

Experiments with ‘modernism’

The allure and the dangers of genital surgeries in southern Chad

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In southern Chad female genital surgeries figure prominently in experiments with modernity. The surgeries were first practiced in the Moyen Chari region in the latter half of the 19th century. By the close of the 20th century they remained a first generation phenomenon in some villages. Inspired by the aesthetics of the post-surgical ‘coming out’ ceremonies, young girls defy their parents and local authorities and organize their own operations. In buying new clothes and surgical supplies and hiring women to cut and care for them, participants in the ceremonies show themselves as interpolated into the market-based circuits of exchange that increasingly order village life. The ‘coming out’ ceremonies allow them to affirm and display aesthetic preferences and styles associated with ‘modernism.’ Young girls’ embrace of the surgeries has touched off ‘crises’ of governance. Older people see young girls’ actions as evidence of the decline of ‘tradition’ and moral decay. Efforts to restore order and rein in young girls have taken different forms in different villages. Fines, sanctions, and writing technologies are used to regulate surgical practices, but differential access to surgery as an increasingly market-based technology is also implicated in the production of surgical futures that are far from uniform.

[female circumcision, modernity, performance theory, aesthetics, state, Chad]

As I was beginning to write this paper, I received a report in the mail on “female genital mutilation/cutting” that is emblematic of the highly stylized narrative that has developed around female genital surgeries in sub-Saharan Africa (PRB 2008). The report, from the Population Reference Bureau, is in the form of a massive, fold-out wall poster with color-coded tables and bar graphs showing the prevalence of female genital surgeries in 26 African countries.¹ These are places where genital surgeries are imagined to be long-standing ‘traditional’ practices. According to the report, approximately 45 percent of women in Chad have the surgeries performed. Reflecting the human rights framework within which advocacy efforts around genital surgeries have come to be cast (Shell-Duncan 2008), the report indicates that no laws regulate the surgeries in Chad, but that provisions of the criminal code could be used to prosecute family members and those who perform them. The authors of the report argue that

progress toward the elimination of genital surgeries, an acid test in the project of modernization, has been slow due to a lack of “political will” and the failure of governments to enact legislation or to implement existing laws.

One of the core claims of theories of modernity that reject the evolutionary teleology of mid-20th century modernization theories is that as technologies and commodities circulate around the globe people employ them in novel and unpredictable ways in their efforts to deal with problems of everyday life. Arjun Appadurai and others (Sahlins 1999) have described this in terms of indigenization: “... at least as rapidly as forces from various metropolises are brought into new societies they tend to become indigenized in one or another way...” (Appadurai 1996: 32). Female genital surgeries, at least as these are practiced in sub-Saharan Africa, have remained exceptionally resistant to analyses of their assimilation. We know little about how historically situated subjects have taken up genital surgeries, re-worked them, or deployed them for different purposes. Consigned to the category of ‘traditional’ practices, genital surgeries are treated as impermeable to change and as unavailable for experimentation or re-signification. Even in the rare cases when analysts recognize genital surgeries as resurgent or describe them as radically altered in relation to the way they were previously performed, no attempt is made to see them as anything other than evidence of the persistent weight or force of the past (see Nypan 1991). In this regard, genital surgeries stand apart, even from other so-called ‘traditional’ cultural forms such as witchcraft accusations or spirit possession (Comaroff & Comaroff 1993).

In previous papers I have argued that the pervasiveness of the public health and human rights discourses on genital surgeries (of which the PRB report is a recent example) is one reason that analyses of the operations continue to be so firmly anchored within the frame of modernization theory (Leonard 2000a; 2000b). These discourses have over determined the meaning of the surgeries and have made it difficult to imagine and to construct alternative accounts. These observations stemmed from fieldwork I conducted on genital surgeries in the Moyen Chari region of southern Chad in the 1990s. Genital surgeries appeared in the Moyen Chari in the late 19th century and progressively spread across the region. However, at the time of my fieldwork in the 1990s it was still possible to find women who were among the first to be cut in their villages. In some villages the surgeries had been introduced so recently that they remained a first-generation phenomenon. People in these villages described genital surgeries as ‘modernism.’ Their diffusion was attributable to young girls who admired the post-operative ‘coming out’ ceremonies in regional towns or neighboring villages and who subsequently organized their own operations. They hired women to cut them, and had the operations performed against the wishes of their parents and in defiance of local authorities.

