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## **Bodies of Flesh, Bodies of Knowledge: Representations of Female Genital Cutting and Female Genital Cosmetic Surgery**

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# “Bodies of Flesh, Bodies of Knowledge: Representations of Female Genital Cutting and Female Genital Cosmetic Surgery”

Maureen Whitcomb

## **Abstract**

This paper will examine popular feminist and mainstream representations of female genital cutting (FGC) and female genital cosmetic surgery (FGCS) and its influence on the creation of effective cross-cultural dialogue and engagement in a deeper understanding of cultural practices. I suggest that these current depictions of FGC and FGCS highlight cultural differences and overlook similarities that exist between the two practices. I further posit that the inability to recognize similarities that exist between FGC and FGCS does not allow for an examination of power structures in regards to who has the power to define these cultural practices as they exist in current and mainstream discourse. Furthermore, this inability does not allow for fruitful engagement in cross-cultural collaboration, activism, and social justice efforts.

*Keywords:* female genital cutting; female genital cosmetic surgery; cross-cultural dialogue; globalization; cross-cultural collaboration/activism; social justice

## **I. Introduction**

This project examines the current academic, feminist, and mainstream representations of female genital cutting (FGC) and female genital cosmetic surgery (FGCS) as well as their potential impacts on the creation of effective cross-cultural dialogue and the engagement in a deeper understanding of cultural practices. I demonstrate that existing representations stress the differences and ignore the potential similarities that exist between FGC and FGCS, which in turn stunts the creation of cross-cultural dialogue, collaboration, and ultimately cross-cultural social justice efforts. I will explore the implications of existing power structures and relations on the creation, popularization, and dissemination of current representations of both practices and their role in marking bodies of flesh and bodies of knowledge.

This project is heavily influenced by and based within a feminist framework. It shows how representations of FGC and FGCS often hide women's lived experiences and the contexts in which they live. Furthermore, this project holds a commitment to positive social change and cross-cultural dialogue. It is hoped that this project can guide those who are researching or simply learning about female genital operations (FGOs) or other cultural practices in order to give insight into the how representations are formed and the ways they can be problematic.

### *1 – What is female genital cutting (FGC)?*

In most mainstream discourse, FGC is referred to as female genital mutilation (FGM), or female circumcision. According to the World Health Organization (WHO), an agency of the United Nations (UN), “female genital mutilation” “refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO, et al., 2008: 1). WHO divides FGC into four types: Type I includes partial or total removal of the clitoris and/or the prepuce. Type II includes partial or

total removal of the clitoris and the labia minora, with or without the surgical removal of the labia majora. Type III includes the narrowing of the vaginal opening, with or without excision of the clitoris. Finally, Type IV includes all other unclassified types of procedures done on female genitalia for non-medical purposes which include, “pricking, piercing, incising, scraping, and cauterization” (WHO et al., 2008: 1-2). Also included in Type IV is the cultural practice of stretching the labia minora (Mwenda, 2006: 346).

According to WHO, between 100 and 140 million girls and women in the world are estimated to have undergone procedures that fit under its definition of “female genital mutilation.” WHO further estimates that about 3 million girls are at risk of undergoing the procedures every year. FGC is most prevalent in the western, eastern, and north-eastern regions of Africa, in the Middle East, in some countries in Asia, and among immigrant populations in North America, Europe, and Australia (WHO, et al. 1). WHO also states that FGC is mostly carried out on girls between infancy and 15, but that age at which the procedure is performed depends greatly on local traditions and circumstances, as adult and married women have also been known to undergo the procedure (WHO et al., 2008: 4). Female genital cutting is most often performed at the hands of “traditional practitioners” who are usually female relatives or members of the community. However, WHO states that there have been a growing number of medical practitioners performing the procedure because of parents’ desire to decrease the risks associated with it (WHO et al., 2010: 7).

As of 1997, FGC was practiced in 28 countries (Althaus, 1997: 130). Althaus also states that within countries, prevalence may vary across ethnic groups and warns that because of wide variations in prevalence across social and demographic subgroups and data limitations, prevalence data concerning FGC should be interpreted with caution (130, 131).

## 2 – *What is female genital cosmetic surgery (FGCS)?*

Female genital cosmetic surgery (FGCS) is performed for both medical and non-medical, or aesthetic reasons. This paper will focus primarily on the non-medical reasons for undergoing the procedure, but it is important to also know other purposes of FGCS. Renganathan, et al. (2009) state that the procedures described under female aesthetic genital surgery are “reduction labiaplasty, vaginoplasty, liposuction to mons pubis, fat injections to labia majora or mons, clitoral hoodectomy, hymenorrhaphy, ‘G-spot amplification,’ and the use of a surgical laser in ‘vaginal rejuvenation’” (102). All of these procedures are what I collectively refer to as FGCS. Reduction labiaplasty, also known as simply labiaplasty, is the most established cosmetic genital procedure for females. It most commonly involves the trimming of the labia minora to make them appear more symmetrical (102). Liposuction of the mons pubis (the area above the vulva) and of the labia majora (the outer lips) is often performed in conjunction with liposuction of the abdomen or thighs. Conversely, fat injections to both the mons pubis and labia majora are sought after to give these structures a more “youthful” appearance (102). Clitoral hoodectomy is a procedure where the skin over the clitoris is removed as it is thought to increase sexual sensitivity. Laser vaginal rejuvenation is often performed for similar reasons. It is thought that if the vaginal canal is tighter, especially after women have given childbirth, sexual gratification will be better.

Over the last decade, prevalence of FGCS has increased in the United States. The American Society of Plastic Surgeons (2006) reports that FGCS, which they collectively refer to as “vaginal rejuvenation” rose from 793 surgeries in 2005 to 1,030 surgeries in 2006 (1), representing a 30% increase. Prevalence in the UK has shown similar trends, where labiaplasty

surgeries increased from under 400 in 1998-1999 to almost 1200 in 2007-2008 (Braun, 2010: 1394).

Braun (2010) also claims, however that the current statistics are likely to underestimate prevalence. Data in the United States rely heavily on information from cosmetic surgeons, rather than gynecologists. Therefore, prevalence could be higher than is reported (1394). US data also tends to use the collective term “vaginal rejuvenation” which is problematic as it is not clear what exact procedure is being referred to. Braun (2010) writes that the uptake of the term “vaginal rejuvenation” by organizations such as the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society for Plastic Surgery (ASPS) “reflects an uncritical adoption of surgeon marketing and the commercialization of medicine” (1394).

The age range of FGCS differs by procedure. Labioplasty, the most popular procedure, has an age range from adolescence, as young as ten-years-old through to women in their 50s and 60s. Women in their 20s and 30s however are most predominant (Braun, 2010: 1394). Vaginal tightening, or vaginoplasty, on the other hand is typically performed in older women who have given birth. In a study of 53 cases of vaginal tightening, 46 was reported as the average age (1394).

Renganathan et al. (2009) warn that there is insufficient documentation of both the safety and effectiveness of these procedures. Potential complications can include, “infection, altered sensation, dyspareunia, [and] adhesions and scarring” (103). The authors argue that high-quality research is greatly needed for all aesthetic gynecological procedures.

