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Conferences, cultures and cutting: A review of Girl Summit 2014 and its approach to female genital cutting

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1 The issue of Female Genital Cutting (FGC) [1] has been the site of much academic debate, highlighting the complexity of the subject and its inexorable connection to discourses of culture and agency, women's rights and group rights, Africa and imperialism (e.g., Boddy; Braun; Esho et al.; Hosken; Johnsdotter and Essén; Kalev; Obiora; Vissandjée et al.; Winterbottom et al.). In July 2014 the subject of FGC took the news headlines again as London hosted the first Girl Summit. Organised by the British Government and UNICEF, Girl Summit 2014 sought to bring together "campaigners, policy-makers and development professionals from around the world" in order to address the issues of Female Genital Mutilation (FGM) and Child, Early and Forced Marriage (CEFM) (*Girl Summit 2014: As It Happened 2*). The summit's agenda was threefold: "Sharing what works", "[a]greeing on an agenda for change", and "[e]ngaging people for change" (Cansfield et al. 1). On one hand, it was encouraging to see global media, civil society and political focus on issues pertaining to girls' and women's rights. On the other hand, concerns could be raised about the conceptualisation of FGC that Girl Summit employed. In this paper, we argue that there was a distinct lack of reference to the rich and extensive academic debate relating to FGC, demonstrative of the oft present disjunct between academia and activism. Perhaps as a result of this disconnect, we argue that the presentation of FGC at Girl Summit 2014 was characterised by sensational language, questionable claims and a lack of cultural analysis and reflexivity, as evident on United Kingdom (UK) Government web publications. As a result of this (mis)representation of the complex and varied practices of FGC, we argue that Girl Summit 2014 ultimately advocated a feminist praxis uncritical in nature and consequently, limited in effect. To support this argument, this paper reviews the conclusions of feminist, health and human rights theorists and practitioners in their engagement with FGC, highlighting key findings which could have informed more effective praxis at Girl Summit 2014.

The accidental casualties of sensational language

2 A key purpose of Girl Summit was to raise consciousness of FGC amongst the general public. In the first instance, it is important to reflect on the use of the term FGC, and not FGM. The World Health Organisation continues to refer to genital cutting as FGM, arguing that the term *mutilation* "emphasizes the gravity of the act" (*Eliminating Female Genital Mutilation 3*) and covers a range of stitching, burning and pricking practices. However, in the past ten years there has been an increasing tendency to refer to the myriad of non-therapeutic alterations to female genitalia as Female Genital *Cutting* rather than Female Genital *Mutilation* (Johnsdotter

and Essén 30; Khaja et al. 728). The change in language hails from the feedback of women who have undergone genital cutting and feel that the term *mutilation* is harsh and offensive. For example, in interviews with Somali-born women in North America who have undergone FGC, Khaja et al. note that some participants felt objectified by the term “mutilation”, saying that it implied that they were “less than other women” (734, 737). Likewise, women in a study by Vissandjée et al. described the term as “inflammatory”, “judgemental”, and “alienating” (16). Examples of negative reactions to the term abound (Alo and Gbadebo 1658; Mugo 466; Obiora 275). Khaja et al. note that in the use of sensational language, activists can “unwittingly re-victimise and re-oppress the children and women they believe they are helping” (727). From this perspective, the use of the term *mutilation* can be counter-productive to efforts to empower women.