In this paper, I am interested in moving away from my earlier focus on discourse and in looking instead at how people appropriate genital cutting practices or put these practices to use to claim identities for themselves and to deal with the demands of everyday life in rural villages in southern Chad. As Robins (2003) and others have argued, an emphasis on discourse obscures these processes. Since young girls cata-

lyzed the adoption of genital surgeries, one obvious set of questions has to do with how we are to understand their actions. Concepts and theories of performance are particularly helpful here because of the emphasis on aesthetic practices and public displays that follow the surgeries and that are part of the 'coming out' ceremonies. If we think of the surgeries and the 'coming out' ceremonies as public performances, what kinds of performances are these? What do young girls, the protagonists in these dramas, accomplish by having themselves cut? What kinds of identities are young girls attempting to construct for themselves through bodily modification and post-surgical aesthetic displays?

There is also the question of why these practices are taken up in particular historical moments, and perhaps especially the present. The volume and force of feminist analyses of genital cutting practices as an exemplar of patriarchal domination have almost completely obscured other reasons for their adoption, including reasons that have to do with the aesthetic dimensions of the surgeries. Alexander Edmonds has pointed to the dangers of this type of theoretical veiling with respect to the analysis of beauty and beauty enhancement techniques more generally: "Seeing beauty only as an empty category, an effect of domination, makes it difficult to analyze historical change, and explain why female beauty in particular seems to increase in social salience as societies come into contact with global capitalism" (Edmonds 2008: 153). Attending to the aesthetic goals, desires, and aspirations that are bound up with the practice of genital surgeries is not to deny the health consequences of these operations. It is rather an effort to show how concerns about beauty and health merge in particular ways in specific places and times. In this paper I look at the performances that surround genital surgeries in a village I call Myabé,² and at the reasons for the emergence of these operations around 1980. At the time of my fieldwork, experimentation with the surgeries in Myabé was visible, explicit, and contested.

In southern Chad, genital surgeries were also bound up with 'crises' of governance and efforts to control people who are increasingly drawn into spheres of influence and activity extending beyond the borders of the village. In the villages of the Moyen Chari the actions of young girls were seen as a threat to the social order and sowed confusion and conflict. The PRB report imagines regulation and control to emanate from centralized, bureaucratic states that leave their mark through legislative and law enforcement efforts. More germane to the analysis in this paper, however, are the processes that occur in what Das and Poole (2004) have called "the margins of the state." By this they mean not just geographically distant or peripheral sites but "sites of practice on which law and other state practices are colonized by other forms of regulation that emanate from the pressing needs of populations to secure political and economic survival" (Das & Poole 2004: 8). The case studies I present from two different villages suggest that genital surgeries are one of many technologies local authorities appropriate for this purpose. At the same time, the ways that people instrumentalize so-called 'traditional' practices are implicated in the production of surgical futures that are far from uniform.

The first surgeries

Female genital surgeries were first practiced among the Sara, the primary ethnic group in the Moyen Chari, in the second half of the 19th century. In tracing the history of these surgeries I draw heavily on oral accounts I collected while conducting fieldwork in the region in 1993-1994, 1998, and 1999. In his work on kidney selling operations and other surgeries in India, Lawrence Cohen wrote that “[e]ach operation presents quite different historical and analytic challenges...” (Cohen 2004: 166). In the case of female genital surgeries in southern Chad, those historical challenges begin with an exceptionally meager archival record. Literature from the colonial period often mentions genital operations in the context of describing male initiation ceremonies (Aerts 1954; Chaine & Maran 1931; Maran 1931; Meynier 1951; Kameldy 1964). Genital operations were imagined to serve a parallel function for women. Both colonial-era accounts and more contemporary work, most of it by development workers and university students (Chaine & Saidel 1992; Doh 1984; Nabia 1991; Négué & Kemoral 1997), are silent on the history of the operations. Their authors uncritically adopt the thesis that genital surgeries are a long-standing practice in this part of Central Africa.

