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Purity, cleanliness, and smell: female circumcision, embodiment, and discourses among midwives and excisers in Fouta Toro, Senegal

Sarah O'Neill *Université Libre de Bruxelles*

Since the 1980s, a multiplicity of medical, social, and anthropological research has looked into different aspects of female genital cutting (FGC), with outcomes that are used as justifications for, or objections to, different forms of intervention on a global level. Yet there is limited research looking at local indigenous medical knowledge, and how potential health problems resulting from cutting are understood and treated by those who perform female circumcision as a profession. Based on ethnographic fieldwork in Fouta Toro, Senegal, this article shows that despite some medical professionals' genuine commitment to stop FGC, their aesthetic notions of cleanliness and repulsion often still conform to dominant discourses and beliefs around purity. This article explores contradictory conceptions of female anatomy, purity, and olfactory differences between excised and unexcised women. It shows that instead of there being a one-dimensional opposition between different forms of knowledge (local/indigenous vs biomedical), as frequently implied in public health messages, people can assimilate seemingly contradictory viewpoints that correspond to their social identities, embodied manners, and the sensory and olfactory perceptions of their social environment.

Following the creation of the United Nations (1945) and the World Health Organization (1948), there has been an attempt to homogenize, unify, and perpetuate an institutionally agreed upon set of rights and standards of health and hygiene on a global level. Since then, female genital cutting (FGC) has also been subject to scrutiny and debated in terms of the extent to which it is harmful and constitutes a mutilation (Balk 2000; Gordon 1991; Gruenbaum 1996; Hosken 1976; 1982; Lightfoot-Klein 1989; Shell-Duncan & Hernlund 2000; Toubia 1993; 1994; Toubia & Izette 1998), or whether banning the practice is seen as an infringement of people's right to practise their traditions and customs (Ahmadu 2007; Grande 2004; Gruenbaum 1996; 2001; Hernlund & Shell-Duncan 2007; Lionnet 2005; Shell-Duncan 2008; Shweder 2005; Thomas 2003; Walley 1997). Particularly since the 1980s, but even more so since the 1990s, a multiplicity of medical, social, and anthropological research has looked into different aspects of FGC with outcomes that are used as justifications for, or objections to, different forms of intervention on a global level.

However, there has been limited research looking at local indigenous medical knowledge and how potential health problems resulting from cutting are understood

and treated by those who perform female circumcision as a profession. Furthermore, even though some literature discusses notions of purity in relation to FGC (Ahmadu 2000; 2007; Ahmadu & Shweder 2009; Boddy 1982; 1989), little scholarship has explored in detail how local people's conceptions of purity change as a result of governmental and non-governmental intervention. How is it possible for people to drop a practice that is generally perceived to render the body 'pure', and what happens to associated notions of cleanliness? I suggest that this issue is crucial because, paradoxically, some former excisers and midwives campaigning against FGC still attribute purity and cleanliness to excised women but impurity to uncut women.

This article explores these contradictory conceptions of female anatomy, purity, and olfactory differences between excised and unexcised women in Senegal. I show that despite some medical professionals' genuine commitment to stop FGC, their aesthetic notions of cleanliness and repulsion often still conform to dominant local discourses and beliefs around purity. Instead of a one-dimensional opposition between systems of knowledge (local indigenous vs biomedical), I show how people can assimilate seemingly contradictory viewpoints (Berliner, Lambek, Shweder, Irvine & Piette 2016) that correspond to their social identities, embodied manners, and sensory and olfactory perceptions of their social environment.

This article draws on ethnographic research undertaken in Fouta Toro, northern Senegal, for fifteen months in 2007/8. The fieldwork in Fouta Toro began after I had intermittently travelled, lived, and worked in different parts of Senegal for six years. I was therefore very familiar with the country before my Ph.D. fieldwork commenced. During fieldwork I was settled in a small village (500-1,000 inhabitants) on the northern tip of the Île Amorphile by the river Senegal, bordering Mauritania. The place was most easily accessible by horse-cart and involved a forty-five-minute ride across the Île Amorphile. Motorized transport was infrequent and sometimes during the rainy season the area was inaccessible. I had a room in the compound of a *Cubalo* (fishermen) family, with whom I shared all meals and daily routines. The head of the family was a teacher who taught me Pulaar grammar and language, which I was obliged to apply immediately as none of the women and few children spoke French. Over time, I therefore acquired conversational Pulaar, which was sufficient to be polite and to have basic conversations with rural people without formal education. Besides the participant observation and ethnographic fieldwork I undertook in this community, I frequently travelled to other places in Fouta (between the towns of Ndioum and Semme) to meet activists against FGC and to join the NGO Tostan's[1] awareness-raising activities and public declarations. Although I worked independently, the Tostan staff based at the Fouta Toro office in Ourosogui were very supportive of my work and helped me when necessary. I visited various villages across Fouta to interview community members and prominent local figures about FGC, including religious leaders but also (ex-)excisers and midwives. Most recorded interviews were undertaken with a research assistant who helped with the translations.

Fouta Toro is an area positioned along the Senegal river basin which has been inhabited by nomadic and sedentary Fulani for over a millennium. Today 92 per cent of the population of Fouta Toro are Haalpulaar.[2] Other minority ethnic groups in this area are Soninke and Wolof. Regardless of ethnicity or language, my informants referred to themselves as *Futanke* or *Futankoobe* – meaning inhabitants of Fouta Toro. The region called Fouta Toro today is known to be one of the first parts of West Africa

to have adopted Islamic practice, in AD 1030. Being a 'Futanke' thus means being a Muslim from the cradle of Islam in West Africa. Today more than 92 per cent of the population are Muslims and the people of Fouta Toro are still known to be ardent Muslims.