### *3 – A Note on Terminology*

Terminology becomes very important when writing about and discussing FGC. In 1976,

Fran Hosken coined the term "female genital mutilation" (Wade, 26). However, by introducing the word "mutilation," the cultural practice becomes "bad" by definition. "Mutilation" evokes the image of barbarism, cruelty, torture, and inhumanity. Not only does this allow justification for looking past the cultural significance of the practice but it also makes it easy to ignore the similarities that may exist between FGC and other female genital operations (FGOs) such as FGCS. For this reason, I have chosen to use the term "female genital cutting" abbreviated as "FGC". Using the word "cutting" is an important step toward using non-judgmental terminology when discussing the practices of other cultures. This small stride allows us to begin considering and viewing FGC for the complex issue that it is. <sup>1</sup>

#### *4 – Research Approach*

Text-based analysis involves reading and analyzing other author's work about the topics being researched. In the text-based analysis for this project, I analyzed academic texts, popular and mainstream texts such as magazine and newspaper articles, medical case studies about FGCS, as well as websites, manifestos, and statements of organizations dealing with FGOs. I analyzed these texts for general information about FGOs, for comparative studies of FGC and FGCS, for information about different perspectives on and frameworks for FGOs, for information about cross-cultural dialogue, collaboration, and activism, and to reference during my content analysis in order to see if any of the literature supported or did not support my findings. A text-based analysis of already existing literature is crucial in understanding and applying the historical, political, economic, cultural, and social contexts in which both FGC and FGCS are practiced. Furthermore, in-depth text-based analysis allowed me to locate the various

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<sup>1</sup> Both Sullivan (2007), Wade (2009), and Davis (2002) discuss FGC in conjunction with FGCS.

perspectives and frameworks surrounding FGC and FGCS in a way that did not favor one over the other.

For this project I also conducted a content analysis. I chose eight websites from offices in major cities in the US that were owned by some of the more prominent cosmetic surgeons who perform genital cosmetic surgery. I analyzed these documents for keywords and patterns. In examining these keywords and patterns I found four common categories or concepts: Individual/Personal Reasons (for undergoing FGCS), Beauty Ideals, Emotions/Feelings, and Societal Reasons (for undergoing FGCS). This content analysis allowed me to better see the ways that FGCS is constructed by surgeons and their offices; the very places that women go to learn about or have consultations about the procedures. It also allowed me to closely examine the type of language that is used to describe the procedures. Along with information about FGCS, a website for a surgeon's office can be interpreted as an advertisement of services. Therefore, the language in these documents is very significant because it is what could ultimately be motivating women to have the procedures done.

Throughout this project, I have attempted to adhere to the common feminist practice of "reflexivity". Equally important to both researchers and those who are reading, learning, or involved in activism about FGOs, reflexivity is the "process through which a researcher organizes, examines, and understands how his or her own social background and assumptions can intervene in the research process" (Hesse-Biber, 2006: 129). It is about acknowledging the ways in which the researcher's background, beliefs, and feelings are all a part of the process of knowledge construction, or the idea that all knowledge is affected by the social conditions within which it is produced: "Knowledge is grounded in both the social location and the social biography of the observer and the observed" (Hesse-Biber, 2007: 129).



In regards to the study of FGOs, reflexivity provides researchers with the tools to consider their own positionality, morals, ethics, and backgrounds and the implications they may have on how the observed (FGOs and the communities and people that practice them) are represented. Reflexivity helps both researchers and activists acknowledge the complexity of women's lived experiences and the contexts in which they survive. Particularly important for this project, reflexivity allows the researcher (or activist) to maintain awareness of ethnocentrism or, "the tendency for people to place their own culture at the center of the world and to think that it is superior to others" (Burn, 2005: 359). As a researcher from the United States, maintaining awareness of ethnocentrism when examining FGC and the women in FGC-practicing communities is especially crucial.

In the following sections I will first examine the historical contexts and frameworks concerning different types of FGOs. Second, I will analyze current representations of such practices. Then I will discuss the implications of the analyzed representations. And finally, I will offer alternative approaches and possible solutions.

The section entitled Historical Contexts and Frameworks gives background on the historical origins of FGC and FGCS. In particular, it provides information about how FGCS transitioned into a mainstream cosmetic surgery. I then outline various frameworks of both practices: FGC and FGCS as functioning social conventions, FGC and the human rights framework, and feminist perspectives as a lens to interpret FGOs.

The third section, Current Representations, will explore current popular, mainstream feminist, and academic representations of FGC and FGCS. It will examine marketing techniques, such as "pseudo-feminism" which fuel representations of FGCS. It will also explore the

processes of globalization which influence the current representations of FGC, and will offer feminist critiques of globalization as it pertains to these representations.

The next section, Implications of Mainstream Representations of FGOs will explore the effects that the current representations have on cross-dialogue and collaboration, engagement in a deeper understanding of cultural practices, and on social activism and justice, particularly that pertaining to FGOs and related global gender issues. In particular, this project will examine which representations emphasize the differences of the two practices while ignoring important similarities and the ways in which this misrepresentation is problematic.

The fifth and final section will explore alternative approaches and solutions regarding representations of FGC and FGCS and for researching, reading, and learning about the practices. It will explore viewing FGOs on a continuum as well as moving away from the view of FGOs as “right” or “wrong”.

This paper is meant to explore current representations of cultural practices and the implications of those representations. This paper is not an attempt to equate the practices of female genital cutting and female genital cosmetic surgeries. There are many factors such as prevalence, the age at which the practices are undergone, differing levels of consent, and the sanitation and hygiene of the environment in which the procedures are conducted that make them different. What I would like to draw attention to is the importance of the similarities that do exist between the practices and more significantly, why those similarities are made invisible and what factors maintain their invisibility. I hope to shed light on the ways we view each other globally and across cultures and how power relations effect our perceptions of one another. I would also like to highlight the importance of cross-cultural dialogue and how current representations potentially stunt the growth of that dialogue and denies the benefits that it can potentially offer.

This project is an analysis of cultural representations. Although ethnographic and interview narratives would be a beneficial addition to this project, as they would highlight the complexity and diversity of women's lived experiences, they are beyond the scope of this paper. They are, however, an important aspect of future research.

## II. Historical Contexts and Frameworks

### Historical Contexts

#### 1 – *Origins of Female Genital Cutting*

Lightfoot-Klein (1989) writes in her famous report *Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa*, that although the origins of FGC are obscure, it is thought that the practice dates back to antiquity (27). The famous historian Herodotus reported FGC in ancient Egypt in the 5<sup>th</sup> Century B.C. and was said to believe that it originated in Ethiopia or Egypt. A Greek papyrus dated 163 B.C. mentions FGC performed on girls before they receive their dowries and the Greek geographer Strabo reported the practice in 25 B.C. when he traveled to Egypt (27). For some FGC was viewed as a sign of distinction, while for others, it was a mark of enslavement or subjugation.<sup>2</sup>

Whether or not FGC has one or several origins is unknown. Many theories of origin have been adopted however, it is important to note that the nature of these theories is speculative. Lightfoot-Klein (1989) speculates that in many areas where water was scarce and that therefore could not withstand slight population increases, infibulation may have been utilized as a

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<sup>2</sup> Widstrand (1965) wrote that clitoridectomy was once reserved for those of higher social class, while infibulation was practiced on slave girls to prevent them from getting pregnant. Lightfoot-Klein (1989) comments: "An infibulated virgin fetched a far higher price on the slave market" (28).

population control technique (28). Other theories focus more on the patriarchal family system.

Lightfoot-Klein cites Giorgis (1981) who maintained that the practice originated out of this system in order to ensure that women could only have one husband:

It has also been theorized that the practice of excision resulted from a primitive man's desire to gain mastery over the mystery of female sexual function. By excision of the clitoris, sexual freedom in women could be curbed and women were changed from common to private property, the property of their husband's alone. Excision, since it removed the organ most easily stimulated, was thought to reduce a woman's sexual desire (Lightfoot-Klein, 28).

