Western culture which places a high value on sexuality and pleasure, as opposed to fertility (cf. Ahmadu, 1995; see also Boddy, 1982 and 1989, for a discussion of the opposite situation in Sudan).

Having therefore fought for the right to clitoral orgasm and sexual satisfaction, the aspect of the problem of female circumcision that is most incomprehensible to Western feminists is the fact that it is usually women who are the operators and strongest advocates of the practice. Alice Walker expresses a typical reaction of horror and disbelief when she recalls her thoughts while preparing to interview a female circumcisor in the Gambia for the film *Warrior Marks*:⁶ "Why have women become the instruments of men in torturing their daughters? What would such a woman have to say for herself?" (Walker and Parmar, 1993: 301; see also Walker, 1992). Other, more sensitive feminists who avoid such vilification of circumcisors—generally highly respected local women—are often left grappling with the patronizing

overtones of explaining this apparent contradiction as "false consciousness." While this is "a common enough reaction especially for feminists schooled in 'consciousness-raising' groups of the 1960s," as Gruenbaum (1996: 462) points out, it fails to acknowledge the strength and diversity of cultural constructs regarding gender, personhood, sexuality, pain and morality.

However, unless one disavows Western medicine's truth claims completely, the pain and the risk of negative health consequences for girls subjected to female circumcision and especially infibulation, although often exaggerated or misreported in the literature, are undeniable. According to Toubia (1994: 712-713):

Because the specialized sensory tissue of the clitoris is concentrated in a rich neurovascular area of few centimeters, the removal of a small amount of tissue is dangerous and has serious and irreversible effects. Common early complications of all types of circumcision are hemorrhage and severe pain, which can lead to shock and death. Prolonged lesser bleeding may lead to severe anemia and can affect the growth of a poorly nourished child. Local and systemic infections are also common. Infection of the wound, abscesses, ulcers, delayed healing, septicemia, tetanus, and gangrene have all been reported.

For most Westerners, generally encultured in a society where bodies are managed by medicine and where pain is considered something to be avoided, the descriptions of the various operations, usually performed in non-medical settings, evoke strong feelings of horror. This partly explains why anthropologists who have tried to render an emic version of the procedures by stressing the social functions of the practice have often been accused of inhumane ethical relativism, collusion with patriarchy or even advocacy of the practice. A review of Janice Boddy's 1989 book, *Wombs and Alien Spirits*, is a case in point. Boddy's complex analysis shows that for her Sudanese female informants, infibulation is an assertive practice, which celebrates their main socioeconomic asset: their fertility. She also reveals the rich cultural meanings of the practice and its integration in local symbolism (see also Boddy, 1982). This, and the rest of Boddy's analysis, Joanne Richardson (1991: 559) has disparaged as "what appears to be a striving after some anachronistic and clearly unexamined notion of cultural relativism."

Anthropology and Cultural Relativism: Human Rights vs. Cultural Difference

The above type of critique is not limited to feminists. Melvin Konner (1990) and Daniel Gordon (1991), the former a biological anthropologist and the other a student of medicine and anthropology, have both suggested that the practice is one example where anthropologists ought to “draw the line” in terms of the limits of cultural relativism. The debate on cultural relativism in anthropology in general is still very current, and has become linked to a global debate on the universality of human rights (see Preis, 1996). In a recent article in which she deplored anthropologists’ “reified notion of culture,” Nancy Scheper-Hughes asserted that “cultural relativism, read as moral relativism, is no longer appropriate to the world in which we live and that anthropology, if it is to be worth anything at all, must be ethically grounded” (1995: 410). To support her argument, she points to what she sees as “a growing global consensus (‘Western,’ ‘bourgeois,’ ‘hegemonic,’ if you will) defending the rights of women, children, sexual minorities, the accused, and the sick against ‘traditional and customary law’” (ibid.: 240).

Tragically, cultural relativism has been used as an argument by states to justify abuses of the rights of citizens (see Afkahi, 1995 for a discussion of the effects on women’s rights of the appropriation of the concept by some Islamists). This is sadly ironic because the concept was developed in American anthropology—by, notably, Franz Boas, Ruth Benedict and Melville Herskovits—as a political and ethical stance against racism (Renteln, 1988: 57-58; Spiro, 1986: 263-264). Boas and his followers rejected social and cultural evolutionism, and insisted that the notion of “progress” was an expression of Western ethnocentrism (Spiro, 1986: 263-264). Harriett Lyons (1981) provides us with a useful reminder that circumcision rituals, both male and female, were important in the development of 19th-century social evolutionist theory. As she notes, “[b]oth male and female genital mutilations are found among peoples whose cultures were of inordinate interest to the fabricators of racial hierarchies” (ibid.: 500). She charts the development of anthropological theory about male and female circumcision from a Victorian emphasis on the “barbarity” of “primitives” to more sober functional analyses explaining circumcision as a socially important “rite de passage.” As Lyons (ibid.) points out, the latter were an attempt to counteract the racist sensationalism of the former—and many of the most recent anthropological writings on female circumcision share the same purpose.

Cultural relativism, however, can be understood in a

way that allows anthropologists to explain the symbolic and social functions of circumcision without condoning it. In her lucid analysis of the concept of relativism and how it can be reconciled with the notion of human rights, Alison Dundes Renteln (1988) argues that, contrary to general understanding, the central insight of relativism is “enculturation” (or socialization) and not “tolerance” (what Scheper-Hughes calls “moral relativism”). Socialization fundamentally shapes an individual’s perception of the world and of moral and ethical issues, and this applies as much to the anthropologist as to her informants. Hence, a certain degree of ethnocentrism is inescapable when working in a foreign culture: the ethnographer is limited in her/his understanding and acceptance, even if s/he, through re-enculturation, gains insight into the “inner cultural logic” of the other cultural sphere (ibid.: 57). Moral universals, which would provide a basis for cross-cultural criticism, have yet to be agreed upon on a global scale, but students of a foreign culture are entitled to moral criticism as long as they “acknowledge that the criticism is based on [their] own ethnocentric standards and realize also that the condemnation may be a form of cultural imperialism” (1988: 64). Whether or not the condemnation is perceived as a form of cultural imperialism will depend on the current and historical power relationships between the critic and those advocating the practice being criticized. In certain circumstances and when it is done in a respectful and informed way, intercultural criticism can result in a fruitful exchange and may eventually lead to culture change when the initially extraneous point of view is adopted by individuals within the culture. In other circumstances criticism might be impossible.