My research inquired into the Futanke's strong opposition to the national ban on 'female genital mutilation' (FGM)[3] and to non-governmental campaigns attempting to end excision. In Senegal, the law against FGM was passed in 1999 after a number of years of extensive debate in the national media, and an incident in 1997 when women in a village called Malicounda Bambara (near the town of Mbour on the western coast of Senegal) made their renunciation of excision public after following Tostan's human rights education programme. Only about 24 per cent of the Senegalese population practise excision (Demographic Health Survey Senegal 2015)[4] and the ban did not cause much commotion except to Fulani, particularly in Fouta Toro (O'Neill 2013). During the debate of the bill outlawing FGM in Senegal, religious leaders from Fouta Toro strongly opposed the ban and claimed that excision was *sunna* (an Islamic tradition) and a Prophetic recommendation (*hadith*). Some Fulani intellectuals referred to the practice as associated with 'civilization'. Numerous local intellectuals asked themselves whether the health risks associated with excision were really as grave as the government presented them to be, as the practice has persisted throughout the last few millennia in Africa, and whether it was legitimate to criminalize a civilizing cultural act (Niang 1999).[5] The Senegalese government's willingness to ban the practice was interpreted, particularly among many Pulaar-speakers in Senegal, as being due to compliance with 'Western' agendas. Since the ban on FGM, Fouta Toro has been named 'the most difficult region' by governmental and non-governmental bodies trying to bring the practice to an end because of local people's non-compliance with public health and education projects. On various occasions, awareness-raising campaigns about the harmfulness of the practice were boycotted, and ministers and non-governmental officials were threatened with violence and condemned by local religious leaders for instigating debate over the practice (O'Neill 2013).

Whereas for many Futanke the passing of the law and the wave of non-governmental sensitization programmes were seen as 'pure trickery and a way to fight Islam' with 'the aim of destroying local culture', luring 'the children of Fouta' to 'shamefully efface their identity' (O'Neill 2013), many other Senegalese welcomed incentives to bring an end to FGC. Recent research suggests that on average only 22.5 per cent of girls between the age of 0 and 14 have been cut in the region of Matam in northern Senegal[6] (Demographic Health Survey Senegal 2015). The traditional age of cutting in Fouta Toro is between the ages of 0 and 2 years (Demographic Health Survey Senegal 2005; O'Neill 2013). These figures therefore indicate that the rates of FGC for Fouta Toro have decreased drastically over the last decade. This may partly be due to the implementation of Tostan's human rights and education programme, which has been evaluated as successful in getting people to abandon the practice in other parts of Senegal (Diop *et al.* 2004; Diop, Moreau & Benga 2008; also see O'Neill 2013).

Thus, within the socio-ethnic and religious make-up of the Senegalese population there are already a multiplicity of views on whether the practice should be maintained or abolished. This implies that there must be a form of conceptual pluralism regarding the female body, its properties and functions, and women's role in society (bound to ethnic or to national identity). Indeed, Foucault argues that 'the phenomenon of the social body is the effect not of a consensus' constituted through the universality

of wills, 'but of the materiality of power operating on the very bodies of individuals' (1980: 55). What is meant is that perceptions of a physiological body (regardless of whether it is one's own body or somebody else's) cannot be the result solely of a conscious decision, the views of a majority of individuals, of the views of those in power (i.e. politicians, teachers, elders, etc.). Instead, Foucault suggests that perceptions of the body are always subject to a struggle between competing interest groups and conflicting opinions, morals, desires, and aspirations.[7] Institutions, whether the elders in a society or governmental or non-governmental bodies, shape the knowledge and the practices that inform and guide actors who work with or instruct people on the body (i.e. medical health professionals, teachers). In this article I observe and discuss how constructions and understandings of the female body are affected by different institutional powers. I look at how the ban on FGM and policy change affect the ways in which local experts (midwives and excisers who use indigenous forms of knowledge to treat reproductive health problems) perceive and treat so-called 'health problems' associated with excision. Furthermore, I show how the uptake of biomedical knowledge and practice changes the ways in which local midwives perceive the female body, or how these biomedical concepts are incorporated into indigenous systems of health and healing.

Women and men all over the world have always taken recourse to a variety of different treatments that may sometimes seem incompatible to observers. People's desire to seek various treatments and cures for diseases and to prevent health problems is a well-studied phenomenon (Feierman 2011; Feierman & Janzen 1992; Foley 2010; Hausmann-Muela, Muela Ribera, Mushi & Tanner 2002; Hausmann-Muela, Muela Ribera & Tanner 1998; Langwick 2011; Last 1992; Nichter & Lock 2002). This article shows that although some excisers adopt biomedical discourses which define the excised body as 'prone to sickness' and to 'health problems', they also voice and embody local discourses on the properties of the excised body as reflecting positive notions of civilization and ethnic identity.

I will begin my analysis by looking at how so-called 'traditional excisers' (s. *kaddinoowo*, pl. *haddinooɓe*) learn their profession, and what counts as skill during the performance of the procedure and aftercare. Then I will move on to describe how excisers and midwives adopt the discourses of biomedicine, which is called 'doctors' knowledge' (*gandal doctoreeɓe*) as well as 'white man's knowledge' (*gandal tubakooɓe*) in Pulaar. I will show what these seemingly contradictory discourses about purity, cleanliness, and hygiene say about social differentiation (Douglas 1966) and the homogenization and subjugation of a population through state and international intervention (Foucault 1975; 1980). Previous research has shown that FGC is performed to meet the standards within a community of what is defined as socially desirable, differentiating its excised members from those who do not practise (Hernlund & Shell-Duncan 2007; Shell-Duncan & Hernlund 2000). Such conceptions are not just cognitively embedded within the social environment but also viscerally embodied in emotions towards anything that is different. In this essay, I observe how those who deal with complications due to the practice (i.e. midwives and excisers) adopt contradictory viewpoints: their narratives reflect the cognitive experiences of their professional life, which are based on biomedical discourses; as well as the conceptions of purity and revulsion towards the unexcised body which are common among members of this social group, linked to discourses on the moral superiority of Futanke society (O'Neill 2013) and Fulɓe ethnicity (Riesman 1974; Stenning 1959).

Acquiring skill, becoming an exciser: the procedure of excision

While most research on female circumcision around Senegambia focuses on the role of excision in the context of initiation ceremonies (Ahmadu 2000; Ahmadu & Shweder 2009; Dellenborg 2004; Hernlund 2000; 2003), in Fouta Toro, girls are not excised during an initiation ceremony and there is no universally agreed upon procedure for the cutting or how to initiate the healing process. Dilley also notes: 'While male circumcision and initiation is the focus of much communal activity, female excision, involving clitoridectomy and sometimes infibulation, is done much more privately behind closed doors and with little public ceremony' (2004: 119). Excisers perform their trade in their own home according to the knowledge their mothers and grandmothers passed on to them. Most also provide other medical treatment depending on their family's wealth of spiritual knowledge.[8] I first of all discuss what this 'knowledge' is, how it is generated, acquired, and applied, and then discuss how individuals engage with alternative biomedical models for reproductive health – such as 'the white man's medicine' provided by state and non-governmental institutions.