FGC was also seen as playing a part in the patriarchal family system by ensuring and preserving male lineage. In ancient Egypt, girls could not get married, inherit property, or enter a mosque if they had not been circumcised (29). This was said to originate from Egyptian pharaonic religious belief.<sup>3</sup>

It is commonly believed that FGC derived from Islam. There is however no mention of the practice in the Koran and Lightfoot-Klein (1989) argues that Islamic religion adopted the practice during the Islamic conquest of Egypt in 742 A.D. (41). "Islam's stern emphasis on chastity and its general suppression of sexuality have no doubt provided fertile ground for the development of the [practice]." (41). In 1989, 80% of the Islamic world did not know of the practice, suggesting a Pharaonic rather than Islamic origin (41).

## *2 – Brief History of Female Genital Cosmetic Surgery*

Female genital cosmetic surgeries were formerly the domain of sex workers, nude models, swimsuit models, nude entertainers, and some women who suffer from medical conditions such as incontinence, congenital malformations, or injuries related to childbirth

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<sup>3</sup> It is speculated that Egyptians believed that the gods as well as people's souls were bisexual. It was believed that each person possessed a masculine and feminine soul when they were born and these souls manifested themselves through the procreative organs. The feminine part of males was believed to be the foreskin and the masculine parts of females was believed to be the clitoris and labia minora. The removal of these parts ensured manhood and womanhood as well as capability in sexual life (Lightfoot-Klein, 1989: 29).

(Kobrin, 2004: 2). FGCS appeared in the news in 1998 when two Los Angeles surgeons, Drs. Gary Alter and David Matlock publicized labia reduction, vaginal tightening, clitoral “unhooding”, and G-spot enhancement as techniques for “beautifying the vulva and increasing sexual responsiveness” (Tiefer, 2008: 467). Although there had been a long history of vaginal tightening procedures, these new surgeries were different in that they incorporated plastic surgery techniques and focused on the vulvar appearance specifically (467). The surgeons attributed the rise in these new surgeries and the attention to genital appearance to “skimpy bikinis, thong underwear, Brazilian waxing, laser hair removal, oral sex, provocative fashion advertising, and internet pornography” (467). The growth of the popularity of the “hairless vulva” ideal has further made female genitalia more visible and able to scrutinize (467).

Braun (2010) argues that FGCS dates as far back as the mid-1800s, stemming from the work of J. Marion Sims who repaired vaginal fistulas (1394). She also writes that an ongoing surgical repair of vaginal vault/uterine prolapse (when structures such as the vagina, uterus, or bladder fall out of their normal positions) and vaginal tightening procedures are born from a long Western history of gynecological repair (1394). There is also a history in the 19<sup>th</sup> Century US of female genital operations (FGOs) practiced on women to “cure” mental illnesses, such as lesbianism, masturbation, and “nymphomania” (Groneman, 1994: 337-360). In this way, FGOs functioned as a form of social control of women who were deemed deviant.

The first report of labiaplasty procedures appeared in 1984 and it was not until the late 1990s and early 2000s that FGCS appeared in public discourse primarily through the appearance of more clinical reports and media coverage in women’s magazines (Braun, 2010: 1394). Reasons behind this transition from exclusivity to mainstreaming, however, vary greatly. Kobrin (2004) emphasizes the US obsession with remaining youthful. Dr. Pamela Loftus, a plastic

surgeon from Boca Raton, Florida is quoted: “Youth-enhancing surgery is very common now. Why should it stop with the face? Girls 20 to 30 years old now want every part of their body to look as young as they are” (2). Longer, loose hanging labia are viewed as a sign of aging and women do not want “old looking” vaginas (1).

As stated previously, internet pornography has also played a role in the mainstreaming of FGCS. Mainstream pornography offers a very narrow aesthetic of female genitalia. This “ideal” aesthetic emphasizes labia minora that do not protrude past the labia majora, that are symmetrical, and that are not discolored or multicolored (Braun, 2010: 1398). Dr. Matlock who claims to perform more female genital cosmetic surgeries than anyone in the US states that women bring in “pages and pages of pornographic material” and tell him “I want to look like this” (Kobrin, 2004: 2). Braun (2010) argues that the beauty ideals present in mainstream pornography are easily adopted as “normal” because of the lack of information available on the diversity of genitalia. She claims that a “pathologization of vulval diversity is occurring” (1402) which leads to women believe that diverse genitalia (that which differs from the symmetrical genitalia present in mainstream pornography, which could have been surgically modified as well) is “abnormal”.

Marketing has also contributed to the recent mainstreaming of these surgeries. “Surgical reality shows” such as *Extreme Makeover*, launched in 2002 and *The Swan* and *Dr. 90210*, launched in 2004 have inspired many to seek out these procedures. In the UK, for example, the popularity of liposuction jumped 90% between 2002 and 2003 (Tiefer, 2008: 469). Braun (2010) notes that British surgeons claim that aggressive marketing has increased the demand for FGCS and has enabled the practices to flourish (1401). Much of this marketing is focused around

making female genital diversity into a pathological disorder that must be cured.<sup>4</sup> Surgeons' websites that offer pre- and post-surgery pictures for example market the "success" of FGCS but also depict how the female genitalia should appear, "fleshy but smooth skinned [and] firm...with labia minora that do not protrude beyond the labia majora; a nicely hooded and contained clitoris, as well as a tight vagina" or as Braun states, "a 'neat' vulva that resembles that of a prepubescent girl" (Braun 2010, 1401).

## Frameworks

### *1 – FGC as a Functioning Social and Cultural Convention*

The World Health Organization (WHO) views FGC as a functioning social norm or convention (WHO et al., 2010: 3). These include: female "coming of age rituals", beauty and femininity, marriageability and economic security, and gender roles. Situated in this perspective, FGC is viewed as a cultural practice that continues because families and individuals believe their community expects them to undergo the procedure and if they do not, they will suffer negative consequences such as marginalization and loss of status (WHO et al., 2010: 2). Njambi (2007) writes about her experiences with and perspectives of FGC within her own Gĩkuyũ culture: "It may seem ironic, given the tales of 'flight from torture' told in the media, but my parents refused to allow me to be circumcised, as it was against Catholic teachings. I had to threaten to run away from home and drop out of school before my parents relented and allowed me to be circumcised" (95, 96). In Gĩkuyũ culture, girls who are not circumcised are treated like children even if they are at an age considered to be in adulthood. Consequences include ostracism and not being allowed in conversations about topics such as women's health, the menstrual cycle, pregnancy,

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<sup>4</sup> Braun (2010) and Davis (2002) relate this occurrence of "pathologization" to breast augmentation. The terms "micromastia" and "hypomastia" or the "disease of flat-chestedness" began being used in the 1950s as medical justification for breast augmentation surgery, just as the term "hypertrophic" labia minora is used for women's genitalia. Just as the diversity of female genitalia is made to be seen as "abnormal" so has the diversity of women's breasts.

and even sexual fantasies (96). In this way, FGC functions as a “coming of age ritual” (Broussard, 2008: 31; WHO et al., 2008: 5-6; Althaus, 1997: 132). Davison (1996) writes that Gikuyū women undergo FGC in order to “buy maturity with pain” (42). By showing that a woman can withstand the pain of FGC, it is demonstrated to others that “she is ready to accept the pain that accompanies childbirth” (42-3). FGC is therefore a social transition, or “coming of age”, into adulthood.

In some cultures in Mali, a girl’s entire family can be shamed if she refuses to undergo FGC. Aminata Diop who ran away to France from Mali to avoid being circumcised learned that her mother had been chased from the family home and that her father had divorced her. The mother was blamed for her daughters “disobedience” from the traditional norms expected of women (Walker et al., 1993: 259).

