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DISPUTING THE MYTH OF THE SEXUAL DYSFUNCTION OF CIRCUMCISED WOMEN: AN INTERVIEW WITH FUAMBAI S. AHMADU BY RICHARD A. SHWEDER (2009). A REJOINDER

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Abstract
This is a rejoinder against female circumcision [FGM]. Ahmadu and Shweder's (2009) manuscript denied any harm to the procedure. The reason given for upholding female circumcision is to keep the clitoral hood clean to avoid infection, to curb the intense sexual pleasure of females, and to control their bodies. The rejoinder was written to counter those points and to show that there is no benefit to the harrowing pain and deaths that are associated with the ritual. Arthur argued that FGM should be prohibited in all countries and violators prosecuted and imprisoned as a deterrent to those who violate it.

Keywords: Female-circumcision, Female genital Mutilation, Clitoris, Ritual, Pain, Barbaric

1.0 Introduction

"There are different types of female genital cutting practices that are performed for many different reasons, and these practices prevail in diverse sociocultural contexts, so not all women who are affected necessarily support these practices or view them as empowering to girls and women" (Ahmadu, 2009: 15).

To get a grasp of this rejoinder it is relevant to read their original manuscript which can be found at this link https://www.researchgate.net/publication/227715481 This rejoinder is divided into two subsections, the first is a detailed introduction to the problem of Female genital mutilation FGM, which is wrongly called female circumcision, its spread and consequences for survivors. The second sub-section is a rebuttal of Ahmadu's assertions in support of female circumcision [FGM].

From the above citation, the last two sentences contradict the premise of Ahmadu's paper. The fact that not all circumcised women support the ritual or view it as empowering may be the reason anti-FGM NGOs and human rights activists have proliferated across the world to oppose

the harrowing practice of Female Genital Mutilation [FGM] wrongly referred to as female circumcision which Fuambai Ahmadu and Richard Schweder strongly defend. Through the work of international organisations, human rights activists, survivors of FGM, and International feminist organisations, the perennial problem of female genital mutilation has become the front burner in contemporary times. Opposition has intensified as the cultural ritual that was openly celebrated in Nigeria and a few other countries decades ago has gone underground to avoid the arrest and prosecution of mutilators in countries where it is illegal. Although it is done covertly where it is not legal, the focus on FGM doesn't seem to fade as this barbaric and cruel practice continues in Egypt, Sudan, and East and West African countries including Nigeria with the third highest survivors in the world (Correspondent, 2024).

As an advocate for female circumcision [FGM], Fuambai Amadu presented papers and speeches across the USA and Canada and in her native Sierra Leone unchallenged even as a few pain addicts from her tribe and in North America aligned with her to defend the most barbaric practice known to females. Given this brief background, next is a detailed introduction to the problem of Female Genital Mutilation.

The sub-regions of West and East Africa, and Egypt and Sudan in North East Africa have sustained the barbaric practice of FGM for far too long. The length of time is from the Second-century era of antiquity when a Greek Historian Agatha Chides of Cnidus reported that tribes in Western Arabia (present-day Egypt) were found circumcising their daughters (Althaus, 1997). Through historical epochs, the inhumane practice has spread to some African countries as mothers refused to learn from the trauma of pain to end this despicable and inhumane practice. Instead, they sustained it hoping to enforce chastity on innocent young females who were never notified about the potential harrowing pain and long-term consequences that would befall them. Their failure to notify was not deliberate as the other children were only weeks or months old; some were toddlers; the others infants could barely understand anything. However, the majority of those in their early teens were not notified about the risks of extreme pain and bleeding or future consequences. That assertion is not fortuitous as African traditional practices have no fundamental human rights; seemingly they were unable to adhere to rights that are unknown to illiterates bent on sustaining anachronistic practices of different sorts that were and remain inimical to the rights of young minors, teenage girls and women (Nnali et al, 2022). Whether in the past or present era, men and institutions deliberately negate compliance with the fundamental human rights of individuals especially that of females and minors. To illustrate their violation, there is no age of consent as no one is afforded exemption including sickle cell females or those with morbid conditions incapable of surviving the pain of a ritual that has no anaesthesia. Gleaning through Ahmadu and Schweder's (2009) manuscript, they were unable to give any medical reasons for the perpetuation of this traumatic ritual. Their argument is to keep the clitoral hood clean to avoid contracting diseases and to beautify the external genitalia. Through the enforcement of their primitive ethos and