Linguistic evidence suggests that genital surgeries were introduced to the Sara by multiple sources. Among the different sub-groups that are collectively referred to as the Sara, different names are used for the operations.³ The Ngama, who live in the south-central Moyen Chari, refer to female genital surgeries as *gadja* and claim to have ‘copied’ them from the Banda in the northern Central African Republic. The Banda use a similar term, *ganza*, for the operations (Eustache 1952; Maran 1921). In contrast, the Sara Madjingaye around Koumra and in the central Moyen Chari refer to female genital surgeries as *banyan*. This term resembles the one – *baïn* – used by the Bagirmi from the eponymous region that was known as a Muslim religious center at the turn of the 20th century. The southward expansion of the commercial empires of the Muslim sultanates in the late 19th and early 20th centuries transformed this part of Central Africa through slave-raiding but also through the influence of Muslim traders and religious teachers (Cordell 1985; 1986). Although there are no historical studies that bear directly on the topic of female genital surgeries in this region, it is likely that the operations were introduced to the Sara and to the other non-Muslim groups in the region during this period of considerable upheaval and cultural *brassage*.⁴

The oral accounts that I collected indicate that during the 20th century the surgeries were taken up in village after village in the Moyen Chari. The operations spread along major communications and trade routes, and as a result the pattern of diffusion does not map neatly onto ethnic grids. For example, from the commercial center of Koumra, a hub for the operations, the surgeries diffused south along the banks of the Bahr Sara. Sara Madjingaye women living on the west bank of the river began performing the surgeries decades before women of the same ethnic sub-group on the east bank. In the 1990s, I met many older women in east bank villages who had not been cut and who said that the operations were not performed in their villages until the 1930s or 1940s. Young girls were said to have imitated other young girls – or to have ‘copied’ the surgeries from girls in neighboring villages or regional towns.⁵ At

the close of the 20th century, 80 percent of women in the region between the ages of 15 and 59 reported having been cut (Ouagadjio et al. 2004). There were villages in the region where the operations were still not performed, and others where the operations had only recently been introduced but where they had not been universally taken up.

In choosing localities for in-depth study of the introduction and adoption of the surgeries I decided to focus most intently on those villages where I could speak to some of the first women to have been cut. The villages that figure in this paper, Bekouli and Myabé, represent two poles on this continuum. In Bekouli the surgeries were introduced around 1930, and only a handful of people who had witnessed or participated in the first surgeries were still alive. In contrast, the operations were introduced in Myabé in 1979 or 1980. Only five ceremonies had been held before 1998, when I arrived in the village. The surgeries in Myabé were a major source of conflict between young girls and their elders and a springboard for reflections about ‘modernism’ and the changes that were shaping village life at the end of the 20th century.

Performing ‘modernism’

In *Modernity at Large*, Arjun Appadurai (1996) suggests that the experience of modernity has something to do with the availability of multiple templates or models for how to live. Rural villages in southern Chad are certainly not at the center of the global media and migratory flows that Appadurai describes as shaping the work of the imagination and modern subjectivities at the end of the 20th century. Yet, neither do these localities stand entirely outside of them. The ways that young girls in Myabé “annex[ed] the global into their own practices of the modern” (Appadurai 1996: 4) by organizing their own genital surgeries challenges received notions of what it means to be ‘modern.’ My aim in this section of the paper is to show how the technology of the surgery worked as a vehicle for people located on the margins of an increasingly market-driven economy by which to stake a claim to ‘modernism,’ or to mark an affinity for particular styles or modes of living, even if those practices bore little resemblance to their everyday lives. The surgeries are part of performances of ‘modernism’ that underscore the malleability of technologies like genital surgeries.

A striking feature of the conversations that I had in Myabé about the topic of genital surgeries was that people rarely mentioned the operations themselves. None of the young women that had been cut had seen or heard much about the operations prior to being cut. While they knew that something would be cut, none of them had foreknowledge of what the surgeries entailed. The surgeries and surgical recovery sites were off-limits to those who had not been cut, and girls who had done the surgery did not share information with those who had not. Other studies have shown that genital cutting in this part of Chad generally takes the form of clitoridectomy (Dagoma 1990; Leonard 2000a; 2000b; Nabia 1991) – or what the World Health Organization refers to as Type I female genital mutilation (WHO 2008). In Myabé, these operations did not serve any ritual function. Genital cutting was not used, for example, to mark a status passage, and the operations were not a pre-requisite for marriage or for much of

anything except participation in future cutting ceremonies. People's estimates of the number of girls that had been cut in Myabé since the operations began varied widely – from 30 to over 100. My efforts to produce a precise count were laborious: people had difficulty remembering which girls had participated in the cutting ceremonies, and friends, relatives, or the girls themselves sometimes had to be called upon to provide this information. Not infrequently, people expressed surprise upon learning the operative status of specific girls.