Since the theory of relativism is a theory about cultural perception and the unavoidable ethnocentrism underlying value judgments, it “says nothing about the desirability of social criticism” (Renteln, 1988: 64): ultimately, what one does when faced with conflicting moral standards “depends not on relativism but on the role one wishes to play in the international community.” This brings us back to the question Boddy (1991: 16) asked: “to say, like Konner, that ‘female circumcision is one place where we ought to draw the line’ of relativism is little more than a just-so statement: true, but of what practical consequence?” Practically, the polarization (cf. Walley, 1997) that has taken place in the international feminist community, as outlined above, means that at the present Western anthropologists and Westerners in general who choose to campaign actively against female circumcision risk contributing to a backlash against eradication campaigns. As Ellen Gruenbaum (1996: 456) has

written, "the most useful role [for anthropologists] is to provide cultural perspectives on it [female circumcision], offer a sophisticated analysis of why these practices continue, and describe the forces for change in various cultural contexts." Along these lines, my own work aims at analysing the forces for and against changes to excision practices in urban contexts in Mali, as is sketched below.

Walley (1997) has also recently called for approaches that highlight the conflicting "voices"—the politics of culture—in local debates on female circumcision, and Preis (1996) even contends that only such studies can lead us beyond the relativist/universalist impasse in human rights debates. While poststructuralists such as Preis are concerned by the reification of culture, however, a look at the anti-circumcision literature shows that on the contrary, "culture" has been dismissed by activists. Before attempting a description of the forces for and against change in Mali, a critical look at the anti-circumcision literature will show why situated cultural analyses of female circumcision are needed. Here culture is understood to be a particular historical cluster of meanings, as local debates in the politics of culture are influenced by local constellations of power as well as by external discourses.

The Trivialization of Culture in the Political Literature

An important contribution anthropologists can make to the growing international discourse on female genital mutilation is to counter the trivialization of culture as "tradition" and the condescending portrayal of women who defend female circumcision. To illustrate this, I refer to the work of Dorkenoo (1994), Koso-Thomas (1987) and Toubia (1995), and make use of Vicki Kirby's (1987) Foucauldian analysis of an earlier collection of anti-circumcision publications (i.e., Hosken, 1979, 1980; McLean, 1980; El Dareer, 1983; Abdalla, 1982).

Kirby has noted that the books she reviewed were "disturbingly consistent in their representation of a mutilated, abject body" (1987: 37), and that this voyeurism was sanitized through medical discourse. Like the authors Kirby discusses, Efua Dorkenoo, Nahid Toubia and Olayinka Koso-Thomas are all health professionals, and two of them present us with photographs of the infibulated genitalia of an anonymous and faceless girl (Toubia, 1995: 11) and woman (Dorkenoo, 1994: 11), respectively. Ahmadu (1995: 16) has expressed forcefully how offensive such photographs can be for African women in the diaspora:

Can it possibly be a good thing for thousands of African immigrants who must soak in images of their nether regions literally spread open in "education" pamphlets, women's magazines and so-called documentaries for the "modern" world to ponder? . . . What of the humiliation and shame they are made to feel upon seeing their most private values belittled in the Western media?

Equally disturbing is the way that the particular meanings, beliefs and values associated with the varied genital operations are dismissed as "tradition," as Kirby also noted (1987: 37). For most anti-circumcision activists, "tradition" becomes equated with "superstition" and "ignorance"—and, one is tempted to read, backwardness. This shows at best a very naïve understanding of culture. As Anne Biquard (1991: 163, n. 37) explains, not only do activists fail to understand the word "tradition," but they fail to acknowledge that excision is part of a secret initiation ritual in many parts of West Africa, and that initiates have pledged silence. In most cultures in the Sahel, it is socially expected that one must go through a long learning process to achieve understanding. Therefore when West African women answer in sociological surveys that they allow excision to be performed on their daughters because "it is our tradition" (*ibid.*, my translation)—or, as I was often told in Mali, because "we were born and found this"—the unspoken meanings of this "tradition" need to be unpacked through a lengthy investigation. Boddy makes a similar point about an answer commonly given to such questions by Sudanese women, "it is our religion," which is usually promptly dismissed by activists as ignorance of "true" Islam. She writes (1991: 15) "[f]or the Sudanese women of my acquaintance religion is nothing less than their entire way of life."

Typical of the anti-circumcision literature is the strategy of first establishing the medical "facts" about the practice, and then devoting a section to the "reasons given for the practice." For instance, Dorkenoo (1994: 34) introduces her section entitled "Motives for and Functions of FGM" with the following remark: "The justifications for female genital mutilations are at first glance bewildering, often conflicting, and always at odds with biological fact." Then, in total disrespect for the diversity of cultural, political and historical contexts for the various practices arbitrarily grouped as female genital mutilation, she offers a mishmash of "beliefs" and "myths" from widely disparate ethnic groups (1994: 34-41). Similarly, Koso-Thomas offers a list of 10 "arguments" given in "defence of the practice" by various ethnic groups at various points in history, and then proceeds

to ridicule and invalidate them one by one through a medical analysis (1987: 10-12). Even Nahid Toubia, one of the most sensitive and theoretically sophisticated of the published international campaigners against female circumcision, after acknowledging that “FGM will not be eradicated unless those who are fighting for change understand the deeply felt beliefs of the people who practice it,” proceeds to offer the same type of decontextualized list of “the reasons given for FGM” (1995: 35, 37).