senseless rituals, females bore the brunt of cultural cruelty. After all, within African cultural traditions, men spuriously relegated females as second-class citizens, they termed them to be inferior. This explains why every perceivable social injustice and cultural abuse and violence is on the young teenage girls and adult women. From medieval-minded Taliban rulers of Afghanistan to African traditional and Islamic institutions where men dominate, many young girls are barred from attending schools as they are compelled to marry as young as 12 or 13 years of age. In other words they were forcefully given out to marriages to elderly men fit to be their grandparents (UNICEF, 2021). The situation is similar in northern Nigeria where 80% of child marriages occur (Vox Dev, 2023). The same high levels of child marriages are prevalent in other parts of West and East African countries where Muslim religion is predominantly practiced (Save the Children, 2021). This inappropriate attitude is so rampant that the Sierra Leone First Lady publicly celebrated a law outlawing child marriages (Kamara, 2024). But she ignored the daily trauma of FGM and the harrowing experiences of Sierra Leonean girls at risk of death.

Despite the high mortality rate, FGM continues unabated in big cities like, Cairo, Khartoum, Addis-Ababa, Nairobi, Freetown, Conakry, Mogadishu and Asmara the capital of Eritrea. Further afield where it is illegal, FGM continues covertly in large mega cities like Lagos Ibadan, and populous Yoruba states in Western Nigeria. It also continues in Mid-Western and Eastern Nigerian Igbo-speaking states where one had hitherto thought that formal education and civilisation could reform human minds to desist from barbaric inclinations against females.

Egypt was the cradle of civilisation in the ancient world, rather than copying the good aspects of that civilisation; it is the mutilation of girls that they copied, and it subsequently spread to West and East African countries. One often wondered why the sexual desires of females must be curbed by cutting off their clitoris. Is it not natural for an adult to have sexual feelings? Why are the men not castrated to curb their sexual cravings? Must the clitoris be cut off to stop women from becoming prostitutes? How about the majority of African females an estimated population of 743, 477 106 million (Countrymetres Africa, 2014), whose clitoris were not mutilated? These rhetorical questions are personal given my deep concern for innocent females at risk of mutilation.

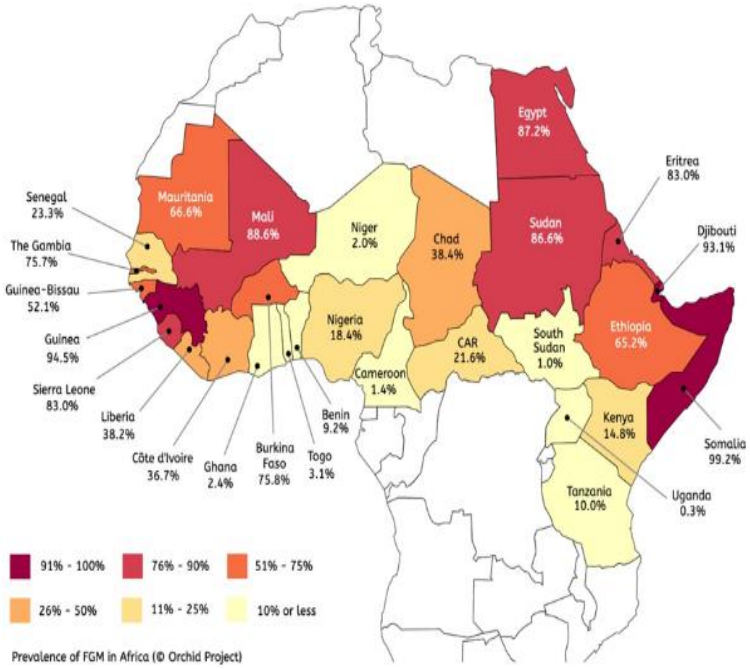
“The report reveals that over 230 million girls and women worldwide have undergone FGM – a 15 per cent increase, or 30 million more girls and women, compared to the data released eight years ago. The largest share of the global burden is found in African countries, with over 144 million cases, followed by over 80 million in Asia and over 6 million in the Middle East” (UNICEF, 2024). These figures exclude Diaspora communities globally. Unfortunately, Fuambai Ahmadu could not respond to these rhetorical questions in her manuscript.