Female genitalia are often viewed as a threat to men and therefore justification for FGC focuses on maintaining male superiority (Broussard, 2008: 32). The Bambara of Mali believe that the clitoris is poisonous and will kill a man if his genitalia come in contact with it during intercourse (Lightfoot-Klein, 1989: 38). The female genitalia are also seen as a threat to men’s sexual potency. In Burkina Faso, the clitoris is thought to render men impotent (Lightfoot-Klein, 1989: 39). Baron et al. (2006) explain that the clitoris is viewed as a “masculine” feature and therefore must be removed (347). Finally, FGC is practiced in some cultures in order to ensure male sexual pleasure (Broussard, 2008: 34; Althaus, 1997: 132).

Female genital cutting is further connected with men in society through marriage. In many cultures, women who are not circumcised are not considered “marriageable” (Althaus, 1997:132; WHO et al., 2008: 6; Baron et al., 2006: 347; Wade, 2009: 26). This is connected to FGC’s role in ensuring the chastity and virginity of women and the male lineage of families



(Broussard, 2008: 32; Althaus, 1997: 131-32; Baron et al., 2006: 347). Women who can “prove” that they are pure through undergoing FGC are more worthy of marriage and the brideprice<sup>5</sup> that often accompanies it. In some cultures, marriageability is directly connected to economic security (Broussard, 2008: 34; Althaus, 1997: 132). Baron et al. (2006) writes: “To get married and have children is a survival strategy in [societies] plagued by poverty, disease, and illiteracy. The socioeconomic dependence on men colors [women’s] attitude toward circumcision” (346).

FGC is also viewed as a means of “protection” from both aggressive men and from a woman’s own sexuality (Lightfoot-Klein, 1989: 39). FGC is maintained in order to keep young girls pure and married women faithful. In some cultures, the practice is said to create and sustain the image of a woman as “docile, asexual, obedient, and fertile” (Baron et al., 2006: 347); it is used to adhere to local ideas of womanhood, femininity, and “proper” female behavior (Althaus, 1997: 132; Baron et al., 2006: 347; WHO et al., 2008: 6).

Lastly, in some cultures, FGC is viewed as a beautification technique that enhances feminine beauty (Baron et al., 2006: 347; Broussard, 2008: 33; WHO et al., 2008: 6; Lightfoot-Klein, 1989: 38, Althaus, 1997: 132, Wade, 2009: 32). The clitoris and other parts of the female genitalia are viewed by some cultures as “ugly, dirty, unrefined, and nonhuman” (Baron et al., 2006: 347) and are thusly removed. FGC is therefore used to attain a more culturally feminine, ideal body.

It is very important to remember that FGC varies greatly in prevalence, motivation, and type by culture. However, what seems to be consistent across cultures is its purpose of maintaining and supporting the foundational belief systems of the societies in which it is practiced. FGC acts as a functioning social and cultural convention because it serves to place men, women, and children

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<sup>5</sup> “A practice where the groom gives money, goods, or livestock to the parents of the bride in return for her hand in marriage” (Burn, 2005: 358).

into their “rightful” places in their specific society. It also serves as a tool of conformity, shaping women’s appearance to what is considered ideal within certain cultures.

## *2 – FGCS as a Functioning Social Convention*

FGCS is performed for aesthetic, functional, and psychological reasons, and is situated within a broader context of social expectations regarding women’s bodily appearance and sexuality. Goodman et al. (2010) found that discomfort and appearance, self-esteem issues, and the desire to “feel normal” were the top reasons that women undergo FGCS (1568). Renganathan et al. (2009) also state that the majority of women who seek FGCS do it for aesthetic reasons (102). These aesthetic concerns are “primarily linked to a dislike on some very specific aspect of the vulval appearance, particularly the visibility of the labia minora, or their shape, color, or symmetry” (Braun, 2010: 1399). Psychological concerns are also noted as a reason for the continuance of FGCS. These include sexual and social embarrassment and self-esteem. These psychological reasons can be directly related to aesthetics and the pressure to conform to specific norms. That is, if a woman has genitalia that are deemed “abnormal” she is likely to be embarrassed and self-conscious. In content analysis of eight different cosmetic surgeons’ websites<sup>6</sup>, this becomes apparent with the terminology that is used to describe both female genitalia and the feelings women have toward their genitalia and physical appearance.

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<sup>6</sup> See Appendix I for content analysis sources.

Common words for description of female genitalia in eight cosmetic surgeons' websites
Irregular Misshapen Large/enlarged/fat Abnormal Problem Excess Deformed Asymmetrical/jagged/not smooth Floppy

Common words used for/about women's feelings toward their genitalia in eight cosmetic surgeons' websites
Embarrassed Self-esteem/loss of self-esteem Confidence/lack of confidence Self-conscious

Davis (2002) argues that the “relative mainstreaming of the sex industry [...] and the blurring of the lines between hard-core and advertising imagery” have led to an increasing sense of pressure on women to develop and present a seemingly sexualized and “airbrushed” body (10). As a result of video dissemination and the mainstreaming of pornography, female genitalia has increasingly become a part of this “airbrushed” body beauty ideal, or standard, and has also made the vulva more visible leading to the perception of certain kinds of vulvas as “abnormal”. FGCS acts as a functioning social convention because it adheres to these social and cultural perceptions of “normality” and “abnormality”. Just as FGC is often used as a beautification technique to remove parts of the female genitalia that are deemed “ugly” or “unfeminine”, so is FGCS, especially labiaplasty. The procedure conforms female genitalia to cultural and social beauty ideals.

Social and cultural perceptions of age also fuel the practice of FGCS procedures such as vaginoplasty, which involves the tightening of the vagina. A “saggy” or “loose” looking vagina invokes the image of old or worn out. One of the main reasons that women undergo FGCS is to obtain tighter and more youthful looking genitalia. This is similar to the reasons behind other cosmetic procedures, such as Botox injections and face lifts. In content analysis of eight different cosmetic surgeons’ websites, all eight mentioned loose, sagging, or gaping vulvas as reason for the procedure; words like tight and youthful are used for the desired, post-surgery vulva.

Common words used for pre-surgery vulvas in eight cosmetic surgeons’ websites
Stretched Sagging Loose Aged/aging Old Relaxed Gaping
Common words used for post-surgery vulvas in eight cosmetic surgeons’ websites
Tight/tightened Youthful Younger Renewal/renewed

Social and cultural perceptions of age in FGCS-practicing countries, such as the United States and the UK influence the occurrence of the practice. FGCS is a social and cultural convention that conforms women’s genitalia to both beauty and youth standards.

*3 – From a Health Framework to a Human Rights Framework: Justification for Eradication of FGC*

Female genital cutting (FGC) is most commonly discussed within a human rights framework. Spearheaded by the United Nations (UN) and its agencies, specifically the World Health Organization (WHO), FGC is considered a human rights violation under five categories: the right to non-discrimination on the grounds of sex, the right to life when the procedure results in death, the right to freedom from torture or cruel, inhuman, or degrading treatment or punishment, the rights of the child, and the right to the highest obtainable standard of health (WHO et al., 2008: 6). Framing FGC within a human rights perspective strongly informs representations of the practice. As a human rights violation defined by the UN, FGC falls under already existing international and regional human rights treaties, which shape policymaking and implementation, creating a criminal representation of the practice as “against the law.”

Shell-Duncan (2008) writes that the human rights perspective regarding FGC was born out of the unintended consequences of the health framework that preceded it (226). The health framework focused on community-based education about the adverse health effects of the practice. However, it was found that these education campaigns succeeded in raising awareness but failed to motivate large, long-term social change. Furthermore, in many instances, proponents of the health framework found that in FGC-practicing communities, the people were often aware of the consequences but “fe[lt] that the risk [was] worth taking in light of the social and cultural importance of the practice” (226).