This type of decontextualized and ahistorical presentation of, in this case, the “sexually mutilated African woman” is the same type of feminist writing that Chandra Talpade Mohanty decries for its “discursive colonialism” (1991 [1984]). As with the case of much anti-circumcision writing, Mohanty’s “Western Eyes” could also belong to Third World feminists when they adopt the same “Western” discursive and analytical strategy which results in “the construction of ‘Third World Women’ as a homogeneous ‘powerless’ group often located as implicit victims of particular socio-economic systems” and “limits the definition of the female subject to gender identity, completely bypassing social, class and ethnic identities” (1991: 57, 64). When abstracted from their particular historical and sociological contexts, explanations of female circumcision result in “a typical orientalist essentialism” (Morsy, 1991: 21).

It is significant that Mohanty (1991: 57-58) used one of Hosken’s early publications (1981) as a prime example of one of the ways “colonialist” Western feminist writing objectifies and homogenizes women in the so-called Third World, in this case by portraying them as universal victims of male violence—a violence to be universally understood as a product of “global” patriarchy. Hosken, along with Morgan and Steinem (1979) and Daly (1978), was one of the first writers to group together conceptually all the different surgeries performed on female genitals across time and space and therefore to *create* “female genital mutilation” as a *global, unified issue*. Further, and to this Mohanty is vehemently opposed (1991: 66-67), Hosken, as have most feminist writers and activists since, equates female genital mutilation with rape, forced prostitution, polygyny, pornography, domestic violence and purdah, as all being violations of basic human rights. The danger in this, as Mohanty points out (*ibid.*), is that by equating these practices, feminists jump to the conclusion that the primary function and meaning of all of them is the “sexual control of women.” In this way, institutions such as purdah or female circumcision are “denied any cultural and historical specificity, and contradictions and potentially subversive aspects [i.e., ‘resis-

tance’] are totally ruled out.” The image which obtains is that of an “average Third World woman” whose life is constrained both by her gender and by “being Third World,” i.e., “ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.,” in contrast to the implicit self-representation of the Western or Western-educated authors of such texts as “educated, as modern, as having control over their own bodies and sexualities, and the freedom to make their own decisions” (*ibid.*: 56).

However one caveat is in order: while it is crucial to analyze female circumcision as a local phenomenon with specific cultural meanings, history and socio-economic and political underpinnings, it is important to remember that the conceptualization of the practice as another example of violence against women has developed as a counter to racist exoticizing. Toubia (1995: 37) explains that to “conquer” the defensive stance of Africans who are often offended and humiliated by the activist discourse on female circumcision, “FGM must be recognized as one form, extreme though it may be, among many forms of social injustice to women.” Anthropologists such as Hale (1994: 30) and Boddy (1991: 16-17) have felt the need to remind Western readers about practices which harm women’s bodies but are condoned in Western societies.

Another way in which the anti-circumcision discourse continues to sensationalize the issue is in its tendency to focus on infibulation, the most extensive surgery but also by far the least common: an estimated 15% of all cases according to Toubia (1995: 10). Michel Erlich (1991: 132) points out that in much of the literature, the technical details of infibulation are suggestively presented to highlight their odious character: the operators are portrayed as dirty and evil, and always use old and broken instruments. The female relatives of the girl are usually depicted as cruel and oblivious to the child’s pain. As if to prove this point, Efuia Dorkenoo (1994: 1-2) opens her book with a lengthy and graphic description of an infibulation. Erlich (1991: 132, my translation) points out that the colonialist literature, to which activists often turn for the most ghastly descriptions of genital surgeries, “too often privileged the most shocking and spectacular aspects of the exotic woman, who is represented in the most humiliating traits for Arab and African cultures.” Exacerbating the rage of many commentators at the “colonialist” discourse of many anti-circumcision activists is the actual history of colonial efforts to eradicate the practice (Morsy, 1991). Micaela di Leonardo (1991: 11) reminds us that “one major legitimization of Western imperialism, after all, had been that ‘they are brutish to

their women,'” and with regards to British colonialism in East Africa, Dallas L. Browne (1991: 251) specifies that “[b]ridewealth, polygyny, and clitoridectomy were especially repugnant to agents of British culture.”

Some African activists have argued against the internationalization of the campaign against female circumcision. The 1984 Dakar conference organized by the NGO Working Group on Traditional Practices Affecting the Health of Women and Children adopted some resolutions which proposed “that female circumcision be discussed by African women and only within the context of other problems” (Boulware-Miller, 1985: 176). Interestingly, Efua Dorkenoo (1994: 72-73), who describes that Conference, makes no mention of those resolutions. Some anthropologists, too, have urged their colleagues to stay away from this issue. Nancy Scheper-Hughes (1991: 26) once advised her fellow “concerned women anthropologists”: “Hands off! Enough is enough! . . . Let Egyptian and Sudanese women argue this one out for themselves.”

But *which* Egyptian, Sudanese or Malian women actually participate in this debate? Vicki Kirby's 1987 (38) observation, that those African women activists who write about the issue are professionals who hold privileged positions in their societies, and that seldom in the literature does “the voice from the countryside . . . emerge with any clarity” still holds true today. To fully recognize the particular histories and social contexts within which women who practise female circumcision live their lives implies recognizing that different groups of African women are deeply divided on this issue, along class, religious, ethnic and other lines. This division is illustrated by Browne (1991: 246) for Kenya where he reports that Kikuyu women with little Western education see the attack on clitoridectomy as an attempt to destroy their culture, whereas Western-educated Kikuyu women and African women from ethnic groups that never circumcised women are vehemently against the practice. It is important for scholars and feminist activists to document and acknowledge the leadership of African women's groups against circumcision, but also to give voice to the women and men who advocate the practice, and to all positions in-between.

