

CHAPTER 12

“Ain’t I a Woman Too?”

CHALLENGING MYTHS OF SEXUAL DYSFUNCTION IN CIRCUMCISED WOMEN

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WHEN CIRCUMCISED WOMEN are asked whether they enjoy sex or experience orgasms, some laugh at what seems a naïve question with an obvious answer—of course they enjoy sex, why shouldn’t they?¹ Others complain that sex is something they endure for the sake of marriage and contend that they feel nothing except, often, pain. For some writers who are opposed to female circumcision, this second response serves as further evidence that genital cutting has an adverse effect on female sexuality. For most of these observers there is an automatic, often unconscious, equation of female genital cutting with sexual dysfunction. Many opponents justify their views on the basis of core assumptions and beliefs about the female anatomy and the role of the clitoris in achieving sexual pleasure. However, a problem that is often overlooked is the fact that many uncircumcised women also report never achieving orgasm. How essential, then, is the clitoris to female sexuality?

In this chapter, I express concern about the negative psychosexual ramifications of anti-female genital mutilation (FGM) campaigns and stereotypes for circumcised African women, particularly vulnerable teenagers and young adults, many of whom are struggling with all sorts of conflicting messages regarding their bodies and sexuality. These issues are especially poignant to circumcised African girls and women living as immigrants in the Western² diaspora, where attitudes toward these practices are most unforgiving. In the first section I briefly recollect past observations of circumcised female relatives, friends, and acquaintances, their attitudes, views, and experiences concerning sexuality, and contrast this with the experience of sexual “mutilation” reported by some circumcised African immigrant women today. A major difference is evident in the way some circumcised African girls and women in the diaspora are increasingly internalizing dominant Western stereotypes and prejudices about their bodies and are now defining themselves in terms of these perceived shortcomings,³ especially

in the arena of sexuality where female circumcision stands for a priori evidence of sexual dysfunction or repression.

Elsewhere in this chapter I make use of ethnographic data from semistructured interviews and focus group discussions with various categories of women in The Gambia, extrapolating anecdotes relating to individual attitudes and experiences of sexuality. This varied information enables us to consider ways in which excised women of different ages, ethnic groups, and social categories think and talk about their sexual experiences. Their open and intimate discussions reveal different experiences of sexual pleasure (or lack thereof) and perceptions about orgasm, as well as beliefs about social norms and expectations in relation to female sexuality. Data were taken from several focus groups of married women and sex workers from various ethnic groups and regions in The Gambia.⁴ The information provided by circumcised women in The Gambia is considered against the state-of-the-art of Western scientific knowledge, in particular neurobiological processes involved in female orgasm. I hope to shed light on the question of the credibility of circumcised women who insist that they experience sexual pleasure and orgasm. In the final sections of this chapter I consider the problem of "objective knowledge" of subjective experiences, particularly where anti-FGM activists assume to know the effects of circumcision on female sexuality. Also, the increasingly popular idea of male perceptions of female circumcision and sexuality is addressed and challenged as often eliciting racist and sexist stereotyping of the "other."

POSITIONALITY

"Ain't I a Woman Too?"

In the mid-nineteenth century, Sojourner Truth, a female former slave who campaigned for the abolition of slavery as well as for the rights of women, stood up in a crowded women's suffrage convention and put forward this question in protest to her "invisibility" as a black female living in a racist society. bell hooks (1983) posed this same question in her book with this title, in an effort to highlight the "invisibility" of black women's experiences in white middle-class women's writings throughout the women's liberation movements of the last century. In this chapter I have borrowed the phrase to ask the same question of white (and black) educated middle-class "Western" women who gaze between the legs of circumcised African women, rendering them "invisible" as individuals with their own dynamic histories, cultures, and traditions.

What these more affluent "modern" women tend to "see" are their own history, struggles, and experiences of loss, subordination, disenfranchisement, and dysfunction (see Boddy, chapter 2 of this volume). Additionally, these same Western middle-class women spectators "implicitly have their bodies and their sexuality reconfirmed as normal and ideal" (ibid.). Rarely are affected African women themselves given the space to counter these prejudices. The

only “authentic” voices that are allowed to be heard are those that confirm the dominant stereotypes and projections of more powerful women in the North on the experiences of African women in the South.⁵ This is especially so when alternative voices threaten to contradict cherished “Western” assumptions about womanhood, or in this case, female sexuality, and to expose them for the cultural constructions they are rather than the universal experiences of women worldwide.

In this chapter, I write first and foremost as a first-generation Sierra Leonean/American who is circumcised. As an academic, I have devoted more than ten years to studying and writing about female initiation and circumcision from various perspectives. As a professional anthropologist I have worked on several research projects that have dealt in varying degrees with issues relating to the circumcision of girls and women in the field in West Africa, mainly within the Senegambia region. Thus, the issues I research and write about are not only of keen scholarly interest to me but are also informed by aspects of my personal knowledge and experiences. In particular, this volume on experiences of circumcised African women in the diaspora homes in on familiar problems we face in aspiring to integrate and assimilate, especially the experiences of culture clash and isolation as we strive to balance our different cultural identities with the realities of Western residence and citizenship. The issue of position is given particular force in a volume such as this in which scholars from different racial, cultural, professional, and disciplinary backgrounds engage in discussions on similar topics yet provide provocatively varied interpretations and emphases in their research.

Whether or not it is admitted, most scholars who are now focusing on individual experiences of circumcised women are influenced to some extent by what presumptions and experiences they have about sexuality, and this undoubtedly affects how they interpret, analyze, and emphasize women’s various responses. As is well known in social science, researchers are inherently selective—those who have made up their minds about female circumcision one way or the other will tend to gravitate toward subjects that confirm their views, and they unwittingly question the credibility of those who say otherwise. Perhaps I may be forgiven if I have proven to be no exception. From my personal experience and from personal communications with circumcised women in London and in Washington, D.C., as well as through my extensive research in the field in West Africa, I do not see it as some sacrosanct “scientific” logic that tampering with the exposed part of the clitoris damages crucial sensory nerves to the extent that this necessarily reduces sexual feeling or desire. Nonetheless, I do appreciate and sympathize with the testimonies of circumcised women who may complain of sexual dysfunction. As with uncircumcised women facing sexual problems, I am inclined to conjecture that the sources are deeper and more complex than any neurological damage that excising the external clitoris purportedly causes.

IMPACT OF ANTI-FGM CAMPAIGNS IN "DESEXUALIZING"
CIRCUMCISED WOMEN

What do we invest in the clitoris that contemplating its loss augurs
such personal diminishment?

—(Boddy, this volume)

Some years ago, in an article for a popular women's magazine,⁶ I noted that the potential psychosocial damage of negative FGM campaigns on teenage girls and women could be far worse than any impact of the physical act of cutting the clitoris. Since this time, to my knowledge, there have been no systematic studies that assess and document the impact of FGM campaigns on individual attitudes and experiences of sexuality among circumcised female immigrants in Western countries. There are some obvious methodological difficulties in conducting a study that isolates the effects of campaigns on attitudes and behavior, but these problems are not insurmountable. This volume is a step forward in that several authors provide much-needed documentation through first-person accounts of the individual experiences of circumcised women (see Dopico and Johansen, chapters 10 and 11 of this volume).

In my own experience growing up in Washington, D.C., in the mid-1980s into the early 1990s, my Sierra Leonean cousins, aunts, and girlfriends, including the JJs,⁷ seemed as obsessed with dating, boyfriends, and sex as many "normal," "liberated" American women of the same age group.⁸ The major difference is that we all had to sneak behind our parents' backs. Those who had lost their virginity spoke as if they were enjoying sex, at least much of the time. I remember sitting in a nightclub listening to one cousin reminiscing about "Salone" and a "sugar daddy" she missed. She joked about how the older man spent a lot of money on her but was lousy in bed. She told us how one day he walked in on her as she was having multiple orgasms with one of her younger and better-endowed boyfriends. At about the age of fifteen, I was usually the youngest in these groups, so I would listen eagerly and attentively through stories of their sexual exploits and adventures, especially their vivid descriptions of "orgasm," keenly wondering when I would experience it all for myself. I was more drawn to my Sierra Leonean peers because, even with all the restrictions and strict physical punishment they risked, they all seemed to be "at it" and they discussed sex far more explicitly and vulgarly than my Western friends who, it seemed, were given all the freedom to date openly or socialize on their own with the opposite sex.

Ten, fifteen, twenty years on, however, researchers are reporting that some circumcised women complain of lack of sexual pleasure and are associating this with the side effects of their operations (for example, Johansen, chapter 11 of this volume). Feelings of sexual dysfunction or "loss" are not limited to infibulated women; even excised women are beginning to report problems with sexuality or complain that they have no sexual "feeling." Ten years ago, given my personal

experiences as a circumcised woman, I would have attributed such reports to mere projection of researchers' own experiences and fears onto circumcised African women. But the fact is that some circumcised women, especially the younger generation of teenagers and women in their early to mid-twenties, *are* beginning to associate feelings of sexual dysfunction or inadequacy with experiences of circumcision. Even a few middle-aged excised women, who rarely speak of circumcision as particularly problematic, have shared with me their own spin on female circumcision and lack of sexual pleasure. Some of them express the view that circumcision has been a blessing to them, saving them from "shame" and "disgrace." Several women have claimed that although they no longer have any "feeling" for their husbands, they do not have any desire to "go out" and "find" sex elsewhere. In other words, because they no longer have any "feeling," they are capable of being blissfully celibate and can get on with the rest of their duties and responsibilities to their children and other family members.