Another problem was that the information disseminated about FGC was often based on the most extreme cases of the practice and therefore, some health risks were exaggerated and not all forms of FGC were accounted for (226). Finally, Shell-Duncan critiques the way in which a health framework assumes that FGC is a “pathology” for which the only solution lies in a “campaign style attack” in which the “pathology” can be “cured” (229). Furthermore, she argues

that denoting a social custom as a “pathology” is a poor starting point for change since it may not be the same one shared by those whose practices and customs are under attack (229).

These unintended consequences of the health framework and the transition to a human rights framework occurred simultaneously with historical changes in the perception of violence against women (VAW). Prior to the 1990s, VAW was often considered a private and domestic matter outside of the scope of international intervention or law. However, at the 1993 Vienna World Conference of Human Rights, two important developments occurred: FGC became classified as a form of VAW and VAW was for the first time acknowledged as an issue of international human rights law (Shell-Duncan, 2008: 227).

This transition to a human rights framework has been critiqued by many writers including Shell-Duncan (2008) and Davis (2002). Davis (2002) critiques the human rights perspective for creating a criminalized representation of FGC. She writes: “Whether on the grounds of violating human rights, women’s rights, or children’s rights [the criminalization of female genital operations] can seem to characterize African women and men as morally blighted, criminally bad parents, and [as] blinded by a cultural tradition that would best be replaced with Western values” (27, 28). Furthermore, criminalizing the practice could drive it underground, increasing the amount and severity of the health consequences. The efforts to eradicate the practice with a human rights justification also have the potential to undermine efforts made by the people of FGC-practicing communities to stop the practice (Shell-Duncan, 2008: 230).

The human rights framework has also been criticized for articulating issues and solutions in political even though FGC is a “social issue that reaches beyond political ramifications” (Shell-Duncan 2008, 229). It has also been scrutinized as a Western concept that is imported and often imposed on other cultures without regard to the cultural importance of the practice as well

as the consequences of eradicating it. Shell-Duncan (2008) writes: “Although the human rights movement claims to be universal and seemingly apolitical and ahistorical, it is fundamentally Eurocentric and promotes the universalization of Eurocentric ideals” (230). Others argue that the conceptualization of human rights as “Western” and not African is too simplistic since in certain African cultures human rights ideologies are imbedded in indigenous values (Shell-Duncan, 2008: 230). Others argue further that the human rights system has become deeply transnational and is no longer based exclusively in the West. Regardless, human rights advocates have been criticized in their use of a narrow and essentialized view of what “culture” entails (Shell-Duncan, 2008: 230).

Shell-Duncan (2008) argues that the conceptualization of FGC as violence against women (VAW) within the human rights framework has transformed the image of women in FGC-practicing communities into powerless victims “incapable of self-determination, self-expression, and reasoned decision-making” (230). Writings on FGC based within a human rights framework also fail to recognize the differences in women based on nationality, class, ethnicity, education, or age. Instead, the depiction of women in FGC-practicing countries is homogenized and essentialized. Shell-Duncan (2008) warns that efforts to end FGC based in a human rights framework must assess the implications of the effects on women’s agency (230).

#### *4 – FGOs through the Lens of Feminist Perspectives*

Feminist perspectives are not simply abstract ideas or ideologies, but are instead rooted in the “very real lives, struggles, and experiences of women” (Brooks and Hesse-Biber, 2007: 3). In examining FGOs, a feminist perspective or framework pays special attention to the importance of women’s lived experiences, the importance of context, and the role of patriarchy.

Feminist research is directly connected to social change efforts and aims to illuminate structures and ideologies that oppress women and to unearth women's subjugated knowledge. That is, feminist perspectives focus on the lived experiences of women and those structures that shape their lives. Of particular interest is the subjugated knowledge of marginalized women and the structures in place that contribute to their marginalization. This unearthing of women's knowledge has particular importance to the examination of women in FGC-practicing countries. In order to judge current representations, the complex and diverse lived experiences of women and the knowledge they create must be located. Furthermore, the heterogeneity of women's lives across lines of race, class, nationality, cultural, and ethnicity must be acknowledged.

Contextualization is crucial to a feminist framework. Feminists pay special attention to the cultural, social, political, economic, and historical contexts of women's lives and their situations. Buch and Staller (2007) define "contextualizing" as "analysis that ties the ways in which domains of social life are organized and experienced [...] to broader social and political trends in the nation or world" (213). Feminists pay particular attention to the ways these contexts are influenced by discrimination and to the specific ways that forms of discrimination manifest themselves in certain contexts. With respect to FGC and FGCS, historical contexts are especially important in examining representations and their origins. Social, cultural, political, and economic contexts are also significant in the ways that they shape representations of the practices.

Finally, a feminist perspective or framework focuses on the role of gender inequalities in women's lives. From a feminist perspective, both FGC and FGCS are tied to patriarchal systems that overemphasize male sexual pleasure and heteronormativity. For example, when discussing FGCS, Dr. David Matlock states that, "A tight vagina might help your man from running after younger women" (Sullivan, 2007: 403). This shows how FGCS is connected to heterosexual sex



and ideas behind male sexual pleasure (i.e. a “tight” vagina). FGC is discussed in a similar way. Rationale for the practice is framed within heterosexual marriageability, male sexual pleasure, male lineage, and male conceptions of feminine beauty.

It should be noted however, that FGC is not simply representative of patriarchy; this is an idea that is born out of feminist thought. FGC has direct ties to the women in FGC-practicing communities, especially older woman, as their status is connected to the regulation of younger women’s behavior and sexuality through the practice of female genital cutting. When asked about her relationship with the girls she has circumcised after the circumcision one practitioner in Dar Salamay, The Gambia was translating as saying: “tomorrow all the children are going back to their parents [...] after that, anywhere they see [me], they – they’re going to respect [me], and the whole village would respect [me]. They would grow up to respect” (Walker, 1993: 307).

### **III. Current Representations**

#### *1 - Engaging in Cultural Practices in the Age of Globalization*

Globalization is generally defined in economic terms. Heald (2004) writes that globalization is traditionally defined as “the inexorable spread of capital and commercialized culture throughout the world” (117). Feminists such as Heald however, call for a more inclusive definition of globalization; one that positions it as a complex web of social relationships and movements and that recognizes it simply as “global interconnectedness” (Vargas, 2003: 906).

Mainstream and feminist ideas of globalization vary greatly. Mainstream theorists focus on increasing economic dependence between nations, a definition that often limits discussions of globalization to spaces where men have dominated, such as economics and politics (Heald, 2004: 120). Feminist theorists are more likely to agree with a more expansive definition which includes

“cultural processes, social groups and movements, as well as understandings, manipulations, and contestations of these processes” (Heald, 2004: 120). Furthermore, globalization is about the flow of ideas which implies the “proliferation of social definitions and cultural interpretations” (Vargas, 2003: 906). That is, globalization often entails the imposition or marking of bodies, both of flesh (people) and knowledge (their beliefs, tradition, education, ways of expression, etc.) in relation to other bodies of flesh and knowledge. This becomes particularly important when discussing cultural practices such as FGC and FGCS.