Yet if the operations themselves were absent from our conversations, the 'coming out' ceremonies were vividly present. People discussed the surgeries and explained their appeal almost solely in terms of the public performances that followed the recovery period. While genital surgeries in sub-Saharan Africa are typically analyzed within the frame of ritual, the 'coming out' ceremonies that people from Myabé described were more akin to theater or spectacle. Both Richard Schechner (1988) and Victor Turner (1987) distinguish theater and spectacle, on the one hand, from ritual activity, on the other, by emphasizing the centrality of the audience to theater and spectacle and the focus in these performance forms on symbolic reality (Beeman 1993). The 'coming out' ceremonies, which lasted several days, always took place in front of an audience. They were spectacles that attracted large crowds. Directed by their caretakers, the girls moved from concession to concession and from village to village to dance and to display themselves to different audiences. People paid tribute by placing coins on their foreheads or in bowls circulated by their caretakers. Even people who expressed opposition to the surgeries participated in the 'coming out' ceremonies. Those who witnessed the ceremonies almost invariably described the young girls as 'beautiful.' They spoke admiringly of their new clothes, the strings of colorful beads wrapped around their waists and necks, and the sheen of their skin. The statements reproduced below exemplify the kinds of remarks that people, including those who participated in the operations, made about the girls who performed in the 'coming-out' ceremonies:

When they come out and dance and wear *kaolin* they are beautiful.

I was in Sarh and I saw it among the Sara there. I saw it here in Myabé too before going. People appreciated it a lot and that is also what pushed us to go.

I can't see [the operation] but I can see the way they dress and how they look when they come out.

People have a chance to see us after we come out and dance and dress well. We had to organize it ourselves. Girls who have done it won't let you dance with them.

The 'coming out' ceremonies were occasions for young girls to project themselves to their audiences in particular ways. Specifically, girls showed themselves as people who had been interpolated into the expanding circuits of rural-urban exchange. The technology of the surgery was critical to this effort. In order for girls to be cut – a prerequisite for participating in the 'coming out' ceremonies – they had to have access to

cash. Small groups of girls collectively hired a woman to cut them. In addition, each girl hired an already-circumcised woman, known as a *handa gadja*, to care for her during the recovery period. The fees these women charged ranged from 2,000 to 6,000 FCFA for the excisor and from 1,000 to 2,000 FCFA for the *handa gadja*. Cash payments to these women were sometimes supplemented by in-kind payments in the form of chickens, millet beer, and the clothes the girls wore to the site of the operations. Girls also had to provide the supplies needed for the surgery and period of confinement, including razor blades, alcohol, pharmaceuticals, tea, sugar, and food. Family members were expected to buy them new clothes and headscarves for the ‘coming out’ ceremonies; headscarves in particular are associated with life in town and with engagement in institutions like church and school. Some young girls, not sure of the support they would receive from their families, bought their own. They amassed the resources required to participate in the ceremonies by working in other people’s fields, participating in *tontines* or savings clubs, soliciting help from sympathetic relatives, and traveling to town to find items not available in the village. Participation in the operations demonstrated the ability of young girls to navigate the world of money and manufactured items associated with life in towns, and showed them as persons who were capable of the habits – of working, saving, and consuming – required in the ‘modern’ world of the market.

The fact that it was young girls who were the protagonists in these social dramas is not insignificant, since they could be thought of as being at the margins of the village economy and of the circuits of exchange linking villages and regional towns. Regional economies were organized around the commercialization of agriculture, the salaries of civil servants, and the pensions paid by France to the *anciens combattants* who fought alongside de Gaulle in World War II (Magrin 2001). Gaining a foothold in this economy was difficult for young girls who, relative to boys, had limited mobility and fewer opportunities to go to school, leave the village, or imagine futures for themselves in non-agricultural jobs. School attendance records filed with the Ministry of Education showed that only a handful of girls had attended the village primary school. While boys from Myabé were sometimes enrolled in secondary schools in regional towns, girls remained in the village to help their mothers with domestic chores and to provide labor on household fields until they were married. In the 1990s the median age at first marriage for girls was 16 (Ouagadjio et al. 1998).