3 Language is thus critical to advocacy and activism as how the procedure is talked about reflects how those who practice it are viewed. When British Prime Minister (PM) David Cameron referred to FGC at Girl Summit as a “preventable evil” (13) and Deputy PM Nick Clegg described it as “a form of child abuse” (34), they implied that practitioners of FGC are evil child-abusers. Discussing plans for UK schools, the PM reflected, “[i]n the past, we’ve been rather coy about advertising in schools about what needs to change, and worried about upsetting people’s cultural sensitivities. That’s changed” (*Girl Summit 2014: As It Happened* 34). Cameron’s remark suggests that it is impossible to respect cultural sensitivity whilst effectively engaging with subjects like FGC. Conversely, Lisa Wade notes that aggressive language and “fighting words” (41) are counterproductive, tending to trigger a defensive response from practising communities. For example, Winterbottom et al. cite an account of a mass exodus of Maasai women from an empowerment seminar in Tanzania, triggered by the speaker referring to female circumcision as “barbaric” and “primitive” (63). Consequently, the *Respectful Dialogue* report, advises commentators to “avoid being sensationalist” (4) and takes great pains to explain why practising communities often find the term *mutilation* so offensive. Likewise, in a study on CARE International’s work around FGC in East Africa, Igras et al. emphasise that cultural sensitivity and respect are essential to engage in dialogue with communities who practice FGC and that the most successful interventions are founded in a non-judgemental stance. Perhaps this explains the publication of the *CARE International position on Child, Early and Forced Marriage (CEFM) and Girl Summit*, which only states support for the elimination of CEFM and does not mention FGC at all.

4 However, rather than merely rejecting the use of emotive language in anti-FGC campaigns, it is necessary to identify and interrogate the knowledge claims which it seeks justify. Girl Summit 2014 provided little explanation for its rejection of FGC, rather, suggesting that the process was inherently evil. In order to locate practical and effective language for discussing FGC, the following section reviews the standard arguments of FGC opponents with relation to the latest research on the topic.

Marriage, sex and childbirth: Questionable claims around FGC

5 *The Girl Summit Charter* places specific emphasis on the role of research, pledging to “gather more and better data” (10) on FGC. Unfortunately, despite acknowledging the importance of research, Girl Summit did not make much reference to the large body of literature developed in the past decade, instead maintaining traditional assumptions, often without evidence.

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6 Firstly, the proposed connection between FGC and CEFM is somewhat problematic. Cansfield et al. note that Girl Summit is the first international forum to bring these issues together, and indeed there is a link in some cases. The concept of circumcision -- for girls and boys -- being the rite of passage between childhood and adulthood is apparent in many cultures (Kalev 339; Prazak 20; Schultz and Lien 169). Thus, where the age of adulthood is concurrently ascribed to twelve or thirteen years of age, it follows that communities participate in what outsiders perceive to be *child marriage*. However, research suggests the drivers of CEFM are more complex than cutting and in many cultures the two practices are by no means

connected. For example, *The State of the World's Children* report states that in Niger 36% of girls are married by the age of 15 and 75% are married by 18 years of age and yet only 2% of Niger's women have undergone FGC (133). Conversely, the report states that in Djibouti, 93% of women have undergone FGC and yet only 2% are married by the age of 15 and only 5% are married by 18 years of age (132). Thus, it is apparent that the link is more tenuous and conflating the two issues may de-legitimate the campaign among practising communities, as has been the case with other inaccuracies in abolitionist representations of FGC (Shell-Duncan 226).

7 Traditionally, feminist literature has depicted FGC as a means to suppress or remove a woman's sex drive, inhibiting her from enjoying sex and in fact deliberately making intercourse painful for a woman (Hosken; Rahman and Toubia). Indeed, this is the experience of some women and it is essential to recognise and respect their stories. However, the *Respectful Dialogue* report notes that "other women experience no health effects and go on to enjoy good sexual and reproductive health" (10). Qualitative research with women who have undergone FGC and report a satisfactory sex life support such findings (Alo and Gbadebo 1659; Esho et al. 232; Johnsdotter and Essén 34). In a study by Catania et al. of 137 Somali women with various types of FGC, 90.51% (N=124) "reported that sex gives them pleasure" and almost 86% (N=118) "reported orgasm with penetrative vaginal sex" (1670). Studies have demonstrated that frequently infibulated women retain an intact clitoris beneath scar tissue which can still be stimulated and note that the majority of clitoral tissue is in fact internal (Catania et al. 1673; Paterson et al. 6). Esho et al. note that more traditional understandings of FGC have been guilty of an "oversimplification of the sexual response cycle" (224), highlighting that the focus on the external clitoris has inhibited the understanding of other facets of sexual pleasure. Paterson et al. (4) report that among Somali women who had undergone genital cutting, there was tendency to shift focus away from the external clitoris and towards the breasts or G-spot in sexual intercourse (see also Esho et al. 229). These interviews also indicated that whilst the partial loss of clitoral and labial sensitivity was linked with slower sexual arousal, this did not necessarily dictate an unsatisfactory sexual experience. This research illustrates that the impact of FGC on sexual function is by no means consistent and thus blanket statements claiming that FGC inhibits women from enjoying sex are misleading.

