because if one could make a case for voluntary consent in competent subjects, then the case for intervention becomes shaky indeed. Given that age of circumcision is variable in this community, and that the author twice mentions 'pubic hair' on its 'victims' (indicating a degree of maturity), this issue seems especially pertinent. My aim in making these final points is not to indicate the impossibility of taking an ethical stance towards the practice of female circumcision—rather it is to emphasise that invoking ethical positions *as if they were factual claims* is itself unethical, and should be unacceptable in an intercultural study which seeks to 'understand' a foreign practice.

In summary, this paper contains some empirical results, the implications of which are unclear, a good review of the *status quo* regarding interventionist discussions of female circumcision, and some assumed ethical positions, which are neither acknowledged as ethical claims, nor situated in regards to the author's position. The above discussion should not be taken as an argument for the cessation of all Western research into female circumcision, nor as a necessary indictment of the sort of data collected by Briggs. Rather, it is a discussion of certain shortcomings of this paper which aims to elucidate some of the general problems which are central to this sort of analysis, and which must be addressed in order that any such research be received and discussed in a more scientifically and ethically adequate manner. It is perhaps time to engage with the ethics of our own approach to analysis before congratulating ourselves on the ease with which we can draw universal normative claims from the results of our inquiry.

Jacinta Kerin
Monash University, Melbourne, Australia

Female Circumcision in Nigeria: Is It Not Time For Government Intervention? A Commentary

Donna Dickenson

'The victims of the practice are often its strongest proponents', this article notes: but why? The author's survey of 100 circumcised women revealed a two-to-one majority in favour of female genital mutilation. Although the majority also associated circumcision with severe pain, urinary blockage and infection, they supported the practice.

The results of the survey might give pause to opponents of female genital mutilation (FGM), although the author's opposition to the practice is not lessened by the findings. Nevertheless, one could well argue that if these Nigerian women themselves favour FGM, then it is ironically paternalistic to oppose it. Should Western feminists actually support FGM if it is what women in the South want? I will argue in this commentary that such an argument rests on shaky statistical, psychological, medical, political and philosophical grounds. We should go on opposing female genital mutilation with all our power.

'We should oppose female genital mutilation with all our power'

It would be bad statistics to deduce general conclusions about what all women and girls want from a survey of circumcised women. The author does not in fact make any such general claims, but neither are we told why it was decided to concentrate only on circumcised women. Presumably it was expected that they were more likely to oppose FGM because they had themselves suffered the resulting pain and complications. However, the opposite is even more likely to be true. There is probably a degree of self-selection among the respondents: those who have undergone FGM presumably come from families and communities which support the practice, and they may well share the values of their peers. We would need to know the views of a comparable control group of non-circumcised women to be sure either way, but we cannot just generalise from circumcised women's views to the views of all women, let alone girls too young to speak for themselves but not too young to be mutilated.

In psychological terms, we should also doubt whether the views of women after circumcision are actually their 'true' views, or at least whether they are the same as their views before genital mutilation was carried out. The phenomenon of 'cognitive dissonance' [1] suggests that we may come to favour what we previously opposed if what we opposed is forced on us, particularly if it has cost us something. It is easier to persuade ourselves that we always favoured it than to admit that our will was overridden. The ongoing pain and complications which often attend FGM may dispose the women in the survey towards believing that all the suffering is indeed worthwhile.

But let us put aside the possibility that the survey respondents' views are clouded by cognitive dissonance, and look instead at the benefits which they see in genital mutilation—improbable though that sounds, when it *is* called genital mutilation rather than the more neutral and apparently gender-equal 'circumcision'. Medically there is no problem in saying that the respondents are just plain wrong if they think that clitoridectomy assures an easier childbirth, prevents the fetus from developing too large a head, or reduces excessive vaginal secretion. (It is interesting to note this last concern, in light of recent feminist psychoanalytical work which suggests that the 'leaky' female body is an object of fear because the boundaries of the body are not secure [2]).

*'I am not willing to balance risks when there is no **medical** benefit'*

But even with these statistical, psychological and medical reasons for doubting that we should respect the views of pro-circumcision women in the survey, there still remains a philosophical problem. Not all the respondents are mistaken about the outcome of circumcision. Some of the respondents who favour circumcision—indeed, the largest percentage—favour clitoridectomy because it does decrease female sexual desire. If the respondents' culture thinks that is a good thing, do we have to respect that view, and uphold the practice of female genital mutilation? Perhaps the milder forms of genital mutilation, short of infibulation, should be tolerated? A proponent of that view might be willing to balance cultural tolerance against a certain level of risk in side-effects.

I myself am not willing to balance risks when there is no medical benefit. It is comparing apples and oranges to balance social benefits against medical harms. Male circumcision carries heavier risks than is generally recognised: one male infant dies each week in Britain as a result of complications from male circumcision [3]. But there are also medical benefits, such as lower rates of cervical cancer in the wives of (circumcised) Orthodox Jewish men. Current thinking suggests that those benefits—at least to men themselves, rather than to their partners—are considerably fewer than had been thought, and that routine male infant circumcision in the name of better hygiene is bad practice. But at least we can debate male circumcision in terms of medical benefits and burdens. I am not aware of a single medical benefit which has been alleged in favour of female circumcision.

What about social benefit, then? If genital mutilation is the price of entry into the adult female community, marriage, and the status which those passages bring, then it may seem patronising and hard-hearted to argue that women should be 'deprived' of it. The accusation of ethnocentrism has been levelled at Western feminists who condemn policies such as FGM in Africa or selective abortion of female fetuses in India, although it is worth noting that the accusation is less often made when what is being condemned is bride-burning or other abuses of women which really do seem beyond the pale. Yet if bride-burning were an established practice which was arguably crucial to religious practice in India, those who cry 'ethnocentrism' would have to defend it. Indeed, the 1987 *sati* of 18-year-old Rop Kanwar was defended by a newly resurgent pro-*sati* movement on that basis, which is at least consistent [4]. There is considerable doubt, however, whether it is religion or property which *sati* protects. A women such as Rop was, a woman who has no children and whose husband prede-