Girls’ participation in the surgeries and the ‘coming out’ ceremonies was not a sign of a fundamental transformation in their status. It did allow them to participate in future ceremonies as caretakers, and some described their ‘work’ as that of being a *handa gadja*. The first girl in Myabé to be cut had been a *handa gadja* for two other girls in the village, but these opportunities were rare. The inability of people to recall who participated in the ceremonies is evidence of this. It underscores the notion that the ‘coming out’ ceremonies are performances in which actors represent themselves as something that is different or “disjunct” from their lives outside the performance (Beeman 1993: 379). Of relevance here is Louisa Schein’s (1999) observation, made in the context of fieldwork in rural China, that people adopt consumption patterns and aesthetic styles marked as ‘modern’ without distancing themselves from their

social positions or coming to think of themselves as members of different categories or classes of persons (e.g., “urban”). In this assessment she looks somewhat askance at Bourdieu’s (1984) claim that people use consumption or expressions of taste to distinguish themselves from others or to mark off class boundaries:

These consumption practices, then, were like a script that young people crafted for how all could become modern Miao. The fact that it was young people that affirmed the value of modernity and urbanity was by no means a clear-cut indicator of their crossover into a discrete social sector such as “urbanite” or “non-Miao.” Rather, it can be interpreted as an affirmative statement that the prestigious styles that marked modernity and urbanity were also rehearsed among the rural Miao, despite the inability of the majority to access them. That they, as Miao villagers themselves, chose these styles was precisely the point. The effect, then, at another level of reading, was precisely to call into question the monopoly by Han and urbanites on the trappings and hence the category of modernity (Schein 1999: 377).

As ‘rehearsals’ or performances of ‘modernism’ by people who have limited access to its accoutrements, participation in the surgeries and the ‘coming out’ ceremonies can be read as aspirational – as a bid for inclusion in the project of modernity.

Dangerous beauty

In both villages, young girls’ experiments with genital surgeries sowed confusion, fear, and even panic, and touched off struggles that pitted them against their parents but particularly against local authorities. When the surgeries first appeared, people protested that they were not part of their traditions, and that they came from elsewhere. The introduction of the surgeries was read as evidence of ‘modernism’ and moral decay and figured in narratives of decline and loss. Parents expressed worries that their children no longer knew or cared about the past, and told stories about the wrestling matches, dances, and rituals that were no longer practiced or observed. The first girls to be cut were described as ‘hard-headed’ and rebellious, and as part of a new generation that was disrespectful and refused to listen to their elders. The statement reproduced below, from the chief of the land in Myabé, illustrates some of these themes:

I forbid it because the *kaka* (the ancestors) didn’t do it. My grandparents didn’t do it and it keeps it from raining. Young girls don’t listen. They go somewhere else and do it and bring it back here. I tell them not to go somewhere else and do it. It is commerce. The women who do it are like doctors. It’s like surgery. For me it is ignorance, it is not beauty or anything. It disturbs things in the village. I get angry all by myself. There is nothing I can do. The older people obeyed me and the younger people don’t. It hurts me.

In both villages, efforts were made to rein in young girls and to restore order. Responses to the introduction of genital surgeries were not inspired by health-related

concerns but rather by the challenge the unauthorized conduct of the surgeries posed to the power of local authorities. In Bekouli, though not in Myabé, the appropriation of genital surgeries has figured prominently in efforts to re-establish order. In fact, finding Bekouli was a challenge, not because of its geographic location, but because by the 1990s genital surgeries in that village had acquired the status of an “invented tradition” (Hobsbawm 1983: 1). Friends and acquaintances I consulted in the early stages of fieldwork insisted that Bekouli would not be an appropriate field site, since by their accounts the operations had been practiced in the village for far longer than anyone could remember. There are gaps in the account I was able to produce about the shift from genital operations as practiced by a few young girls to genital operations carried out as collective ritual. However, it is clear that the use of writing technologies played a major role in re-working the ceremonies and in suppressing the uprisings orchestrated by young girls.

The chief of the village issues an authorization for the surgeries to take place, and paper permits to women selected to perform the operations. The authorizations announce the surgeries and designate a timeframe within which the proceedings are to be carried out. The permits and the authorizations take the form of written documents that bear the chief’s signature and dye ink stamps. The chief can be seen as engaging in what Das and Poole have called a “mimicry of the state” (Das & Poole 2004: 23), even as it is unclear how the documents that are produced would be seen in the eyes of the law. This is particularly the case since, as is noted in the PRB report, there are no laws that regulate genital surgeries in Chad. The permits would also seem to have little bearing on the safety of the operations. None of the women selected to carry out the surgeries has any clinical training to perform them. Yet, local authorities cite their responsibilities to protect young girls by carefully screening and selecting practitioners as justification for regulating the operations.

