

Ending Female Genital Cutting: How have various approaches attempted to address the cultural significance of the practice and its impacts upon women's bodies?

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Abstract

Female Genital Cutting (FGC) is simultaneously a global political issue, and an intimate, bodily experience for women who undergo the practice. The global feminist movement has interpreted the practice as brutal “mutilation”, and has employed a powerful discourse where women are presented as victims of patriarchy; women’s lived-in bodies are thus objectified and reduced to the state (cut or uncut) of their genitalia. Dominant development approaches to FGC produce and sustain powerful knowledge about the practice: by analysing these interventions this dissertation will attempt to highlight the damaging implications of discursive imperialism. There is currently a lack of balanced discussion of the issues surrounding FGC, where both circumcision practice and Western ethnocentrism are situated within their specific cultural context; a problem I attempt to address in this dissertation.



Introduction

The practice of female genital cutting (FGC) is at the centre of a multitude of sociological, medical, anthropological and political debates. FGC is a very personal, intimate, and often painful bodily experience for women and girls who undergo the procedure. It is simultaneously a global political issue to the highest level of abstraction, theorised and debated over in forums, conferences, reports and essays. FGC has proven to be a fundamentally contentious subject, dividing academic and activist opinion, and encapsulating the conflict between several powerful ideological stances, which, in the current age of increasing global interaction, collide ever more frequently. Female bodies have become battlegrounds for these discursive conflicts, whilst the women who inhabit them are essentialised and reduced to the status of their genitals (Boddy 1998).

The global movement to bring an end to “Female Genital Mutilation” or FGM, as the practice is labelled in the Western media and advocacy campaigns, has seen growing support over the past four decades, with numerous international organisations, national governments and civil society groups calling for an “eradication” of the practice (see End FGM European Campaign 2010; Amnesty International USA 2011; WHO 2011). The formation of this “anti-FGM movement”, and the wide reach of powerful discourses that the movement employs, have resulted in FGC becoming an international political issue; one that the international community is attempting to address as an obstruction to development.

However well-intentioned, this position has strong undercurrents of cultural imperialism. With further analysis of the discourse employed by the movement, it is easy to comprehend why African and other non-Western feminists have been reluctant to join forces with the movement, even if they themselves are opposed to the practice (Davis 2004). Employing the term “mutilation” represents a particularly one-sided understanding of the issue, with little comprehension of the cultural relevance of cutting practices. Although seemingly descriptive, the term ‘forges a single decontextualised fact out of diverse practices and meanings and imbues it with specific moral and ideological significance’ (Boddy 1998: 80). However, many activists continue to refer to the practice in this way, demonstrating their belief that circumcision is ‘medically unnecessary, painful and extremely dangerous’ (Dorkenoo 1995: 2).



In Arabic, the generic term for circumcision is *khitan*, or *tahara*, deriving from the verb meaning “to purify”, and refers to the cultural ceremony as well as the excision of the genitals, evoking ideas of hygienic and religious purification (Obermayer 1999). By examining the definitions and terminology employed in discussions of female genital cutting, it is possible to identify a rift between the condemnation of FGC as a “harmful traditional practice”, and local understandings of the practice that are centred on ideas of bodily purification, chastity and gender roles (Boddy 2007; Gruenbaum 2001; Walley 1997). Although the term “female circumcision,” preferred by those critical of the global anti-FGM campaign, does to some extent fail to convey the physical implications of the practice upon women’s bodies, I will employ both this and the term “female genital cutting”, as, similarly to Walley (1997) I believe these to be more descriptive terms, and less loaded with judgemental normative value; though I will continue to refer to the practice as “FGM” when referring to anti-FGM campaigns.

Genital cutting is often (though not always) part of a wider initiation ceremony to mark a girls’ transition into responsible adulthood, and is normally accompanied by ceremonies, sometimes alongside boys and young men of a similar age, in parallel celebrations (Bell 2005; Dorkenoo 1995). The practices occur in a variety of places around the world; however, at present the vast majority are performed on the African continent, in countries as diverse as Sudan, Somalia, Ethiopia, Egypt, Kenya, Tanzania, Nigeria, Togo, Senegal and Mali (Walley 1997). Due to the increasing movement of populations and greater inter-cultural influences across the globe, a number of authors (Boyle 2003; Hernlund and Shell-Duncan 2007; Schweder 2004) have stressed the importance of examining FGC in a global context. Dilemmas arise as diaspora groups are faced with negotiations between the values of home and host communities (Hernlund and Shell-Duncan 2007: 5).

There is certainly potential for feminists from different cultural contexts to work together on issues that impact negatively on women (Mohanty 2003). The practices and their associated meanings are being fundamentally influenced by the changing political and social contexts in which they are enacted and more recently there is a notable trend towards abandonment among some practising communities. However, for more positive and productive discussions to take place, it is critical that a common understanding of what FGC involves is reached. It is



of great concern that cultural and social practices that digress from dominant Western views are frequently viewed through a lens of ethnocentrism or subtle racism.

Although throughout this dissertation I intend to criticize the ethnocentrism and arrogance inherent in the anti-FGM discourse, I must make it clear from the beginning that I do not endorse any circumcision practices. Though they may have important traditional value, a cultural relativist stance can encourage indifference to norms that, in all social, cultural and political contexts, can cause suffering and reinforce gender inequality (Davis 2004). FGC can result in serious emotional and physical difficulties for women, particularly when the surgery is more extensive: this is supported by many women who have undergone FGC themselves, and who have argued strongly against the practice (see campaign literature by FORWARD, 2009; and the documentary *Fire Eyes* (Mire 1994)). However, similarly to Janice Boddy (2007, 1998), whose balanced arguments I will make use of often in this dissertation, I believe that it is these women who are far better placed than myself to criticise the practice outright, and to argue passionately for the abandonment of FGC.

Instead, this dissertation will ask vital questions about the development discourses of feminism, biomedicine and human rights, which have legitimised interventions into communities that practice female circumcision. Why has the anti-FGM campaign, while tirelessly working to prevent harm to women, reused and reinforced damaging racialised stereotypes of African peoples and cultures? How have more progressive community-led approaches avoided cultural imperialism and brought about more positive social change, including the abandonment of female circumcision? Finally, as FGC is an *embodied* experience, how have these ideological viewpoints conceptualised (potentially) circumcised bodies?

This dissertation will make use of a body politics framework to analyse and assess the achievements and failures of different approaches to ending FGC. It is crucial that we understand FGC as a lived, bodily experience of women and girls; these practices, in their many forms, are *physical enactments of cultural norms* and belief systems. The body, in this sense, is a medium of culture, a powerful symbolic form upon which cultural values are inscribed (Bordo 1989). Concepts of the body have been used to draw out points of contention in the FGC debate elsewhere (Boddy 1998; Njambi 2004; Pedwell 2010).



However, I will use these ideas in an innovative manner, in order to assess intervention approaches and the ideologies that support them. Drawing on Wendy Harcourt's work *Body Politics in Development* (2009), this dissertation will apply an understanding of the body as a site of power struggles in development discourse between the various strands of the anti-FGM movement, who seek to "eradicate" the practice, and those who understand circumcision practices as important cultural traditions, and who reject foreign intervention in its multiple guises. By using this framework, it is possible to understand how women's bodies (circumcised or with the potential to be) become sites of conflict and debate for cultural, social and political ideological arguments – between biomedicine and local understandings of health and the body, between ethnocentric universalism and cultural relativism, between "West" and "Other", and between "developed" and "developing". As Hancock has argued, 'the body has come to be recognised as a contested terrain on which struggles...are fought out in contemporary societies' (2000: 1).