The Politics of Excision in Mali

The above political and theoretical considerations led me to choose to carry out research on excision focussing on the internal debates within Mali, West Africa. Methodologically I chose to engage in “action research” (see Reinharz, 1992: 175-196; Wolf, 1996: 26-31) with a women's group working towards the eradication of excision in

Mali. Many considerations led to this choice. As someone with a background in international development, I am interested in processes of directed social change and in the actors who spearhead local debates around culture, particularly with regards to gender issues. I am convinced that working in collaboration with an organization that aims at social and/or cultural change, while it may close some doors, does not prevent good ethnographic work. Feminist theory, even before the “postmodernist turn” in anthropology, has taught us that there is no possible “objective” location from which to carry out ethnography (Mascia-Lees et al., 1989)—an argument similar to that made within the discussion on relativism above. Further, as Gail Omvedt (1979) argued long ago with regards to her work with a feminist organization in India, much can be learned about a cultural practice from the reactions of people towards efforts at modifying or stopping it.

Second, my own socialization caused me to fear that I could not study excision fairly *as a ritual*. The idea of witnessing the surgical event made me feel very uncomfortable, as I feared that I would not be able to hide my disapproval or my revulsion. It was by accident that I first stumbled upon the issue of female genital surgeries while doing research in 1993 with Somali immigrants in Toronto (Gosselin, 1993). In 1994, preparation of a brief on female circumcision for internal use at the Canadian International Development Agency (CIDA) convinced me that there was renewed interest on “female genital mutilation” in development agencies and that there was a great need for cultural and historical contextualization of the operations. At that time I met a feminist activist from Mali, who was speaking in Ottawa on women's rights as part of a Canadian tour, and this seemed like a fortuitous opportunity. We talked and she accepted my offer to work in collaboration with her organization. I designed a research project that I thought could counter the impression that African women were passive victims of “tradition.” At the same time, I hoped that my work could help improve the design of local programs against excision.

My main field site was the office of this Malian women's association in Bamako, the capital of Mali. Bamako is a growing city of 1 016 167 people (Direction nationale de la statistique et de l'informatique, 1998: 59)—roughly 10% of the population of the country. All of the country's ethnic groups are represented in Bamako, and inter-ethnic marriages seem increasingly common. Bamankan, a Mande language, has become dominant in the capital and in most of the country, even though French is the official language. People from Mande cultural groups

form approximately half of the country's population: among them are the Bamanan, Malinke, Soninke and Khasonke, most of whom are farmers, and the Bozo and Somono fisherfolks. Rural Mande people live primarily in the central and western parts of the country. The south-east, close to the border with Ivory Coast and Burkina Faso, is mostly home to the Senufo and Minianka people, two closely related groups of farmers. The less densely populated north and northeast, where the Sahel becomes desert, is home to the historically nomadic Tamashek (or Tuareg) people and, further to the east along the Niger river, to the Songhay, who are generally farmers. The Dogon are a small group of subsistence farmers who are concentrated in the Bandiagara cliffs near the city of Mopti between the Bamanan city of Segou and the Songhay city of Gao. The Fulani, historically known mostly for cattle herding and trading, are present throughout the country. The Malian population includes numerous other smaller groups. Over 80% of the active population of the country works in agriculture, animal husbandry and fishing (Coulibaly et al., 1996: 2). The great majority of Malians practice Islam: 91% of the respondents in a recent national health survey professed their belonging to this faith (ibid.: 27).

I present here an outline of the current state of the debates on excision in Mali, based on preliminary analysis of field data, including a survey with 400 respondents, selected open-ended interviews, participant-observation and attendance at two national seminars on excision held in Bamako in June 1997. I also draw on local newspaper articles. Working in a multi-ethnic urban setting, I could not limit my research to one particular ethnic group, but learning Bamanan led me to focus more on Mande culture(s). Participant observation in the women's association office, in my residential neighbourhood in Bamako, and during various stays with families in Bamako, Kayes and Sikasso provided me with background information to contextualize the data I gathered in directed interviews on excision. Having chosen action-research purposely as a feminist and ethical approach to data collection, it was important for me to design a research project that would bring tangible benefits to my host association. It was therefore in consultation with the association's leadership that I developed a study to evaluate the impact of their anti-excision campaigns in four regional capitals, Kayes, Mopti, Segou and Sikasso.

In each city, 100 survey respondents were chosen at random. Sampling was done by creating population clusters using a city map, numbering these clusters and randomly selecting 10 of them (see Bernard, 1995: 99-100). I originally intended to map the households in each clus-

ter and then randomly select five of them. I then planned to interview two people in each of the five households, one man and one woman. However, this method proved socially unacceptable, as people were suspicious of our motives for mapping their neighbourhood. Instead, my assistant, Mariam Diakité and I entered each of the 10 clusters from wherever the taxi would drop us off (not all streets were passable), and interviewed the first 10 willing people. We did not interview more than two people per household, but we often had to interview two of the same sex. In many households only one person would volunteer. Generally our sample contains more women than men, and youth and people educated in French are also overrepresented. In addition to these interviews, in each of the four cities we spoke with 10 community leaders (administrators, health personnel, religious leaders, NGO leaders and *dugutigiw*—in this case neighbourhood "chiefs"), with up to 15 members of the women's association, and with as many circumcisors as were willing to talk to us (a total of nine for all four cities). The interviews were done in Bamanan or in French.