As with all occupational trades in Fouta Toro, the competence required to undertake female circumcision is said to be 'family knowledge': namely a body of 'knowledge' a lineage is said to own to practise their trade. This incorporates practical skill at something like catching fish or welding iron, but also has a spiritual element that makes a particular family's way of performing their trade unique. Dilley (2004) argues that occupational lore is more than a skill acquired through practice; each artisan is in some ways in touch with the spirit world of the elements they are 'crafting', and knowledge is received directly from these spirits. For example, a blacksmith, who is constantly in contact with fire – associated with spirits – has to acquire the powers that enable him to handle red-hot metals (Dilley 2004: 71). The spiritual element involved in any trade in Fouta Toro consists of casting incantations called *cefi* that are believed to guarantee success at doing or making something.

Someone who has had years of practice in their trade then passes this knowledge on to their sons or daughters when they learn. In this way, 'knowledge' is passed down from generation to generation. So although in a neighbourhood there may be several households of different lineages who practise the same trade, their ways of performing it differ and the family knowledge is jealously guarded. People take great pride in the knowledge they have inherited from their ancestors.

Excisers' and midwives' knowledge

During my research on excision in Fouta Toro, I noticed that most excisers (*kaddinoowo*) were also consulted for reproductive health problems and called upon for their midwifery skills. Conversely, the professional midwives (*ngarwiinoowo*) of Haalpulaar background whom I interviewed had also excised girls on occasion or were from families who 'traditionally' practised excision. In interviews with these excisers and midwives, I found that they perceived that their 'knowledge' (*gandal*) of their craft was demonstrated through the success of the operation and the prevention of complications afterwards. This could be said about acquiring skill in any biomedical profession. However, the procedures undertaken to achieve these positive outcomes, and the types of knowledge considered to be most potent, were related to indigenous knowledge practices rather than biomedical procedures. In one village I was told that 'there are incantations (*cefi*), there are also grisgris (amulets). These are used to protect the girls to make sure nothing goes wrong'. Furthermore, as far as their use is concerned: 'The *cefi* are there to prevent

problems so that the child does not bleed or does not die or so that they're not afraid, that is why the *cefi* are recited'.[9]

In conversation with Ramata,[10] the president of the 'ex-exciser committee',[11] who is also a state-trained midwife, we discussed how problems that arise during excision are treated and what constitutes excisers' professional knowledge:

> *SO*: When you learn the practice are there certain verses that you have to recite to prevent bleeding?
> *Ramata*: Yes, when you learn the practice you are taught a lot of things. When there is bleeding you will try to stop the bleeding. But if you recite the *cefi* beforehand you can excise without any trouble. But sometimes there are side-effects. If there are side-effects, you will try to get them under control with what you have been taught. The haemorrhages, you will try to calm them with your knowledge.
> *SO*: How do you get it under control, with what?
> *Ramata*: With the *cefi*.

Ramata learned how to excise from her mother when she was a teenager. Then she also trained as a midwife in a state-run healthcare centre, which turned her against excision. When her mother was getting older and her eyesight deteriorated, Ramata urged her to stop. Her mother, however, replied that she could not leave the practice until Ramata took over the family occupation and she observed her performing excision independently. Reluctantly, but determined that her mother should retire, Ramata became an exciser. After her mother had passed away, Ramata renounced excising and eventually founded the 'ex-exciser association'.

Another exciser I met was Kumba in Thilogne. Kumba learned the practice from her grandmother, who was also taught by her own grandmothers. She said that their family was one of the few in Thilogne who practised excision 'traditionally', whereas others had picked it up more recently and did not have the 'family knowledge' (*gandal galle*) acquired from spirits and passed on from one generation to the next. Kumba's family tradition was not restricted to excision but included assisting women in labour. Furthermore, if someone in the neighbourhood had an accident, their aid was called upon first because, she said, they were known as healers and were very skilled at easing people's aches, pains, and bruises. Kumba observed and learned how to excise from an early age. Whenever a girl was brought to their home to be excised, she and her sisters were called to help hold the girl down. However, they said that not everyone had the courage to take on the practice and excise girls. Her sisters, who were sitting with us during this conversation, did not become excisers.

As for the procedure of the cutting, Kumba's sister told us that there used to be a very efficient technique to stop the bleeding. Sheep dung was boiled and left to cool down. Then the girl was asked to sit down in it after the excision. That would help to heal the wound well. However, she said that nowadays only shea butter was used. She explained that before the operation, the blade was boiled in hot water to clean it. Next 'incantations (*cefi*) are cast onto the blade. Then a third of the clitoris is cut. Only a tiny little bit is cut [she indicated on her little finger]'. I asked whether the girl bled a lot after the cutting. Kumba replied that after the incantations have been recited, the girl has been cut, and the shea butter has been applied, it's all over. That is where the spiritual knowledge helps. 'You recite the incantation and pass your hand over the wound and it's all over. The girl can go home and there will be no further complications. And no man will be able to penetrate the girl until she marries'.

Competence at any customary craft in Fouta requires 'spiritual knowledge', and the medical profession and midwifery are not excluded. According to local cosmology, spirits and spiritual knowledge play a crucial role for healing and the prevention of

'problems' during operations. We have established how indigenous healing practices are applied to prevent complications during excision. But how do local women who train to become midwives at state-run healthcare centres engage with this knowledge? To what extent do beliefs in spirits and incantations clash with biomedical treatments – so-called 'doctors' knowledge' or 'white man's knowledge' (*gandal doctoreeɓe*, *gandal tubakooɓe*)?

Midwives who work at state-run healthcare centres are expected to take a stance against FGC and are trained to use biomedical treatments for women's problems rather than indigenous knowledge practices. Although they officially do so and participate in the awareness-raising campaigns against the practice, in conversations about childbirth and reproductive health it often became apparent that they do not fully accept these biomedical models for the treatment of women's problems.

Ramata, the president of the ex-exciser committee, talked of how she has come to realize that excision is harmful:

> It was when I began to work in medicine that I noticed [that excision is harmful]. When I got to Matam, I was informed. And it was here that I noticed the problems. I assisted at a lot of births and saw pregnant women every morning. Sometimes there were problems. Sometimes women had to be evacuated.[12] The doctors told me, the midwives told me, even I myself realized that really, although we have done this practice for a long time, it causes suffering. It causes lots of illnesses. [She speaks slowly and softly with pauses.] Infections, haemorrhages ... sometimes there are women who die because of it. Sometimes there are tearings during childbirth ... Even if you try to fit a catheter, with the excised woman it is very difficult. With the unexcised woman it's a lot easier. Childbirth, it's not the same thing.[13]

Ramata learned to excise from her mother when she was a teenager and then trained as a midwife in her late teens. She has therefore been taught to use both indigenous knowledge practices and biomedical knowledge for intervention during childbirth and complications during excision. However, as we can see here in the next quote taken from the same interview, being adept in *gandal tubakooɓe* (white man's medical practice) does not mean that she rejects local beliefs about hygiene. The following views of how the female body is constituted are typical for how most Futanke imagine the unexcised body.