The use of these writing technologies has helped to legitimate the operations in Bekouli and to establish them and the ‘coming out’ ceremonies as highly organized, bi-annual events. As they were carried out in the 1990s these events could not be thought of as theater or spectacle, as I earlier characterized the ceremonies held in Myabé. Rather, they have become ritual performances, with particular sets of rules imposed upon the ceremonies (Schechner 1988). One of these rules is that participation is required; all young girls in Bekouli are cut. As the comments of the friends and acquaintances I consulted affirmed, the cut has become a mark of identification and the basis of claims for recognition as ‘Sara Madjingaye’ or as someone belonging to the village of Bekouli. There is a certain irony in the transformation of a surgical form embraced by young girls as a symbol of ‘modernism’ and of their interpolation into worlds beyond the village into a technique that indelibly inscribes ‘the local’ upon their bodies.

The status of the surgeries in Myabé, where the operations were introduced half of a century later than in Bekouli, is far less settled. Here, access to resources and competition over resources influence whether girls will be cut. Local authorities have tried a number of strategies to prevent girls from participating in the surgeries. The chief of the land, who is charged with carrying out male initiation ceremonies and with the

allocation of land and other collectively held resources, has been most active in these efforts. He has blocked women suspected of working as surgical practitioners from coming to the village to solicit the business of young girls, and refused to allow girls who participated in ceremonies in neighboring villages to return to the village to recuperate. When these interventions failed to prevent more girls from participating in the ceremonies, he announced that he would levy a fine of 50,000 FCFA on any girl who had the operation performed. While people were largely sympathetic to the chief's efforts to bring an end to the surgeries, they viewed these interventions as reflecting his own economic interests. People described the chief as 'jealous' because he could not lay claim to the fees the girls paid to have the surgeries performed.

Throughout the 1990s, Myabé was awash in disputes over the management of money and resources, and the chief of the land was embroiled in many of these controversies. For instance, people accused the chief of the land of using receipts from the boys' initiation ceremonies to buy an ox cart rather than sharing them with the chiefs of Myabé 2 and Myabé 3. These splinter villages had broken off from the main village after disagreements over money and questions of strategic access to the expanding regional economy. Myabé 2, located seven kilometers from the main village, was formed in the early 1990s by 134 residents who wanted the village to relocate next to a main transport route. The distinction between households in Myabé and those in Myabé 3 was not geographic. It was rather that these households lined up on different sides of a dispute over the allocation of revenues from cotton production. In the late 1980s and early 1990s one of the strategies associated with market liberalization was the reorganization of cotton production around agricultural cooperatives instead of individual farmers (Magrin 2001). The collectivization of debt and payments led to a wave of problems with the management of cotton receipts, the primary source of income for many farmers in southern Chad. In Myabé fights over cotton revenues bled into disputes over household contributions to village construction projects and conflicts over money provided the overlay for even the most mundane activities of daily life.

Genital surgeries in Myabé have been sporadically organized since 1979 or 1980, when the first girl was cut. As the debates over the surgical status of particular girls suggests, these ceremonies have not been universally attended. No surgeries had been performed between 1995 and the time I arrived in the village in the summer of 1998. The principal reason for this hiatus of three years was that girls found it difficult to collect enough money to attract surgical practitioners. The women who had practiced in the villages around Myabé had died or had moved closer to regional towns where they could command higher fees and attract more business. The pattern of surgical intervention that was emerging in Myabé at the end of the century was therefore less a reflection of the ongoing struggles over the status of the operations or of the fine that the chief of the land had threatened to impose than it was symptomatic of the difficulty young girls had in engaging in the regional economy and accumulating the required resources.

Conclusion

The history of female genital surgeries in the Moyen Chari region of southern Chad is a reminder that processes of indigenization are not limited to the appropriation of “industrial technologies” (Sahlins 1999: vi) or commodities emanating from the West. In the 19th century, this part of Central Africa was drawn into the world economy not through European intervention, which was to come later, but through extensive contact with peddlers, traders, slave raiders and religious teachers from the Islamic kingdoms to the north and east (Cordell 1985). Global media and migratory flows might be pervasive and even dominant sources of ideas and inspiration in most parts of the contemporary world (Appadurai 1996). But historical alliances continue to provide the materials for experiments with modernity and to be sources of cultural creativity and innovation.