This dissertation will begin by illustrating the varying views on female genital cutting by briefly explaining the different terminology used in the anti-FGM literature, and by practising communities. Chapter One will establish key theoretical frameworks that will be used to analyse the anti-FGM campaign. By employing key concepts from the body politics literature, I aim to show that the practice of female genital cutting is, at its most essential level, a cultural inscription upon women's real, "fleshy" bodies (rather than a metaphor for universal patriarchal violence, or evidence of the incivility of a homogenous "African" society, as it has often been interpreted in Western literature). The chapter will also apply Foucauldian discursive analysis to the anti-FGM discourse, in order to reveal the symbiotic relationship between power and knowledge that enables the production of dominant views about circumcision, which resonate both within the global political arena, and beyond, influencing Western media coverage and public opinion on FGC. The two mainstream intervention approaches – health risk and human rights – will be considered in Chapter Two. The evaluation of these approaches is essential, for as Crush points out, 'development discourse promotes and justifies very real interventions with very real (though arguably unintended) consequences' (1995: 6). Using the analytical frameworks, I will consider the extent to which the biomedical approach objectifies the body, and more specifically, whether it has damaging implications for the "other" bodies in the anti-FGM discourse. A human rights approach will also be considered, as, although rights advocates have brought positive ideas of bodily



integrity and gender equality into discussions around the practice, they can also be accused of pushing a dominant Western discourse based on liberal values of the individual. Chapter Three will explore the more recent progression to a community development approach to ending the practice, and examine the case study of Tostan, a community-led development programme, which is widely considered a model of best-practice for ending female genital cutting through wider positive community change and empowerment (Gillespie and Melching 2010; Mackie 2003, 2000; Monkman et al. 2007).

Through an analysis of the anti-FGM discourse, I hope to draw attention to the ways in which certain knowledge about women's bodies is given power, and how "other" marginal understandings of circumcision are overlooked. Harcourt points out that by establishing how gendered bodies are constructed in different discourses, we are able to challenge norms and oppressive practices (whether it be the practice of FGC, or another of the many forms of outside intervention in the name of "development"). Through critical analysis of past and current interventions, it will become evident that for meaningful social change to occur, local agency and ownership are crucial. By making crucial links between discourse, female circumcision practices and women's bodies, I hope to raise awareness of the impacts of well-meaning but arrogant campaigning, particularly when it reinforces a view of circumcised women as victims, rather than agents who have their own voices.

1. Body Politics and Discursive Imperialism

The increasing prominence of female genital cutting within development activism and the international media, particularly in the last two decades, has led to the establishment of a global anti-FGM movement whose explicit aim is to "eradicate" the practice. Human rights activists and donor agencies have frequently interpreted the practice as the ultimate metaphor of the subjugation of women (Boddy 1998). The campaign has formed a powerful discourse intertwining feminist politics, and scientific and medical knowledge in pursuit of a common goal to protect female bodies from "harm" (Njambi 2004: 281). As other authors (Boddy 2007; Johnsdotter 2007; Walley 1997) have shown, the employment of a Foucauldian understanding of discourse is useful in examining the relationship between power, knowledge and the body in the anti-FGM discourse that is found in policy documents, activist campaigns and academia that argue for an end to the practice. In this sense, discourse is a system of interwoven ideas and practices that is productive of further knowledge; part of a conceptual



apparatus that powerfully shapes the thoughts of behaviour of affected persons (Boddy 2007: 53).

FGC was initially approached as a health issue by development organisations after the Euro-American feminist movement of the 1970s drew attention to the practice of “female genital mutilation”, which they saw as being ‘part of a continuum of patriarchal repression of female sexuality, which has been repressed in a variety of ways in all parts of the world throughout history’ (Dorkenoo 1995: 29). At this time, the anti-FGM campaign was legitimised by powerful biomedical discourse, which produced knowledge regarding the detrimental health effects of female circumcision practices. During the 1990s, after approaches narrowly focussed on health were deemed ineffective, the anti-FGM movement employed a human rights discourse to support their claims that the procedures violated a number of fundamental rights. These various approaches to ending the practice – which will be explored in greater depth in Chapter Two – were empowered and legitimised by dominant development discourses of biomedicine and international human rights law.

The influence of the feminist rhetoric has been far-reaching, and remains present in current UN policy documents, where it is stated that ‘female genital mutilation represents society’s control over women’ (UN 2008: 5). It is worth noting here that clearly not all Western feminists are culturally insensitive, nor a (white, middle class) homogenous group. The African-American writer Alice Walker has been harshly criticised by for her various portrayals of FGC in film and fiction (Walker and Parmar 1993; Walker 1992), which are seen to reinforce racial stereotypes (see James 2004; Nnaemeka 2005; Robertson 2002). Therefore, when referring to “Western feminism”, this critique intends to draw attention to the similar effects of certain texts and discourses that homogenise African cultures in general, and circumcised women in particular, as “other”.

With a review of relevant literature, this chapter will first explore the ways in which the human body is often understood in Western philosophy as an *object* that is separate from the mind; in much of modern thought, the transcendent, knowing subject is disembodied and detached from corporeal flesh (Shildrick 1997). Following others (Bordo 1989; Diprose 1994; Haraway 1991; Shildrick 1997), I will initially demonstrate why this dualism should be rejected, and argue that lived experiences of the body make up what the self is in relation to



the social world. Understanding the body as *subject* is important for recognizing how development discourses regarding FGC can have real impacts upon women and their bodies. Secondly, by deconstructing these discourses, in their ideological forms of feminism, biomedicine, and human rights, I will highlight how the power/knowledge that they (re)produce is part of wider system of discursive imperialism that sustains global inequalities. Though often well-meaning, when ethnocentric worldviews are upheld in this way, development interventions into sensitive issues such as FGC are likely to face profound challenges, limiting progress towards shared goals.

Female genital cutting: Bodies as ideological battlefields

The relevance of the lived body as an analytical framework for approaches to FGC can be appreciated with a brief overview of the literature on body politics. The paradigm of the human body that grounds the Western biomedical model relies on a (gendered) reading of mind and body developed by Descartes, during the European Enlightenment in the seventeenth century (Shildrick 1997). In this Cartesian dualism, the mind of the self-authorising subject transcended *his* own body to take up a position uncontaminated by the untrustworthy experience of bodily senses (Shildrick 1997). Here the body is seen as an *object*, a machine that is both controlled by, and limits, the mind. Women and “other” subjugated racial, ethnic or cultural groups have been seen throughout post-Enlightenment history as more closely related to the body and nature, and thus unable to reason, or to take part in rational processes that influence social or political relations (suffrage being a key example). Spinoza (1989), also writing in the seventeenth century, displaced the Cartesian dualism, arguing that the biology of the body is interwoven with society and culture, and argued that in fact, subject and object, mind and body, are a whole being, which inhabits the social world. Feminists writing in the late twentieth century such as Susan Bordo (1989) and Judith Butler (1993) have also explored the ways in which bodies are shaped and gendered by culture. However, despite coherent academic criticism, the Cartesian dualism, and similar dichotomies that stem from Enlightenment philosophy, are reinforced in many of the dominant political, socio-cultural and *development* discourses of today.

Feminist writers have attempted to “reclaim” the concept of the body as a means to demonstrate inequalities in gender relations, and as a site of resistance against oppression, including repressive cultural practices. It is not within the scope of this essay to explore the



totality of feminist writing on the body; instead, I will focus on a key strand of this literature, in which, as Liz Grosz explains, the body 'is no longer understood as an ahistorical, biologically given, acultural object,' but instead as a *lived body*, one that is 'interwoven with and constitutive of systems of meaning, signification, and representation' (1994: 18). In *Volatile Bodies* (1994) Grosz explores the experiences of the body-as-lived, and drawing on the work of philosopher Maurice Merleau-Ponty (1962), argues that the body is never simply object or subject, but instead 'actively differentiates and categorizes the world into groupings of sensuous experience, patterns of organisation and meaning' (Grosz 1994: 87). Bordo similarly describes the body as a 'medium of culture,' and, referencing anthropologist Mary Douglas, describes it as 'a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced through the concrete language of the body' (1989: 13).

Within the various interpretations of female genital cutting, the importance of the body is central: the lived-in body is the means by which moral and social norms peculiar to our particular cultural and familial background inform our activity (Diprose 1994: 106). Bodies are not only sites of cultural inscription in the context of practising communities across African and the Middle East, but are also affected by political and social systems in the Global North, and, crucially for this discussion, by international development discourses driven by Western activism. FGC and the bodies that it involves have become battlegrounds for these debates over power, gender and cultural, where ideological worldviews frequently come into conflict (Hernlund and Shell-Duncan 2007: 1).