> *Ramata*: A lady who is excised, she is clean. More than the unexcised.
> *SO*: Ah really? Is that what you have noticed? [I reply, knowing that as a midwife she has delivered the children of both excised and unexcised women.]
> *Ramata*: That is what we have noticed. [She replies with certitude.]
> *SO*: How?
> *Ramata*: That is what we have noticed!
> *SO*: In what way?
> *Ramata*: In all the ways!
> *Mamadou* [male research assistant]: In all the ways.
> *Ramata* [agreeing with Mamadou]: The men have also noticed that.
> *SO*: The men have also noticed?! [I ask, perplexed about hearing this from an activist against excision.]
> *Ramata*: Aha!
> *SO*: I have heard an exciser say that if you don't cut the clitoris it becomes big, as big as rabbit ears.
> *Ramata*: Mhm. It will grow big.
> *SO*: And there are women who think that during childbirth you have to take a piece of string and ...
> *Ramata*: ... and attach it.
> *SO*: And attach it [the rabbit ears] behind the bottom. [I repeat, surprised that she said it before I finished.]
> *Ramata*: Mhmm [Ramata agrees calmly], sometimes that happens.
> *SO*: That is what happens?

Ramata: Yes sometimes that happens. Not everyone. Persons are different. Sometimes it's big, eh? Sometimes it's not.
SO: Really? [I am astonished to hear this from a midwife and ex-exciser.]
Ramata: It depends on the women. There are some very big women and their clitoris grows big as well. It depends on the size of the woman and on her body. Sometimes you get a large woman, when it comes to childbirth you are obliged to attach it.[14]
SO: Hm? [I utter questioningly.]
Ramata: Mhm [Ramata affirms]. It is very embarrassing! Very embarrassing.
[There is a short silence. I wait for her to continue.]
Ramata: It is embarrassing.

As a midwife in state-run healthcare centres, Ramata is a biomedical practitioner. She is also an active campaigner against female circumcision and the founder of the 'ex-exciser association' who acknowledges that excision often causes complications during labour and that she has observed these problems herself whilst practising her profession. However, at the same time she says that unexcised women are 'dirtier' and less pure than excised women. She finds the smell of their vulvae repulsive and the birthing procedures required for unexcised women 'embarrassing'. From the normative biomedical perspective often taken by public health agencies, Ramata's perspective seems contradictory. Ramata, however, seems to have comfortably adopted both points of view without seeing a contradiction. I suggest that she adopts two different discourses: those discourses common among state-run healthcare professionals, which reflect their experience in their work setting; and those discourses of purity and hygiene that are common and embodied among people of her social background. Although these two conceptions of health and hygiene seem exclusive of each other, they reflect the 'truths' of the multiple social environments she is part of.

The following conversations with a state-trained midwife called Alimatou at the health centre in Mboumba reveal a similar fusion of Western biomedical discourses and local discourses on the purity and cleanliness of excised and unexcised women:

Alimatou: Excision was practised so that girls guarded their virginity until marriage. However, now, since awareness-raising, women are told that childbirth is sometimes more difficult because of excision and so a lot of mums have decided to stop practising.
SO: Being a midwife yourself, have you found that this is true? That excised women have more problems in labour than others?
Alimatou: No. To be honest it's rare. If women come to their prenatal consultations it's rare to see any serious problems. Except for women with hypertension. They sometimes experience shock during childbirth.
Bintou [Alimatou's friend who works for anti-excision campaigns]: Don't excised women have problems during labour, for example, with tissue that tears?'
Alimatou: The majority of women are cut by the midwife during labour, so it's rare to see [spontaneous] tissue tearing these days.
[I intercept that episiotomy is also a common practice in Europe.]
SO: I have heard women say in Bito that if a girl is not excised, her clitoris grows big and splits into two, like rabbit ears.
Alimatou: Well that is true.
SO: It is true?
Alimatou: Because the clitoris, you grow and it grows. You grow and it grows. Like a tree that you have seeded. If you cut it when it is small is it going to grow? Ah! It's going to die!
[We laugh and joke. I tell them that I have never seen a woman with rabbit ears.]
Alimatou: I once spent three months in France in a hospital. But I tell you with the *toubabs* [white people] there you could think that it's the noses meeting each other.[15]
[Bintou laughs.]
Alimatou [showing her disgust]: It's true. You know that the white people don't practise excision. Hmmm! [Alimatou exclaims with an air of repulsion.]

SO: They smell?!
Alimatou: Mmm. There is a very big difference.

Here we can see that Alimatou speaks the anti-FGM language she has been trained to use by state and non-governmental institutions, and so she says that problems during childbirth are often due to excision. However, her personal views on whether the practice is harmful are different. She does not think that excised women experience more complications during childbirth. In her opinion, the so-called 'problems' are the result of not attending the recommended antenatal care rather than the harmfulness of excision. Alimatou evidently switches between different discourses on reproductive health. Furthermore, she clearly shows that she finds uncut female genitalia repulsive, unclean, and 'smelly'.

How is it possible for midwives to adopt such contradictory stances? I argue that the use of apparently incompatible discourses is linked to embodied conceptions of social identities and notions of civilization. As Douglas (1966) suggests, notions of impurity, dirt, and defilement point towards underlying social categories.

Purity and sociality

Why is it that women and men in Fouta Toro turn up their noses at the idea of unexcised women? I heard activists against the practice say that their mothers were sometimes not as warm and loving towards their unexcised granddaughters as they were with the excised ones, and that this was to do with purity. I, too, witnessed older people asking their granddaughter not to sit on a prayer mat because she had not yet been excised. Unexcised girls are sometimes emotionally rejected not just because of the women they will become, but also for reasons to do with a form of purity and cleanliness that is considered necessary for any appropriate social interaction.