Excision in Mali is currently practised by all ethnic groups except for some Tamashek, Songhay and Dogon communities. An overwhelming majority of adult women in Mali have been excised. In 1997-98 Mariam Diakité and I interviewed a total of 223 women 15 years and older: of these, 214, or nearly 96%, said they were circumcised. In fact, for most of them this was such an obvious fact that they were surprised at the question. For instance, we interviewed a 28-year-old Soninke woman in Segou, married with five children, who attended Koranic school as a girl. When asked what her occupation was, she said "*Ne te baara*"—I don't work—a common way for women to say that they work at home. When asked "Are you excised?" she answered "Yes!! It's only now that people are saying that we should stop excision!" This woman was experiencing this societal change at a very personal level. When we asked her "What are the consequences of excision?" she did not answer directly but instead shared this: "My twins were excised a long time ago—they are 12 now—but the youngest one has not been excised yet. Her father says that it is not good to excise but our female elders (*an mūsòkòròbaw*) say we must have her excised otherwise she will become a prostitute."⁷

Our results for Kayes, Segou, Sikasso and Mopti are consistent with the results of the national Demographic and Health Survey (hereafter DHS) published in Mali in 1996. Having surveyed 9 704 women between 15 and 49 years of age across the country, these researchers found that 94% of women reported having been circumcised:

52% of those said they had undergone clitoridectomy, 47% excision and less than 1% declared having been infibulated (Coulibaly et al., 1996: 185). There was no marked difference in rates between younger and older women. Statisticians who analyzed the DHS results concluded that the only significant variable affecting prevalence was ethnicity, with only 17% of Tamashek and 48% of Songhay women reporting having been circumcised (ibid.: 186).

The DHS concluded that “the great majority of women” in Mali are in favour of the continuation of the practice: 75% of those they interviewed (ibid.: 196). However, education was an important variable: of the women who had a secondary education level or higher, only a minority (48%) advocated maintaining the practice (ibid.: 196, 197). There was also a rural/urban divide: while 80% of rural women wanted the practice to continue, 65% of urban women did. The DHS survey, however, asked women to select only one of two options: should excision be continued, or stopped. In contrast, our open-ended questions allow us to distinguish between a minority of women who *actively* support the practice, and the majority who are indifferent, have never thought that it could be an option not to excise, or do not dare question elders’ authority. For the majority of Malians who live in multigenerational, patriarchal family compounds, to critique or even question a practice which has become reified as “tradition” is not to question an abstract notion, but to challenge the authority and will of an elder (male or female) who is owed respect and obedience and with whom one is in daily contact. This challenge could result in one being expelled from the compound and socially isolated—a situation which in Mali, and especially for women, could threaten one’s very subsistence.

Adopting a critical stance in such conditions requires extraordinary courage, as the following exchange demonstrates. The respondent is a 31-year-old married Fulani woman living in Segou, who has attended Koranic school, works at home and has three living children, two boys and one girl.

According to you, why is excision practised?

We were born and found that it is done here. Some say it is good, others say it is not good. All Malians are not in agreement over this issue.

What are the consequences of excision?

For me excision is good but also it is not good. It is you yourselves [i.e., white people] who talk about the problems.

What will happen to a girl if she is not excised?

To say that if a girl is not excised, she will get one disease or another, myself I don’t know.

Who practices excision in your neighbourhood?

What I know is that *numuw*⁸ do it—a noble does not do it. [Here she gathers her strength, and adds:] For me excision is not good because my second daughter when she was excised she lasted 2 months without healing and she did not survive. [Pause] When you find something it is what you do.⁹

Unlike the DHS researchers, I also polled men on their opinions of the practice. Of the 168 men aged 15 and over randomly selected in the four cities, 35.7% said that female circumcision was a “bad thing” (“*mùsòmànnin ka bolokoli a man nyi*”), as opposed to 22.9% of the women. Generally (but by no means in all cases), educated men in positions of power were the most vocal against the practice. Indeed, male novelists and filmmakers were among the first to bring excision into public debate in West Africa, notably Yambo Ouologuem (1968), Ahmadou Kourouma (1970) and Cheick Oumar Sissoko (1990). Often, opposition to excision by “*les intellectuels*” (as the small educated elite in Mali call themselves) is linked to their embracing modernity—excision is seen as an embarrassing, outdated practice, advocated by “*les traditionalistes*.” Yet even such members of the elite can not always afford, socially or politically, to campaign against excision. Here are some excerpts from a conversation I had, in French, with the *Gouverneur* of one of the eight administrative regions of Mali, a man in his late 40s who travels to Europe regularly:

Personally, are you for or against excision, and why?

Against. With my friends and relatives we have discussed this a lot. But people always try to convince me that this practice protects women and the family. Yet no one has an explanation for it: young girls don’t even know why it is done nor what the dangers are.

What do you think about the campaigns against excision by the government and other groups?

Up until now they have been rather timid, because the fight against excision is a very delicate matter. The government has had information campaigns but has chosen not to legislate. The government is afraid: it uses women’s associations to educate the public. Eventually the government will need to take responsibility.

Considering the influential role you play in the community, would you be willing to publicly speak up against excision?

Yes, just as I speak up in front of my parents [i.e., all his relatives from age-groups older than his own], even though they don’t give me the right of speech. But I do not mean by that that I could forbid it [excision]. Our society is so tricky that my opinion may not have an impact . . .¹⁰

Living and working in Mali for one year, I became convinced that female circumcision is not a priority for the majority of women: poverty is. According to data published by the Malian government in 1996, 71.6% of the country's population lives below the poverty level (ODHD, 1998: 1). Many are hungry. Through participant observation in the women's association's office I encountered many women who came for help. Although I was not always privy to their stories, a series of recurrent types of problems became obvious over time. Most common were economic difficulties (lack of money to purchase food, medication or other necessities), and second, marital disputes: unwanted marriages and divorces, conflicts related to polygyny, husbands not contributing their share of the household budget and domestic violence. Other common problems concerned inheritance and workers' rights. Even though it was clear to all the staff that I had come to study excision, and even though the association has been very public in its opposition to the practice, in a one-year period I was only made aware of a few cases directly concerning this issue. One was a letter from a French lawyer concerned that a Malian girl born in France had been sent to Mali to be excised. The other cases concerned traditional circumcisors who had contacted the association in the hope of participating in its income-generating programs for those willing to publicly abandon the practice (see Gosselin, in press).