Were my circumcised friends and cousins in D.C. in the 1980s and early 1990s in utter denial about their experiences? Were they somehow, within our small groups, in girly private conversations, pretending to enjoy sex and orgasms when in fact they were suffering in silence? Or, could it possibly be that they had no clue what orgasms were and only thought they were having them when actually they could never really physiologically know such heights of sexual delight? Or, were there cultural taboos against discussing sexual displeasure and the "pain" of circumcision, psychological prohibitions deep enough to terrorize them as far away as the capital city of the United States in the privacy of our bedrooms? If some of the oversensationalized messages promulgated by anti-FGM activists are to be believed, then clearly these Sierra Leonean girls, including myself, must be victims of "false consciousness" (see Boddy, chapter 2 of this volume) and "prisoners of ritual" (Lightfoot-Klein 1989a).

The fact is that circumcision, excision, or *Bondo* as the practice is referred to in Sierra Leone, just never came up in our adolescent chitchats about sex. Our discussions simply never went there, most likely because circumcision was not seen as relevant to enjoyment (or lack of enjoyment) of sex. In fact, at the time I had not undergone *Bondo*, although I knew my cousins and some of my friends had. I never knew that the clitoris was cut off during initiation and so could not presume anything about the effects of excision on my agetates. I could only "know" what I experienced vicariously as their enjoyment of romantic escapades and sexual encounters. I thought, at least at the time, that their attitudes toward sex were healthier and far more exciting than the seemingly rigid views of some of our older, more religiously conservative female relatives whose own sexual values are firmly grounded in the Abrahamic religious traditions. I often did hear older women allude to *Bondo* in specific contexts, for example when one woman would make a direct reference to another woman's private parts, usually during heated arguments which threatened to (and often did) degenerate into physical fights.

I have not exactly gone back to ask these same friends and cousins whether they were less than forthcoming about their experiences way back when. I took for granted that they were telling it like they experienced it, in the same way that I and some of my uncircumcised friends speak frankly about our own sexual encounters and romantic relationships. Should I now doubt the experiences of these circumcised Sierra Leoneans, now that I "know" all about the "harmfulness" of excision and the supposed diminishment of women's sexual enjoyment? The difficulty in doing so is that I did finally undergo Bondo at a much later stage than my cousins and therefore I am now also excised/circumcised. As I had no reason then, I certainly have no cause now to confuse feelings of sexual pleasure and arousal with experiences of pain and suffering.

Fortunately, my Sierra Leonean agemates and I came of age at the tail end of an epoch of general ignorance about these African traditional practices in the West—a pre-*Warrior Marks* era that was about to witness the worldwide "outing" of "FGM" in Africa. To many of us it seems that since the early 1990s, it has become the onus of righteous-thinking international feminist activists and other liberal-thinking persons, especially those working in the media, to expose the barbarism of FGM. These two decades heralded what has been dubbed the "white woman's burden" to liberate affected African women and a future generation of young girls from sexual oppression and human indignity. There has been no shortage of anti-FGM campaign materials, magazine articles, news specials, talk shows, hospital centers, social welfare offices and so on seeking to edify circumcised African women and girls regarding the harsh but necessary "truth" that we are sexually "mutilated." Once celebrated and feared in their traditional African communities as the custodians of "matriarchal" power (Ahmadu 2005), female circumcisers have been shamed, tried, imprisoned, and forced to accept and apologize for their supposed collusion in "patriarchal" crimes against their own gender.

In these post-*Warrior Marks* times, African women in the diaspora who hail from practicing communities are taking seriously notions of sexual dysfunction and are expressing types of sexual anxieties that were previously the exclusive preserve of supposedly frigid Western women left behind by the sexual revolution. Despite the fact that in most African cultures where female circumcision is practiced there is no concept of "frigidity" or "sexual dysfunction,"⁹ some African women are beginning to blame the problems they face in their lives today, in their marriages or interpersonal relationships, on their circumcision operations, of which they may have very little or no memory.

For example, I once spoke to a friend who had led a very sexually active life in her late teens and twenties but complained that she went off sex with her husband because her clitoris had been "mutilated." As with many "modern" women in America, my friend's dwindling libido could well be associated with the hectic, demanding pace of *la vie quotidienne* or on the passion-killing drudgery that she, like most working-class immigrant women, endures on a daily basis:

the strains and stresses of trying to make ends meet, the endless cycle of working at menial jobs to pay bills while raising small children and trying to skim a little here and there to send back home to suffering (and relentlessly demanding) relatives. However, my “mutilated” girlfriend reasoned that her sudden loss of sexual desire must be the effect of hidden psychological and physical damages of a (long-forgotten) childhood genital surgery. After all, she said, this is what was discussed on an Oprah Winfrey show—*didn't I see that episode?*

Actually, I missed that particular TV program, but I was more interested in my friend's attempt at self-psychoanalysis. It seems to me that it is perhaps more than just the realities of daily living and getting older that are overlooked when some circumcised women “admit” to lack of sexual response. I suggest that the overall impact of negative messages about our bodies, beliefs, and cultural values contained in well-meaning anti-FGM campaigns (see Johansen, chapter 11 of this volume) are also beginning to color African women's views about female circumcision and sexuality. In other words, some reasons for my friend's (and possibly others') experiences of sexual inadequacy could be related to poor body image developed as a result of living in exile in communities with conflicting views and values about women's bodies. Hearing over and over again that infibulation is genital “mutilation” and is “unnatural” is understandably sufficient to send many young East African women in Scandinavia rushing for reversals of their operations, which are generously underwritten by the national health services (*ibid.*). While part of their motivation may be to reduce the trauma of first sexual intercourse or of child delivery later on, it is possible that many of these young girls and women just want to look, feel, and behave like “normal” women—that is, like the Norwegian, Swedish, or Danish ideals of being a “woman.”

Wanting to transform the vagina to look and feel “normal” is not unique to East African immigrants. In some Western countries, most notoriously the United States, there has been a recent surge (and active promotion) of cases of otherwise healthy women undergoing surgery to achieve “designer vaginas.”¹⁰ Previously uncut Western women can undergo *painful* surgeries to get their clitorides tailored to their individual preferences, their various labiae trimmed down, their pelvic floor muscles nipped, tucked, and tightened to look more like their ideals in *Playboy* magazines and to feel like new “virgins.” Instead of being condemned as FGM, these “modern” (versus “traditional”) practices have a fashionable label that emphasizes the individual, aesthetic, commoditized values of the prototypical sexually liberated, modern Western woman. Ironically, in the name of sexual liberation, these wealthy or middle-class Western women spend thousands of dollars to become as “closed” as virgins, while ordinary Somali immigrants in Norway line up at hospitals to be “opened” at public expense, under the same banner. Unlike these “mutilated” African women, no one seems to question the credibility of Western women with surgical “designer vaginas” who report increased psychological and physical sexual satisfaction after drastic genital operations.

Thus, it is not surprising that some young African immigrant girls are expressing concern about the appearance of their circumcised vaginas. Many are also complaining about differences in their body structures, about being too round or "fat" around the hips and thighs. In my late teens it was my Western friends (and myself) who seemed obsessed with body image, maintaining slim figures, the shape and size of breasts, buttocks, and so on. At that time I never once heard my Sierra Leonean friends complain about their body sizes or figures. According to some African male friends who are distraught about their ever-dieting "sisters," there was a time when such obsession about body weight would have seemed un-African. Now, however, like many of their African American counterparts, more and more African immigrant girls seem to have bought into dominant white middle-class definitions of feminine beauty.

Many sex researchers note that the most powerful sexual organ is the brain. A woman's attitudes toward and expectations from sex, her culture and environment, what she believes about herself, her body, her desires, her partner, and so on are all important nonphysiological determinants of sexual gratification. This gives emphasis to the challenges faced by circumcised African women living in the diaspora who have the added stigma of being different, of knowing that their bodies, what has been done to them, and their cultural beliefs and values regarding sex, are condemned by hostile host communities. I often wonder whether if I had not been sexually active prior to my own initiation I would not also doubt my sexual capacity and ability to experience pleasure and orgasm, especially after being told over and over again by the Western media, "FGM experts," as well as the general society, that I am sexually "mutilated." I would certainly be confused by all these negative messages and misinformation. As many sex researchers have noted, particularly in relation to male sexual issues, fears about sexual dysfunction on their own can lead to or exacerbate actual experiences of dysfunction. Unfortunately, circumcised female adolescents and women have little access to straightforward, nonprejudicial, and nonpresumptuous information about the nature of their operations and all that makes up women's sexual anatomy, the clitoris and beyond, making it difficult to judge for themselves what links, if any, there are between circumcision and sexuality.

REDRESSING MYTHS ABOUT CIRCUMCISED WOMEN AND SEXUALITY

It is important to stress the main purpose of this section, which is to provide further documented evidence of circumcised women's own voices on female circumcision and sexuality. Many presumptions are automatically made about the sexuality of circumcised African women based on Western scientific or "Western folk" ideas about women's bodies and perhaps deeper prejudices about the types of societies from which these women hail. The evidence in this section further questions Western presumptions regarding female genital cutting and sexual dysfunction. It is important not only to note what women are saying but also how they talk about sexuality, the words and phrases they

use to describe their behaviors and preferences. In The Gambia as well as other predominantly Muslim African countries where women tend to be perceived as sexually passive and repressed, many women are often unabashedly candid and matter-of-fact in discussions about sexuality.

Some of the data presented in this section are of a very explicit or graphic nature. I have edited out words and expressions that, in my own perception, may be considered too unpleasant for some readers. No attempt is made and none is possible at this point to generalize about the experiences of circumcised women in The Gambia, much less the diaspora, or to make systematic comparisons between their experiences and those of uncircumcised women. Further research is required to study more methodically the differences if any between circumcised and uncircumcised women in terms of their ideas and experiences of sexuality.¹¹

Focus group discussions, and semistructured interviews with different categories of women in The Gambia reveal a wide range of sexual experiences and attitudes toward female sexuality. In this section I use excerpts from interviews with married women and sex workers of various ages and ethnic groups. In the focus groups I conducted, women's responses about their individual experiences fall into three general categories: women who report sexual enjoyment including orgasms; women who report never experiencing orgasms but nonetheless enjoy sex; women who report lack of orgasm, aversion to sex, and aversion to men in general.