This understanding of the body as a site of power struggles stems from Foucault's concept of *biopolitics*, where modern power is presented not simply as hierarchical and oppressive but as horizontally produced and subtly embedded in our language, and cultural and social practices (Harcourt 2009: 20). Power, in this sense, 'is excised from innumerable points, in the interplay of nonegalitarian and mobile relations' (Foucault 1998: 94). At the level of the individual body, this power operates through the inscription of socio-cultural norms on the body, resulting in its politicisation (McLaren 2002: 91). Drawing on Foucault, Harcourt draws a clear connection between knowledge, power and bodies, establishing that: 'if we understand that knowledge on bodies is irreducibly interwoven with other discourses – social, colonial, ethical and economic – we can strategically reconceptualize bodies as cultural products on



which the play of powers, knowledges and resistances are worked out' (2009: 22). In this way, the body becomes 'the inscribed surface of events' (Foucault 1991: 59). Biopolitics allows us to see how the potentially circumcised bodies of women (and men whom they live alongside) are caught up in power conflicts and ideological global debates around the practice of FGC.

The development discourses that have been employed in approaches to ending FGC reinforce problematic dualisms regarding women's (potentially) cut bodies. Njambi notes that to enter into the anti-FGM discourse is to be drawn into a battlefield that is already filled with conceptual oppositions: medical knowledge/tradition, normal/abnormal bodies, civilised/barbaric, self/other and subject/object (2004: 283). The anti-FGM discourse, in the various forms it has taken (health-risk intervention, feminist activism and human rights), reproduces notions of the *body-as-object* and in doing so, fails to acknowledge the importance of the *body-as-lived* in cultural justifications for FGC. This dissertation will now go on to explore these powerful discursive constructions that have come to dominate theory and practice in the global movement to end the practice, and demonstrate the ways in which they objectify women's (potentially) circumcised bodies.

Power and knowledge in the Anti-FGM Discourse

The anti-FGM rhetoric is part of a wider global development project that aims to bring social, cultural, political and economic "progress" to less economically developed societies. Authors writing from a post-development perspective have shown that the discourses used by international development agencies construct the "developing" world as unruly terrain requiring management and intervention, and as (often desperately) needing assistance from an Enlightened West (Crush 1995; Escobar 1995; Said 2003). Dominant discourses concerning "other" places and peoples produce and sustain knowledge systems that become widely accepted as accurate. This conceptual apparatus powerfully shapes the thoughts and behaviour of those who engage in the discourse, and establishes what they come to see as "truths" (Boddy 2007); in this case, about women who undergo female circumcision, and the social contexts in which they live. The anti-FGM discourse is thus a knowledge system replete with power, dominating over local/non-Western understandings of female genital cutting practices. The development literature is able to define what is "normal" and "abnormal" with regarding



to female genitalia, and reinforce dualisms of “self” and “other” that have dangerous precedents in colonial racial stereotypes.

This connection between bodies and discourses of power/knowledge brings forth the extent to which interventions into ending FGC replicate and reinforce colonial understandings of “other” bodies. Crush (1995) stresses the importance of situating development within an imperial context for fully comprehending the power of the development discourse and its progression over time. Western men (and to far lesser extent) women were presented throughout the rhetoric of empire and colonialism as knowing, empowered subjects who were able to extend a civilising hand toward an Africa viewed as “other”, exotic and dangerously sexualised (Boddy 1988). Said’s examination of the discourse of *Orientalism* (1991) enables us to understand the systematic discipline by which European culture was able to manage, and even produce knowledge of, the “Third World” politically, sociologically and ideologically.

Critics of the anti-FGM discourse argue that a notion of a caring, humanitarian “we” masks continuing relations of dominance, as African societies are normalised as “barbaric” and needing Western guidance (Boddy 2007: 53). Mohanty notes that in this context of a First/Third World balance of power, ‘feminist analyses that perpetrate and sustain the hegemony of the idea of the superiority of the West produce a corresponding set of universal images of the Third World woman’ (2003: 41), one who in this context, is powerless to prevent her own genital “mutilation”. The Western feminist, biomedical and human rights discourses assume the same binary trajectory of a civilised, emancipated and autonomous Western woman, on the one hand, and an oppressed and backward non-Western woman bound by tradition, superstition, and male suppression on the other (Korieh 2005: 116).

Manderson notes how within the anti-FGM discourse, ‘the adult woman – subject to procedures that are regarded, near universally, as brutal and barbaric – is assumed to be without agency; her mutilated body is a metaphor for all women’s subjugation’ (2004: 300). The campaign literature overlooks ethnographic accounts such as Boddy’s, who describes how in Northern Sudan, ‘the surgical alteration of the physical body in prepubescence profoundly alters the body-as-lived’ (1998: 101), not in the negative sense of mutilation or harm, but as an orientation towards adult gender roles.



A number of authors have also suggested that the removal of the clitoris, and infibulation, in particular, are thought among many practicing communities to restrain sexual desire, ensuring marital fidelity and preventing deviant sexual behaviour (Gruenbaum 2006; Hernlund 2003, 2000; UN 2008). Reading the practice of FGC as a method for controlling women's sexuality is a dominant but contested view, and one that is very much situated within a Western standpoint. Arguably, this could be the case for some practising communities, but given the sensitive nature of conducting empirical studies into intimate initiation ceremonies (Askew, 2005; Obermayer 1999), it is difficult to draw decisive conclusions regarding the links between FGC and sexuality. Authors such as Njambi (2004) disagree with these oft-repeated claims, describing the importance of undergoing circumcision for greater sexual licence.

Despite this, the anti-FGM discourse has presented the above arguments as proof that female genital cutting procedures render women incapable of experiencing sexual pleasure. As in much of development discourse, sex is treated as a health issue (Cornwall et al. 2008): 'quality of sexual life' is listed under the long-term health risks associated with FGC (WHO, 2008). This clearly demonstrates the manner in which sexuality is viewed in medical terms in the West, rather than as something that is subject to individual or cultural interpretation, and/or based on bodily experience. Women who have undergone FGC are described as being "sexually castrated"; Hosken suggests that: 'Women in many [practising] societies may not be aware that intercourse can be pleasurable for them' (1993: 7). A Western view of sexual pleasure is intimately connected with a biological reading of clitoral orgasm, and those situated within a Euro-American cultural context may find it difficult to move beyond seeing FGC as "harm": but despite its hegemony, biological discourse is also culturally constructed.

Obermayer (1999) argues that although there are case reports by women who have undergone FGC and speak about their difficult sexual experiences, the details of these are so intense that they lead to generalisations that all circumcision practices result in sexual indifference at best, and excruciating pain at worst. To gain a more accurate understanding of the impacts of FGC upon the body, sexuality must be understood as something that is profoundly influenced and constructed by culture. Although FGC may often damage the clitoris, this does not necessarily render women sexually impaired. An investigation by Gruenbaum (2001) into the ability of circumcised Sudanese women to reach orgasm found that although the women interviewed reported pain, frustration and discomfort during sex, 'there is also a great deal of excitement,



a common goal, and a pleasure' shared by a couple, and that women also were able to "finish". Gruenbaum (2001) suggests that there is a tendency to over-generalise that circumcised women are uniformly sexually impaired, and that women may reach orgasm through other forms of stimulation.

The intimate displays of "mutilated" genitalia throughout the anti-FGM literature have dangerous historical precedent in colonial attitudes towards "African" bodies, as exotic and hyper-sexualised. The European fascination with Sarah Bartmann, "The Hottentot Venus," whose genitalia and buttocks were dissected and displayed in the *Musée de l'Homme* in Paris upon her death, is an infamous example of such racialised science (Ahmed 2002). Walley argues that modern medical discourse uses the "objective" language of science to construct female genital cutting as outside of culture, 'whilst simultaneously offering a sanitized way of continuing the preoccupation with the genitalia and sexuality of African women' (1997: 422; see also Njambi 2004). In a number of policy documents, including a statement by the *American Academy of Pediatrics* (2010), images of "mutilated", disembodied genitalia are included alongside those of "normal" genitalia, exposing African women's genitals to the gaze of curious Western eyes (Boddy 2007; Obermayer 1999; Rogers 2007). To return to the body politics framework, it is clear that in this narrative on female bodies, as within other dominant discourses, a particular perspective is universalised to stand for all, as the desired norm. These bodies are wholly *objectified* in the policy/advocacy documents: an African or "other" woman's genitals are removed from the context of her lived-in body. Her disembodied body parts are then displayed in literature that is circulated in conferences in the Global North (but that is unlikely to reach her physical locality), and the images used to legitimise the arguments of those view her as a "mutilated" victim of patriarchy.