The current Western feminist representations of female genital cutting are born from the work of Fran Hosken in the 1970s. In 1976, Hosken began writing about FGC in her newsletter *Women’s International Network News* (Wade, 2009: 26). Hosken visited Sub-Saharan Africa for the first time in 1973, never having heard of FGC until a European woman working at a hotel in Nairobi mentioned it to her, calling it “female circumcision” (Hosken, 1980: 5). She was the first person to coin the term female genital *mutilation* and defined it as “a disfiguring genital cutting procedure that happens to women in Africa” (Wade, 2009: 26). From here Hosken began researching FGC and in 1980 published *The Hosken Report*, its purpose being to “initiate action to abolish all forms of female genital and sexual mutilations, whatever purpose they are said to serve” (Hosken, 1980: 1). Hosken ties FGC explicitly with patriarchy, stating that the practice derives from fear of female sexuality, the desire to diminish women’s femaleness and sexuality, an ignorance about sex and sexuality more generally, and a desire to “protect” women from rape, sexual assault, and their own sexuality (Hosken, 1980: 2). Hosken writes of the women in FGC-practicing countries:

The *victims* of the practices described here, are for the most part, *illiterate* and too *young* to speak for themselves, *unaware* of the rest of the world and of their own bodies’ biological functions. They are quite *unable* to communicate their needs. Where they do speak, their pleas are met with ignorance or disbelief, or shrugged

off, especially by those concerned with modernization and development (Hosken, 1980: 3, emphasis mine).

Wade posits that Hosken and her contemporaries mobilized an entire generation of Western feminists (26). These particular feminists and scholars focused on the practice as a “barbaric form of patriarchy” and eradication and intervention efforts were crucial to their cause (27). Hosken engaged in some of the very first efforts to bring FGC to public attention in the West.

Alice Walker and her fictional novel *Possessing the Secret of Joy*, her documentary *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women*, and the accompanying text of the same title were also incredibly influential in bringing FGC to national attention, especially in the United States. Walker, like Hosken views FGC as mutilation and as fueled by patriarchy; she also places great emphasis on eradication. Throughout her book and the film *Warrior Marks*, Walker often refers to “female genital mutilation” and “sexual mutilation” synonymously. She writes that FGC robs girls of their ability for full sexual pleasure and that FGC-practicing culture “demands the literal destruction of the most crucial external sign of [a female’s] womanhood: her vulva itself” (Walker et al, 1993: 21). Great emphasis is also placed on these women as victims of their own cultures and often interrogates the idea of mothers as victims who perpetuate the practice. Walker writes:

And though one is struck by the *complicity* of the mothers, themselves *victims*, as of the fathers, the brothers, and the lovers, even the complicity of the grandparents, one must finally acknowledge, as Hanny Lightfoot-Klein does in the title of her book about genital mutilation in Africa [Prisoners of Ritual], that those who practice it are, generally speaking, kept *ignorant* of its real dangers – the breakdown of the spirit and the body and the spread of disease – and are themselves prisoners of ritual (Walker et al., 1993: 25, emphasis mine).

The emphasis placed on women’s sexuality and the idea of “sexual mutilation” has its roots in the Western feminism from which both Hosken and Walker derive concepts of their

analysis from. In the 1970s, second-wave feminists came to see the clitoris as a site of female power and self-determination (Sullivan, 2007: 405). Therefore, the excision of the clitoris becomes a patriarchal tool to stifle women's sexuality and their ability to live their lives to the fullest. This idea however has been disputed. The knowledge of a woman's clitoris as crucial to sexual enjoyment and orgasm is "known"<sup>7</sup> to women in Western countries but may play no importance to proper sexual enjoyment and expression for women in FGC-practicing countries. That is, these arguments of "sexual mutilation" are used but, as Njambi (2007) writes, there "is no interrogation of the constructions of "sexuality" and "orgasm" upon which the discussion is based" (98).

Regardless of these disagreements however, both Hosken and Walker have contributed to the creation of current popular and mainstream feminist representations of FGC. These representations are ones that view FGC as oppressive, and depict women who undergo FGC as victims of a barbaric patriarchy. Most significantly is that women are viewed as victims who do not have autonomy over the decisions they make about their bodies. They are viewed as victims of their culture, victims of a patriarchal social structure, and victims of a barbaric, tortuous, and "backward" practice.

Mainstream representations outside of the realm of academia and feminist theory also typically present FGC from this "victim" or "us vs. them" perspective. While some of these publications do include information about women in FGC-practicing countries making efforts to end the practice, many of them use language that depicts women as victims. In two recent *New*

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<sup>7</sup> Sullivan's argument that every woman "knows" that the uncircumcised clitoris is important to sexuality is not necessarily true. Due to abstinence-only sex education, many women in Western countries such as the United States may know nothing about their clitoris, anatomy, or sexuality. However, the point here is that Western feminists place tremendous emphasis on the clitoris as crucial to women's sexuality and sexual enjoyment while this may not be true for all cultures.

*York Times* articles from April and May of 2011<sup>8</sup>, the terms “subjected to”, “torture”, “restrained”, and “tied down” were most frequently used to describe the practice. Such terms create unfair representations of these women that do not allow for the entire picture of their experience with the practice. That is, it does not allow for an interrogation of the fact that many women support and perpetuate the practice or that many women in FGC-practicing communities are actively fighting against the practice.

The representation of women in FGC-practicing communities as oppressed and victims however, is over-simplistic, homogenizing, and problematic. FORWARD (Foundation for Women’s Health, Research, and Development) is a campaign and support charity led by Diasporic African women, dedicated to advancing and safeguarding the sexual and reproductive health and rights of African girls and women (FORWARD, 2011). Based in the UK, the campaign also works in Europe and Africa. FORWARD was created and is run by women who have undergone FGC in an attempt to stop practices such as FGC and child marriage and the medical consequences such as fistula.<sup>9</sup> In the 1980s and 1990s, FORWARD played a crucial role in moving FGC into international and national policy agendas. The campaign also aided in conceptualizing FGC as a form of abuse and a child protection issue. Its predecessor, “The Women’s Action on Excision and Infibulation” was at the forefront of advocacy efforts that led to FGC being introduced onto the agenda of the United Nations Human Rights Commission (UNHRC). In 1992, FORWARD helped to establish the first “African Well-Women Clinic” in London which is a health clinic that focuses specifically on the specialized care that women who have undergone FGC need (FORWARD, 2011).

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<sup>8</sup> Sussman, Nadia (2011). “After School in Brooklyn, West African Girls Share Memories of a Painful Ritual”. *New York Times*. Kristof, Nicholas (2011). “A Rite of Torture for Girls”. *New York Times*.

<sup>9</sup> Fistulae are holes that are created between the vaginal wall and the bladder or holes created between the vaginal wall and the rectum. They are a health consequence of both childhood marriage and female genital cutting.

The actions taken by this campaign create representations of women in FGC-practicing countries that differ from those common in mainstream feminism and in mainstream publications from Western countries. Organizations such as FORWARD show that women in FGC-practicing countries have autonomy and self-determination, and are not mere victims of their culture and patriarchy. Furthermore, FORWARD shows that these women take active, rather than passive roles in their lives. They are able to act for their own well-being as well as for the well-being of other women in their communities.

Aside from these women outside of FGC-practicing countries, local women within these countries also actively advocate for change. Although Walker et al. (1993) maintains her perspective of FGC as barbaric and of women in FGC-practicing countries as victims of culture, her co-author Pratibha Parmar interviewed two young women in Banjul who organize in their educate young people in their school about the harmful effects of FGC. One of the young girls Mam Yassin answers a question asking if young people are changing their attitudes about FGC:

Yes; now young people are changing. People are campaigning, like Mama's [the second girl in the interview] mother and sister. They're all campaigning against this. And as Mama said, we are forming our groups at school, and most of them agree with us. And some of the mothers come, too (Walker et al., 1993: 334).