SEXUAL ENJOYMENT AND EXPERIENCES OF ORGASM(S)

There was universal agreement in the separate focus groups of married women and sex workers that sex is meant to be enjoyed and that women are "naturally" designed to derive pleasure from sexual intercourse. However, women in both groups insisted that there are many cases or instances where they do not or cannot enjoy sex. Married women spoke in more general and allegorical terms about sexual fulfillment, whereas sex workers were much more enthusiastic in giving detailed and vivid descriptions of their individual experiences. Married women indicated that no specific word in the local language, Mandinka, is used to define a single concept of sexual enjoyment, but several laughed and used phrases such as "to fall down," "to go to that place over there," and "to tremble and then fall." Two elderly widowed women in the focus group declared that all married women are entitled to sexual pleasure and thus their husbands have a corresponding duty to satisfy them. They cited examples of husbands who were shamed in traditional courts for neglecting "to lie down" or "to sleep" with their wives. One of them, a *ngansimbaa*,¹² cited a case in which a husband with three wives claimed in his defense that he was just too worn out and that his wives were too demanding. She maintained that it was nevertheless against customary law and Sharia for this man to refuse to have sex with any one of them during their specified "turn" simply because of his exhaustion, lack of sexual interest, or any other reason.

Focus groups with young sex workers were much more revealing about different types and experiences of sexual pleasure and orgasm. The majority of respondents who claimed to experience orgasm said that "doing it for yourself," or masturbation, was the easiest and fastest means to reach climax. Sex workers particularly described stimulating themselves manually, or "rubbing up" on their partners, as usually inducing orgasm. Several of them said that they had no "feeling" with clients and could only enjoy sex through masturbation. When they were asked when and how they began masturbation, several of them said that they frequently watch "blue films" and learn how to do it from the actresses they see. Others reported that they have "always" masturbated in private.

Me, I think I was just born with this itch. From the time I was small, I just like to rub myself. My other sisters sometimes used to catch me and tell my mother and she would beat me. But I still like to play with myself. I can get release very fast and easy. (Aji,¹³ twenty-eight-year-old Mandinka, Farafenni)

Since I was small I liked to do it. I had an uncle¹⁴ who used to rub me there and I liked it. He would give me money and tell me to keep quiet. When my grandmother found out, the next month they took me for circumcision. But still I had a boyfriend in school and we used to play with ourselves behind the trees after study lesson. When I was fifteen one of my aunties caught me inside her room sleeping with my [wrapper] down and my legs open and my hand in my private. I think I was always a *chagga* [prostitute]. (Mariama, nineteen-year-old Jola, Manjai)

One sex-worker recounted how it took her several years to learn how to achieve orgasm through masturbation.

As for my own experience, I did not taste anything like orgasm until many, many years. I had one white woman, she is [a lesbian] from U.K. She always comes here with another woman friend. She used to show me blue films, which makes me get good feeling, and then she climb on top of me and rub me up and start licking down there until I yell and scream and feel my body shaking. After that it took some time, but I learned how to pleasure myself; it can only take some minutes just to release tension. With some of my male customers I can have orgasm, it depends how I feel for them. Most of the time, I just want them to finish and pay me. (Princess, twenty-eight-year-old Yoruba,¹⁵ Senegambia)

When asked about oral sex, most sex workers said they knew what it was and had tried and enjoyed it, although some expressed anxieties that the practice was un-African.

Some of my white customers they do that [oral sex], and that makes me orgasm. I like that but you know we Africans, we say that is bad. Still I will

charge them more if they want to do that. (Fatoumatta, nineteen-year-old Fula, Basse)

Unlike Fatoumatta, of those who said they did enjoy it, only a few stated that they could experience orgasm through oral sex alone.

Most sex workers said that they enjoyed sexual intercourse, or at least they had at some points in their lives. Nearly all those who reported pleasure in sexual intercourse said that their level of enjoyment depended on what they felt for their partners as well as the latter's skill in satisfying them. For example, one sex worker narrated in detail how she was overjoyed having sex with her long-term lover.

With Paul it is very good. He is a black British rasta [colloquialism for Rastafarian, or any man who wears dreadlocks] who comes here frequently on holidays and helps me with some of my problems.¹⁶ He has a very big size you know, so we have to take it easy and we go very, very slow. This makes me so crazy. He takes his time to put it all the way inside and he knows how to move himself inside me and how to find that thing in there. . . . Hey, it's like I feel myself dying [laughs] . . . and my whole body will faint when I . . . squeeze in and down many times, fast, out of my control and I cry many tears like a baby and just lie down there. . . . One time, he got on top of me again and I could not believe I could even do anything anymore but I start to have this feeling again . . . so me too I just squeeze myself around his thing and let him move again slowly until I beg him to stop because I knew I was going to die. He was going to kill me with that his sweet thing but he didn't stop and when I ejaculate¹⁷ I scream so loud, people came to knock on my door to see what was happening to me. (Fatou, twenty-four-year-old Fula, Senegambia¹⁸)

More than half of the sex workers interviewed had been married, usually as very young teenagers. Some of them, especially Fula women, said their marriages were arranged and that they were not at all happy with sexual relations with their husbands but they enjoyed themselves with boyfriends after their marriages fell apart. According to one young sex worker,

My husband left me with twins. He was very poor and could not provide for us properly. So I had to go out to find something to feed us and my mother who was taking care of my children. My first boyfriend was a mature man who was already married. He did so many things for me. With him for the first time, I enjoy a man. He really took his time for me and love me. *Walai* [I swear], I have never tasted anyone like him since we broke off. (Sireh, twenty-two-year-old Fula, Basse)

Some sex workers said they had regular or occasional clients with whom they enjoyed sexual relations; most said that they rarely mixed business with pleasure, however.

From my own experience, it is better not to enjoy it with your customers. You can pretend to like it, you know, because men they like that. But you the woman, you are a chagga; which one of these men will marry you? And if you enjoy yourself there you will fall for the guy and just be disappointed. Better you just take care of your own needs by yourself at home. (Aji)

Pleasure what? That feeling has gone for a long time. Right now I am just dry between my legs. After six, seven, even ten customers for one day, and they pay you sometimes just fifteen dalasis [less than one U.S. dollar] and you are stressed because you cannot afford to even feed yourself, not to talk of send money home to your people—how can you enjoy pleasure there? Ah, no, *me*, business is business! Let it be sweet for the customer, maybe he will come back. But for me, I hate this work I am doing. It is only circumstances. (Kadija, thirty-five-year-old Fula, Farafenni¹⁹)

Focus group discussions with younger married women were far more telling than those with older age categories.

I do enjoy having sex with my husband. He can make me feel very hot and the thing is sweet. But we don't talk about it. He knows from my eyes that he satisfies me. Sometimes I do want more, but I don't disturb him because he is tired. But then sometimes I accuse him of giving all the best to the other wife, so that when he is with me he has no energy. (Binta, twenty-nine-year-old Mandinka, Brikama)

Me and my husband were having sex before we got married. I always love to do it with him. Since we got married and now we have four children, it's not really the same. We both have slowed down. But I still desire him very much. I just have to touch his big thing and I feel aroused [laughs]. (Sainabou, thirty-five-year-old Fula, Brikama)

One sex-worker surprised a few remaining participants at the end of a focus group discussion when she made this remark:

Yes, it is even possible that you have this orgasm without anyone touching you. They say that boys when they are becoming a man they will have this thing, wet dream, and ejaculate whilst they are sleeping. Me too I used to experience this thing. I am sleeping and dreaming I am having sex and then suddenly I feel my body shaking and all these sensations around my vagina until I have this thing, orgasm, and I wake up feeling ashamed if in case anyone is looking.

SEXUAL ENJOYMENT WITHOUT EXPERIENCING ORGASM

Several authors have suggested that orgasm may not be as important to circumcised women's perceptions of sexual fulfillment, presumably, as compared to uncircumcised Western(ized) women. There are several ethnographic studies that

seem to indicate women's ambivalence toward sexual pleasure and preference for the procreative value of sexuality and reinforcement of beliefs about purity, modesty, and chastity (for example, Boddy, chapter 2 of this volume). Johansen (chapter 11 of this volume) criticizes this academic devaluing of women's sexual pleasure, yet she also goes on to cite examples of Somali women in Norway who express satisfaction in purely relational aspects of marriage—warmth, security, touching, cuddling, and so on. Johansen seems to have accepted at face value that circumcision as well as cultural dictates have reduced women's capacity for sexual enjoyment and inhibited their desires or expectations for sexual gratification. Johansen seems to express confusion, given her personal observations of young Somali women at various functions, their seductive dancing and frank discussions about male sexual organs and intercourse with their husbands.²⁰ Dopico (chapter 10 of this volume), as well, gives examples of women who privilege their husband's sexual satisfaction and see it as women's sociocultural as well as personal duty to fulfill men's sexual needs.

But does this mean that, in general, circumcised women are not interested in sexual pleasure or orgasm in the same way as Western(ized) women? Actually, it is not clear how these comments from circumcised informants differ in significant ways from experiences of some, if not the majority, of uncircumcised Western women.²¹ As mentioned earlier in this chapter, some women did say that sometimes they did not enjoy sex or that sexual enjoyment is not a priority in their lives and not a goal in lovemaking. However, none that I have come across attribute this to any notion of sexual dysfunction generally or the effects of circumcision in particular, even after some prodding by me or local female interlocutors with whom I worked.