8 Discussing its role in Girl Summit 2014, the UNFPA stated that, "FGM/C can lead to haemorrhage, infection, physical dysfunction, obstructed labour and death" (*Girl Summit Aims* 7). Concerns around genital cutting's impact on child birth represent a major category of abolitionist's objections to the practice. FGC is said to create inflexible scar tissue around the labia minora, causing obstructed labour, vaginal tears, fistulas, trauma and potential loss of life to both mother and child (*Eliminating FGM* 34). However, research has indicated that the consequences of FGC vary enormously depending on which type is practised, with Type III, infibulation, causing significantly higher rates of difficulties than Type I or II (Bjälkander et al. 323; *Respectful Dialogue* 10). Yet, as seems to be the case with Girl Summit 2014, these distinctions are frequently absent from abolitionist literature, rather, statistics and descriptions of infibulation are presented as reflective of all types of genital cutting (Shell-Duncan 226; Wade 43), despite the estimate that Type III represents only 10% of all FGC cases (*Eliminating FGM* 5).

9 Moreover, recent research suggests that complications such as perennial tearing and obstructed labour are often avoidable when managed by appropriately trained and resourced health practitioners. A study by Paliwal et al. at Heartlands Hospital in Birmingham, UK, which hosts a specialised African Women's Service, demonstrates that even women with Type III FGC can experience essentially unproblematic deliveries. Interestingly, Paliwal et al. present an openly negative stance toward the practice of FGC, choosing to refer to it as FGM and stating that the practice is "in direct violation of the rights of the child" (283). However, the study found no significant results connecting FGC to blood loss or perennial trauma during childbirth and FGC was not attributed to decisions for elective or emergency C-section. Moreover, regarding the health of newborns, there were no significant results to suggest FGC impacted APGAR scores. Paliwal et al. are eager to state that all these results must be treated

with caution and recommend further research. Nevertheless, five criteria which were expected to show negative results indicating harmful obstetric complications associated with FGC came back clear. This is to be contrasted with British Deputy PM Nick Clegg's comment at Girl Summit, where he insisted that FGC inflicted "a lifetime of excruciating pain, trauma and serious health complications" (13).

10 The claims around FGC's impact on sexual and reproductive health are contested here not because we are necessarily proponents of vaginal alterations but rather because it is essential that issues are addressed in terms of evidenced risk. The contestable nature of the knowledge claims reviewed above highlights that the abhorrence towards FGC expressed by many abolitionists may in fact be more connected with cultural perception. The following section seeks to place genital cutting practices within their cultural contexts, demonstrating the variety of meanings attached to the ritual by practising communities around the world. Critically, when challenging the vaginal alterations of women from ethnically diverse backgrounds, Western women must explore their own cultural concepts of *normal*.

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Exploring cultural significance and engaging in reflexivity

11 Despite naming FGC as one of its headline issues, Girl Summit 2014 included little to no discussion around the cultural significance of the practice to explain its salience despite more than thirty years of activism to eliminate the practice. Deputy PM Nick Clegg simply described it as "an outdated cultural norm" and one of "the oldest and most extreme ways in which societies have sought to control the lives and bodies of young women and girls" (2). No meaning is suggested, as if the procedure was merely a form of gratuitous violence against women. However, practising communities often discuss the ritual with regard to rich, complex cultural notions of femininity, aesthetics and coming-of-age.