This demonstrates that young women and even some of the older female members of these communities are beginning to campaign against the practice. In this particular interview, motivation to end the practice came from both the health consequences as well as the amount of money it often costs to pay for circumcision and the ceremony that accompanies it. Mam Yassin states: "I'd like my parents to use the money they pay for the party to further my education or do something for my younger brothers and sisters, rather than waste it. And I would like to be healthy and live longer" (Walker et al., 1993: 335).

In contrast, representations of FGCS on cosmetic surgeons' websites often depict the

practices as empowering and as a way for women to seek sexual liberation. The homepage for the *Manhattan Center for Vaginal Surgery* states that the reason why women are seeking these procedures more frequently is because of “Society’s increasing acceptance of women’s *expectations of sexual satisfaction and happiness*” (2011, emphasis mine).

*Labioplastysurgeon.com*, a website dedicated to providing contact information for surgeons, pre- and post-op pictures, testimonials, and general information for women considering FGCS states that the increased frequency of these practices is the societal liberation of perceptions about women’s sexuality:

It is widely know that men today are experiencing more *open awareness* and discussion of their sexual problem and needs<sup>10</sup> [...] Women are now experiencing the same thing. There is a *societal evolution* occurring about how men and women perceive each other in areas of *sexual expectation*, SPECIFICALLY when it comes to sexual performance and appearance. Simply stated, women, like men, want to “look good”. This is a perfectly normal expectation. Women today can usually achieve this prospect through labia reduction surgery (2009, emphasis mine).

The *Laser Vaginal Institute of Michigan* sends a similar message about empowering women through FGCS. This center states that their mission is to “empower women with knowledge, choice, and alternatives” (2007). It also stresses that FGCS allows women to “*participate* in their healthcare and surgical *design* [in order to] accomplish whatever [women] *desire*” (2007, emphasis mine). The Michigan Institute also claims that “As a sexual biological organism, women are superior to men” because they are multiorgasmic and that when asked “do women want to be loose or relaxed or do women want to be tight? Women answered 100% - women want to be tight” (2007). The *Laser Vaginal Rejuvenation Institute of San Antonio* lists the very same mission: “to empower women with knowledge, choice, and alternatives” (2003).

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<sup>10</sup> Referring to the advent of drugs such as Viagra®, Cialis®, and Levitra®.

Davis (2002) writes about a female genital cosmetic surgeon who utilizes the image of the “surgery consumer” as a liberated woman and as an “independent self-fashioner” during his consultations (Davis, 2002: 24-25). She also notes a website that advertises by fueling itself on the “long-lasting feminist” call for a more responsive medical establishment: “Very few physicians are concerned with the appearance of female external genitalia. A relative complacency exists that frustrates many women” (Davis, 2002: 25). In other words, doctors who address the appearance of women’s genitalia are giving women what they want and are relieving them of their frustration.

Sullivan (2007) states that Dr. David Matlock, a leading cosmetic surgeon who developed and trade-marked Laser Vaginal Rejuvenation® and Designer Laser Vaginoplasty® uses this same empowering language in both his book *Sex by Design* and in his own office (404). Matlock refers to the laxity of women’s vaginas after giving birth as the “price for motherhood” and states that “women’s needs have been neglected” and that “Laser rejuvenation empowers women with choice and freedom to enhance sexual gratification” (404). Furthermore, Matlock “claims that he is a feminist ‘because I’m here for the woman and I’m all about the woman’” (Tiefer, 2008: 468).

This use of feminist rhetoric and ideas for practices and actions that are not necessarily in tune with feminist goals is referred to as “pseudo-feminism”. These surgeon’s and their websites appropriate and funnel feminist rhetoric around choice in order to promote their procedures as empowering and sexually liberating. “Pseudo-feminism” is in essence used as a tool for business marketing. Depicting FGCS in this way represents the procedures as a necessity for women to be empowered. Furthermore, it represents women who have undergone FGCS as in complete control of their bodies, as feminist, as “wholly” sexual, and as sexually superior. This rhetoric



places FGCS in the context of empowerment regardless of the social pressures that often accompany the decision to undergo the procedure. Words such as empower, choice, liberation, desire, knowledge, active, and participate obscure the beauty ideology that creates the need for the procedures in the first place. It is crucial to remember that there is a large difference between feminist freedom and the “freedom” to choose as a consumer.

Regardless of this difference, however, these tools for marketing fuel current representations of FGCS and of the women who undergo the procedures. These women are viewed as having choice and agency over their lives and their sexuality. They are portrayed as empowered and liberated individuals. Unlike women who undergo female genital cutting, they are not represented as victims of their culture.

The representations seen on surgeon’s websites about FGCS, however are not the only that are presented. The *New View Campaign* was formed in 2000 as a grassroots network to challenge the often distorted and oversimplified messages about sexuality presented by the pharmaceutical and medical industry. The goal of the campaign is: “To expose biased research and promotional methods that serve corporate profit rather than people’s pleasure and satisfaction [...] [it] challenges all views that reduce sexual experience to genital biology” (2008). The *New View Campaign* has actively protests against FGC because the practice is fairly unregulated and unmonitored. It has also criticized the procedures because they exemplify the medicalization of women’s sexuality and the ways in which it creates new risks, negative norms, and insecurities. The campaign further emphasizes the diversity of normal female genitalia and scrutinizes FGCS for the pathologicalization of female genitalia (i.e. “labia hypertrophy”). This campaign, unlike what is presented by female genital cosmetic surgeons does not represent FGCS as an empowering, liberating practice that provides women with knowledge, choice, and

alternatives. Instead, it depicts the practice as one that provides women with false information about the normality of diverse genitalia and their overall sexual health. It also emphasizes the need for more research about the procedures, showing that the practice compromises women's health and well-being.

#### **IV. Implications of Mainstream Representations of FGOs**

The representations of FGC and FGCS that exist in some popular and mainstream feminist discourse are problematic because, notwithstanding the differences in the context of the two sets of practices, they fail to acknowledge the similarities that exist between them. Both FGC and FGCS derive from societal and cultural pressures to live up to specific ideals of beauty and sexuality. That is, both act as social and cultural conventions. The World Health Organization's fact sheet about FGC reads: "FGM is associated with *cultural ideals of femininity and modesty*, which include the notion that girls are "clean" and "beautiful" after removal of body parts that are considered "male" or "unclean"" (WHO, 2, emphasis mine). Similar cultural ideals are noted as reasons for undergoing FGCS. The *Women's Pelvic Health and Wellness* website states that "many women bring us magazines such as *Playboy* and say they want to look like that" (1). It also states that women seek Designer Laser Vaginoplasty® procedures in order to reconstruct conditions due to the aging process in order to obtain a more "youthful, aesthetic look and feel of the vulvar structures" (1). *LabiaplastySurgeon.com* further examines the notion of age and mentions how often times, women want to return to a more youthful look (2). Both the discussion of age and *Playboy* exemplify the ways in which FGCS is influenced by social and cultural expectations. Davis (2002) writes that "the genitalia are cultural terrain that must conform to [...] norms" (17). That is, the female genitalia are not untouched by

cultural standards and expectations. She writes that much like the reasons behind the FGC focus in some areas on removing parts of the female genitalia that are deemed ugly and “unfeminine,” FGCS “is about excess” (9). They are both about the removal of parts that “should not” be there, according to social and cultural beauty and sexuality standards.

FGC is officially defined by the World Health Organization as “compris[ing] all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for *non-medical reasons*” (emphasis mine, 1). In looking at this definition alone, it would include FGCS for cosmetic, non-medical, and aesthetic reasons. Although women sometimes undergo FGCS for medical reasons, Renganathan et al. (2009) states that the majority of women who seek FGCS do so for purely aesthetic reasons. They also argue that women may use physical discomfort and other seemingly medical reasons to legitimize a request for cosmetic surgery that is primarily for aesthetic reasons (102).