As for me, this sex thing, I don't really like it. But I love my husband and I want to please him. I was a virgin when I transfer to him. I like it when he touches me and plays with me, but I don't really like it when he puts it inside of me. Anyway he is very quick. Maybe he doesn't know how to do it. This is what my sister was advising me—that I should just close my eyes until he finishes. I have been to seek help even with *marabouts* and they always give me something for him to rub or to use. But I don't have the courage to confront him. He will be offended. I don't want to drive him away. (Isatou twenty-three-year-old Mandinka, Brikama)

Sex enjoyment? With my old pa? There is nothing there. I used to enjoy the boyfriend I had before I got married but we never made love, just playing with one another. After I got married, after a few months I became pregnant. After my first child, they said all of my [vagina] collapse. My husband said for this reason he had to take another wife. I don't mind. I used to beg him for sex, not for enjoyment there but to have other children so that my mates will not mock me. Now I have three children. This is all I think of, not sex. (Fatou, thirty-year-old Jola, Brikama)

Not all women know such a thing as pleasure. Many young girls run away to my compound saying they do not want to lie down with their husbands because they are afraid of sex, that it is painful. We [senior women] teach them that it takes time, then it will become sweet. We teach them how to approach their husbands to make them relax so they can both enjoy this thing much better. Many men do not know that when they just go on top of a woman like that, without making her ready, it can be painful for her. So we teach the girls when they are young to teach their husbands what they like. (a *ngamano*,²² Brikama)

AVERSION TO SEX AND LACK OF ORGASM

Western sex journals and manuals are replete with anecdotes from Western women who for one reason or another have lost interest in sex and women who have significant anxieties and hang-ups that have inhibited them from enjoying sex—hence the concept of sexual dysfunction and “frigidity” in women. Like uncircumcised women, some circumcised women in The Gambia report that they do not enjoy or even desire sex at all for a variety of reasons that may include deeply imbedded negative early experiences.

Sex? I never enjoy it. I don't like it at all. When I was small my stepfather used to force himself on me when my mother was not around. Since then I do not like to go to any man. Even my husband was afraid of me. I told him to take another wife and to stop bothering me. Sometimes I go out [to meet other men] just for extra money for clothes and for my children's school fees as my husband has no job. He knows this but I don't care. He too he goes out with girlfriends, spending my money on them. Sex is just to get something from a man. That's all.

Nothing is there in this sex. I don't have any more feeling, you see. My husband, you see him, he drinks and he goes out with other women. Then when he comes home he will want to begin to beat me and the children. Then he wants to have sex. For me there is nothing there again. Just pain and headache.

DOES CULTURE MATTER?

My second point is that there is nothing natural about how the clitoris is construed. It is not self-evidently the female penis nor is it self-evidently opposed to the vagina. Nor have men always regarded clitoral orgasm as absent, threatening or unspeakable because of some primordial male fear of, or fascination with, female sexual pleasure. The history of the clitoris is part of the history of sexual differences generally and of the socialization of the body's pleasures. Like the history of masturbation, it is a story as much about sociability as about sex. (T. W. Laqueur 1989) Perceptions of, and attitudes towards, the clitoris,

provide a powerful reflection of wider societal attitudes to female sexuality, whether this is seen as so dangerous that it must be eradicated, or simply needing to be brought into a greater complementarity with male sexual needs. (L. Berman and J. Berman 2005)

The purpose of this section is to question the tendency of some authors to equate cultural and religious norms concerning male and female sexuality with women's actual behaviors and experiences, as well as their motivations for continuing female circumcision (see, for example, Mackie 2000). For example, underlying some of the anti-FGM literature and presumptions about sexual dysfunction is a conflation of dominant Muslim and African "traditional" ideals with women's actual behavior. In other words, because Islam or African "traditions" promulgate female (and male) chastity and modesty, an assumption is made that all circumcised women must be sexually passive and repressed as a result of these dominant religious and cultural models.

There is a plethora of interesting studies on cultural and historical constructions of sexuality. One paper, in particular, examines changing Western intellectual discourses on male and female sexuality and how these are linked with shifting views on male and female genital surgeries (K. Bell 2005). Bell lucidly unravels various scholarly and medical debates on the significance of the clitoris to female sexuality, as well as varying views on the nature of male and female sexuality that underlie the contradiction in current Western aversions to female genital surgeries versus general acceptance of male circumcision operations.

Another influential article, this one by Richard Shweder (2002), poses the very question "What about female genital mutilation? And why understanding culture matters in the first place." In this article Shweder effectively interrogates universalist premises of current anti-FGM campaigns, especially arguments that overemphasize "universal" notions of human rights and women's bodily "integrity" (see also Hernlund and Shell-Duncan, chapter 1 of this volume). Shweder's and Bell's studies, among others, show us how culture, or at least people's perceptions about their culture, does matter to some degree in shaping as well as in changing attitudes toward female (and male) sexuality and female (and male) genital cutting.

Some anthropologists, such as Henrietta Moore (1988 and 1994), have noted how people's "lived realities" can differ significantly from overt cultural norms and values; these anthropologists emphasize that this must be considered in discussions about the strategies, motivations, and subjective experiences of circumcised women (Moore, chapter 13 of this volume). Culture is itself constructed and shifting, and its link with actual behavior is always problematic. The mere fact that I conducted focus group discussions with active sex workers is an indication that, despite an open and public commitment to Islamic and African tradition in The Gambia, there are many people who do not behave

according to dominant societal norms and values. Further, the data from these focus groups with female sex workers and non-sex workers alike indicate that many women are far from sexually passive and repressed and, in fact, have sexual experiences quite like many "normal," "modern," Western women, at least to my knowledge.

Culture is invoked by many insiders to justify tradition as well as by many outsiders to condemn or criticize the continuation of tradition; in both cases erroneous assumptions are made about female sexuality and the impact of female circumcision that do not always correlate with women's behaviors and expressed attitudes.

In The Gambia, several ethnic groups stress the importance of women's sexual virtue, premarital virginity, and monogamy in marriage (Ahmadu 2005). As in other countries where circumcision is practiced, women of all age groups and men for the most part profess that excision attenuates sexual desire in women (and men) so that they are better able to control sexual urges. This is said to ensure not only female premarital virginity but also, more important, fidelity in marriage (Mackie 2000). Among some Fula, mothers or grandmothers in certain cases request a procedure called "sealing" during a young girl's circumcision (Daffeh et al., 1999). This involves stitching of the labia minora, leaving a small hole for menstruation and urine, a practice that is similar to full infibulation. I often heard stories (from non-Fula) about how Fula girls are "virgins" at the time of marriage, yet become "promiscuous"²³ after "tasting" sex with their husbands.²⁴ I encountered men of other ethnic groups who said they "keep" Fula girlfriends or, more precisely, were having affairs with married Fula women. According to one such informant, Hassan, "these poor girls are married when they are so young to old men who cannot satisfy them. They go from left to right to find men who will give them pleasure."

Although I did not observe that Fula women were any more "promiscuous" than those from other ethnic groups, I did encounter a greater proportion of Fula girls working as sex workers in several regions of The Gambia. Interviews with these girls suggest that although chastity and sexual purity may be cultural ideals the reality was that many girls engage in sexual relations while still in primary school (usually around the age of twelve or thirteen), usually with schoolteachers or "sugar daddies" in the community. Among the Mandinka, as well, rising numbers of teenage pregnancies out of wedlock belie cultural pronouncements of female premarital chastity. Although I rarely encountered actual incidents or even rumors of Mandinka women having extramarital affairs, I cannot say for certain that this is uncommon.

In any case, none of the women in any of the ethnic groups I interviewed expressed the view that women are not entitled to sexual pleasure or that sexual enjoyment is the sole license of their husbands. In fact, the view expressed by many women (and men) and the one represented in ritual metaphors that associate the clitoris with the male penis is that of women's "naturally" heightened

sexual proclivities. This is what is supposed to be minimized and purportedly brought under individual as well as social control through the effect of female excision (and male circumcision).²⁵

Thus, it is a critical fallacy to view ideals of “virginity” and “chastity” as reasons for female circumcision, to associate this with a diminished likelihood for women having premarital or extramarital affairs, and, further, to link this with an erroneous assumption of women’s lack of sexual response or “feeling.”

My own symbolic analysis of female and male circumcision rituals and mythology in The Gambia reveals a convoluted body of metaphorical associations that concern sex and gender, particularly the role of androgyny in nature as well as the separation of sex and gender in the achievement of culture and gendered spheres of power (Ahmadu 2005). These symbolic constructions, I argue, do matter in terms of cultural justifications for and congruent experiential dimensions of female and male circumcision. And, as I have suggested, the underlying cultural principles and categorizations that make moral sense of female and male genital modification rituals do not include notions of women’s sexual passivity or repression; these latter ideas most probably stem from Western psychoanalytic models that are often unconsciously superimposed on African “traditional” models.

Ironically, as I alluded to earlier, it is in the United States and Europe that I have encountered more women, uncircumcised and circumcised, talking openly about experiences of sexual dysfunction or of some physical/psychological inability to enjoy sex or experience orgasms. This is a particularly interesting observation for circumcised African women who say they have been “suffering in silence”; their experiences are shared by uncircumcised women. Some authors suggest that the peculiar nature of modern consumer cultures reinforces women’s anxieties over their bodies and their sexuality (Schur 1988). According to Schur, women living in “Americanized” societies in which sex is viewed as a commodity are judged by their capacity to achieve orgasm(s), and this places undue pressure on individual women, which could result in increased sexual anxieties and feelings of dysfunction or inadequacy (see also Dopico, chapter 10 of this volume).

Currently, in Britain and the United States, and likely in other Western countries, pharmaceutical companies are offering and doctors are prescribing the female equivalent of male Viagra as a panacea for women’s actual or perceived sexual inadequacies. Also, as mentioned earlier, although “cultural” female genital surgeries are for the most part illegal and publicly condemned in Western countries, very similar genital operations are permitted on Western(ized) women, and even hailed in some corners, for aesthetic reasons and sexual enhancement (see Hernlund and Shell-Duncan, chapter 1 of this volume, and Johndotter, chapter 5 of this volume).

Although culture is significant, it is not the sole or even main determinant of female sexuality or sexual response. Ideologies of female chastity and modesty do not condition women to repress their sexuality in Islamic or African

"traditional" societies; moreover, Western cultural norms and expectations that emphasize women's unrestricted sexual pleasure and achievement of orgasm may encourage the opposite effect: women's sexual dysfunction resulting from excessive sexual performance anxieties. And, of course, the greatest irony of all is the increasing number of clinical female genital surgeries performed on women in the West for cultural reasons when the same are condemned for African women because "culture is no excuse for mutilation."