In Fouta, this form of purity is linked to Islamic ablutions. These ritual washings are a meditative preparation for prayer. Anything sinful that has been seen, heard, felt, or thought since the last prayer is washed away so that the believer can address themselves to God in a way that is perceived as 'pure'. Purifying washings are called *sallige* in Pulaar. For devout Muslims in Senegal, male or female, the day begins with the first prayer, *Salaatu,* before dawn. Thereafter, *Tisubaar* is performed around 2 p.m., *Takkusaan* around 5 p.m., *Futuro* at dusk, and *Geeye* about an hour after *Futuro*. Before each of these prayers, a small ablution (*sallige)* needs to be performed. This consists of washing one's hands and arms, the mouth, the nose, the eyes, the top of the head, the ears, and the feet with water. If a person has had sexual intercourse, the whole body needs to be washed according to a particular procedure called *lootngal janaaba*, beginning with the genitals, the loins and thighs, hands and arms, mouth, nose, eyes, top of the head three times, and the ears. Then, the body is divided into two. The right-hand side of the body is washed first following the procedure described for *sallige*, finishing off with the feet. Then the left-hand side of the body is washed. These washings need to be performed with 'pure' water, meaning water without soap or any other contents or additives. If a person has not performed these ablutions after sexual intercourse, they are not clean enough to address themselves to God. Even when a person was merely aroused, as soon as liquid is excreted from the genitals, *lootngal janaaba* needs to be performed. Men and women are both subject to the same procedure after sexual intercourse or arousal; however, in addition, women also need to practise *lootngal janaaba* after their periods and forty days after having given birth. Men also have to practise these long ablutions on

Fridays before going to pray at the mosque, even if they have not had sexual intercourse throughout the week.

Most Futanke men and women therefore constantly assess their own purity and practise purifying ablutions before addressing themselves to God. At prayer time, people often pass around the water jug (*satalla*) and do *sallige* in front of each other before they pray together. The small ablutions are therefore performed very publicly and people notice if someone does not do them. Being impure/dirty (*laaɓaani*) is considered inappropriate. If there is no water available, people prefer to refrain from sexual activities until there is water, as not being able to pray at prayer time because of impurity is felt to be very embarrassing. It is not appropriate to interact with people before having rendered oneself pure. I therefore suggest that religious purification through ablutions does not just serve a spiritual purpose but has also become a code of social decency and cleanliness without which social interaction becomes inappropriate.

My male informant Ba explained how female excision and male circumcision are linked to purity in the following way:

> The Prophet wanted all men to be circumcised, and the same applies to women in order for them to undertake prayer. Because, for example, there is a white liquid under the foreskin before a man is circumcised and that is dirty and smells bad. It prevents a man from being able to undertake prayer in a way that is appropriate because all human beings have to be pure before addressing themselves to God. So it needs to be cut for the man to be pure because too much dirt would collect under his foreskin so that he is never clean when performing prayer. The same applies to women. Women, too, excrete this white liquid around the clitoris that makes them impure and prevents them from being able to undertake prayer, at least not with the same purity, so just a little bit of the clitoris needs to be cut off. Not all of it, just a third. That is what the Prophet recommended. It needs to be undertaken so that the woman can pray with the appropriate purity, just like the man needs to be circumcised because of this inappropriate impure white liquid.[16]

Circumcision is therefore about being able to address oneself to God with appropriate physical cleanliness, which is perceived to assure spiritual sanctity. The belief that a circumcised man is cleaner than an uncircumcised man, and that the latter cannot address himself to God with the same purity, is also applied to women. However, the circumcision of a man is not associated with the control of sexual desire; it is merely thought to reduce the amount of bodily fluids that need to be washed away through ablutions. According to local religious discourse, ablutions are merely a preparation for prayer, to be able to address oneself to God after a purifying procedure described in the Qur'an. Ablutions are not supposed to make someone a 'better' or more 'spiritual' person; they are said to render a person 'clean' for prayer.

For women, however, the implications of excision are different. Many people feel that unexcised women produce much more 'impure liquid'. I was told on numerous occasions that it is practically impossible for a woman to cleanse herself of impurities if she is not excised. This is because her clitoris is constantly stimulated by her underwear or the cloth of her skirt (*pagne*), which means that she is frequently sexually aroused and excretes this impure white liquid. Therefore, an unexcised woman cannot address herself to God with the purity of an excised woman, first because she cannot help but think of sex more than is appropriate, and second because she is considered dirtier in everyday life as well. This was why many Muslim clerics to whom I spoke said that it was inappropriate for an unexcised woman to do housework and look after children. The liquid they produced did not just inhibit praying with an appropriate standard of purity, but also meant that through association they soiled others with whom they were interacting throughout the day.

Local discourses on cleanliness and dirt, whether rooted in concerns about sexual control, purity, or social decency, have become embodied in people's physical reactions to bodily practices that do not conform to this order. Bourdieu's concept of 'bodily *hexis*' is helpful for thinking about how particular social and cultural values become embodied in local discourse, as well as people's emotional reactions to practices that are not part of the local habitus: 'Bodily *hexis* is political mythology realized, *em-bodied*, turned into a permanent disposition, a durable manner of standing, speaking, and thereby of *feeling* and *thinking*' (Bourdieu 1977: 93-4). Bourdieu suggests that particular 'cultural' principles are embodied beyond the grasp of consciousness and 'hence cannot be touched by voluntary, deliberate transformation, cannot even be made explicit' (1977: 94). Many of these principles are *doxa*, part of Bourdieu's concept of 'the universe of the undiscussed and undisputed', which are only ever fully revealed when they do become subject to discussion and are confronted by competing discourses (1977: 168). The questioning of what is taken for granted (*doxa*) is brought about by 'culture contact', which brings the undiscussed into discussion, the unformulated into formulation, and can potentially lead to crisis (1977: 168). The crisis is 'when the social world loses its character as a natural phenomenon' (1977: 169) and the conventional character of social facts can be questioned.

In this context, public health campaigns recommending an abandonment of FGC represent Bourdieu's 'culture contact' whereby unquestioned, embodied conceptions are challenged. As with any information that challenges social norms, I suggest that people react differently to these messages. Some completely reject what they are told and defend the practice on the grounds of cultural and religious precepts. Others may recognize some of the negative consequences of FGC that they have experienced themselves, but this may not be sufficient to push them to challenge and reject the perceived importance of the practice, which is deeply interwoven with perceptions of the body, of being civilized, moral, and having decorum. These notions are not merely conceptual but linked to a person's sense of self-awareness as a respectable member of their community and their sense of self-worth. As in many other places (e.g. Abu-Lughod 1999; Strathern 1999; 2004), a woman's body and decorum are not just her own business but also that of her mother and father, her husband, and the wider family because they are linked to family honour. The previous interviews with midwives show that those who have gone through biomedical training often conceptually understand the consequences of FGC but still viscerally reject the idea of leaving women uncut because of embodied conceptions of purity.