12 In her work with Sudanese women, Janice Boddy notes that the procedure was advocated by women as it "purifies, smooths [sic] and makes clean the outer surface of the womb" (696). The objective here, thus, is not to harm women but to beautify and cleanse them. Indeed, as Micere Githae Mugo (465) observes, over the ages women in all cultures have been prepared to endure various kinds of pain in order to obtain a localised concept of beauty. In Nigeria, a woman's genitalia is often perceived as "ugly" and "bulky" if left uncut (Alo and Gbadebo 1658). Likewise, Schultz and Lien note that in Somali culture, "unmodified genitals are seen as ugly, unrefined, uncivilised" (171). Apart from aesthetics, in many practising communities genital cutting rituals performed on boys and girls have analogous explanations regarding leaving behind an androgynous childhood and taking on a definitive gender in the transition to adulthood. For example, amongst the Dogon people of Mali, the clitoris is seen as *male* and is removed from girls to establish them as women, and the foreskin is *feminine* and thus is removed from boys to instate their manhood (*Respectful Dialogue* 14). In Sierra Leone, FGC is a pre-requisite to access a women-only led and run secret society, central to the role of women in the community (Bjälkander et al. 324). Finally, in Maasai cultures, the circumcision of both men and women has been used as a traditional cure for a genital infection known as *lawalawa* (Winterbottom et al. 52). [2] These beliefs are powerful drivers of FGC and yet are frequently absent from the accounts of abolitionists; certainly none were mentioned during Girl Summit 2014. Yet these contentions have been explored at length within literature navigating discourses of feminism and cultural relativism and such conversations are essential in order to engage in meaningful community consultation (Easton et al. 449; Igras et al. 257; Winterbottom et al. 54).

13 Awareness campaigns around FGC typically amplify accounts of girls who are forced into FGC against their will, often held down and mutilated by family and trusted community members (Mugo 470; Wilson 21). Conversely, interviews with some women who have undergone FGC reflect on their cutting as an exciting time involving gifts, special treatment, honour, and community celebration (*Respectful Dialogue* 13). A Somali respondent in the study of Schultz and Lien recounts her excitement when it was "finally her time" to undergo FGC and described herself as "happy" and "very proud" when the cutting had made her

genitals look “normal” (168). In contrast to the typical abolitionist case study, the literature indicates that some girls actively initiate undergoing FGC. Indeed, Prazak records an interview with a teacher opposed to FGC whose daughter “defied” (20) his wishes and insisted on undergoing genital cutting. Similarly, Winterbottom et al. highlight the “*Ngaitana* (I will circumcise myself) movement” in Northern Tanzania in which “pubescent and prepubescent girls circumcised each other en masse” (51), triggered by the passing of legislation outlawing the practice. Thus, far from being a procedure enforced on girls as an act of oppression, it seems some girls actively pursue participation in the ritual as part of their agentive process of cultural identity formation.

14 For the most part, as was the case with Girl Summit, it could be argued that there is a tendency for FGC abolitionists to interpret women’s experience of cutting in more restrictive ways. When women and girls express their support of the practice, abolitionists often argue that these women, unlike their enlightened selves, are victims of “false consciousness,” “prisoners of ritual,” and “mentally castrated” (Daly and Lightfoot-Klein in Johnsdotter and Essén 31). Sheldon and Wilkinson suggest that only a woman who is “coerced, manipulated or highly irrational will agree to undergo female genital mutilation” (271). Rahlenbeck et al. even propose that “a women’s feeling of self-empowerment is proportional to the degree to which she takes a stance against the practice” (868), implying that any woman who supports FGC is devoid of self-empowerment. This argument becomes increasingly problematic when the connections between FGM and FGCS are explored.