THE "STATE OF THE ART" ON FEMALE ORGASM

Unlike some Western(ized) iconographic representations of the clitoris as the ultimate symbol of female sexual autonomy, biological science seems more uncertain about the role of this neurologically complex appendage to female sexual pleasure and orgasm (see also Dopico, chapter 10 of this volume). The main shortcoming of the current biological evidence is its almost exclusive reliance on the experiences of "normal," uncircumcised women, which is used to generalize or universalize the experiences of all women. Nonetheless, the experiences of circumcised women do not necessarily diverge from those of uncircumcised women, and thus, by extension, may not entirely contradict Western scientific or Western folk models of female sexuality. What emerges from this section is the argument that the *exterior clitoris* has far more symbolic than physiological value in terms of its role in inducing orgasm in women.

The Role of the Clitoris in Female Orgasm

Many sex researchers and other experts have provided varying descriptions and definitions of female orgasm based on women's responses about their subjective experiences. According to Masters and Johnson,

Women often describe the sensations of an orgasm as beginning with a momentary sense of suspension, quickly followed by an intensely pleasurable feeling that usually begins at the clitoris and rapidly spreads throughout the pelvis. The physical sensations of the genitals are often described as warm, electric, or tingly, and these usually spread through the body. Finally, most women feel muscle contractions in their vagina or lower pelvis, often described as "pelvic throbbing." (1966)

Another sex researcher remarks,

Female sexual arousal and orgasm is a complex process involving the entire woman, mind and body. The human mind receives in sexual stimuli from the body, processes it, and based on past learning and experience causes the body to respond to it. The brain may start the sexual arousal process in response to thought (sexual fantasy), visual stimuli (seeing a partner nude), audible stimulation (hearing a partner's voice), olfactory stimuli (the smell of a partner's body), and taste (the taste of a partner's body). The body may

start the arousal process as the result of a woman, or her partner, touching her genitals or breasts, the feel of air flowing across her exposed skin, or her clothes stimulating her breasts or genitals. The mind and body, while able to experience sexual arousal separately, cannot experience orgasm separately. Orgasm requires both the mind and body to work together. *Mental thought alone may result in orgasm, but you still feel the orgasm in your body* [emphasis added]. All the sexual stimulation and arousal may originate in one or the other, but orgasm takes place in both.²⁶

Defining the clitoris itself is not always straightforward or apolitical (Dopico, chapter 10 of this volume). Nonetheless, most standard textbooks on human physiology or sexuality put forward a basic description of its location, size, appearance, and function. To summarize, the clitoris is located above the vaginal and urethral openings and is structurally connected to the labia minora or inner lips of the vagina. In uncircumcised women, the visible “glans” of the clitoris, which is “hooded” by a “prepuce” formed by the meeting of the labia minora, is only the outward and visible manifestation of much more extensive structures of “erectile” tissue, which form a padding over the pubic bone.²⁷ These concealed parts are anatomically and functionally linked to the vagina. The entire organ is heavily packed with nerve endings. Although the clitoral structure has roughly the same number of nerve endings as those of the penis, they are much more concentrated and closer together. When the clitoris is stimulated it becomes engorged and erect; when a high degree of arousal is reached it retracts, appearing to have reduced in size.

According to Dopico’s synopsis (chapter 10 of this volume) of the literature on the “neurology of the clitoris,” the three main parts of the clitoris are the glans, the hood, and the shaft. The shaft is responsible for “broadcasting powerful pleasure signals to the pelvic region” and the glans “has primary nerve connections with the pudendal nerve, which detects stimulation around the clitoris, labia, vaginal entrance, and anus, and sends signals to the brain.” The pudendal nerve is also responsible for “transmitting signals from the brain to the pubococcygeal (PC) muscle, inducing the rhythmic contractions that are associated with the most common type of orgasm.”

The average clitoral glans is about one-quarter of an inch (6 mm) in diameter, and the body of the clitoris is three-quarters of an inch (19 mm) in length. The portion of the clitoris that projects out from the pubic bone is one inch in length (25 mm) and one-quarter of an inch in diameter. There is, however, significant variation in size of the exterior clitoris. The clitoris in some women is very small and hard to locate within the folds of the labia and hood, and in others it is completely hidden under the hood and cannot be seen, but may be felt. In some women, the visible portion of the clitoris measures up to about two and one-half inches (6.3 cm) in length and nearly one inch (2.5 cm) in diameter. According to experts,

When [clitorides] are of this size, *they look just like a penis* [emphasis added]. The only difference is a groove along the bottom side of the clitoris, where the urethra would be located on a penis. While urine may not travel out the tip of these large clitorises, they do look and function like a penis. These women, as well as women in general, are capable of experiencing erections, the sensation of having a "hard-on," producing *ejaculate* in their paraurethral glands, *and even ejaculating*. Women with large clitorises are even able to engage in intercourse, by inserting their clitoris into their partner's vagina or anus.²⁸

TYPES OF CIRCUMCISION

In Type I circumcision, or clitoridectomy, it is usually the hood or glans that is either incised or removed. In Type II, or excision, the hood, the glans, and the rest of the visible body of the clitoris are removed as are parts or all of the labia minora. Type III is commonly referred to as infibulation and includes excision (although not always the case) and stitching together of the labia majorae, leaving a reduced entrance for the flow of menstrual blood and urine.

Type II is the most prevalent type in sub-Saharan Africa as a whole (see, for example, Shell-Duncan and Hernlund, 2000). Based on the size of the average clitoris, the proportion affected in radical excision or type II can be roughly estimated as 25 percent of the clitoris, which is not in any way near the entire clitoral structure, as many of us researchers often write, and perhaps mistakenly believe. Notwithstanding, questions remain: How much, if any, damage is done to remaining nerve endings that are said to filter through the glans and hood of the clitoris? What effect does any such impairment have on the functioning of the rest of the intricate organ that lies underneath the mons veneris—that is to say the shaft and the "two bundles of erectile tissues," as well as, importantly, the pudendal nerve that transmits pleasure signals to and carries them from the brain to induce orgasm?

These two questions—how much and what impact?—are made more complicated by the different types of operations and, more significantly, the individual neurobiological as well as psychosocial makeup of each girl or woman who undergoes a specific type of circumcision. Dopico (chapter 10 of this volume) notes that for all women,

The clitoris has tremendous potential for arousal; what may affect sensitivity, however, is the supply of nerve endings and individual patterns of each clitoris, which explains the variation in women's preference for sexual stimulation. According to Krantz (cited in W. Gallagher 1986) no two people, not even identical twins, have the same pattern and distribution of nerves. In some, the clitoris is more sensitive to touch than in others (L. Murray 1983, 58). (Dopico, chapter 10 of this volume)

Dopico further highlights perhaps the most dramatic "finding," which promises vindication to many circumcised women who claim that they do in fact enjoy sex:

There is some evidence that removal of the clitoris cannot inhibit either arousal or orgasm. For example, Weijmar-Schultz and colleagues (1989) found that patients who had undergone radical vulvectomy (due to tumors) could experience orgasm with elaborate foreplay, without their clitorides. The explanation might be found in the extensive nerve network linking the clitoris to the spinal column, leading researchers to conclude that there are two separate roots with nerve endings so plentiful that simply stimulating the area around the surgical site produces waves of sensations that result in orgasm (L. Murray 1983). (Dopico, chapter 10 of this volume)

Simply stimulating the area around the surgical site produces waves of sensations that result in orgasm. I can recall the awkwardness and frustration of trying to convey this experience to skeptical Western colleagues, some of whom are also engaged in research on FGC, and at least one young male medical doctor and research student I worked with at the Medical Research Council (MRC) in The Gambia. Although most colleagues are sympathetic and open to my arguments about the cultural and symbolic significance of female initiation and excision, as well as to all my suggestions about Mande women's political and ritual power in The Gambia and Sierra Leone, they remain obviously doubtful that I know what I am talking about when it comes to orgasm. This is where many otherwise open-minded, unprejudiced, and tolerant scholars draw the line. As far as they are concerned, excision means amputation of sexuality, a partial if not absolute elimination of nerves and, thus, sensation. And, according to this "scientific" view, if nerves and sensation are removed or reduced, sexual pleasure and potential for orgasm, by logical extension, must also be reduced or eliminated altogether.

My usual response to friendly cynics is to point out that I have not experienced any change, either elimination or reduction, in sexual response following my own initiation. Thus, if there has been any nerve damage, it must be so minimal that it has not affected my perception or experience, and, if I cannot perceive any change, it does not make much difference to me, at least sexually, that I am circumcised. Some of them generously concede to me, being somewhat their educated, "Western(ized)" equal, that I must be *different* from *other* circumcised women, that somehow my pre-excision experience of sex means that I am more sexual or something, anything, as long as it does not contradict their cherished interpretations of scientific or folk theories of female sexuality.

In any case, the ethnographic evidence from my own research and the research of others indicates that I am not alone in my experiences. Many circumcised women report experiencing orgasm from *simply stimulating the area around the surgical site* and, incidentally, without the need for elaborate foreplay, if I may, just a good imagination and a few minutes of privacy. Thus, it is not just circumcised women who reach climax through indirect stimulation of the clitoris.

According to infamous sex researchers, most women (presumably uncircumcised) are unenthusiastic about direct stimulation of the clitoris (Masters and Johnson 1966) and prefer stimulation of the shaft of the clitoris or the mons in the area of the clitoris (Weisberg 1984, cited in Dopico, chapter 10 of this volume).