The claim that, in the closing decades of the 20th century, genital surgeries in parts of the Moyen Chari were a critical part of performances of ‘modernism’ appears paradoxical in light of the vast literature depicting genital surgeries as ‘traditional’ practices. It is almost certainly the case that genital surgeries as practiced in sub-Saharan Africa are more indeterminate than the literature suggests. It has become something of a truism to say that technologies are taken up in ways that we would not expect, or that “technology and commodities in themselves ... tell us little about the uses to which they will be put...” (Cooper 2001: 97). However, female genital surgeries have seemed to constitute an exception to this dictum. They have not been treated as experimental practices or analyzed as flexible technologies even when there is evidence that the ways the surgeries are practiced is changing (Nypan 1991).

In villages in southern Chad where the surgeries have recently been adopted, the surgeries are vehicles through which young girls express desires and preferences about ‘how to live’ – questions that only become possible under ‘modernism’ (Appadurai 1996). Through the surgeries and ‘coming out’ ceremonies, beauty can be seen to be a central concern of young girls. The fact that the desires and preferences of young girls for certain kinds of dress and comportment cannot be realized in the context of their everyday lives does not diminish their attractiveness. Young girls’ representations of ‘modernism’ have found broad appeal, as evidenced by the allure of the ‘coming out’ ceremonies, the appraisals by captivated audiences of the post-operative girls as ‘beautiful,’ and the continued diffusion of the ceremonies across the Moyen Chari region.

A range of strategies and tactics have been employed to deal with ‘crises’ associated with the adoption of genital surgeries and, more generally, with the integration of villagers into networks extending far beyond the borders of the village. These have been aimed more at containing threats to social order than at containing threats to health. These strategies and tactics are shaping the picture of genital cutting that emerges in reports like the one with which I began this paper. In fact, genital cutting is sometimes a part of these strategies. The case studies from Bekouli and Myabé show that the types of regulatory and disciplinary practices used to deal with the ‘crises’ stemming from young girls’ expressions of ‘modernism’ are specific to time and place.

What is general, however, is that surgical futures are shaped through local actions and not through legislative mandates or the interventions of centralized bureaucracies as the advocacy literature and the emphasis on genital surgeries as a human rights issue suggests.

Notes

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- 1 The poster includes data for a total of 27 countries, including 26 countries or regions in sub-Saharan Africa and Yemen. These are the countries or regions for which data are available from large-scale surveys.
- 2 I have used fictitious names for the villages in this paper.
- 3 The Ngambaye, who are considered part of the larger Sara group, are an exception. They live west of the Moyen Chari in the Logone regions and do not practice female genital cutting.
- 4 I am indebted to Dennis Cordell for his observations about the probable history of female genital cutting.
- 5 Towns seem to have played a major role in the spread of genital surgeries in the Moyen Chari. Many of the first girls to have been cut in rural villages had spent time in regional towns. Chad is one of only two countries in the PRB report in which the rate of genital cutting is higher in urban than in rural areas.

References

- Aerts, F.
1954 Races du Tchad. Unpublished manuscript.
- Appaduari, A.
1996 *Modernity at large: Cultural dimensions of globalization*. Minneapolis: University of Minnesota Press.
- Beeman, W.O.
1993 The anthropology of theater and spectacle. *Annual Review of Anthropology* 22: 369-93.
- Bourdieu, P.
1984 *Distinction: A social critique of the judgment of taste*. Cambridge, MA: Harvard University Press.
- Chaine, L. & A. Meynier
1951 Note sur le yondo des Sara. Unpublished manuscript.