15 In his opening address at Girl Summit 2014, PM David Cameron, announced:

It is absolutely clear about [sic] what we are trying to achieve, it is such a simple and noble and good ambition, and that is to outlaw the practices of female genital mutilation and childhood and early forced marriage. To outlaw them everywhere, for everyone within this generation. (14)

However, whilst Mr Cameron is advocating criminalising non-therapeutic genital alterations “everywhere for everyone”, FGCS is increasing rapidly. According to Crouch et al. the UK experienced a five-fold increase in procedures for labia reduction between 2001 and 2010 under the National Health System (1507). In the USA, the American Association of Cosmetic Surgeons estimated that 53,332 *vaginal rejuvenations* were performed in the USA in the year 2009 alone (Newman 4). Whilst, FGM and FGCS are often spoken about and understood as separate practices, in many cases, both are vaginal alterations motivated by aesthetics (Alo and Gbadebo 1658; Braun 233; Schultz and Lien 168). Plastic surgeons in the USA offer “The Full Barbie,” which involves complete inner labial removal and is advertised as a “refined” look – illegal for African immigrants, but American women will pay between \$3000 and \$6000 for the procedure (Newman 6). Braun and Kitzinger note that Western women often receive a “husband stitch” (265) after an episiotomy, tightening the post-delivery vaginal entry. However, we note the case of a UK doctor on trial for performing FGM on a Somali-born woman, who had been infibulated as a child, “through the way he sutured incisions” (Laville 1) after she gave birth. Are these qualitatively different procedures or, in fact, evidence of double standards? Johnsdotter and Essén (29) argue that ethnicity plays a significant role in how women and their vaginal alterations are perceived. Certainly there is a need to critically engage with concepts of consent, choice and agency. [3]

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16 Post-colonial feminist theorists highlight that in the absence of meaningful critique, white/Western women are typically classified as powerful agents and black/Southern women are constantly referred to as passive victims (Collins et al. 306; Mugo 465). In the FGC debate, these assumptions manifest in the beliefs that an African woman only ever submits to genital cutting out of cultural oppression (Sheldon and Wilkinson 236), but a Western woman may elect to have cosmetic surgery on her genitals as an empowered form of self-expression (Braun 235). Post-colonial feminists counter these assumptions, arguing that African women may choose to undergo traditional FGC as part of their agentive process of building their own cultural identity from a range of choices presented (Oboria 275). Conversely, Western women

undergoing FGCS may be victims of a materialistic, media-saturated culture which has coerced them into surgery to obtain the “designer vagina” (Braun 234). Significantly, within the complicated realms of culture, social pressure, culturally-constructed notions of femininity and adolescent identity-forming processes, these issues are far from “simple”, as Mr Cameron (5) suggests. Writing in *Marie Claire*, Faye Penn discusses the vagina and notes that “our relationship with her has never been more complicated” (1). The once *unmentionables* are now under incredible scrutiny as the concept of the “perfectible vagina” (Braun and Kitzinger 263) seeps into the conscience of women in the West. These are not new ideas – they have been present in the literature for nearly fifteen years – and yet Girl Summit 2014 made no reference to these important cultural nuances and critical debates. Ultimately, as will be argued in the final section, this disconnect from academic research resulted in Girl Summit advocating a feminist praxis uncritical in nature and limited in effect.