Dopico gives several individual examples of sexual responsiveness from her focus group discussions with infibulated married women in Australia. I have also encountered infibulated women in the diaspora who frankly admit to occasional or frequent masturbation that involves stimulation of the clitoral area. I interviewed a Somali university student some years ago in London who said that although she was opposed to female circumcision on moral grounds, she did not feel that her operation affected her ability to enjoy sex and experience orgasm. She said that she could stimulate herself to orgasm by using a vibrator against the top of her vagina. As she was infibulated and still a virgin, she did not want to undergo the pain of trying to insert the vibrator into her vagina. She expressed anxiety about having any premarital penetrative sex that would compromise her virginity, yet she said she had no real psychological issue with masturbation.

In short, the ethnographic data and anecdotes reveal that, like uncircumcised women, many women who have undergone different forms of genital surgeries do experience different types of orgasms through a variety of sexual techniques, with or without a partner, depending on individual psychosocial conditions. This is not to say that all excised women experience orgasm 100 percent of the time or that most experience any form of orgasm at all. Studies vary widely on the number or proportions of circumcised women who claim to experience orgasms. What the data in this chapter indicate is that, at the very least, the neurobiological capacity or potential for experiencing orgasm is not necessarily eradicated or noticeably reduced,²⁹ even in the severest forms of infibulation. It seems that whether this potential is maximized or even realized depends on important internal as well as external idiosyncrasies of each individual woman, circumcised or not.

WOMAN TO WOMAN: A QUESTION OF "OBJECTIVE" KNOWLEDGE

Women who have never experienced orgasm, and women who are not sure if they have, often ask, "What does an orgasm feel like?" This is a hard, if not impossible, question to answer. Imagine trying to explain to someone what it feels like to sneeze or yawn. Not easy to do. How our senses and brain interpret physical stimuli is subjective, that is dependent solely on the individual's perceptions. While we can measure the physical stimuli, we cannot measure how a person perceives it. Even if a woman is connected to monitoring equipment when she experiences 15 strong orgasmic contractions over a 10 second period of time, how do we know she experienced it more intensely than another woman who only has a 5 contraction orgasm lasting 4 seconds? The woman having the ten-second orgasm may be wondering why her orgasms are so weak! (Berman and Berman 2005)

The ethnographic and personal examples presented earlier in this chapter suggest tentative answers to questions about the extent and impact of various forms of cutting on circumcised women's neurobiological capacity to experience orgasm. Nonetheless, there still remains the problem of "objective knowledge" that relies on women's subjective experiences of sexuality. How is it possible for a researcher to "know" what her (or his) research subject is actually experiencing during sex—whether or not the latter is circumcised? On many occasions I have heard uncircumcised women dismiss the experiences of circumcised women who report having orgasms by questioning the latter's ability to adequately discern their sexual potential given that many, although not all, are circumcised as young girls, prior to having any previous sexual experience.

The assumption is that a circumcised woman could not possibly "know" what "real" orgasm feels like if she has never experienced sex with a "proper" clitoris in the first place. But then how would an uncircumcised researcher/observer/inquisitor "know" what her own experience of sex would be like without an outer clitoris, not to speak of the experiences of others? The bottom line is that it is impossible for any one woman, circumcised or not, to "know" what another woman, circumcised or not, is experiencing as sexual arousal or orgasm. I cannot say that I "know" for a fact what my circumcised female informants mean when they describe what appear to be experiences of orgasm, but then again I cannot say that I "know" with confidence what my uncircumcised friends mean by their own experiences.

Current techniques that "objectively" measure sexual response in "normal" women focus on factors such as the appearance of vaginal secretions, swelling of genitals including the external clitoris (although the greatest engorgement takes place in the shaft beneath the pubic bone), increase in heart rate, muscle spasms, and so on, all of which to some extent should be observable in circumcised women who report experiencing sexual pleasure and orgasm. Although it may raise serious ethical questions, such experimentations could shed more light on what differences may or may not exist between circumcised and uncircumcised women and between women with different types of genital operations.

For the moment, given ethical and other technical considerations, what most of us researchers have to work with are accounts of women's individual responses about their subjective experiences. Invariably, if unconsciously, many of us weigh the responses of research subjects on three levels: first, against subjective "knowledge" of our own bodily experiences; second, against subjective beliefs about what we interpret to be the experiences of others we know personally or have read or heard about; third, and importantly, against subjective interpretations of Western scientific or folk theories of female sexuality and orgasm.³⁰ The work of serious sex researchers have yet to include studies of circumcised women, yet such research could pose significant questions and perhaps offer important solutions to "problems" of sexual dysfunction among circumcised as well as uncircumcised female populations in general.

QUESTIONING "MALE PERCEPTIONS" OF CIRCUMCISED WOMEN

Men from practicing ethnic groups have received the brunt of criticism for "mutilation" of "their" women. According to many anti-FGM campaign strategists, targeting men and incorporating them into the eradication movement is critical. Because of deeply held assumptions about patriarchal origins and motives for various forms of female genital surgeries, some activists have promulgated misogynist notions of FGM and blamed men for demanding a practice that oppresses female sexuality. The not so implicit message is that uncircumcised women are more sexually responsive and, importantly, more liberated, and can express their sexuality unhindered by neurobiological and cultural limitations supposedly imposed on circumcised women by male-dominated societies.

The appeal of this argument to men in practicing cultures lies in its resonance with powerful cross-cultural stereotypes concerning the role of the clitoris in maximizing female sexual pleasure, stereotypes that are easily confirmed by dominant ideas about the "oversexed" clitoris in cultures where women are circumcised. Thus, male as well as female perceptions are caught up in these dominant discourses.

Several authors have considered views and attitudes of men from communities that practice female circumcision.³¹ Some men discussed their own sexual preferences, others what they perceived as women's different levels of enjoyment and sexual response depending on whether they are circumcised, as well as their attitudes toward the types of women that circumcision or lack of circumcision produces. Men's responses vary from reaffirming existing presumptions and stereotypes about race or ethnicity and women's sexuality (for example, "other" women are more promiscuous than "our" women), about the role of the clitoris/excision in releasing/inhibiting women's sexuality (for example, uncircumcised women enjoy sex better than circumcised women), and how they value women accordingly (for example, "other"/uncircumcised women are good to play with versus "our"/circumcised women are better as wives).

In some of Johansen's examples (chapter 11 of this volume), some husbands and boyfriends describe their circumcised wives and girlfriends as "missing out" on sex, as being unresponsive and almost docile in bed. The comments made by Johansen's male informants must be seen in the context of a hostile anti-FGM atmosphere in Norway and strong cultural assumptions about the "naturalness" of sexuality and so on. Somali men's "traditional" beliefs and expectations about their wives' sexuality, which promulgate ideals of virginity and sexual ignorance prior to marriage, seem congruent with what they have read or "know" about the "realities" (according to Norwegian views) of FGM in eliminating women's sexuality. Johansen's male informants make references to experiences with supposedly more sexually knowledgeable uncircumcised women from nonpracticing African ethnic groups or women from Europe, North America, and other nonpracticing regions. What Johansen does not clearly bring out is the way in

which some of these commentaries about “men’s perceptions” reveal stark racist/sexist overtones in sexual comparisons they (are asked to) make between circumcised and uncircumcised women.

Among the Mandinka, there is an entire set of beliefs regarding the clitoris, sexual ambiguity, and promiscuity (Ahmadu 2005). Excision is said to remove masculinity from a girl, her male twin “head” (or penis), and the parallel male circumcision is supposed to remove a boy’s female twin “soul” (or vulva/flesh). Uncircumcised persons are referred to as *solimaalu* and are said to be sexually licentious, because of their androgynous state. Since excision, like male circumcision, is required for marriage, excision is associated with being a wife. As a woman who has undergone excision, a Mandinka wife is said to be able to control her sexual urges and passions (see also Johnson, chapter 9 of this volume). Thus, there are many stereotypes that men and women hold on to about the supposed sexual restraint of circumcised wives compared with the promiscuity of uncircumcised mistresses or lovers. The Madonna/whore complex that Johansen refers to later on in her chapter of this volume is played out in the men’s sexual narratives. Circumcised women are portrayed as restrained and unresponsive, yet (or therefore) they make respectable wives; uncircumcised women are seen as great to have as girlfriends or prostitutes but not to bring home as daughters-in-law for the men’s mothers.

In The Gambia, beliefs about white or (uncircumcised) women’s sexuality is no doubt influenced by the main sources of images available to them, pornographic video films and magazines, as well as hundreds of young, middle-aged, and elderly female tourists who flood the beaches and resorts of Senegambia, Fajara, Kotu, and Kololi each year in search of sexual liaisons with local young men known as bumsters. My research on sexual exploitation in The Gambia included two focus groups of Gambian men: current and former bumsters in one and professionals who had spent significant time studying or working in Scandinavia in the second. I have extrapolated those comments that express views about their experiences with white women versus African women and circumcised women versus uncircumcised women. Their views are tainted by strong racial and gender stereotypes, as well as by assumptions about the role of the “unruly” clitoris in determining women’s sexual behavior.