Despite decades of campaigns against FGM, nothing has worked to bring an end to this cruel ritual. Instead, native Africans have defied the past and present legislative enactments from some religious institutions

and civil and human rights organisations to continue this harmful practice. In the modern era, government laws and threats of arrest and imprisonment against perpetrators did not discourage Africans from behaving differently as rational human beings living in the post-modern world of the 21st Century. Instead of adhering to the advice of trained medical doctors who view female genital mutilation as medically unnecessary and harmful to the reproductive and orgasmic rights of females, parents relied on illiterate mutilators who are elderly women like grandmothers to make decisions regarding the mutilation of their cherished daughters. One would have thought that the acquisition of Western education ought to enlighten African elites to reform their atavistic inclinations to spurn barbaric cultural practices. Surreptitiously, some cultural and medical anthropologists with public health degrees replaced trained medical practitioners with specialist experience in medicine and surgery to support the most inhumane ritual the world has ever known. Rather than adhering to instructions from trained medical experts, it is the reliance on the opinion of a few weird cultural and medical anthropologists as the best defenders of FGM as evidenced by their writings (Ahmadu, 2009; Shweder**,** 2002, Obermeyer 1999, Londoner Sulken, 2009). Disappointedly, cultural and medical anthropologists were unable to disclose the medical benefits of FGM or dispute the fact that over 44,000 girls died in the year 2023 from bleeding or infections that were due to the mutilation procedure (Rockey, 2023).

Further afield in the Diaspora, the very practice anthropologists Fuambai Ahmadu, Richard Shweder Carlos Londono Sulkin, and a few others in their profession so cherish, have led thousands of Somali women to different clinics across the world as they opted for expensive reconstruction surgeries in an attempt to regain some aspects of their sexual lives from the extreme form of infibulation (Muhamad, 2024). These cultural or medical anthropologists owe the public an explanation of why the exodus of survivors to respective clinics for reconstruction surgeries has gained traction. As I critique them little children and young teenage girls are subjected to the risk of forced genital mutilation every day in Africa (UNICEF 2024).

Given the above background, let us explain the map below. The map represents the spread of this inhumane practice from West to East and North East Africa comprising Egypt and Sudan with 87% and 86% respectively. The red colour on the map represents the highest cases of FGM. Somalia has nearly 100% compliance with FGM. Egypt and Sudan have 86 and 85% with Eritrea slightly higher level than Ethiopia which has 65% mutilation. On deep pink are Nigeria, 18%, the Central African Republic [CAR] 21%, and Senegal 23%. On light pink are Ghana, Togo, Benin, Niger, and Cameroon have the lowest levels in single digits and also pales in comparison to other countries. The estimated number of mutilated Nigerians is officially 20 million the third highest in the world after Somalia and Egypt (UNICEF, 2024). That figure is highly underestimated given the hidden nature of the practice in remote areas. Whatever the final statistical count, it adds nothing to the well-being of little children and young teenage girls at daily risk of FGM.



Source|: Orchid Project

Richard Shweder's interview with Fuambai Ahmadu was based on seven premises. First, she detailed her return to the Kono tribe of Sierra Leone from the United States of America, she voluntarily submitted to the circumcision ritual known in local Kono parlance as Bondo. Two, her justification and defence of the circumcision ritual remain revered celebrated and cherished as recorded in the documentary that was shown to an audience of anthropologists and pro-FGM enthusiasts in Canada. Third, contrary to the medically valid position of Western anti-FGM critics, she asserted that Kono females were not coerced to be mutilated as there was no pressure by men to dominate women. Fourth, the ritual comprises an enormous celebration of cultural festivals represented by different traditional dances and masquerades. There were a variety of foods meant to entertain visitors. Fifth, females were not oppressed by these ritual practices. Six, the claim that circumcised women do not enjoy sexual intercourse was debunked by her reference to a publication by Catania et al (2007) and from oral testimonies from Kono ladies in Sierra Leone. She added another piece of evidence from a public health academic from Lebanon Carla Obermeyer. Her 1999 literary review did not find any evidence of harm including morbidity or mortality associated with female circumcision [FGM]. Seven, Ahmadu and Shweder (2009) cited a few pieces of research from prominent anthropologists to bolster their argument about the safety of FGM. According to Ahmadu