What is often not acknowledged in the anti-FGM discourse is that procedures such as clitoridectomy (removal of part or all of the clitoris) were performed throughout Europe and North America up until the beginning of the 20th century, commonly as treatment for "hysteria" and "excessive" masturbation in females (Bell 2005). Isabelle Gunning stresses the importance of recognising that the practice of reconstructing female genitalia through surgery is a universal one that crosses cultural boundaries, and which is part of our own history (1992). The genital surgery itself also varies hugely between regions and even within small areas. Bell notes that there is a tendency for policy makers to homogenise these procedures,



and furthermore 'to equate operations diverse in form and function with their most severe manifestations' (2005: 125).

Furthermore, the portrayal of men as the perpetrators of the practice, as part of a wider project of patriarchy, is now found by many authors to be false, and instead, the maintenance of this particular tradition is seen as the responsibility of older females (Gruenbaum 2001). It must therefore be recognised that FGC is not so much an issue of men oppressing women, but instead 'how a system of gender asymmetric values and constraints is internalised by both' (Boddy 1998: 97). This can explain to some extent the failure of interventions that narrowly characterise the practice as violence against women.

Resenting Western feminists for presuming to define their oppression, non-Western women have argued against the arrogation of circumcision as the quintessential form of patriarchal abuse of women (Ajayi-Soyinka 2005; Berggren et al. 2006; Boddy 1998; Mohanty 2003). The continuing tendency of Western campaigners to view the practice of FGC through an ethnocentric lens remains a barrier for effective collaboration with locally driven projects in practising communities (Hernlund and Shell-Duncan 2007; Muteshi and Sass 2005; Thomas 2000). James (1998) raises the question as to whether those outside practising cultures can appropriately engage in a non-imperialist critique of FGC, and furthermore, asks if outrage can be legitimately expressed in a manner that does not alienate the very people within these cultures that are working to promote change. However, in remaining silent we reject the possibility of international consensus on FGC, and instead, accept the dangers of cultural relativism.

A cultural relativist stance assumes that the practice of female genital cutting has relevance and value within a specific culture and that outsiders (particularly Western feminists) should be tolerant and wary of making judgement about, let alone interventions into, practices outside their own culture (Davis 2004: 305). This postmodern position, which is often taken up by anthropologists and others who argue against universalising discourses, promotes the importance of cultural pluralism. Important political figures, such as Kenya's first post-colonial leader Jomo Kenyatta, have argued how circumcision ceremonies (for both girls and boys) were a critical aspect of sacred rites of passage in Gikuya culture; however, this conceptualisation adheres to an idea of culture being a communally constructed set of



homogenous beliefs, and thus fails to recognise that culture is situated within daily life, and is constantly adapting and evolving (James 1998). It also suggests that rural or traditional communities are somehow outside of global culture, a view that is both condescending and inaccurate, given the rapid flows of information through media and the internet.

As this chapter has shown, Western feminists have largely portrayed female genital cutting practices as irrefutable evidence of the barbarism and vulgarity of underdeveloped countries, using suppositions of these health impacts to verify their argument (Toubia 1996). Walley (1997) draws our attention to the problematic ways in which ideas of “culture” and “tradition” are constructed in the literature as ahistorical “backwards” customs, meaningless hangovers from the premodern era that are often presented as the defining characteristic of the developing world. In contrast, the West, and its activists, are presented as rational and liberated, free from the constrictions of cultural practices, and enlightened by biomedical science. Assertions by Hosken that ‘we [Western feminists] are able to teach those who cling to distorted beliefs and damaging practices some better way to cope with themselves, reproduction and sexuality’ (1993: 10) are clear examples of this over-confidence in Western liberal values. The “arrogant perception” that is present in these dominant discourses, serves to establish distance and difference between the arrogant perceiver and the “other” (Gunning 1992).

Applying discourse analysis to the anti-FGM movement enables us to see the ways in which female bodies are objectified in development paradigms. These discursive knowledge systems reinforce stereotypes of women as victims, lacking in agency, and fails to consider the real, embodied women agents whose genitalia are the centre of international political debates.

2. Mainstream Approaches to Ending Female Genital Cutting

The anti-FGM campaign has been a prominent voice in the international development arena for four decades, and there have been numerous intervention strategies, ranging from the mainstream health risk and human rights approaches, to religious oriented approaches (Abdi and Askew 2009), retraining circumcisers, alternative rites of passage (Prazak 2007), and more recently, community development and participatory approaches, which will be explored in-depth in Chapter Three. Regrettably, there is a scarcity of analytical studies and empirical evaluation in the field of anti-FGM interventions, particularly with regard to earlier



approaches, which can make reaching definitive conclusions regarding interventions difficult (Obermayer 1999; Toubia and Sharief 2003). Nonetheless, it is certainly possible to distinguish from the literature that *mainstream* development projects initially addressed FGC as a health risk issue, and that this later developed into a human rights approach. Through discussion of these interventions into FGC, this chapter will establish the ways in which they are bound up with the power/knowledge discourses of biomedicine and international human rights. As Escobar has noted, by focussing on the actual practices that occur in targeted communities, and the ideologies that reinforce them, it is possible to illustrate how power works, and how it affects the way people think and act (1995).

By examining the historical cultural context from which these projects originated, we can better understand the complex mix of feminist rhetoric and scientific language that supported health risk interventions, as this approach was fundamentally connected to the feminist movement in Europe and North America. A surge of anti-FGM campaigning occurred in the 1970s, linked to the second wave of feminism that centred on female sexual liberation. From this time, the Western feminist movement has pressed vigorously for international action against FGC. With a stated aim to “eradicate” FGM, as though the practice itself was a disease, feminist literature cited vast lists of severe health problems linked to FGC, whilst clearly accusing “patriarchal traditions” for its continuance. The feminist movement had recently rejected Freud’s 1905 thesis that mature female sexuality resided in the vagina, and immature female sexuality resided in the clitoris (Bell 2005: 133). *The Hite Report* (Hite 1976) argued that instead, clitoral stimulation was essential to orgasm in the majority of women, and therefore that women were not necessarily dependent on men for sexual pleasure. The clitoris thus came to be equated with the penis, its removal with the amputation of the latter, and ‘clitoridectomy became the symbol par excellence of patriarchal expression’ (Bell 2005: 135; see also Manderson 2004: 299).

Gunning confirms that for those situated within a Western feminist environment, the easiest way of understanding FGC is to see it as part of a complex system of male domination (Gunning 1992). The emotive basis for US-based feminist Fran Hosken’s loaded language – ‘How would a man who claims that female circumcision does no harm like to have the most sensitive part of his body cut off?’ (1993: 17) – is unmistakable. *The Hosken Report*, a text that is still widely referenced in much of the anti-FGM literature today – also declared that



‘genital mutilation can only be understood in the context of the psychological climate created by the all-pervasive, male sexual violence that forms the unseen background of African and Middle Eastern family life’ (Hosken 1993: 38). This sweepingly racial comment, which has no references or empirical backing, comes under the chapter heading “Health Facts”. Such a worrying lack of distinction between culturally situated judgement and factual data is typical of this body of literature. Although the ethnocentricity present in such discourse is condemnable, it is important to situate *The Hosken Report* and other texts such as *Female Genital Mutilation: The Unspeakable Atrocities* (Daly 1979) within their cultural context in order to understand that their outrage is part of a wider protest against a global history of patriarchal dominance.

Using suppositions of health impacts to verify their argument, Western feminists have thus portrayed female genital cutting practices as irrefutable evidence of the barbarism and vulgarity of underdeveloped countries (Toubia 1996). Although undoubtedly well-intentioned, this activism has often been deeply ethnocentric, and reinforced inaccurate gender and racial stereotypes. The portrayal of women in practising communities as powerless victims, subjugated and dominated by men, has provoked outrage and a rejection of international feminist solidarity among women from practising communities, and from across Africa and the Middle East. The practice has become a focus of African resistance to foreign interference, largely due to the intense animosity toward the practice in Europe and North America (Abusharaf 2001). Although many women from African and the Global South are themselves opposed to FGC, a large number have objected to the way the issue has been handled by Western feminists, and have called attention to the troubling power dynamics between “First” and “Third” worlds, and women within them (Walley 1997). As a result of this backlash, when international organisations took up the cause in the 1980s, there was a strong focus on the impact of the practice upon women’s health, as it was seen as less politically loaded than the feminist rhetoric.