Programs with traditional circumcisors (*numu* women) represent one strategy in the campaign against female circumcision in Mali. This campaign¹¹ has been led mostly by NGOs, although the women's branch of the political party under Moussa Traoré's regime, the Union Nationale des Femmes du Mali (UNFM), did organize some activities in the 1980s. The Centre Djoliba in Bamako, a Catholic development organization, was the first NGO to start an anti-circumcision program in 1981, followed by COMAPRAT, the local chapter of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in 1984. After the 1991 overthrow of Traoré's regime, the UNFM was dissolved and so was COMAPRAT, whose activities were continued by a newly created organization, the Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT). Following the 1991 lifting of restrictions on political rights which had outlawed most civil society organizations, a host of NGOs and women's associations have been created, some of which have worked on excision, often with the support of multilateral, bilateral or non-governmental aid donors. In 1997 the Commissariat à la Promotion des Femmes created a national committee on traditional practices detrimental

to the health of women and children. This committee has made excision its priority.

To date those campaigning against excision in Mali have largely based their argument on the health hazards of the practice. In contrast, few have tried to redefine excision as a violation of the rights of girls. This line of argument goes counter to local concepts of childhood and "rights-in-persons" (after Kopytoff and Miers, 1977). Mande societies are very hierarchical to this day, with social superiors having rights in social inferiors: parents have rights in children, husbands in wives, older siblings in younger siblings, etc. These rights are lifelong and hardly compatible with the egalitarian ethos of *individual* human rights. Most activists in Mali also fear that the "right to bodily integrity" and the "right to sexuality" arguments would be attacked by many as originating in Western—read colonial—discourse. Some who are against the campaign have portrayed it as a Western/French/Christian propaganda war, tapping into a common humiliation at the memory of colonialism (Mali won its independence from France only in 1960) and a generalized discontent with the failure of economic "development."

Those leading this anti-Western movement generally advocate a "purified" Islam as an alternative model of society to the "modernized" future envisioned by Western-educated elites. In this conflict over incompatible visions of society, girls' bodies have become a battleground, since excision acts as a symbol of different allegiances. An illustration of this was provided when, during the government-sponsored national seminar on excision in Bamako (June 1997), a local Islamist newspaper was distributed in which the following passage appeared: "Westerners want to deceive and poison the thinking of African women so that they will abandon African customs" (Anonymous, 1997, my translation). Two months later a longer article appeared in a Bamako Islamist bimonthly, entitled "But why does the Christian West fight against excision practices?" The author of this piece asserted that the "Catholic" West (i.e., France) did not truly care about the health of African women, but that rather, the anti-excision campaign was "first and foremost a logical continuation of the domination by a race said to be civilised" (Diarra, 1997, my translation). The well-publicized trials of Malian circumcisors and parents in France (see Lefeuvre-Déotte, 1997) have fuelled this line of argument.

The Islamist pro-excision discourse in Mali presents a view of female sexuality as insatiable and in need of control. Widely reported in the literature on women in Muslim societies, this view seems to be gaining currency in Mali, where it has been championed by the reformist

Wahhabiya movement (see Turriffin, 1987: 100-101). The control of women's sexuality (through excision and other means) is deliberately articulated by some leaders as the only way to avoid the "debauchery" (*la débauche*) that they see in Western societies. A 25-year-old mother of three we interviewed in Kayes espoused that view. Asked why excision is practised, she colourfully exclaimed: "Because when a girl is not excised, *a te fa ce ko la!*" (she does not get her fill of men). When asked what she thought of uncircumcised women, she was categorical: "They are lost. They run after men, they go into bars, they do anything."¹² A 59-year-old school principal in the same city, father of 12 girls and two boys, explained: "Excision attenuates a girl's arousal, therefore it reduces debauchery. Your daughter will not start to have sexual relations early, since she won't feel like it, therefore she will be able to keep her virginity for a long time."¹³

The menace of female sexuality is also apparent in Mande beliefs concerning dangerous powers residing in the clitoris. While Dieterlen (1951) reported the term *wanzo*, McNaughton (1988), Brett-Smith (1982) and myself (Gosselin, in press) heard that excessive concentrations of *nyama*, the world's fundamental and awesome energy, are found in the clitoris. This explains why some informants believe that if not removed, the clitoris could harm men during intercourse and babies during delivery. It also begins to explain why previously only *numuw*, people of the blacksmiths/potters caste with specialized ritual knowledge, were allowed to perform the dangerous operations of male and female circumcision (Gosselin, in press; Kanté, 1993: 177-199; McNaughton, 1988: 66-71).

One of the Mande words used to talk about male and female circumcision, *seliji*, indicates how the practice of excision, which predated the arrival of Islam in the region, has been inscribed with Muslim meanings. *Seliji* is a compound word formed by the words for praying, *seli*, and for water, *ji*. It literally refers to the ritual ablutions that Muslims must perform before praying, and points to a local belief held by some pious Malians who are convinced that, just as uncircumcised men can never be ritually clean and therefore able to pray, neither can unexcised women. A 50-year-old Fulani woman interviewed in Kayes stated: "In our religion [Islam] it is said that we have to circumcise girls so that they are really clean, so they will pray and fast [during Ramadan]."¹⁴

Imams interviewed in Mali, however, insisted that according to the sacred texts of Islam, female circumcision is not mandatory, only recommended. Those religious leaders advocating the practice from a militant Islamist perspective are trying to dissociate it from its

earlier meanings linked to the practice of traditional Mande or other local religions. This they do indirectly by lobbying for the medicalization of excision, which they argue would standardize it and make it safer. What they do not say is that medicalizing the practice takes the monopoly of circumcision and excision away from *numuw*, who are custodians of non-Muslim religious, magical and medicinal knowledge. This conflict might reflect the long-standing rivalry between the local Muslim teachers and healers, called *marabouts*, and *numuw* (see McNaughton, 1988). My data indicates that, at least in urban centres, the practice of male circumcision has already become the prerogative of medical personnel, and that there is also a growing tendency for girls to be excised by male and female health workers, including midwives (Gosselin, in press). This medicalization and the possible cessation of the practice threaten to cause a loss of income for traditional circumcisors.