Invitations and interventions: Developing feminist praxis

17 A primary goal of Girl Summit 2014 was “sharing what works” (Cansfield et al. 1), gathering knowledgeable professionals in order to discuss effective strategies for engaging with the community around the issue of FGC. Ironically, whilst the Summit very effectively gathered celebrities, philanthropists, abolitionists and politicians, academics engaged in the FGC debate were not prominent amongst the presenters. [4] Of the seventy-two experts invited to speak in the *Girl Summit 2014 Spotlight Sessions*, only nine speakers had contributed to academic publications on FGC, with a total fourteen pieces. Furthermore, when publications consisting of six pages or less were removed, only four speakers were left represented with a total of seven publications. In the 1990s, Efua Dorkenoo highlighted important gaps in the research on FGC, but unfortunately does not seem to have engaged academically with the extensive literature of the last fifteen years. Professor Hazel Barrett reviewed a behavioural change program targeting migrants to the EU, making brief reference to the importance of recognising the range of sexual experiences amongst cut women and the prevalence of labioplasty in the West (Brown et al. 3). However, there was no reference to these issues at Girl Summit 2014. Ann Wilson published an article on the success of abolishing foot-binding in China in order to apply the principles to eliminate FGC in Africa. Although an interesting idea in principle, Wilson’s article lacks credibility due to conflating infibulation with FGC in general and suggesting that in Sudan “one-third of girls undergoing FGM will die” (21) referring to an obscure website as evidence for this claim. Most promising amongst the speakers, Naffisasto Diop has co-authored three academic journal articles on the subject of FGC, most recently conducting a review of eight FGC interventions, emphasising that campaigns with condemning messages are ineffective (Johansen et al. 4). However, Diop, who had so much to offer in terms of “sharing what works”, was only invited to present on one panel. In the light of the large body of academic articles and studies discussed in this review, it is curious, and perhaps even alarming, that scholars with counter expertise were not invited and given adequate platform to share their findings, particularly as recent literature has so much insight to offer regarding creating effective cross-cultural feminist praxis around FGC.

18 In terms of “engaging people for change” (Cansfield et al. 1), Girl Summit 2014 seems to have been very successful, particularly in terms of engaging with multicultural Britain and the international community. The *Girl Summit Spotlight Session Outlines* indicate that representatives of the UK included Malala Yousafzai, Nasheima Sheikh and Jasvinder Sangliera, and twenty-nine countries were represented by the panellists. Stelle Nkrumah-Ababio, Sonia Aziz Malik and Magreth Kibasa all talked about the importance of meaningfully engaging with the practicing communities. UK Home Secretary Theresa May specified that efforts to reduce FGC would be led by “a network of community champions with the cultural knowledge and connections necessary to challenge beliefs and change behaviours” (16). This strategy of empowering local agents, rather than relying on external professionals reflects the best practice outlined in the literature and is a promising indicator of meaningful community engagement.

19 Regarding the last goal for the summit, “[a]greeing on an agenda for change” (Cansfield et al. 1), it is necessary to ask, to what extent was the agenda open for discussion? While Girl

Summit 2014 was celebrated as a “swell of momentum surrounding women's and girl's rights” (Ramsden 5), the summit did not involve a critical examination of the concept of rights, or feminism, or the internal conflicts that have derailed former campaigns. Principal amongst these contentions, “mainstream feminism” has been criticised as representing the agenda of white/Western women and ignoring the perspectives of “other women” whose experiences are influenced by “race, ethnicity, class, colonisation, religion and/or sexual orientation” (Hunter 135). Collins et al. encourage Western feminists to recognise the “social life of rights” (301) and to focus their attention on how women in various contexts use the language of human rights to combat oppression and then partner with them in their work. In a positive sign, Guyo Jaldesa, Zsanett Shashorty, Danielo Colombo and Amal Mahmoud Abdalla advocated for greater community consultation in the *Girl Summit 2014 Spotlight Sessions*. When communities lead the way in social change, the objective of FGC campaigns frequently shifts from eradication to abandonment. The language may seem subtle but the implications are enormous, recognising that the most meaningful change comes from within the community.