A Health Risk Approach: Biomedical Ethnocentrism

The international community believed health concerns could be presented as a global problem, and once adopted, medical arguments were the sole basis for interventions into FGC until the 1990s (Boyle 2002). The health risk approach took the form of didactic and factual delivery of messages around the negative general and sexual health impacts, and was guided



by the belief that medical evidence of health complications would lead women to abandon the practice (Toubia and Sharief 2003: 255). Critics of the practice argued that a lack of scientific biological knowledge contributed to the continuance of FGC (Dorkenoo 1995). Projects engaged authoritative individuals – medical professionals in particular – in order to deliver information about the short- and long-term effects of female genital “mutilation” (Muteshi and Sass 2005: 22). A number of international medical organisations, including the WHO, International Planned Parenthood Federation and Médecins Sans Frontières, were at the forefront of mobilisation (Boyle 2002). Popular in Egypt and among the Somali community, the focus of this method was to present the subject of FGC ‘primarily as a health issue in a bid to remove the discussion from its religious and cultural connotations’ (GTZ 2001: 12). For example, the Mother and Child Health Healthcare FGM-Project stated that: ‘The health aspects are our principal argument, the thing that can make people listen to us...[h]ealth is by far the most important issue in Africa and it is easier to relate to something everyone accepts and understands’ (in GTZ 2001:12). However, these health-focused projects made little impact on rates of circumcision: for example Toubia and Sharief note that the 2000 Egyptian Demographic and Health Survey showed that 97% of girls and women were still circumcised after around twenty years of employing the health risk approach (2003: 255).

There are a number of theoretical and practical problems with the health risk approach. Firstly, the health angle implies that FGC is a pathological problem rather than a social custom, which is not a view shared by those targeted by interventions (Gruenbaum 1982). Lewis (1995) has pointed out that many practising communities feel the adverse health risks are worth taking due to the social and cultural importance of the practice. The health approach has also led to heated debates in academia over whether the medicalisation of the practice – where circumcision practices are performed by trained medical staff with anaesthesia and sterile instruments – should be advocated by the global campaign (Christoffersen-Deb 2005; Shell-Duncan 2001). Furthermore, a preventative health approach may not be economically feasible in low-income countries that are already weighed down by more severe health problems (Shell-Duncan 2008). African feminists have argued that basic health care facilities and access to clean water are not treated with the same urgency by the international development/human rights movements (Lewis 1995: 33).



Another fundamental problem is that the health-risk approach is legitimised and given power by biomedical discourse. Foucault's (1998) concept of *biopolitics* is particularly useful here in considering how Western scientific discourse has been able to construct certain knowledges about the body, in order to manage and organise it. Biomedicine is not simply one among many fields of knowledge that regulate bodies; it holds a privileged place in disseminating knowledge about what a body is and how it functions (Diprose 1994: 124). The hegemony of biomedicine is apparent throughout the West, and, increasingly, through the extended reach of international health organisations, in the Global South. Its power lies in a monopolistic right to "produce" the body by naming its parts (anatomy), functions (physiology), and most importantly for this argument, its wounds (pathology) (Hughes 2000: 15). In health risk interventions into FGC, biomedicine is presented as a factual knowledge system with global relevance, supported by scientific evidence. As noted in the previous chapter, this biomedical knowledge is fundamentally based on the Cartesian dualism of mind/body, where the body is simply a physical extension of the mind; this separation is often nonsensical within communities and cultural contexts where more holistic forms of healthcare are practiced. A failure to recognise the socially embedded nature of biomedicine renders Western health interventions incongruous to the beliefs and needs of the communities they intend to help (Hepburn 1988). The mind/body dualism also neglects the lived experiences of the body, and does not address the positive cultural meanings linked FGC, such as initiation into adulthood. As such, it is often the case that health risk interventions do not see women as subjects or agents, but instead as objects and victims, as demonstrated in much of the campaign literature.

Since the 1990s there has been acknowledgement among the donor/activist community that anti-FGM interventions narrowly focussed on health advice have been ineffective, largely due to a failure to take into account local understandings of health, and the cultural significance of the practice. This has resulted in a paradigm shift towards a human rights approach, which will be explored in the following section. Despite this recognition, the rhetoric used in these original campaigns remains in much of the current literature on FGC. Today's policy documents and activist campaigns often fail to explore cultural contexts in great detail, and instead utilise both biomedical terminology and scientific diagrams alongside extremely harrowing personal experiences of excision.



The Western biomedical understanding of female circumcision and its effects on the body are indeed pervasive. A lengthy list of health complications, similar to passages in Fran Hosken's original report, continues to be used, for example, in a 2008 United Nations Interagency Statement entitled *Eliminating FGM* (WHO 2008). The report states that immediate risks from most types of FGC include: severe pain, excessive bleeding, infections, HIV infection, psychological consequences, and death from haemorrhage or shock, among others (WHO 2008: 33). Long-term complications are said to include: chronic pain, infections, keloid scarring, STIs, birth complications (including infant death), fistula, post-traumatic stress, depression, among others (WHO 2008: 33). The symptoms are presented as a "laundry list" of shocking harms to the body, but are often lacking in scientific medical support (Johnsdotter 2007: 123). Obermayer describes how within the discourse, medically technical texts, listing anatomical parts, surgical procedures and extensive lists of medical complications, are accompanied by descriptions of the unsterile, crude instruments, the untrained operators, blood, pain and screams (1999: 90). She notes that the mixture of horror and detachment that this evokes in the reader leads to a 'profound ambivalence toward an Other than is both human and object' (Obermayer 1999: 90). Harcourt similarly notes the way in which the movement to end FGC uses 'images of black bodies, of pain smoothed away in medical descriptions' (2009), which simultaneously shock and distance us from the reality of women's real experiences of genital cutting. Such texts certainly make it difficult for the Western reader to move beyond a certain understanding of the practice, specifically that of genital excision as senseless mutilation.

A comprehensive review of empirical studies into FGC by Carla Obermayer questions the discussed biomedical "facts", and concludes that 'the powerful discourse that depicts these practices as inevitably causing death and serious ill health, and as unequivocally destroying sexual pleasure, is not sufficiently supported by the evidence' (1999: 79). One of the central strands of Obermayer's thesis is that the severe health complications and death that practices are thought to cause is difficult to reconcile with the reality of their occurrence in many communities (1999). Fertility levels across countries where more extensive forms of FGC are common remain high: for example, in northern Sudan an average woman experiences seven live births (Sudan Government in Boddy 2007: 50). The accuracy of the biomedical "facts" concerning the risks of practices for childbirth complications is questionable, as is more general information presented in the health-risk literature. However, the dominance of the



biomedical discourse on clitoral stimulation and biological bodies means findings such as Gruenbaum's (2001) and Obermayer's (1999) are often left out of advocacy campaigns. More dramatic, sensationalised descriptions of female genital cutting practices are, conversely, replicated without reference or empirical backing.

FGC as a Violation of Human Rights: Universalism vs. Cultural Relativism?

By the 1990s, it was clear that the health approach to ending female genital cutting had been largely unsuccessful. In response to this failure, the global anti-FGM campaign attempted to distance itself from the health model, instead widely adopting a human rights framework for justifying opposition to FGC (Boyle 2002; Shell-Duncan 2008; Toubia and Sharief 2003). The human rights approach has been successful in its goal of bringing about an end to the practice in some settings, particularly where there are strong regional or national human rights structures.

However, the approach will be criticised here for failing to significantly shift away from the ethnocentrism inherent in the original feminist/biomedical approach discussed in the previous section. Human rights discourse is similarly hampered by arrogant presuppositions. This approach to ending FGC has faced criticism due to its alignment with the wider human rights movement, which is seen by many in the developing world as a Eurocentric project which unfairly claims universally applicable ideals (Merry 2006; Mutua 2002; Shell-Duncan 2008). Dominant states in the international community tend to demonstrate unyielding confidence in the universality of human rights. It will be argued here that this has led to considerable problems when these ideals are pressed upon communities whose foundational cultural, social and/or religious principles are distinctive from liberal democratic norms. However, it will also be noted that, as a number of interventions into FGC have shown, the use of human rights discourse can have relevance in practicing communities *if translated into local systems of understanding* (Gillespie and Melching 2010; Merry 2006).