Douglas's analysis of purity and pollution is relevant to the visceral reaction among Futanke to what is perceived as 'dirty' or unpleasantly 'smelly'. She argues that purity and dirt are intrinsically linked to the categories of the beholder. The world is divided into things that smoothly fit into these categories, and those ambiguous things that are categorized as either/or. Ambiguity is unpleasant (Douglas 1966: 46), and anomalous things are dangerous (1966: 49) and can cause anxiety. We could therefore argue that Douglas's 'ambiguity' and 'abnormality' are what provoke crises to what Bourdieu refers to as *doxa*. The emotional reaction towards ambiguity that challenges *doxa* is shock and discomfort, disbelief, and sometimes anger. Douglas argues that:

> Dirt is essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder ... Eliminating it is not a negative movement, but a positive effort to organize the environment ... In chasing dirt, papering, decorating, tidying, we are not governed by anxiety to escape disease, but are positively re-ordering our environment, making it conform to an idea. There is nothing fearful or

> unreasoning in our dirt avoidance: it is a creative movement, an attempt to relate form to function, to make unity of experience (1966: 2–3).

If we use Douglas's interpretation as a lens through which to think about Futanke notions of cleanliness that are believed to be achieved through ablutions and circumcision, what is it that is positively made and created? What kind of 'dirt' are the Futanke clearing from their society, and what society is being positively created?

Control of desire, morality, and civilization

The greatest fear that was expressed to me with regard to not cutting one's daughters was that an unexcised girl might not be able to control her sexual desire when she reaches a certain age, which might tempt her to have sex with a man before marriage. In Pulaar, people would say, '*O waawa fadde gorko makko*' – 'She cannot wait for her husband' – or '*O waawa jogaade hoore makko*' – 'She cannot control herself'. Considering that virginity upon marriage is extremely important to the Futanke, and a family's honour and social standing are contingent upon their daughters' virginity, this is seen as a serious threat.

In Seedo Sebbe, a village where a lot of women had decided to stop practising excision, I interviewed a middle-aged woman called Juulde. Even though the option of not practising had become the subject of open discussion between families, Juulde, like many other women, considered excision important for the following reasons:

> If a girl is not excised, her clitoris will continue growing, like the girl's body is growing as well, and that will weaken the rest of her apparatus … When an excised girl's husband is not there, she will not look for another man to sleep with. If the clitoris is not cut, the girl will not be able to remain still. She will not be able to sit and wait for her husband. We are not for the abandonment of excision. It is a good thing.[17]

The image of a girl not being able to 'sit still', restlessly waiting for her husband to satisfy her sexual desire, was frequently expressed when people spoke of unexcised women. It is implied that uncut girls lack the patience (*muñal*) that excised girls possess. Furthermore, the notion of the 'weakening of the girl's apparatus', in Juulde's words, elicits the widespread belief that an excised girl is physically stronger. Her life force is channelled into her physical and moral strength, as a socially appropriate woman who performs her duties in the household well, rather than the development of her sex organs and sexual desire, which could potentially become dangerous.

For the Futanke, control of the body is essential to social etiquette. This is most explicit in humour, where 'lack of (physical) control' (*jogaade hoore mum*) is often subject to jokes and laughter: for example, in common jokes about lack of control during mealtimes (*fonngi* or *saali)*. When people get together for a meal and someone notices in the course of the meal that a member of the family is not present around the bowl or on the compound and asks, 'Where is so and so?', everyone laughs and says that the speaker was so hungry that they did not notice that the person was not there at the beginning of the meal and are only remembering them now that their stomach is beginning to fill up. Forgetting the other at mealtimes is a sign of weakness because the hunger is greater than the care for the other and represents lack of honour on a small scale, which in everyday life is met by jokes about lack of control. In a similar way, flatulence is against social etiquette because it demonstrates a sign of weakness and lack of self-control. It is therefore a popular theme in joking relationships (Launay

2006; Smith 2006). 'Joking cousins' (*dendiraaɓe*) take pleasure in accusing each other of being bean-eaters (beans being assumed to cause gas). It is asserted that one's own clan never eats beans because 'bean-eaters smell and you cannot enter their rooms'. In reality, black-eyed beans (*ñebbe*) are a major element of everyone's diet and, owing to the relative scarcity of food, no one can refuse to eat them.

The importance of self-control (*jogaade hoore mum*) is reflected in other spheres of everyday life as well. For example, I was told that it was a sign of weakness to ask for food and one should wait until it is offered or served. Even a husband who incessantly asks his wife when lunch will be ready displays a lack of control. His behaviour elicits laughter and humiliating comments. In a similar way, a man who is in love with a woman is sometimes teased by his age-mates: 'Go and wash, go and practise ablutions, you can't control yourself' – '*Yah lootoyo a roŋkii jogaade hoore ma*'. What they are stressing is the need to be pure for prayer after being sexually aroused to the extent of 'wetting oneself'. These jokes point to a social code of honour and humiliation that treasures the ability to control desires and physical needs in general. In fact, endurance and self-discipline (*muñal*), intelligence and forethought (*hakkille*), shame or modesty (*gacce*), and bravery or courage (*tinnaade/cagataagal*) are all part of the *Pulaaku* (Riesman 1974; Stenning 1959) code of honour for which the Fulani are famous.

When reflecting upon control of the body and self-discipline, Foucault's work provides some interesting food for thought. With power struggles between different social actors in modern Europe in mind, Foucault (1975) argues that discipline produces docile bodies. He suggests that, on the one hand, discipline increases the forces of the body by turning the body's power into 'aptitude', 'a "capacity" which it seeks to increase. On the other hand, it reverses the course of energy, the power that might result from it, and turns it into a relation of strict subjugation' (Foucault 1975: 138). With regard to Fouta Toro, being in control of one's body, being disciplined, and being able to constrain one's physical needs are seen as an asset in which the Futanke take pride. A person who can control themselves is powerful, superior, aware of a social ideal and conforming to it. Although, as Foucault suggests, discipline of the body implies strict subjugation to the social order, it is experienced as empowering. For Foucault, power is not 'possessed' by the dominant classes, nor is it a privilege acquired or preserved by them,

> but the overall effect of its strategic positions – an effect that is manifested and sometimes extended by the positions of those who are dominated ... [T]his power is not exercised simply as an obligation or a prohibition on those who 'do not have it'; it invests them, is transmitted by them and through them; it exerts pressure on them, just as they themselves, in their struggle against it, resist the grip it has on them (1975: 26-7)

With reference to Foucault (1975), I argue that the ability to control desire should not be attributed to a particular social group or gender in Futanke society, but is seen as a characteristic of 'civilization', refined social conduct, and moral personhood among all strata of society. Control of desire is *doxa*, the experience by which 'the natural and social world appears as self-evident' (Bourdieu 1977: 164). To return to the excisers' seemingly contradictory conceptions on FGC being harmful but unexcised women being dirty, I suggest that notions around the ability to control one's bodily functions and desires are so ingrained and interwoven with spheres of everyday life and decorum that even excisers who want to stop practising end up contradicting themselves when talking about the healthy body and FGC.