The question as to whom excision benefits today in Mali is not easy to answer. The women (and few men) who operate on girls, whether *numuw* or medical personnel, supplement their income with this practice. In the case of *numu* women, excision is central to their identity and status, as circumcising has historically been one of their most important ritual roles (*ibid.*). Where excision still takes place within puberty initiation rituals, the instruction that girls receive clearly works to support local patriarchal and gerontocratic structures, as it teaches them to obey husbands and elders (Diarra, 1992; Rondeau, 1994). The surgery may function to inscribe this lesson in the body. If excision works to reduce female desire and thereby limits premarital sexual activities, it benefits the girl's patrilineage since virginity in brides is valued. However there is little in the data showing that excision in practice produces this result; in fact when pressed, most informants admit that there is no difference in behaviour between excised girls and those from non-excising communities such as some Songhay groups. Other women stand to gain from advocating the practice, such as the female political and religious leaders who decry the anti-excision stance of the current government, and older women whose interests have merged with that of the patrilineage. In fact it is often paternal aunts, acting on behalf of the patrilineage, who arrange for excisions. It also seems that older, generally postmenopausal women (*mūsòkòròbaw*) want to keep control over this gendered sphere of power: they are responsible for affairs regarding women's sexuality, and generally resent the intrusion of those men who speak against excision, one of the few cultural areas in which they have control.

The female genital operation practised today in urban Mali is different from that which most people in the country have historically known. For Mande groups, boys' circumcision and girls' excision have functioned as puberty rituals, marking the passage to, or one step towards, adulthood (Diarra, 1992; Grosz-Ngaté, 1989; McNaughton, 1988; Zahan, 1960). The rite socializes youth and their sexuality, putting an emphasis on fertility (Diarra, 1992; Rondeau, 1992; 1994). During the healing period, male and female initiates are taken (separately) to a liminal site and instructed on topics ranging from sexuality to childcare and proper etiquette. Two Bozo women in Mopti provided us with a glimpse of past excisions as rites of passage:

Can you describe your excision for us?

A 45-year-old woman: "It has been a long time! I was 11 or 12. It was at that age that it was done. And for the boy, he was circumcised, and sometime later, he was given a wife." (Interview Mf31, 05/03/98)

A 37-year-old woman: "Everybody else healed before I did. We had to jump a wall, and when I jumped I got hurt. There were two or three hundred girls. They bring you to the river. All Bozo went there at that time." (Mf49, 07/03/98)

During the rite, bravely overcoming fear and pain was extremely important, and considered to prepare the child for the demands of adulthood. A 55-year-old Malinke woman in Sikasso shared this with us: "Times have changed. Now it is done on young girls and they cry. Before it was done to big girls, they knew that they were *horon* ["noble"] and that they could not open their mouths to cry. They did not cry" (Sf29, 17/10/97).

This woman's impression is corroborated in the DHS results: the median age at excision was found by Coulibaly and his colleagues (1996: 189) to be 6.3 years, and in steady decline. For women 45-49 years old, the average age at excision was 8.8 years, for those 30-34, 6.7 years and for the youngest bracket in the DHS, women between 15 and 19 years of age, it was 4.3 years (*ibid.*). All of my informants reported that excision in urban settings is increasingly practised on infants. While operating on infants seems to have been the norm for the Soninke (N'Diaye, 1970; Pollet and Winter, 1971), for other Malian Mande groups this represents a change and has been accompanied by a loss of the rites previously surrounding the practice: only the physical operation remains.

Anti-excision activists and policy-makers in Mali currently find themselves in a difficult position. The focus on health concerns has somewhat backfired, giving support to

those who advocate medicalization of the practice. On the other hand, advocacy of the right to the enjoyment of sexuality, while it appeals to those (mostly young men) who aspire to individualism and "modernity," would discredit the campaign in the eyes of the majority of the population. This conundrum has led some activists to press for legislation, but legislators, already under a crisis of legitimacy, are not in favour of having to enforce what would almost certainly be a highly unpopular law. The official position of the government so far has been against legislation, and we can assume that politicians would not legislate against excision unless they felt that a majority supported ending the practice—which is clearly not the case at the present time in Mali. Ironically, most of those who have analyzed the campaign in Mali agree that the only way that excision could be stopped quickly would be by going through existing patriarchal authority figures, such as *dugutigiw* (village or neighbourhood "chiefs," always male). They have the authority and legitimacy that the Malian state is still struggling to establish (cf. Fay, 1995; Schulz, 1997).

Excision continues to be practised by the majority in Mali today, I would argue, mostly because the superstructures for ensuring hegemonic conformism are still in place (a view also held by Diallo, 1997; cf. Mackie, 1996). Even those who might be convinced by health arguments might not want to risk their daughter's future humiliation. While a non-circumcised woman will probably find a husband (and some men—but by no means all—told me that they preferred uncircumcised women as sexual partners), she might always be stigmatized as *bilakoro*. This word literally means "uncircumcised," and it is used as a very serious insult for both men and women. It always carries the connotations of immature, irresponsible, weak, generally unworthy, and sometimes also of dirty and oversexed. While it is true to say that acceptance by the group is crucial everywhere for psychological well-being, it is particularly so in a society like Mali where production and redistribution of food and wealth are largely organized through family groupings.

Further, the campaign against excision has appealed mostly to the educated elite, and to youth of both sexes. While the former are often weary of being rejected as having become too Westernized (*a kera túbàbu*—s/he has become "Tubab" [white] is a common insult in Bamako), younger parents often do not have the authority to prevent their daughters' excision. In cases of intergenerational conflict, debates around excision become vested with political meanings, as elders struggle to maintain their legitimacy. In urban contexts where youth increasingly challenge older institutions and the elders

who are seen to embody them, challenging *any* practice which has come to be defined as “traditional” is seen as part of a youth rebellion (cf. Rondeau, 1992; 1994).