Key to considering this translation of human rights into universally relevant principles is the way in which the rights discourse focuses on the individual body as object. As with the biomedical discourse, this can be traced back to the Cartesian body/mind dualism, for in human rights, the body is seen as property of the mind. The "right to bodily integrity" is a key example of this concept; any harm or violence committed by another person on one's biological body is portrayed as a violation of property rights. However, when considering the



lived-in body, where the body is intimately interwoven with culture, this understanding is restrictive. As Ramachandran notes, ‘there should be no one-to-one mapping between the physical borders of the organic, integrated human body and the legal borders of the rights derived from it’ (2009: 2). The object-body of the human rights discourse is not situated within a culture or society, but is ahistorical and apolitical. Arendt (2009) argues that this leads to an inherent paradox within the declaration of human rights, for all beings (and all bodies) exist somewhere.

Kapur (2002) has also argued that the discourse on violence against women in the human rights literature essentialises women as powerless victims, and, similarly to earlier feminist discourses, reinforces stereotypes of the Third World “other”. Female genital cutting has thus become a point of contention as to whether or not traditional practices that are considered harmful by the international community should be addressed in international rights law. The practice has become a central issue in animated debates between human rights advocates, and those who view the human rights project as an attempt to displace local cultures, and who argue instead for cultural pluralism.

Since the 1980s, human rights have gained increasing international credibility and support, as various treaties have strengthened their legal power (Merry, 2006). The *Universal Declaration of Human Rights* (UN General Assembly 1948) was a response to the atrocities of the Second World War and the Holocaust, and can be seen as a well-intentioned but arrogant move by Western states to safeguard future generations from similar experiences. The concept of human rights must be understood as a discourse that has emerged from European and North American historical contexts (Tierney 2009). The principles enshrined in the declaration are based on Enlightenment ideas about rationality, where it was asserted that universal ideals could be discovered through reason, and which placed individual freedom above tradition and community cohesion. These ideals, embedded in certain cultural understandings about the body, human nature, the community, and the state, do not translate easily from one setting to another (Merry 2006). As a result, viewing the human rights movement as a panacea for harm prevention has proved problematic (Shell-Duncan 2008).

Although there is no international legislation that specifically classifies female genital cutting as a violation of human rights, there have been various attempts to incorporate the practice



into existing rights frameworks. At the 1993 Vienna World Conference on Human Rights, “female genital mutilation” became classified as a form of violence against women, as part of a wider movement whereby violent acts within households or communities were no longer considered private, domestic matters, but as issues that should be addressed in international law (Shell-Duncan 2008: 227). The foundational document of this movement is the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), which explicitly demands that states ‘modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices’ which are based on ideas of gender inequality (UN General Assembly 1979). However, CEDAW has limited effectiveness, as it is subject to the greatest number of exemptions and exclusions with regards to “traditional customs and practices” (Breitung in Shell-Duncan 2008: 228).

As well as being a violation of women’s rights, FGC has also variously been considered as a violation of the rights of the child, the right to sexual and bodily integrity, and the right to freedom from torture (Lewis 1995:16). Yet there are a number of innate contradictions within these charges. Kay Boulware-Miller (1985: 166-167) examines several of these claims, and points out that although FGC practices may harm a child physically without her consent, portraying parents as abusive is counterproductive; there is often great social pressure to conform to cultural norms, and girls themselves may experience social, moral and economic benefits in undergoing the practice. It can therefore be argued that performing FGC on a child is in her best interests when it could prevent social ostracism. Furthermore, some evidence indicates that many girls who have undergone circumcision feel, in their own opinion, “improved”, without disastrous consequence to their health (Obermayer 1999; Schweder 2004). Bearing this in mind, attempts to define FGC as “torture”, similarly to “mutilation”, suggests a lack of understanding for cultural justifications for the practice, and is likely to provoke backlash and resistance to intervention.

Finally, pursuing FGC as a violation of the right to sexual and bodily integrity draws parallels with the earlier Western feminist discourse in its biomedical understanding of the body and sexuality; this claim has often been used to support the rhetoric of Hosken et al. African women may therefore perceive this “right” to be imposing and judgemental, because it ignores cultural contexts, as well as knowledges of sexuality that do not fit into the dominant



discourse (Boulware-Miller 1985: 171). A number of observers have reached the conclusion that approaching FGC as a violation of the right to health is the least controversial approach (Hernlund and Shell-Duncan 2007). Unsurprisingly, in employing this approach, rights activists have come up against similar problems that were found with the health-risk approach.

The fierce promotion by various international bodies, Western governments and NGOs of a particular set of liberal values – human rights – as the only possible means of achieving a good standard of living for people across the globe, has led to some critics interpreting the movement as part of a neo-colonial project. Mamdani, for example, reminds us that ‘the history of colonialism should teach us that every major intervention has been justified as humanitarian, a “civilising mission”’ (2007: 8). Mutua concurs, noting that the relentless campaign to universalize human rights ‘present[s] a historical continuum in an unbroken chain of Western conceptual and cultural dominance over the past several centuries’ (2002: 15). This argument does hold some sway, as much of the human rights discourse, as with development discourse in general, has a tendency to portray the international community as a benign collective force for good; while often neglecting to investigate human rights abuses committed in the West (Guantánamo detention centre being the most infamous example) or abuses committed by its own forces (UN peacekeeping troops have been accused of abuse and rape in various locations, including Sudan, DRC and Haiti (Csáky 2006)).

However, a cultural relativist approach is also fundamentally problematic, and can arguably lead to the tolerance of injustice in the name of “culture”. Some feminist critics have argued that cultural and traditional norms should be redefined to be more consistent with human rights principles, given the tendency to distort “culture” to achieve patriarchal aims (Lewis 1995). In some instances, cultural relativist rhetoric appears to have been motivated by political opportunism that has little concern for cultural values (Cowen et al. 2001: 7). It also suggests that human rights, or similar ideologies, do not resonate with societies or communities that are more “traditional”, when in fact many may have similar guiding belief systems.

Applying human rights to female genital cutting practices is, therefore, a difficult task; Lewis has accurately described FGC as being ‘at the intersection of complex cultural, gender, and



racial questions in human rights jurisprudence’ (1995: 8). There is a tension between universalism and cultural relativism that penetrates discussions of the application of human rights to female genital cutting, as for many communities the practice is key to their understandings of gender roles and initiation into adulthood. As noted throughout this dissertation, a significant proportion of circumcision practices are seen by those involved as an important part of local custom. On the one hand, cultural relativists argue that behaviour should only be judged through culturally specific norms, whereas human rights universalists, on the other, argue that fundamental human rights standards must apply across cultural and national boundaries in order to have force and meaning (Lewis 1995: 17-19). Indeed, enshrined within the Universal Declaration is “the right to freely participate in the cultural life of the community,” encapsulating this predicament.

Igras et al. (2004) note in their study of an intervention into FGC by CARE International that disseminating rights-based messages was ‘complicated’ as they ‘tended to emphasize the individual rights of women and girls over the collective rights of a society’, something that ‘could introduce a dangerous note of discord in traditional societies that depend so much on the ordered cooperation of its members’ [sic] (2004: 263). There is, it seems, a logical contradiction between the universalism of human rights and the right to autonomy for different cultural systems, and for its members to determine their own ethical standards (Kalev 2004).

The abstract concept of the individual body in human rights, once more objectifies the body, and furthermore, removes the body from its lived experience. The asexual, ahistorical body in the international rights discourse is removed from cultural context in order to be universally relevant; but in doing so, it becomes too distant from the real, fleshy bodies it is intended to aid.

3. A Paradigm Shift to Community-led Development: A Case Study of Tostan’s Village Empowerment Program

In the earlier analysis of two mainstream approaches to ending female genital cutting, it is clear that a failure to take into account the cultural or customary significance of female genital cutting has led to resistance to change, and rejection of development interventions by many targeted communities. Within the last decade, there has been a welcome paradigm shift from



Western-led interventions championing health and human rights, to more locally-driven, community-owned projects. Although, as it will be argued here, community-led development is theoretical paradigm that is part of development discourse, key aspects of this approach can be interpreted in positive practical ways. It is now widely accepted within the literature that the most successful programmes are those which are participatory in nature, and which enable communities to define their own problems and solutions, by equipping community members with knowledge and skills to do so (Feldman-Jacobs and Ryniak 2006; Muteshi and Sass 2005; Shell-Duncan 2008; UNICEF 2008). Despite the fact that the term “mutilation” is still employed in international policy documents, international organisations such as the World Health Organisation are among others who have acknowledged that successful programmes are non-judgemental and non-coercive, and ‘focus on encouraging a collective choice to abandon female genital mutilation’ (WHO 2008: 13).