"In Sierra Leone, women's initiation is highly organized and hierarchical: the institution itself is synonymous with women's power, their political, economic, reproductive and ritual spheres of influence. Excision or removal of the external clitoral glans and labia minora, in initiation is a symbolic representation of matriarchal power. How can this be so? Removal of the external glans and hood is said to activate women's 'penis' within the vagina (the clitoral 'shaft' and 'g-spot' that are subcutaneous). During vagina intercourse, women say they dominate the male procreative tool (penis) and substance (semen) for sexual pleasure and reproductive purpose, but in ritual they claim to possess the phallus autonomously. Excision also symbolizes the 'separation' of mother and son or of matriarchy and patriarchy (in Mande mythology matriarchy is portrayed as prior to and giving birth to patriarchy). Female elders say that initiation and the act of excision is a potent emotional and psychological reminder to men that it is women who give birth to them and mothers who, after God, are the natural origins or raw elements from which all human creation, culture and society are derived. This concept of a primordial, supreme and all-powerful Mother is at the core of Mande creation mythology and ritual practices that are prevalent even today" (2009: 14)

The long explanation is irrelevant to the vital question why is there the forceful circumcision of little children and young teenage girls? What is meant to be achieved by that barbaric procedure? What positive attributes can readers derive from the description of Kono and Mande mythology? How does the above information on sexual acts and ritual rites of Kono and Mande tribes respond to the question of the benefits of female circumcision [FGM]? Does the above presentation add anything to the emancipation of circumcised teenage girls and little children potentially waiting to be circumcised? What about the deaths of girls and the clamour to criminalise FGM (Dyer, 2024)? These rhetorical questions may never be answered, but deaths continue to mount all over Sierra Leone, Guinea, Somalia, Nigeria, and other countries where there is a high prevalence of the procedure in Africa. According to the UN (1995)

"Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations or even centuries. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation [FGM]; forced feeding of women; early marriage; the various taboos or practices that prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful effect and their violation of international human rights laws, such practices persist because they are not questioned or resisted as it takes an aura of morality in the eyes of those practicing them."

In her interview, Ahmadu cited the findings of Obermeyer's (1999) publication that argued the lack of evidence about any harm

relating to circumcision [FGM]. Against cited evidence in her review, Obermeyer denied any knowledge to mortality from the different sources that she cited as a result of FGM. I was appalled at such denial. I identified a few references of mortality when rereading it. In one reference which reported severe complications regarding female circumcision [FGM] among Igbo females of South East Nigeria, some children died and other complications were identified (Eguatu & Agugwa, 1981). Those deaths have continued (Peyton, 2018). I doubt Obermeyer's (1999) review can counter a University of Birmingham report which identified FGM as the principal cause of over 44,000 deaths in African countries where the practice is prevalent (Rockson, 2023).

According to the WHO (2024) below are a few implications

Severe pain, excessive bleeding (haemorrhage) genital tissue swelling, fever, infections e.g., tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock and deaths. There are additional long-term problems related to urinary, sexual problems increased risks of childbirth and Post Traumatic Stress Disorder PTSD.

Despite these adverse implications, Ahmadu went on to assert that

"Another major source, which contradicts received notions about the health hazards of excision in particular, is a study by Linda Morison et al. (2001) at the UK's Medical Research Council Laboratories located in Fajara, the Gambia widely cited as authoritative in the literature, this research is the most systematic, comprehensive and controlled investigation of the health consequences of female circumcision yet to be conducted. In summary, the study found that the supposed morbidities often cited as common problems associated with excision (such as infertility, painful ted with excision (such as infertility, painful sex, vulval tumours, menstrual problems, incontinence and most endogenous infections) did not distinguish women who had the surgery from those who did not. The rate of infertility was exactly the same for both groups – 10%. The authors noted additionally that women expressed high levels of support for the practice" (2009: 15).