Control of the body and visions of Futanke society

In an interview with a Muslim cleric, he vividly described to me how in many other societies women can be seen strolling through the streets in search of a man to satisfy their desires because they are not able to control themselves. Although this might be the norm in other places, it was abhorrent to him when he considered Fouta Toro. This image of what happens in big cities or among other ethnic groups haunts the minds of many Futanke. Similar views were expressed by a man I interviewed in Semme, a village where many women had decided to stop practising excision:

> *SO*: Are women in countries where excision is not practised less faithful?
> *Oumar*: I lived in Angola for a few years and whilst I was working there I realized that women in other African countries search for men and for sex more than here in Fouta. In central Africa as well I had conversations with women who cannot wait for more than six months for their husbands. During discussions with these women I realized that they were amazed that women in Fouta have to go for six years without seeing their husbands. They could not understand how a woman could stay without sex for that long. This is why we are for excision. Excised women can wait for their husbands the way they should.[18]

Experiences whilst travelling made Oumar believe that women in societies where excision is not practised are different. He had also formed a negative image of what Futanke society would be like if women were not excised. We get a sense not just of men's fears of their wives being unfaithful when they emigrate, but also of their perception of 'Futanke' moral superiority and 'civilization' in contrast to other ethnic groups.

In discourses around the benefits of excision, Futanke women are put on a pedestal in terms of their moral superiority and capacity for controlling themselves in contrast to women of other ethnicities in Senegal, whose dances are perceived as more sexually enticing and erotic. Excision thus renders a woman 'Futanke' – a *Fulɓe* woman of Fouta Toro – with the virtues and values embraced by its people. Many women refer to excision as a Pulaar custom and say that, 'If you see a Pulaar woman you can be sure that she is excised', and, 'All Pulaar women are excised'. Whether this belief is factually accurate or not is a different matter, but crucially excision is perceived as an essential element of belonging and gender identity. The idea that 'all women are excised' makes people feel safe, that everything is in order and things are how they should be.

Ascribing smell to unexcised women could therefore be associated with the placing of bodies into different existing social categories. Douglas (1966) argues that social requirements (according to gender and ethnicity) are also about categories – making the body conform to standards to make it 'our own'. These categories incorporate certain notions of civilization: for example, characteristics that make 'us' different from 'them', that make 'us' better than 'them'. Because 'the other' is constructed as different and 'their' behaviour is perceived as ambiguous, and they do not completely fit into 'our' categories, they are rejected. The world is divided into things that smoothly fit into categories, as well as ambiguous things that are categorized as either/or. As Douglas states, 'Uncleanness or dirt are that which must not be included if a pattern is to be maintained' (1966: 50).

Conclusion

This article is about contradictions. Contradictions constitute a fundamental aspect of human life (Berliner *et al.* 2016). Public health and biomedical discourses in anti-FGM campaigns convey that the excised body is 'vulnerable' to infections, haemorrhages,

sexual dysfunction, complications during childbirth, and even death. The unexcised body is said to be healthy and strong with fewer reproductive health issues. Local discourses on the excised body, however, convey that excision renders a woman strong, in control of herself, civilized, incorruptible, invincible, and faithful to her husband, her family and her people (Futanke/Fulani). In contrast to this, unexcised women are thought of as impure, easily corruptible, immoral, uncivilized, and driven by desire, lust, and money. The fact that local healthcare professionals react to the unexcised body with disgust shows that views about purity and the body are deeply ingrained. They are *doxa* – the experience by which 'the natural and social world appears as self-evident' (Bourdieu 1977: 164). Using Douglas's work (1966), I suggest that these embodied notions of purity and the control of desire are really about social categories, and the moral superiority of excised women is socially constructed in contrast to those who are not cut. I also suggest that the contradictions in midwives' discourses regarding FGC emerge as a result of their having internalized biomedical discourses through in-depth learning in state healthcare facilities, while at the same time having the embodied conviction that excised women are more refined and able to control their desires and bodily fluids better than uncut women.

As Berliner *et al.* (2016: 5) observe, people's contradictory attitudes, seemingly incompatible values, and internal emotional clashes do not just reflect daily internal conflicts but also guide behaviour. One attempt to tackle contradictions and public controversies that sometimes arise from 'truths' 'embedded in the experience and knowledge of individuals and local communities, even if they sound "mad", absurd and illogical' to observers (Jovchelovitch 2007: 37), is the concept of cognitive polyphasia in social psychology. Following Moscovici (2008 [1961]), scholars have used this concept to make sense of how individuals operate in a social environment and how their actions, thoughts, and symbolic activities are intertwined with the social context in which they take place (Berliner *et al.* 2016; Provencher 2011). An emphasis is put on how the cognitive mental processes producing 'contradictions' are embedded within, and nourished by, an individual's social environment, which is constantly changing. My work on contradictions reflects these cognitive processes among individuals embedded within their social environment. However, in addition to these mental processes described by Provencher (2011) and Berliner *et al.* (2016), I want to emphasize that despite their convictions against female circumcision, these midwives' and ex-excisers' reactions to the unexcised female body are visceral, physically embodied, involuntary, emotional responses that are deeply interwoven with social norms and ideals. Public health discourses often suggest that once people have been sensitized and have gained an in-depth understanding of why and how FGC is harmful, they will stop immediately. Lien and Schulz (2013), among others (e.g. Boddy 2007; Gruenbaum 2001; Hernlund & Shell-Duncan 2007), however, suggest that the internalization of public health messages in anti-FGM awareness campaigns is a more complex one. Information on the consequences is often met with disbelief and barriers of resistance. I do not want to suggest that the Futanke are impervious to sensitization efforts and social change. When people in Fouta Toro speak of the practice, they embrace it by saying that 'it has been done since the beginning of time' (*gila dawaa-dawi kaddungal ina wadee*) and that they have 'inherited it from the ancestors' (*min tawrii ko taaniraabe amen*), which means that it was not previously questioned. However, recently FGC certainly has become subject to discussion in Fouta Toro and these *doxa* are confronted by competing discourses, which are a catalyst for social change. The practice is said to have decreased by almost

half among girls under the age of 14 since the previous Demographic Health Survey in 2005, which suggests that people's attitudes are changing. Despite ambivalent feelings about purity and chastity, some parents have decided not to have their daughters cut: some because they agree with the public health messages, probably despite reservations regarding the disadvantages and benefits of the practice; others because the practice is now illegal and the law is enforced.