Yah man . . . I used to have this *toubab*³² lady, her buttocks was as round as this bath pan and used to jiggle like butter every time I did it to her. Man, these white ladies they can really appreciate this nice ting you know. But you see Gambian girls—these small girls—their mamas have cut their ting off so they don’t feel anything. So, all they want is money, *hallis rek, kodo dorong*.³³ They just spread open, you do what you want quickly and give them fifty or a hundred dalasis, or you send one bag of rice for the mama. So me, I don’t care, man. Even the old toubab ladies, I prefer them. They have that sweet thing down there, it makes them behave like crazy, man. They don’t

have no problem, man. (Forty-year-old Wolof "rasta," former bumster, unemployed, Serrekunda)

These white women in Europe have no morals. You can get sex until your thing drop. They cannot leave black guys alone. They used to chase us in nightclubs in Oslo and then take us to their flats. After that they change their numbers so you don't call them again. Then they go out and look for different black guys. You feel used just to satisfy them sexually. I came home to marry a girl from my tribe [Wolof] that my mother chose for me. She used to be a good wife and knows how to please in the bedroom. But like any typical Wolof, she and her mother just wanted money and more money. Now she is abroad, who knows what she is doing. Maybe I need to try the circumcised girls, these Mandinkas or Fulas. But a Wolof man can never marry a Mandinka woman—they are below our class. But at least they may be steady. (Thirty-eight-year-old Wolof civil servant, spent seven years in Norway, lives in Serrekunda)

I used to date a Swedish girl. . . . One Christmas dinner, her sister followed me down to the wine cellar and grabbed my penis. She wanted me do it to her right there. She said she heard about me from her older sister and wanted to try. I told her in The Gambia we don't have this practice, it is not our culture, and then I left her there. This is why I came back home to marry a sober girl. My wife is a Fula. I am a Wolof. We dated for several years before we were married and I didn't know she was circumcised. She has orgasms just like any woman. But I trust her. I don't think [circumcision] makes any difference for her. But I will not allow her to circumcise my daughter, even though her family is always pressuring. You know it's just the Western culture you have to avoid for your children. But you shouldn't put them through this circumcision (Fifty-two-year-old Wolof, businessman, spent twenty years in Sweden)

It's not just the white girls, even some of these Senegalese girls. Most of them come here as prostitutes and mislead Gambian girls. I dated one Senegalese, a Wolof. Her thing was so big and long, before I can even touch her she is having orgasms, just by rubbing it on my leg. Eh? No! What if I am not around? Any small breeze and she will disgrace herself in public. What man would she refuse? As for my personal view, it's better they cut this thing on girls so they can control themselves later on. (Twenty-seven-year-old Mandinka, security guard, Senegambia)

A couple of men stated that their experiences contradicted the common stereotypes about uncircumcised/circumcised women.

As for me, I once had a Senegalese girlfriend and she just lay there in bed. She too is a Wolof but all she knew how to do is to spread her legs. I have

been with an Aku girl who had only fifteen years and she is circumcised but you wouldn't know because she is just too sexy. (Twenty-four-year-old Mandinka, bumster, Senegambia)

Two of my wives, the half-caste [Lebanese/Jola] and the Fula, are circumcised, but the Wolof is not. I married Amie [Wolof] first. Even though I am a Mandinka I knew I did not want a Mandinka wife. They are not as sophisticated and educated and I didn't think they seem too experienced in sex, even though I never even had a Mandinka girlfriend. You know the Wolof are supposed to know how to really love a man and take care of a man and please him sexually—you know we men joke about the fact they have that thing down there. But truly I enjoy sex with my Fula wife, she is much younger than the other two and she really likes sex and is willing to try anything. I was surprised to find out my Lebanese wife was circumcised, but she was brought up by her Jola relatives. She's beautiful, but she's much more shy. So you see I don't believe this thing about circumcision. It really depends on the women . . . I used to be married to a German a long time ago and I also had a lot of other toubab girlfriends, even a Japanese girl. Some of them are very wild and you really enjoy it with them. Some of my friends say it is because they are not circumcised, so they are crazy for sex, especially from black men. But I don't know. Many times you see some of our women, as well, dressing and behaving the same way they do and you know they are circumcised, though they are going with different men. Just look at those girls in Senegambia running after toubabs! It is the Western culture and how they are exposed. (Ousmane, forty-three-year-old Mandinka businessman, Kanifing, spent ten years in Germany)

Interestingly, circumcised sex workers expressed far more doubts that in the throes of passion many men can even tell the difference between a circumcised or uncircumcised woman.

Some of my toubab customers, they don't care if you are a prostitute, what they like is to [engage in oral sex]. Sometimes I think they will see I don't have this thing but they don't even notice and I don't even care if they do, because me too I am busy enjoying what they are doing. (Awa, twenty-six-year-old Mandinka, Senegambia)

One toubab from England one time asked me if I was circumcised before I even took off my clothes. He said he heard about it on a program in London. I told him he is not supposed to ask a woman such a question. He asked me whether I enjoy sex. I told him he is paying me for his own enjoyment. In the end I lied to him and told him my tribe does not allow female circumcision. He never knew the difference. After, he used to tell me that he wanted to try sex with a circumcised girl. So, as fun, I brought him my Wolof friend who is not circumcised. He still did not know the

difference. We did not like sex with him because he was not circumcised and he was old, but he was giving us a lot of money. (Astou, nineteen-year-old Fula, Senegambia)

However, another Fula girl mentioned how she was disgraced by her then-boyfriend because she was circumcised.

I once had a Wolof boyfriend and one time I caught him with another girl; she too is a Wolof. I confronted both of them in this nightclub where I saw them together and began insulting the two of them. I called the girl a dirty prostitute and a "solima [uncircumcised] with a big water hole." My boyfriend got up and slapped me and said what do I know, after all I don't have any sex between my legs, that if I can go and find it maybe he will stop going out with other girls. It was such a shame to me when he said that, since then I have never gone with a Wolof again! (Binta, twenty-two-year-old, Manjai)

These anecdotes expose the absurdity of taking men's comments about women's sexual experiences too seriously, especially when they are permitted the liberty of comparing the bodies and sexual performance of women of different races and ethnicities. The exercise itself evokes suspicion in that it seems to invite these racist and sexist commentaries.³⁴ Moreover, the race, sex, and ethnicity of the interviewer seem to influence how men respond to such questions. Often, in semistructured interviews, male (as well as female informants from practicing ethnic groups presume I am an African American (which I am) and, therefore, uncircumcised. Some will speak condescendingly and apologetically or with open hostility against FGM. When later, depending on the discussions, I mention that I am also a Kono and circumcised, some brazenly dissociate themselves with earlier comments, insisting that female circumcision is an important part of cultural tradition and harmless to girls and women. Such turnabouts rarely occurred in interviews with men from nonpracticing ethnic groups. Many remain opposed to female circumcision and mesmerized that I accepted to undergo the traditional operation.

One Mandinka professor at Gambia College, with which I was affiliated during fieldwork, attempted an explanation. He said that he and several of his colleagues had no choice but to go with the Western intellectual status quo or be publicly ostracized. According to him, several well-known male professionals, including a renowned and popular local gynecologist, expressed concerns about excesses and misinformation propagated by FGM campaigns, only to be widely assailed and ridiculed by so-called women activists in the country. Another male lecturer explained to me that there are too many individuals chasing too little development funding coming into the country and a significant amount is geared toward campaigns to eliminate FGM. As male scholars, he said, it is already becoming more and more difficult to compete for funds targeted for

“gender-this and gender-that,” so none of them can afford to be on record for being politically incorrect about issues such as FGM.

In several other offices where I worked, Mandinka men would “whisper” one set of views in closed-door informal discussions and either remain quiet or make extra effort to appear anti-FGM in formal meetings. In one unusual case, during an official meeting I participated in, when the topic of FGM was raised, a woman representative of an eradication NGO based in Kenya dominated the discussions. The moment that a man happened to interject, making a point about the cultural importance of the practice to women in his ethnic group, the auditorium fell awkwardly tense and unnervingly silent. The more “knowledgeable” African female activist proceeded to set the man straight, reminding him that FGM is a violent crime against defenseless women which cannot not be justified by culture. Hence, it has become anathema in international development and many scholarly circles for anyone, male or female, circumcised *or* uncircumcised to speak up in any defense of female circumcision as a cultural practice.

CONCLUSION

The questions that findings of sexual enjoyment in circumcised women raise are unsettling precisely because they imply that what is presented as an indisputable physiological reality may itself be socially constructed. (Obermeyer, quoted in Boddy, chapter 2 of this volume)

That the external clitoris is key to women’s sexual experience and liberation is as much a symbolic construction as the idea that its removal suppresses women’s sexuality. As I hope this chapter has demonstrated, the significance of the exterior clitoris is not so much its neurobiological value in purportedly enabling female sexual enjoyment or orgasm—the latter can be achieved without it as far as the medical as well as anecdotal evidence suggests. Rather, as many writers have noted, what is invested in the clitoris in contemporary Western societies is an all-important symbolic value signifying that women are capable of, have a right to, and can enjoy sexual pleasure with or, importantly, without a man. Thus, some “traditionalist” circumcised African women criticize Western women’s re-discovery of the clitoris as a way to deemphasize the sacredness of marriage and promote sexual licentiousness in the guise of women’s autonomy.

This criticism perhaps makes more sense in light of dominant “traditional” beliefs about gender interdependence and complementarity in many African cultures, especially where female (and male) circumcision is practiced. In The Gambia, indigenous models of female sexuality do symbolically endow the clitoris with tremendous sexual power or energy equal to if not to rival that of men’s. And, as I have shown in this chapter, these dominant views underscore attitudes concerning women’s inherent capacity for sexual enjoyment. Local discourses about the external clitoris as a site of uncontrollable desire suggest why many women say it can be removed without affecting a woman’s ability

to enjoy sexual relations. Removing parts of the clitoral hood or the external glans is said to inhibit uncontrollable sexual behaviors (such as masturbation, nymphomania, and so on), which, I argue, are seen to violate sexual norms in marriage and thus deep-rooted interconnected beliefs about the nature of sex and gender. In any case, inhibiting sexual desire and antisocial sexual behavior, I offer, are not intended as the main goals of female genital surgeries in many practicing societies of which I am aware.

I have demonstrated in this chapter that in both Western and African "traditionalist" contexts, myths about the relevance of the clitoris to female sexuality are betrayed by women's different and varied experiences. In Western countries, many women with intact clitorides reportedly do not experience any type of orgasm in their lifetime, and complaints about sexual dysfunction or loss of sexual desire abound. In The Gambia, as in other African countries where female circumcision is widespread, "un-African" or "imported Western" sexual practices are clearly known and engaged in; women are not repressed and passive, even by "modern" Western standards.

