Between these poles of beauty and 
butchery¹:

What is the dynamic between the ‘cosmetic
versus cultural surgery’ discourse and efforts
to end FGM in the UK?

Submitted in partial fulfilment of the MA degree in Development and
Emergency Practice, Oxford Brookes University

Alice Edwards
27th September 2013

¹ Title quote taken from Foki, S.E. Sex and the Citadel. Chatto and Windus. London
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Figure 1: A selection of quotes in response to ‘choice’ collected during the secondary research

(Author)

“I don’t think they necessarily make a free choice as such.”

“While with communities who do FGM there is no option. You have to have it done, there is no choice – the child or the woman does not have that choice. In the cosmetic surgery you have that choice, FGM there is no choice.”

“I think that’s how communities actually view it so its choice; they can do genital-plasty – its fine for them and their culture but it’s not fine for as and our culture and that’s where the argument comes from – who should be ok for them to practice it but for us not to do it, culture is still culture.”

“If you don’t feel happy about a certain part of your health or if you want to change it you should have the option of going to somebody, talking about it and if you still feel strongly enough then I don’t see why that is always necessarily a bad thing within the realms of an individual’s choice and their autonomy over their own selves.”

“With FGC5 they say ‘why are they doing this when we’re not allowed to?’ Because these are adult women making that choice, but you can’t make that choice because of culture things, you are dictated to, you’re forced to, and you’re bullied and harassed.”

“Genital plasti is by choice, FGM isn’t by choice for many women and that’s affecting the whole issue of women’s rights and human rights. Practicing genital-plasty is by choice but it isn’t the right thing to do.”
Figure 1: A selection of quotes in response to ‘choice’ collected during the secondary research (Author)
Abstract

The aim of this research was to understand the ‘cosmetic versus cultural surgery’ discourse and analyse if, and how, it relates to efforts to end FGM in the UK.

The discourse derives from a double standard that some say is “visible when comparing attitudes to Female Genital Mutilation (FGM) with those to various [female genital] surgeries (FGCS) routinely carried out in the ‘West’” (Dustin, 2010, p. 12).

Research consisted of a literature review to examine the current discourse. A number of issues were identified: prohibiting FGM while permitting FGCS the UK legislation could be perceived as being discriminatory; that FGCS is considered by some to equate with FGM; and that the practice, and policing, of FGM and FGCS on women clearly presents a different set of problems than when the same issues are applied to girls.

The literature review informed the subsequent key informant interviews. The interviews revealed that, irrespective of the extent to which FGM and FGCS were judged to be comparable, the existence of FGM and FGCS in UK multicultural society is reflective of embedded gender inequalities. There were varying opinions on whether the issues underpinning the practices should be confronted collectively or separately and how this may impact on efforts to end FGM. Protection, education and empowerment came through as integral to moving the discourse forward. Recommendations for counteracting the concerns raised by the discourse were as such:

- Encourage a discourse that focuses on FGM and FGCS on a spectrum of harmful practices, rather than cultural, practices.
- Legislation review and reform to:
  - Ensure girls are protected from all non-medical genital surgery,
  - Regulate the FGCS industry,
  - Provide clarity on what is prohibited under FGM legislation.
- Develop a rights based education programme for children and young people in the UK which educates on FGM within the wider field of women’s rights.
- Introduce genital examinations as part of a regular health check for all children.
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Statement of originality

This thesis is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by explicit references.

Signed:    Alice Edwards                     Date:  27th September, 2013

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed:    Alice Edwards                     Date:  27th September, 2013

Statement of ethics review approval

This dissertation involved human participants. A Form E1BE for each group of participants, showing ethics review approval, has been attached to this dissertation as an appendix (see appendix 1).
Statement of originality

This thesis is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by explicit references.

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Figure 8: A selection of quotes in response to ‘choice’ collected during the secondary research (Author)

Abbreviations

DFID - Department for International Development

FGC - Female Genital Cutting

FGM - Female Genital Mutilation

IDC - International Development Committee

NGO - Non Governmental Organisation

OHCHR - Office of the United Nations High Commissioner for Human Rights

UK - United Kingdom

UN - United Nations

WHO - World Health Organisation
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Terminology

Affected Communities

In line with advice from Options UK\(^2\), rather than ‘practising communities’ which “assumes that people are still practising FGM, which can perpetuate stigma and may be wholly inaccurate” (Hemmings, 2011, p. 13), the term ‘affected communities’ will be applied to refer to groups of people who are directly impacted by FGM.

Female Genital Mutilation (FGM)

The language around FGM is loaded with connotations and the label used to refer to the practice itself is debated in terms of whether FGM or FGC (Female Genital Cutting) is the most appropriate term. For the purposes of this dissertation the term FGM will be used for, as the European Institute for Gender Equality (2013) states, it communicates the severity of the procedures practiced on women and girls\(^1\). Throughout the international discourse on FGM it is the World Health Organisation’s (WHO) typology that is widely cited and will therefore be the underpinning definition for the practice within this dissertation:

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

(World Health Organisation, 2008)

(Please see appendix 2 for full WHO classification of FGM)

Female Genital Cosmetic Surgery (FGCS)

For the purposes of this dissertation, female genital cosmetic surgery (FGCS) refers to cosmetic procedures conducted on women’s genitals that are conducted for non-medical reasons (Braun, 2010; Shekdon & Wilson, 1998).

Non-medical reasons

This is the term applied to FGM by the WHO, and in relation to FGCS denotes surgical procedures that are conducted for non-therapeutic reasons: they are not necessary for the

\(^2\) The independent evaluators of the FGM Initiative (2011).

\(^1\) When quoting other authors or programmes, the term that they reference will be used.
**Terminology**

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physical health of the patient, and any mental health rationale presented stems from dissatisfaction with aesthetic appearance.

**Child**

“A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (OHCHR, 1989).

**Girl**

Girl is used to refer to females under the age of 18.

**Woman**

Woman is used to refer to females aged 18 and over.

**Vulva**

Although the term vagina is predominantly used to refer to a woman’s genitals, it is a specific term for one part of the genitals. Vulva refers to the female genitals in their entirety (see figure 2).

**Figure 2: An annotated image of the vulva (Wikipedia, 2013)**
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