Within this approach, community members are subjects who control their own development, rather than passive recipients of Western leadership (UNICEF 2008). By working with communities within their own knowledge and value systems, these interventions tend not to exacerbate potential ideological conflicts between the development agencies and the community involved. Women and their bodies are active agents in this process, rather than metaphors for ideological battles. This approach sees women and their bodily experiences as a part of their surrounding community and social world, and equips them with knowledge that is complimentary to their own worldviews.

This chapter will analyse the case study of Tostan, an NGO based in Senegal, which has developed a community development approach that embodies key aspects of human rights to bring about positive community change, including abandonment of FGC. The VEP has seen significant achievements in bringing about an to ending female genital cutting, and is often cited as “best practice” in relation to abandonment, despite the fact that it does not explicitly focus on this as a central objective (Feldman-Jacobs and Ryniak 2006; Muteshi and Sass 2005; UNICEF 2008). A non-formal education and problem-solving approach is used, and applied to issues of reproductive health, community hygiene, and women’s rights (Tostan, 2011). Within this framework, participants are encouraged to ‘identify local issues of concern and plan and collectively implement change initiatives during the program and beyond’ (Monkman et al. 2007: 451). Unlike initial health-risk interventions, there has been extensive



evaluative research conducted into community-led/participatory development approaches to ending FGC. Although this research has drawn attention to issues and limitations to such projects, on the whole they are considered to be positive experiences for practising communities and women participants.

Tostan's VEP must be understood as part of a wider movement in development practice toward community-led, participatory approaches. Participatory methods have a lengthy genealogical history, but are often associated with emancipatory participation movements of the 1960s and 1970s, and also with alternative approaches that have critiqued mainstream development (Hickey and Mohan 2004). The participatory approach came under considerable criticism around the turn of the century for "tyrannizing" development debates, and for failing to live up to promises of empowerment and transformation for local populations (Hickey and Mohan 2004). Cooke and Kothari present a fundamental critique of the discourse of participation, drawing attention to 'the naivety of assumptions about the authenticity of motivations and behaviour in participatory processes' (2001: 14). Furthermore, Guijt and Shah (1988) argue that idea of community is a romantic myth that results in women being left out of development processes. The key terms used in this area of development discourse, particularly "participation" and "empowerment", have thus been contested by those criticising the use (and abuse) of these radical concepts in mainstream development discourse. Cornwall and Brock draw our attention to how these words, 'that speak of the laudable aim of enabling poor people to have voice and choice, have now come to symbolise the legitimacy to pursue today's generation of development blueprints' (2005: 1055).

Whilst acknowledging the weight of these arguments, it is important to appreciate the multitude of interpretations of "participation" and "empowerment". It is true that these terms now come with negative normative baggage, but they will be employed here in their most positive sense, in order to move towards a more productive discussion of the potential for progressive interventions. Over the past decade, participatory methods have evolved and taken on new forms, and cannot be grouped under a singular term. Hickey and Mohan argue that understanding the ways in which participation relates to existing power structures provides the basis for moving towards a more transformatory approach to development (2004: 5). It is now widely accepted that 'lasting, deep, meaningful change depends on the active engagement of those most closely affected by the change' (Monkman et al. 2007: 451). A



community participation/development approach is thus underpinned by principles of social justice, equity and democracy, and involves people working together on important issues to the community, to bring about change, empowerment, targeting of resources and optimal participation of the population in improving physical, psychological, socio-economic and environmental well-being (McCulloch 2005).

Tostan, whose name means “breakthrough” in the Wolof language, has its roots in a participatory development education project in Saam Njaay, Senegal, where villagers and a team of educators collaborated to improve local living conditions (FRONTIERS 2000). The curriculum was later transformed into a more comprehensive program, which would simultaneously teach literacy and essential life skills, such as problem solving, health promotion, women’s health, child care, leadership, human rights and natural resource management, among others (FRONTIERS 2000: 17). This curriculum was devised in a highly participatory and iterative manner, in which designers held a series of workshops with rural women to identify their needs, and to anchor the approach in language and cultural terms familiar to local knowledge systems (Easton et al. 2003: 447). The pedagogical approach employed by Tostan is fundamentally participatory; community participants are actively engaged in their own learning process. The program is therefore a clear example of community-led development, the broad aim of which is to increase the involvement of socially and economically marginalised people in decision-making over their own lives (Guijt and Shah 1998: 1).

Gillespie and Melching (2010) describe how during this process of interaction between Tostan and community participants, democracy and human rights emerged as “generative themes”, which, according to Freire (2002), open up for examination issues, ideas or practices that are seen as fixed and unquestionable. It was in this way that the issue of female genital cutting arose as a problematic issue. The program did not at first explicitly focus on ending FGC as an objective, but embraced it when participants decided that the practice was a serious concern (Easton et al. 2003; FRONTIERS 2000). After taking part in the program, participants reacted to the curriculum in an unexpected way, and ‘linked their new knowledge to community organisation and social action’ (Gillespie and Melching 2010: 479). After participating in Tostan’s basic education programme, members of the village of Malicounda Bambara in Senegal researched the health conditions of their community, and finding that the



practice of FGC was harmful to women in multiple ways, reached out to others in their community and collectively abandoned the practice (Gillespie and Melching 2010; FRONTIERS 2000; Shell-Duncan and Hernlund 2000; Tostan 2011). Following this, many other villages in the surrounding area also made declarations of abandonment. According to the organisation, more than 5221 communities in nine countries in Africa have participated in the program (Tostan 2011). The importance of participation by all those affected is emphasised throughout the process. Social injustices are addressed in specific cultural contexts, and stakeholders are given the opportunity to come to the forefront and raise concerns that are pertinent to them (Muteshi and Sass 2005: 31).

Although human rights are a central concept in both the previously mentioned human rights approach and in Tostan's VEP, there are significant differences between these approaches to ending FGC. As mentioned in the previous chapter, when human rights are pushed onto communities as part of a dominant discourse based on Western Enlightenment philosophy, the value of these concepts is lost in translation. However, the human rights education begun in "Module 7" has been a powerful contributing factor in the decision to end FGC in the villages that have participated in Tostan's VEP (FRONTIERS 2000: 80). Tostan began teaching this module after extensive participatory research with hundreds of women indicated that many problems that these women faced with regards to their families, health, education, law and the economy, were often due to a lack of knowledge of their rights and responsibilities, as well as those of the community (FRONTIERS 2000: 80). Molly Melching, one of the founders of Tostan, has written a detailed account of how the Tostan approach "translates" human rights into terms that are relevant for practicing communities, particularly in Africa (Gillespie and Melching 2010). She argues that human rights as a set of abstract principles 'can seem to stand apart from ordinary experience', and that and progressive education programs can face challenges in teaching them (Gillespie and Melching 2010: 481). Tostan has avoided the two pitfalls of either imposing rights as a Western phenomenon in an act of moral imperialism, or embracing moral relativism, by providing a "bottom-up" approach to human rights (Talbot in Gillespie and Melching 2010: 481). Tostan is therefore an example of an organisation attempting to "translate" human rights into concepts that work within local knowledge and belief systems, which, as noted in the previous chapter, is crucial for their applicability in non-Western contexts. As argued by Merry, human rights 'need to be



framed in images, symbols, narratives, and religious or secular language that resonate with the local community' (2006: 220).

A specific example of Tostan's method enables us to see how these ideas work in practice. In the sessions on human rights, facilitators use poster-sized drawings that depict an important human right (such as women having the right to vote), and encourage class members to discuss what is represented in the picture (Gillespie and Melching 2010: 489). In this way, their own understanding of the social, cultural and political issues and interactions that human rights describe are drawn out in a manner relevant within the community context. As they discover the legitimacy of human rights around the world, participants recognize that they are not isolated, and that 'they are part of a larger conversation taking place in other communities in their region, their country, and the world' (Gillespie and Melching 2010: 489). Although this account is slightly idealistic, the VEP modules on human rights have proved popular, and feedback from participants has been overwhelmingly positive (as demonstrated by odes to "Module 7" by a number of female participants, in FRONTIERS 2000). Using new understandings of rights, particularly with regard to women's health, participants are able to draw connections between these rights and the negative impacts of FGC. In this way, human rights concepts provide a clear framework for analysing the cultural dynamics of the practice (Easton et al. 2003). Experience with active human rights education has consequently led to rapid and positive social transformation with regard to ending the practice, as well as other areas such as early marriage and removing children from education early to work (FRONTIERS 2000).