Once again she contradicted herself in the above passage. The fact that there was no remarkable difference between the cut and uncut females does not dismiss the WHO's adverse report on the effects of FGM. Neither does it nullify the University of Birmingham report of over 44,000 dead females annually as a result of FGM. These fatalities exclude unreported cases of thousands of deaths in the remote villages of West, East and North Africa where FGM is very prevalent. The fact that some female pain addicts expressed high levels of support for the barbaric practice is not strange because some individuals act like wild animals that do not learn from pain as they erroneously believe adhering to a barbaric cultural practice supersedes common sense and well-being. Evidence exists of a Somali father who continues to support FGM after losing his two daughters who were mutilated on the same day (BBC, 2018). There are numerous cases of deaths related to FGM in Somalia, which has almost 100% compliance with the barbaric practice. Despite the vehement opposition by a few

cultural anthropologists who assume the position of specialist doctors, the situation on the ground has contradicted and impugned their resistance to the high mortality related to this harmful practice. As more girls die, anthropologists will have no other excuse to defend the barbaric practice of FGM.

There is a recent study from the Social Work perspective that shows the debilitating impact of FGM. Osam (2023:10-11) critiqued the rationale associated with all forms of circumcision or FGM and identified three major consequences notably physical emotional and psychological trauma that is a life-long experience for survivors. The research debunked all the myths identified as the rationale for FGM and identified the following consequences of this barbaric practice: the instability of some families due to difficult orgasms, domestic battery on uncooperative spouses,' painful coitus, dry vagina, sexual frustration and sexual deprivation and lifelong medical effects. Osam`s manuscript argued that the procedure was torture in the guise of adhering to an atavistic cultural practice that killed so many victims.

2.0 The most common reason for female circumcision in Kono tribe of Sierra Leone

The most common reason for female circumcision is to enforce chastity and prevent early pregnancy before marriage. It is also to enable females to control their bodies and curtail the extreme pleasure associated with uncut females. This brings honour to their families and future husbands Ahmadu asserted that

"….so, even if the purported negative health outcomes have been exaggerated and circumcised women rightly have their own fears about the risks of being uncircumcised, how can they justify excision of the very sensitive tissue that makes up the clitoris? As some concerned students have asked me, isn't this tantamount to castration? It has somehow become ubiquitous and obvious knowledge that female circumcision is intended to and actually does inhibit female sexual desire and feeling and that it is like cutting off the male penis, an analogy I never quite understood" (2009: 15).

Regarding the above citation which compared FGM to the castration of females when the clitoris is excised; this rejoinder commends the student's reasoning. Although FGM is not castration of females, there ought not to be any basis for the ongoing practice of FGM. Females had to undergo this trauma just to curb their sexual desire to bring honour to their families. This is reprehensible! There is no medical reason for FGM because it is difficult to gain quick orgasms like the intact or uncut females who often attain multiple orgasms through a few minutes of coital activity. With circumcised females' coital acts from men are prolonged for the female to gain orgasm. For quick and multiple orgasms, the clitoris must be intact or uncut. Prolonged sexual activity through the vagina may be tiring for middle-aged and elderly men who have no stamina; such men may achieve quick ejaculation leaving their female counterparts unsatisfied. That explains why some mutilated females surprisingly sought extra-marital affairs to achieve satisfaction (Oyefarat, 2014). In frustration, the absence of a clitoris led a group of females and a few sex workers in Lagos Nigeria to lament the adverse effects of FGM due to the difficulty of achieving

orgasm (Correspondence, 2018; Ibizubge, 2023).

Ahmadu & Shweder (2009) identified more reasons for the circumcision of females.

"The uncircumcised clitoris and penis are considered homologous aesthetically and hygienically. Just as the male foreskin covers the head of the penis, the female foreskin covers the clitoral glans. Both, they argue, lead to build-up of smegma and bacteria in the layers of skin between the hood and glans. This accumulation is thought of as odorous, susceptible to infection and a nuisance to keep clean on a daily basis. Further, circumcised women point to the risks of painful clitoral adhesions that occur in girls and women who do not cleanse properly, and to the requirement of excision as a treatment for these extreme cases. Supporters of female circumcision also point to the risk of clitoral hypertrophy or an enlarged clitoris that resembles a small penis. For these reasons many circumcised women view the decision to circumcise their daughters as something as obvious as the decision to circumcise sons" (2009:17).