- Chaine, J.P. & T. Saidel
 1992 *The child survival baseline survey*. Washington, D.C.: Devres.
- Cohen, L.
 2004 Operability: Surgery at the margin of the state. In: V. Das & D. Poole (eds), *Anthropology in the margins of the state*. Santa Fe, NM: School of American Research Press, pp. 165-90.
- Cooper, B.M.
 2001 The strength in the song: Muslim personhood, audible capital, and Hausa women's performance of the hajj. In: D. Hodgson (ed.), *Gendered modernities: Ethnographic perspectives*. New York: Palgrave, pp. 79-104.
- Cordell, D.D.
 1985 *Dar al-Kuti and the last years of the trans-Saharan slave trade*. Madison: The University of Wisconsin Press.
 1986 Warlords and enslavement: A sample of slave-raiders from eastern Ubangi-Shari, 1870-1920. In: P.E. Lovejoy (ed.), *Africans in bondage: Essays presented to Philip D. Curtin on the occasion of the 25th anniversary of the African Studies Program*. Madison: African Studies Program and the University of Wisconsin Press, pp. 335-65.
- Dagoma, A.
 1990 L'excision, cette mal-aimée du Tchad. Université de Paris X, Centre Droits et Cultures, Nanterre. Unpublished manuscript.
- Das, V. & D. Poole
 2004 State and its margins: Comparative ethnographies. In: V. Das & D. Poole (eds), *Anthropology in the margins of the state*. Santa Fe, NM: School of American Research Press, pp. 3-33.
- Doh, N.
 1984 Faits et traditions des Day. N'Djamena: Université du Tchad.
- Edmonds, A.
 2008 Beauty and health: Anthropological perspectives. *Medische Antropologie* 20 (1): 151-62.
- Eustache, P.
 1952 Notes sur l'initiation dans les groupes Oubangui: Mandjas, Banda, Gbaya, Banziri. Unpublished manuscript.
- Hobsbawm, E.
 1983 Introduction: Inventing traditions. In: E. Hobsbawm & T. Ranger (eds), *The invention of tradition*. Cambridge: Cambridge University Press, pp. 1-14.
- Kameldy, R.
 1964 Le canton Maro. Unpublished manuscript.
- Kogongar, G.J.
 n.d. Introduction a la vie et a l'histoire précoloniales des populations Sara du Tchad. Thèse pour le doctorate, Université de Paris, Paris.
- Leonard, L.
 2000a 'We did it for pleasure only': Hearing alternative tales of female circumcision. *Qualitative Inquiry* 6 (2): 212-28.
 2000b Adopting female circumcision in southern Chad: The experience of Myabe. In: B. Shell-Duncan & Y. Hernlund (eds), *Female 'circumcision' in Africa: Culture, controversy, and change*. Boulder: Lynne Rienner Publishers, pp. 167-91.

- Maran, R.
 1921 *Batouala*. Paris: Albin Michel.
 1931 *Le Tchad de sable et d'or*. Paris: Librairie de la Revue Française.
- Nabia, A.
 1991 *L'excision féminine : Les pratiques traditionnelles néfastes à la santé des femmes et des enfants*. N'Djamena, Tchad: UNICEF.
- Négué, F.K. & J. Kemoral
 1997 *Initiation féminine : Résultats des recherches sur les possibilités d'amélioration de l'initiation féminine dans le Moyen-Chari*. Sarh, Tchad: Cellule Régional CONA-CIAF de Sarh.
- Nypan, A.
 1991 Revival of female circumcision: A case of neo-traditionalism. In: K.A. Stolen & M. Vaa (eds), *Gender and change in developing countries*. Oslo: Norwegian University Press, pp. 39-65.
- Ouagadji, B. et al.
 1998 Enquête démographique et de santé Tchad 1996-1997. Calverton, MD: Bureau Central du Recensement et Macro International Inc.
 2004 Enquête démographique et de santé Tchad 2004. Calverton, MD: INSEED et ORC Macro.
- Population Reference Bureau
 2008 Female genital mutilation/cutting: Data and trends. Washington: Population Reference Bureau.
- Robins, S.
 2003 Whose modernity? Indigenous modernities and land claims after Apartheid. *Development & Change* 34 (2): 265-85.
- Sahlins, M.
 1999 What is anthropological enlightenment? Some lessons of the twentieth century. *Annual Review of Anthropology* 28: i-xxiii.
- Schechner, R.
 1988 *Performance theory*. New York: Routledge.
- Schein, L.
 1999 Performing modernity. *Cultural Anthropology* 14 (3): 361-95.
- Shell-Duncan, B.
 2008 From health to human rights: Female genital cutting and the politics of intervention. *American Anthropologist* 110 (2): 225-36.
- Turner, V.
 1987 *The anthropology of performance*. New York: Performing Arts Journal, Inc.
- World Health Organization
 2008 *Eliminating female genital mutilation: An interagency statement*. Geneva: World Health Organization.