Whether the practice will completely disappear, and how long this will take, remains to be seen. I have shown that in the meantime, conceptions of the female body are multiple – as are the ways of preventing health problems resulting from cutting (i.e. with local incantations and disinfected razor blades). Furthermore, conceptions of FGC and social change regarding people's attitudes towards it are part of a complex cognitive and embodied process full of contradictions and controversies.

NOTES

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[1] See *www.tostan.com*.

[2] Sedentary and nomadic Fulani groups are speakers of the Pulaar language. The Fulani across West Africa refer to themselves as Fulɓe in their own language.

[3] Since 1991, the expression 'female circumcision' has officially been replaced by the term 'female genital mutilation' (FGM) in the WHO and United Nations policy language (Obermeyer 1999: 80). In response to the non-compliance and anger that the term 'female genital mutilation' caused among those who defend the practice, some activists and NGOs prefer to use the less value-laden expression 'female genital cutting' (FGC). In Senegal the word 'excision' is common in everyday language. The Pulaar expression for the practice in Fouta Toro is *haddinde*. Regarding the WHO classifications of FGM, in Fouta Toro type I (clitoridectomy) and type II (excision) are practised (see WHO factsheet 241 for more details: *http://www.who.int/mediacentre/factsheets/fs241/en/*, accessed 3 August 2018). Throughout this article I use the terms used by my informants (excision) or in policy discourses (FGM). Other than that I use the neutral expression 'female genital cutting' (FGC).

[4] The two largest ethnic groups in Senegal, the Wolof (43.3 per cent of the population) and the Serer (14.7 per cent), have never practised excision. The Fulani (23.8 per cent of the population), Diola (3.7 per cent), Mandinka (3 per cent), and Soninke (1.1 per cent), however, do, mostly defending its importance with reference to it being an Islamic practice. As noted above, more than 92 per cent of the Senegalese population are Muslim; but the Wolof and the Serer also consider themselves to be faithful Muslims despite not traditionally excising.

[5] Some biomedical research also presents the evidence for the harmfulness of FGC to be inconclusive (see Shell-Duncan 2008 and Snow 2001 for further detail).

[6] However, what is called 'the north' in the Demographic Health Survey Senegal includes St Louis and surrounding suburban areas where many non-practising Wolof reside, and thus the figure would not be representative of my fieldsite area in rural Fouta Toro.

[7] For more concrete examples, please see Foucault (1980: chap. 3).

[8] A person's 'knowledge' or competence (*gandal*) can be related to the occupation of their status group (Schmitz 1994) (also *hinde* or caste). Not all the members of a status group have the same competence, but it is believed to run in families (*gandal galle*).

[9] Interview with excisers in Semme, December 2007.

[10] All respondents were given pseudonyms in this text to protect their identity.

[11] An association for excisers who have stopped practising. The association is often contacted to involve members in awareness-raising activities against FGM.

[12] This term is commonly used in French when people talk about transporting a patient to the health centre from a remote area given extreme road or weather conditions.

[13] Interview, February 2008.

[14] What Ramata is referring to is a procedure that was described to me by women on various occasions. According to this widespread account, the local birth attendant or midwife attaches the 'rabbit ears' – which are most probably the labia of an unexcised woman – with a piece of string because it is believed that it (the rabbit ears) would obstruct the baby's passageway during labour.

[15] One way of interpreting this is that an uncut woman's clitoris resembles a nose – and thus the midwife's nose meets the labouring woman's 'nose'.

[16] Hakkunde Maaje, March 2007.

[17] Seedo Sebbe, February 2008.

[18] Semme, May 2007.

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Pureté, propreté et odeur : excision, incorporation et discours parmi les sages-femmes et les exciseuses de Fouta Toro au Sénégal

Résumé

De nombreuses recherches médicales, sociologiques et anthropologiques ont été consacrées à différents aspects des ablations génitales féminines depuis les années 1980. Leurs résultats ont nourri les arguments en faveur ou à l'encontre de différentes formes d'intervention dans le monde entier. Les connaissances médicales autochtones restent cependant mal étudiées et il reste fort à faire pour déterminer comment les problèmes de santé résultant de l'excision sont perçus et traités par les praticiennes professionnelles de la circoncision féminine. À partir d'une enquête ethnographique de terrain menée à Fouta Toro au Sénégal, cet article montre que malgré leur volonté sincère de mettre fin à l'excision, certaines professionnelles médicales expriment des notions esthétiques de propreté et de répulsion qui demeurent conformes aux discours et croyances dominants sur la pureté. Le présent article explore des conceptions contradictoires de l'anatomie féminine, de la pureté et des différences olfactives entre les femmes excisées et non excisées. Il montre que, loin de l'opposition binaire entre des formes différentes de savoir (local/indigène contre biomédical) souvent implicitement véhiculées par les messages de santé publique, les personnes concernées peuvent assimiler des points de vue apparemment contradictoires, qui correspondent à leur identité sociale, à leurs manières incorporées et à leur perception sensorielle, notamment olfactive, de leur environnement social.

Sarah O'Neill is a Lecturer in Medical Anthropology at the Laboratoire d'Anthropologie des Mondes Contemporains (LAMC), Institut de Sociologie, Université Libre de Bruxelles. Her Ph.D. thesis in Social Anthropology (Goldsmiths, University of London) was awarded the Audrey Richards Prize (2014) of the African Studies Association of the United Kingdom.

Laboratoire d'Anthropologie des Mondes Contemporains (LAMC), Institut de Sociologie, 44 avenue Jeanne, Université Libre de Bruxelles, 1050 Bruxelles, Belgium. sarah.oneill@ulb.ac.be