The above reasons of hygiene fail to validate the harmful procedure of FGM; if humans brush their teeth many times a day and take their baths at least two or three times a day, what prevents the females from cleaning the vagina and clitoral hood daily? Statistics show that there are over 3.95 billion females in the world (Statistica, 2024). The UNICEF statistics identified 230 million circumcised females in Africa; a statistically insignificant number compared to billions of uncut females. Does it mean uncut females are dirty? She corrected her reasoning in the following sentences.

"I write and teach about different cultural perspectives on female circumcision with regard to pleasure, hygiene and genital aesthetics, not to insist that uncircumcised Western women opponents have it wrong and circumcised African women proponents are right (such stereotypical categorizations are never quite so neat anyway) but to point out that there are different and contested views and experiences and that no one is more right than the other" (Ahmadu & Shweder 2009: 17).

She identified a popular research by Catania et al (2007) that proves all types of FGM survivors enjoyed very high orgasms similar to uncut women.

According to Catania et al (2007: 1675),

"An interesting prospective work on a sample of 453 mutilated/cut women, living in Europe, operated for clitoral rehabilitation between 1992 and 2005, showed that the operation provides promising cosmetic and functional results. However, it also showed that for 100% of these women, the most important reason for being operated on was to reobtain the female identity they connected to the presence of the clitoris, that is to say, the patients asked to have a visible clitoris restored without attaching importance to its functioning."

The above citation responds to the perceived notion that orgasm is very difficult to achieve among FGM females.

The finding defies numerous medical research results of limited or no orgasm. Two facts ought to be considered: the first is either

respondents lied about achieving orgasm or this was due to the rehabilitation of their genitalia that made it possible for these respondents to reobtain the clitoris that enhanced orgasm.

Reconstruction surgery is one means to gain orgasm. The uncut aspect of the clitoris is another means of achieving orgasm. However, it still does not nullify the argument of anti-FGM activists over four decades that FGM is a sexual disability. There is evidence of sexual dysfunction among FGM survivors in Nigeria and other parts of Africa and the Diaspora countries. Apart from adverse consequences of coital pain, dry vagina, and other complications that require corrective surgeries, there is also the lowering of the sexual function of circumcised women whose sexual desire has been disrupted by the mutilation. For detailed analyses of this evidence, see Osam (2023); Dura et al (2023); Onwuzu, (2020); O'Neill, & Pallitto (2021; Nyairo (2023); Owojuyigbe, et al (2017). Laleh, et al (2022); Adelekan, et al (2022); Esho et al, (2017); Mahmoud (2016), Oyefarat, 2014 and others too numerous to cite that affirms the position of this manuscript, which contradicted Catania et al (2007) interviews with some respondents unwilling to be honest about achieving orgasm. These studies contradicted the views of all pro-FGM cultural and medical anthropologists including Ahmadu and Shweder (2009), which is the subject of the rejoinder.

3.0 CONCLUSION

The most puzzling fact is that Fuambai Ahmadu never advocated against urgent social problems like escalating poverty, and the poor state of infrastructure, schools, public hospitals, and health centres. She never bothered about the few nurses and medical personnel, and the lack of modern medical equipment that lacks vital life-saving medications to meet emergency health needs, which are inadequate in Sierra Leone. Rather, her daily campaign is to promote the most harmful cultural practice that is illegal in many countries and has a high mortality. The rejoinder questions the value of Fuambai's Western education as she vehemently resists the reformation of the atavistic cultural practices of the Dark Ages and Medieval epochs. She embraced modern science and technology, as evidenced by electricity, the fastest means of road and air transportation, communication, gadgets, modern medicine, and Western lifestyles, etc. Is it not hypocritical to resist the reformation of barbaric and traumatic cultural practices of FGM which is legal in Sierra Leone?

From the above, every human being ought to condemn female circumcision [FGM] of any type. From God's creation, the human body encompassing the female reproductive organs and the clitoris; an integral aspect ought to be left intact female circumcision [FGM] is a disgusting practice that demeans Africans in the eyes of the world. The continuation of this harmful practice gives credence to the Caucasians to perceive Africans as inferior sub-humans and not intelligent enough to decipher the naturally endowed attribute of the human anatomy endowed to females for sexual pleasure.

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