Crucially, these successes are supported by independent qualitative and quantitative research. A number of studies have found that the Tostan VEP approach has made considerable progress towards ending female genital cutting, as well as improvements in wider social development goals (Diop et al. 2004; Diop, Moreau and Benga 2008; Monkman et al. 2007; Easton et al. 2003). In an evaluation of Tostan's basic education program, Diop et al. found that: 'Attitudes improved significantly in the experimental group, with women and men denouncing discrimination, violence and FGC', with a dramatic decrease in the approval of FGC (2004: *i*). In a later study for the Population Council, Diop, Moreau and Benga (2008) evaluated the long-term impact of the Tostan program in Senegal. They found that 'in general, the communities themselves contributed significantly to the introduction and implementation



of the program in the villages' (Diop et al. 2008: *i-ii*), supporting Tostan's claim that the VEP is a community-led process throughout. They also note that the information gathered from the communities 'indicates that many did end the practice following a public declaration, although individual resistance does exist in some villages' (Diop et al. 2008: *i-ii*)

The evaluation also noted problems experienced in program implementation, particularly regarding infrastructure and impoverishment: for example, that although participants may have gained knowledge on hygiene, it was difficult for them to achieve and maintain more hygienic practices due to a lack of funds or infrastructure such as a clean water supply (Diop et al. 2008). The researchers also noted some feelings of abandonment by Tostan at the end of the program, and expressed a need for follow up support (Diop et al. 2008). Tostan (2011) has acknowledged the criticisms that have been raised by these studies, and clearly states that the organisation is continuously self-evaluative, and aims to address problems such as these.

A FRONTIERS report analysing the Tostan process points out that certain essentials of the basic education program are key to the process of ending female genital cutting:

- Tostan uses a integrated, holistic approach, and does not have the ending of FGC as a specific objective
- Tostan presents credible facts and procedures for uninhibited deliberation where participants can make their own decisions
- The facilitators do not condemn the participants, or accuse them of being barbaric or uncivilised, but are understanding about the cultural reasons for the practice
- Participants learnt other relevant information and skills in the program which help them in making important and profound changes in their communities
- The programme emphasises finding logical and peaceful solutions to community problems, and reinforces positive cultural values and traditions (FRONTIERS 2000: 90)

Examining these core values, it is immediately clear how Tostan, and similar community development initiatives, contrast sharply with both the health risk and human rights approaches. As the organisation does not arrive at a community with a presupposed conception of problems experienced by village members, they avoid accusations of outsider



or Western arrogance. The process of shared inquiry ensures that Tostan can uncover problems faced by a particular community, rather than making assumptions based on stereotypes of certain cultures. Participants in the VEP are able to scrutinise their individual experiences and arrive at their own conclusions about the merits (or lack thereof) of FGC (Obiora 2007). In this approach, women's bodies are not objectified as victim, or "other", but are seen as part of the self, agents in their own change.

Conclusion

By employing Foucauldian discourse analysis, this dissertation has highlighted the ways in which the emotive, powerful rhetoric used in the anti-FGM campaign *disembodies* the practice from the women and girls it is performed on; which leads to an "othering" reminiscent of colonial era stereotyping of a homogeneous, exotic African woman (Boddy 1998; Manderson 2004). This analysis has confirmed the ways in which the discourses of racism and colonialism have translated into 'languages of development and under-development, rates and constraints of modernisation' (Haraway 1991: 162).

Arguably, women in communities that practice FGC are far more "at risk" from a multitude of poverty-related issues - yet development institutions have bypassed this and taken up a fruitless endeavour to blame 'traditional cultures', which welcomes solutions reminiscent of the 'civilising missions' of the colonial era. Without attending to local contexts, and leaving untouched the wider macroeconomic policies that reproduce a wealth of social problems, these development efforts align themselves with part of the problem rather than the solution. Robertson points out that poverty is an 'overwhelming and deadly phenomenon that affects everything in Africa, including FGC' (2002: 54); yet has been ignored in much of the anti-FGM discourse. Although has not been within the scope of this essay to address the link between FGC and wider poverty and development issues, I believe this would be an important area to explore further, given a noticeable lack of discussion and research.

It is evident that 'science and expert discourses such as development produce powerful truths, ways of creating and intervening in the world' (Escobar 1995: 20). This dissertation has revealed the ways in which ethnocentric anti-FGM discourse about women's (mutilated) bodies has been used to legitimise development interventions into practising communities, the



majority of which have failed to respect local understandings of FGC. Njambi echoes this, stating that:

‘In presuming that bodies can be separated from their cultural contexts, the anti-FGM discourse not only replicates a nature/culture dualism that has been roundly questioned by feminists in science studies and cultural studies, but has also perpetuated a colonialist assumption by universalising a particular western image of a “normal” body and sexuality in its quest to liberate women and girls’ (2004: 281)

By using essentialising dualisms of nature/culture, self/other, subject/object, the development discourses of biomedicine and human rights are limited in their relevance to the real, lived experiences of (potentially) circumcised women. Biomedical knowledge that treats the body as a machine fails to resonate in communities that practice holistic healthcare. Similarly, notions of individual rights have proven difficult to apply within local meaning systems where the body cannot be viewed separately to the community as a whole (Harcourt 2009). However, when human rights are translated into local terms and situated within local contexts, they can be valuable tools for promoting change (Merry 2006); as demonstrated with the case study of Tostan in Chapter Three. Within this participatory approach, women’s bodies are not used simply as metaphors to represent violence against women; instead their voices become part of the movement against the practice. It is these women who can truly argue, from their own lived experience, that FGC should be abandoned.

The fact that the anti-FGM rhetoric can be found in current media demonstrates the immense power that it has. Although much of Hosken’s phraseology is now discounted among academic circles, it is the media whose reach extends further into the public domain, and influences general opinion in the West. There is a worrying abundance of similar self-righteous literature that echoes Hosken’s original call to liberate African women from their own ignorance. Furthermore, there is a lack of balanced discussion of the issues surrounding FGC, where both circumcision practice and Western ethnocentrism are situated within their specific cultural context; a problem I have attempted to address in this dissertation.

Within this analysis I have aimed to draw attention to the ways in which well-intentioned efforts to develop less economically developed countries can easily exaggerate the global imbalances in power that have existed since the colonial era (Mamdani 2007). It is unlikely



that anti-FGM campaigners are intentionally malicious, but given that they ‘have revived old racist stereotypes about Africans...and conveyed misleading information about Africa, they have helped neither to further international understanding nor to eradicate FGC’ (Robertson 2002: 58). In order to look beyond understandings of the practices as “mutilation”, we have to ‘move from the instrumentalising of the body as an object, to understanding the body as a subject, central to power, gender and culture, by acknowledging the fleshy bodies of women’ (Harcourt 2009: 24).

Despite the positive move towards community-led interventions in development practice, ethnocentric readings of FGC are found more and more frequently in mass media and advocacy campaigns, where they are presented as accurate. This reiterates the ongoing need to challenge these powerful discourses. I would now like to end this discussion by referring to an article in a liberally aligned UK newspaper *The Guardian*, to reiterate the ongoing necessity to confront the themes of this dissertation. The paper recently ran a feature on Cath Holland, a midwife from Lancashire who is ‘on a mission to stop female genital mutilation’ (Moorhead 2011). Holland is quoted as stating: ‘At its root... FGM is all about patriarchy... [it is] about controlling women – controlling their sexuality, controlling their libido,’ and also describes local women’s experiences of FGC in a way that fundamentally undermines attempts to move away from racist stereotypes of barbaric sexual practices: ‘when [a woman] gets married...[she] has to have her vagina opened so she can have penetrative sex, which is usually done using an animal's horn’ (Moorhead 2011). This statement reproduces inaccurate understandings of the practice that are presented as factual, with no empirical backing; it echoes neo-colonial attitudes present throughout a large proportion of the anti-FGM literature, as it is the Western woman in this article who is presented as coming to the rescue of these “uneducated victims” of patriarchal brutality; finally, it includes graphic descriptions of female genitals, and how they are brutalised, separating it from the lived experience of the (generic) woman of whose body they are a part. In praising Holland’s “mission”, Moorhead overlooks the many struggles of local women against the practice, and furthermore fails to acknowledge (far more successful) participatory efforts such as those by the Tostan, that have been explored here.



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