Despite all the focus on women's sexual liberation and autonomy, most of my Western uncircumcised, heterosexual, female friends say that there is no substitute for the deep joy or intense pleasure experienced during lovemaking with a committed male partner in the context of a stable, monogamous relationship; my circumcised African female friends and relatives would most probably agree. The point to be made is that even with inherent differences between Western "scientific" and African "traditional" models of female sexuality there is great congruence in actual experiences of both uncircumcised and circumcised women.³⁵

Many hardcore anti-FGM activists and radical feminists will not be assuaged by the findings and views expressed in this chapter. For many of them it is their taken-for-granted androcentric assumptions about female sexuality that fuel their outrage against female genital operations on African girls and women. However, the fact that the "female-circumcision-equals-female-sexual-dysfunction" thesis holds little resemblance to most circumcised women's lived realities does not necessarily mean a deathblow to eradication efforts in Western countries. Shweder's provocative articles highlight the arrogance, hypocrisy, and misdirection of international anti-FGM campaigns and makes prescriptions that would permit minor circumcisions of underage girls, just as circumcision operations are allowed for boys (2002 and forthcoming, see also Hernlund and Shell-Duncan, chapter 1 of this volume) while prohibiting or postponing extensive surgeries until an appropriate age of consent. For Boddy (chapter 2 of this volume), part of the problem lies in the fact that what one child may experience as a fulfilling "traditional" coming-of-age ceremony associated with her "home" country, another child born or raised in a "host" country may experience as traumatic violence and alienation. It is for this reason that Shweder's emphasis on an approved age of consent seems a compelling solution.

What is definitely needed are more culturally sensitive policies that reaffirm, not disparage, the values and body images of affected women, measures that show respect for their various cultural and “traditional” heritages. African girls and women who happen to be circumcised today are entitled to see themselves as okay the way they are, as “normal” and healthy and not as “mutilated” objects who are in some pathetic “search for missing clitorises.”³⁶

Many of us unequivocally reject as absurd the notion that our mothers and grandmothers are child abusers or mutilators and that all our menfolk are misogynists and sadistic oppressors of their wives and daughters. Some of us are even married to men who frown upon the continuation of these “old women’s traditions.” Most of us do not want our European- or American-born daughters to be targets of degrading anti-FGM stereotypes. And when these girls do mature and develop into young women, they should be given the option and right to choose with dignity whether or not to uphold their “traditional” customs; that is, whether or not to undergo a particular form of circumcision for cultural reasons, just as their Western counterparts are allowed to undergo any number of physically invasive operations for aesthetic or other supposedly *noncultural* reasons. Denying young Western(ized) African girls and women this freedom to choose is tantamount to refusing them fundamental, universal human rights—rights to their own bodies and to sexual autonomy, as well as to uphold their cultural identities, however they may define this.

Many African women in the diaspora who are circumcised do acknowledge circumcision for cultural reasons yet also support a woman’s *inherent* capacity for sexual pleasure (including orgasms, for those who do experience them) and aspirations for sexual autonomy, although they may have different ways to define these. These values are not mutually exclusive. Many circumcised women eagerly and deferentially submit to their grandmothers’ authority in a symbolic and ritual “tradition” that marks and celebrates their identities and inherent power *as African women*. They also experience sexual pleasure as a “natural,” God-given gift.

I have no quarrel with Western women who hail possession of an external clitoris as affirmation of their sexual autonomy and equality with men. And for those uncircumcised and circumcised African women who are sold on this view, this too is fine. However, for African women of my grandmother’s persuasion, it is eschewing the peripheral clitoris (or the disembodiment of the external phallus) that symbolizes a true separation from masculinity and thus defines, paradoxically, the quintessence of matriarchal power (Ahmadu 2005). It is unfortunate that some of our Western(ized) feminist sisters insist on denying us this critical aspect of becoming a woman in accordance with our unique and powerful cultural heritage. It is even more regrettable that in our consummate fear and virtual paralysis in challenging Western feminist interpretations of who we are and how we supposedly feel, as circumcised African women, we truly have assured our psychological mutilation.

NOTES

1. I use the terms "female circumcision," "female genital cutting," "female genital surgeries," or "operations" as generic descriptions for various types of traditional female genital operations. The term "FGM" is used to emphasize the language and position of international eradication movements. More specific terms such as "clitoridectomy," "excision," and "infibulation" are also used to describe specific types of operations.
2. I use the term "Western" in this chapter in the most general sense to refer to the liberal democracies of mainly North America and Western Europe; to the dominant moral, political, economic, and religious norms and values associated with these societies; and to emphasize the subtle ironies and contradictions inherent in prevailing assumptions about progress, modernity, enlightenment, and individual autonomy associated with these societies.
3. See, for example, Sia Amma's Web site, <http://www.celebrateclitoris.com/>.
4. The research on sex workers was conducted for a subregional survey focusing on the sexual exploitation of children in The Gambia and Senegal from February to August 2002. The Sexual Exploitation Study was coordinated by CODESRIA in Dakar, Senegal, and funded by UNICEF The Gambia and Senegal. Focus groups of married women were conducted during fieldwork for my Ph.D. dissertation at the Department of Anthropology, London School of Economics. This fieldwork was funded by the Wenner-Gren Foundation between January 1998 and June 1999.
5. See, for example, Abdalla (1982); El Dareer (1982b); Koso-Thomas (1987).
6. *Pride* (United Kingdom) magazine, 1995.
7. "JJC" stands for "Johnny Just Come," a common term of reference for Africans newly arrived to America.
8. Roughly between the ages of seventeen and twenty-five.
9. Similarly, there is often no term for female "orgasm." Sexual enjoyment for both sexes is taken for granted as a natural part of coitus or sex play.
10. See, for example, the article by Sara Klein at <http://www.metrotimes.com/editorial/story.asp?7405>; see also Hernlund and Shell-Duncan, chapter 1 of this volume.
11. See Ahmadu 2005 for a more complex and thorough anthropological study of the cosmological and cultural sources of ideas and values concerning sexuality among The Mandinka in The Gambia.
12. Most senior female head of "traditional" women's affairs—that is, girls' circumcision and marriage ceremonies.
13. All names were changed to protect the identities of informants.
14. The speaker was referring to an agemate of her father.
15. Several sex workers in focus groups originate from neighboring countries. This respondent reported that she was originally from Benin, West Africa.
16. Meaning that he provides financial and practical assistance—accommodation, toiletries, clothing, and so on.
17. This term is more frequently used than the word "orgasm." Interestingly, many women (and men) also refer to vaginal secretions as "semen."
18. Of Senegalese origin. Although "Senegambia" is sometimes used to refer to the region of The Gambia and Senegal, here it refers to a periurban area near the capital where many tourist hotels are located.
19. Originally from Senegal.
20. See Ahmadu (2005) for a more in-depth critique of one author's interpretation of the social/symbolic meanings of infibulation as well as the psychosexual significance of defibulation vis-à-vis Somali women.
21. See Klein (2005) for a discussion of women who opt for "designer vaginas" (tighter and perkier to please or satisfy their partners).
22. A *ngamano* is a "traditional" female circumciser.
23. This could be related to beliefs that Fula women are some of the most beautiful and desirable women in West Africa.

24. It is important to stress that I only heard such comments from non-Fula, for example, Mandinka and Wolof, men as well as men from other African countries, including Nigerians and Sierra Leoneans residing in The Gambia. I heard the same disturbing narrations regarding Fula women's sexuality from Mandingo and Susu men in Guinea (Conakry). Most Fula women I asked about this said that it is probably true because of their "culture" and the fact that they marry so young.
25. One of the puzzles of excision and sexuality that I mentioned in a previous article on the Kono of Sierra Leone relates to local distinctions between sexual desire and sexual pleasure and the role of the clitoris in attenuating the former while having no impact on the latter (Ahmadu 2000). As with the Kono, my Gambian informants and participants in focus group discussions stated that circumcision enables a woman to comport herself properly in society (by not being enslaved to or controlled by sexual desires), yet they denied that removal of the clitoris reduces sexual pleasure and capacity for orgasm.
26. From the Web site of Drs. L. Berman and J. Berman (2005).
27. I have used quotation marks here to emphasize the masculine or androcentric terms that are used in the "scientific" literature to describe and define the clitoris. This tendency to "phallicize" the clitoris has also been noted by K. Bell (2005) and several others and, interestingly, correlates with my analysis of the rich and graphic symbolic imagery that is produced in Mandinka female and male circumcision rituals and Bambara/Mande creation mythology (Ahmadu 2005).
28. Berman and Berman (2005) Web site.
29. The question of "reduction" in sensation can only be reasonably answered by women themselves who have experienced orgasm prior to their operations and, presumably, have engaged in sexual relations afterward.
30. For instance, "folk" theories contained in books by Masters and Johnson as well as the Kinsey reports, popular books from the 1970s, such as *The Joy of Sex*, as well as women and men's consumer magazines, such as *Cosmopolitan* and *Playboy*.
31. See for example (Dopico and Johansen, chapters 10 and 11 respectively of this volume).
32. Slang term used in Senegal and The Gambia to refer to white people or people believed to be from Europe or America. Terminology is also used to describe "naïve," wealthy, Westernized Africans.
33. Meaning "money only" in Wolof and Mandinka respectively.
34. The comments presented here are from sections of interviews concerned with sexual exploitation of underage girls. They were selected because of references men made to circumcision, race, and women's sexuality.
35. My emphasis in this chapter has been on the experiences and desires of heterosexual women. However, it must be noted that in The Gambia same-sex relations among women (as well as men) are acknowledged, albeit often dismissed as "un-African." Several circumcised African women admit to "playing" with other women and do not see their sexual preference for women as affecting their desire for, or duty to marry, a male partner. Marriage to the opposite sex is considered by most Africans to be a social and moral Obligation—a *right* as well as *rite* of adulthood—which may or may not coincide with individual sexual practices and preferences despite overt cultural norms stressing heterosexuality and (women's) monogamy (see also Roscoe and Murray 2001).
36. Sia Amma Web site, <http://www.celebrateclitoris.com>.