Although FGC and FGCS both derive from social and cultural pressures to conform to ideals of beauty and femininity, there are also major differences. One major difference is the prevalence. Whereas the occurrence of FGCS is in the thousands, the World Health Organization estimates that between 100 and 140 million girls and women undergo FGC (WHO, 2011). Another major difference between the two practices is the idea of consent. In many cultures, FGC is performed on children from infancy to age 15 (WHO et al., 2008: 4), whereas FGCS is most often performed on consenting adults. The idea of consent has been disputed, however, especially among feminist scholars. Shell-Duncan (2008) writes that the idea of what is “normal” for a child varies across cultures. She critiques the United Nations for naming FGC a human rights violation under the “Rights of the Child” because parents who value the cultural, economic, and social benefits of the practice may view genital cutting as being in the child’s best

interest. Furthermore, the idea of consent is contested in regards to both practices because they both derive from external forces to conform (Shell-Duncan, 2008: 232).

The environment in which the practices are performed, as well as who performs them is another important area of divergence between FGC and FGCS. FGCS is performed by cosmetic surgeons or obstetricians/gynecologists in sterile environments and although according to WHO, there is a trend of medical practitioners performing FGC, it is most commonly performed by women in the communities in often non-sterile environments with dangerous and non-sterile tools and equipment. Significantly, it is these very differences which some current popular and mainstream feminist representations emphasize while ignoring important similarities.

This ignorance of similarities is problematic in the creation of cross-cultural dialogue. Lambe et al. (2002) writes that effective cross-cultural dialogue means “to minimize misunderstanding and diminish miscommunication between people” (425). It allows for engagement in conversations about the historical, political, social, and cultural contexts in which cultural practices such as FGC and FGCS are practiced within. Sullivan (2007) writes that the distinction that is made between “us” and “them” in representations of genital modification practices “homogeniz[es] diverse procedures whose meanings and effects are specific to the historico-cultural location in which they develop and are practiced and modified over time” (400). That is, these representations do not account for the diversity and complexity of women’s experiences with FGC and FGCS, and ignore the unique social, historical and global contexts in which the practices occur. This enriched knowledge of contexts however, offers a starting point for cross-cultural collaboration that does not involve the imposition of one culture’s ideals over another or intervention by countries that possess more political and economic power. Effective

cross-cultural dialogue is the key to beneficial cross-cultural collaboration that has the potential to expand the bodies of knowledge of all cultures.

These same contrasting representations further threaten the creation of effective cross-cultural dialogue by creating a dichotomy between the two practices. These representations present FGCS as an empowering practice thus portraying the women who undergo the procedures as “liberated”. Conversely, FGC is represented as a barbaric, backwards, and tortuous practice, thus depicting the women who undergo the procedure as “oppressed”, regardless of the agency that they may have over their lives and their bodies. This dichotomy obscures the experiences and contexts of the women undergoing these practices, thus rendering the creation of effective cross-cultural dialogue and collaboration nearly impossible. Davis (2002) writes that “the motivations that impel African-rooted FGOs [female genital operations] and American labiaplasties should not be envisioned as radically distinct” and that the oversimplification of such similarities “leaves the feminist with dull tools for analysis of either phenomenon” (24). Therefore, the dichotomous representations of the practices must be extensively analyzed in order to sharpen tools and to see through to women’s lived experiences and to the benefits that those bodies of knowledge hold.

Brooks (2007) writes that “[b]y coming together and sharing unique experiences and perspectives, women can build alliances, develop a common position, and take a stand on a particular issue without compromising their differences. Achieving a shared position [...] on a particular issue promotes the most promising course of action for social change – a solid base from which to fight” (76). By only acknowledging the differences between FGC and FGCS, such as issues of consent and prevalence, and ignoring similarities like social and cultural pressures to conform to beauty ideals, representations of FGC and FGCS deny the ability to create this solid

base. Only when the current representations of FGC and FGCS are critically analyzed can the similarities between the two practices be utilized for social change.

## V. Alternative Approaches and Solutions

Viewing female genital operations (FGOSs) on a *continuum* rather than dichotomously can help to improve the ability to engage in dialogue, collaboration, deeper understandings, and thusly social justice and activism. Davis (2002) writes that rather than measuring FGC and FGCS with “two different yardsticks”, a less dichotomous analysis would allow for a “deeper understanding of core issues like the nature of consent, of bodily aesthetics and social control, and of cross-cultural activist collaboration” (Davis, 2002: 22). Rather than analyze FGC and FGCS as separate and competing practices (one that offers liberation and the other oppression), a continuum would account for areas of both convergence and divergence.

In order to represent FGOs in a way that is beneficial to cross-cultural engagement, FGCS and FGCS must be viewed beyond the idea of “right” and “wrong”. What would be most beneficial would be to see the meanings of these practices within their own specific contexts as well as the contestation of those meanings within the cultures examined. If one wants to engage in a deeper understanding of cultural practices and particularly be active in cross-cultural engagement that extends beyond global boundaries, one must be willing to practice, to a certain extent, cultural relativism<sup>11</sup> if only to serve as a reminder that what is reality in some cultures may not be in others. Burn (2005) however does caution against the practice of cultural relativism in that if taken too far, dangerous and harmful practices can be condoned solely based on its cultural rootedness (i.e. domestic violence)<sup>12</sup> and that a cultural relativist’s position implies

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<sup>11</sup> Burn (2005) defines “cultural relativism” as “the notion that right and wrong are determined culturally” (313).

<sup>12</sup> Although it can be contested further that what constitutes domestic violence varies by culture.

the existence of a homogenous culture upon which there is agreement. However, Baron et al. (2006) reminds us that “Notions of cultural pluralism and relativism are not in place to condone FGM [or other cultural practices], but to minimize cultural superiority and encourage a broadened understanding of the practice’s sociopolitical significance” (349). In other words, cultural relativism can be utilized strategically as a tool to look beyond social definitions and cultural interpretations and try to understand the diversity of the lives of women who undergo both FGC and FGCS.

## **Conclusion**

The implications of current representations of female genital cutting and female genital cosmetic surgery are problematic. These representations do not allow us to acknowledge the diversity and complexity of women’s experiences with FGOs. Effective cross-cultural dialogue involves the acknowledgement and utilization of this diversity in order to better understand each other’s cultures. The practice of reflexivity is crucial to both examining current representations as well as in engaging in cross-cultural dialogue in order to be cognizant of one’s own location and complexity as well as others’ location and complexity. By critically examining the current representations within their specific contexts, this type of dialogue and engagement can occur.

In conclusion, a couple aspects of this topic merit further research and exploration. The most important is research about FGCS, especially in regards to its prevalence, outcomes, and demographics. As the practice becomes more mainstream more research will be needed.

Research about cross-cultural dialogue in direct relation to FGC and FGCS would be very helpful in showing the danger of the current representations of the practices. Furthermore, reflexivity should be utilized in both research and activism in order to interrogate preconceived

notions.

The first step toward changing the current state of how FGC and FGCS are represented is to view the practices on a continuum, rather than a binary and to concentrate less on whether FGC and FGCS are “right” or “wrong” and more on the ways they are represented. These small strides could set the stage for the creation of effective and meaningful cross-cultural dialogue. Furthermore, this endeavor is not simply about the representations of practices, but more importantly it is about the women who those representations effect. Taking these steps toward critically examining representations and seeking alternative ways to approach FGOs will positively impact women because there is potential to create solid cross-cultural bases for social justice and change that does not favor one cause or group of people over another. Instead, the diversity and complexity of women’s lives will be located and enriched knowledge can be created and utilized in cross-cultural efforts.

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