Conclusion

As I have outlined in the first part of this article, the debate over female circumcision in global forums has become extremely polarized (cf. Walley, 1997). One division is within the international women’s movement between those who advocate a complete eradication of the practice, seen as a form of violence against women, and those who see this campaign as misdirected and urge feminists to focus on more pressing economic issues. This echoes the wider challenge to the “global sisterhood” movement that has been voiced since the 1980s by women of colour and others who feel that feminism has become a white, middle-class discourse. Critics have argued that the privileged position of white, middle-class Western women has allowed them to define the feminist agenda in ways that reflect their own interests, notably by focussing on issues of sexuality while downplaying the economic issues African and other historically disadvantaged groups face. These groups have demanded participation in the forums in which the cultural meanings of “feminism” are determined.

Another line of division has resulted from the debate over cultural relativism, accentuated in the growing international focus on human rights (particularly after the 1993 UN Vienna Conference) and on women’s human rights (especially since the 1995 UN World Conference on Women at Beijing). This strategy has been used by activists to demand protection of minorities’ rights, political freedoms, and increasingly, a redress of the injustice of the global economic order through the push to include economic rights in human rights (see Messer, 1993). Despite the empowering potential of this approach in general, I have questioned whether to define female circumcision as a human rights abuse is the best strategy. Certainly in Mali most activists do not see it as an argument that could win support for their campaign. Anthropologists have found themselves in an awkward position for, while cultural relativism initially evolved as a means of countering Western ethnocentrism, it has also been used by some political leaders to justify oppression or inaction in the face of human rights abuses. This awkward position is reflected in the American Anthropological Association’s recently proposed Declaration on Anthropology and Human Rights (AAA, 1998), which continues to reflect the tension between individual rights and the collective right to cultural difference.

As Preis (1996) and Walley (1997) have recently discussed, the polarization between, on the one hand, “cultural relativists” who think that Westerners should stay away from female circumcision altogether and, on the other hand, those who advocate a global campaign to eradicate it, is based on a functionalist view of culture which does not reflect current realities. Global currents of ideas, such as human rights, Islamic revivalism, and feminism, have been added to historical internal dynamics to create ongoing debates over the cultural meaning of the practice. It is faulty to continue to pit “African women” against “Western feminists” in this controversy, since both these groups are internally heterogeneous.

The debates over excision in Mali reflect this complexity. They demonstrate that the practice is not simply a case of patriarchal oppression of women by men. Some women stand to gain from the practice, particularly circumcisors, some female political and religious leaders, and older women whose interests have merged with that of the patrilineage. These debates are also enmeshed within a wider challenge to gerontocracy by youth, and changes to the way excision is practised reflect the decline of the caste system and of traditional, non-Muslim religions. Finally, debates over excision in Mali reflect conflicting visions for society: alignment with the West *versus* the Islamist world, and this in the context of the failure of the Western development path.

While using a poststructuralist understanding of culture to analyse debates around excision allows a more sophisticated analysis of the various dynamics at play, it does not, as Preis (1996) hoped, enable us to avoid the relativist/universalist ethical debate. For instance, based on the recognition that there are internal divisions on the issue, commentators often advocate that anthropologists and feminists support (if invited) local women’s groups working on the issue: yet these groups do not function independently of the social systems in which they exist. One must ask, who are these local women’s groups? Whom do they represent and what are the interests of their leadership and of their membership? There are local dynamics of supply-side development, patronage systems and even electoral politics that influence the work and discourses of these groups. Ultimately a focus on the politics of culture allows for a better understanding and contributes to a “de-colonizing” of the discourse on “female genital mutilation,” but it does not altogether resolve ethical dilemmas presented to anthropologists. In the end, it remains for every individual to make personal choices as to the role one wants to play in these debates and in the global community.

Notes

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- 2 I avoid using the phrase "female genital mutilation" because in my opinion it contributes to sensationalizing the issue for Western audiences, and is insulting to those from groups where such operations take place. When talking about the practice in Mali I use the term "excision" because that is what is used by French-speaking Malians.
- 3 Gruenbaum (1996: 472-473, n.4) gives a succinct description of infibulation: "It consists of removal of the clitoris, prepuce, inner labia, and part of the outer labia, followed by the closure of the tissues over the vaginal opening. The resulting scar tissue occludes the urethral and vaginal openings, with only a single tiny opening preserved for the passage of urine and menses."
- 4 Clitoridectomy refers to the removal of part or all of the clitoris; excision refers to the removal of the inner labia as well as the clitoris.
- 5 It is estimated that between 10% and 98% of women (depending on the country) have undergone some form of female circumcision in 26 African countries (Toubia, 1995: 25). Small immigrant populations from these regions sometimes continue the practice in their host countries. Activists usually mention instances of female circumcision among some ethnic groups in Asia and Latin America. When those reports are substantiated they generally concern small minorities or groups that have now abandoned the practice. There is also a tendency to overstress the number of European and American women on whom clitoridectomy was performed at the beginning of this century.
- 6 See James, 1998 for a recent critique of this controversial film.
- 7 Interview Gf29, 02/12/97.
- 8 *Numu* (pl. *numuw*) is usually translated as "blacksmith." However, I prefer to use the Mande term, because *numu*

women do not practise smithing, but pottery, and because *numu* men are (or have been) responsible for many other crafts, such as wood carving and divination. *Numuw* of both sexes can practice healing (using herbs and rituals), and a few train to become circumcisors (men circumcise boys and women operate on girls). *Numuw* are one of the Mande endogamous socio-professional groups that have been described as "casted" in the literature (see N'Diaye, 1995 [1970]). The classic account on Mande *numuw* is McNaughton's (1988).

- 9 Interview Gf54, 07/12/97.
- 10 Interview KD6, 05/09/97.
- 11 The history of the campaign remains unwritten. My account is based mostly on the presentation of Assitan Diallo, a Malian researcher who has been working on this issue for 20 years, at the National Seminar on Excision held in Bamako in June 1997, and on interviews at the Commissariat à la Promotion des Femmes in May 1997 and April 1998. I apologize for any omissions.
- 12 Interview Kff21, 18/09/97.
- 13 Interview Kh25, 18/09/97.
- 14 Interview Kf5, 12/09/97.

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