20 In *Reaching Millions, Not Hundreds*, Ben Cislighi, representing Tostan, [5] emphasised the importance of supporting communities in “values deliberation and collective action” (5). Tostan's involvement in Girl Summit was encouraging as their projects emphasise community ownership, empowering local people to set the agenda. Significantly, Tostan has been broadly praised as the organisation whose approach has been the most effective at reducing FGC (Easton et al. 446; Kristoff and WuDunn 227; Shell-Duncan 231). However, the irony is that Tostan was *not* founded with the intention of addressing FGC; rather, the focus was on strengthening agency. Easton et al. note that the “objective was to enable women to get to grips with their most pressing problems and to acquire the skills to design and manage their own projects as means of addressing those needs” (447). In time, local Senegalese women, not the Westerners working with the community, decided that FGC was a pressing issue that they wanted to address. Through projects initiated by local women, communities saw widespread reduction in FGC due to community-led “abandonment”, not an intervention campaign for “eradication” (451). Critically, whilst Tostan's work resulted in reducing FGC, there was no guarantee that this issue would even be addressed, since the campaign agenda was left entirely up to local women. This begs the question, would FGM have been selected as a headline issue at Girl Summit 2014 if the agenda had been determined by women in developing nations? Collins et al (306) illustrate that working *with* local women to help facilitate *their* goals creates an agenda reflecting grassroots concerns, which can be very different than donor-perceived needs, as qualitative research has frequently demonstrated. For example, Somali women have expressed frustration regarding the international community's focus on FGC whilst they perceive civil war to have the greatest negative impact on human rights for women and children (Khaja et al. 735). When outsiders set the agenda, this runs the risk of missing the mark.

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21 *Girl Summit* -- it is such a promising name. It could have been a gathering of young women from around the world to discuss the huge variety of obstacles impeding women's rights. However, the agenda of eliminating FGM and CEFM had already been decided by Britain's Department for International Development prior to the launch of the event. Yet even with the issue of FGC pre-selected, a review of the literature in the last fifteen years could have informed a dramatically different, holistic presentation of this complex issue. Instead, the hosts of Girl Summit 2014 used largely sensational language, which may well have offended many of the women they seek to reach. Moreover, Girl Summit maintained traditional assumptions about FGC, which will stand in stark contrast to the experiences of many who practice it. Lastly, without proper cultural contextualisation and reflexivity, Girl Summit 2014 painted the process of FGC as entirely *other*, irrational and cruel. A key aim of the summit was to gain momentum for change, but in the light of their (mis)representation of FGC it is difficult to see how this aim will be effectively achieved.

Works Cited

Works Cited

Alo, Olubunmi Akinsanya and Babatunde Gbadebo. "Intergenerational Attitude Changes Regarding Female Genital Cutting in Nigeria." *Journal of Women's Health*. 20.11 (2011): 1655–1661.

Bjälkander, Owolabi, Laurel Bangura, Bailah Leigh, Vanja Berggren, Staffan Bergström, and Lars Almroth. "Health Complications of Female Genital Mutilation in Sierra Leone." *International Journal of Women's Health*. 4 (2012): 321–331.

Boddy, Janice. "Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan." *American Ethnologist*. 9.4 (1982): 682–698.

Braun, Virginia. "The Women are Doing It for Themselves." *Australian Feminist Studies*. 24.60 (2009): 233–249.

Braun, Virginia, and Celia Kitzinger. "The Perfectible Vagina: Size Matters." *Culture, Health and Sexuality*. 3.3 (2001): 263–277.

Brown, Katherine, David Beecham, and Hazel Barrett. "The Applicability of Behaviour Change in Intervention Programmes Targeted at Ending Female Genital Mutilation in the EU." *Obstetrics and Gynaecology International* (2013). 46 pars. 1 August 2014 .

Cameron, David. *Girl Summit 2014: David Cameron's Speech*. 22 July 2014. GOV.UK Announcements. 21 pars. 24 July 2014 .

Cansfield, Bethan, Rowan Harvey, Francesca Rhodes, and Jessica Woodroffe. *Briefings 5: The Girl Summit*. July 2014. Gender and Development Network: 1-6. 1 August 2014 .

CARE International position on Child, Early and Forced Marriage (CEFM) and Girl Summit. July 2014. CARE International. 8 pars. 5 August 2014 .

Catania, Lucrezia, Omar Abdulcadir, Vincenzo Puppo, Jole Baldaro Verde, Jasmine Abdulcadir, and Dalmar Abdulcadir. "Pleasure and Orgasm in Women with Female Genital Mutilation/Cutting (FGM/C)." *Journal of Sexual Medicine*. 4 (2007): 1666–1678.

Clegg, Nick. *Girl Summit 2014: Nick Clegg Speech*. 22 July 2014. GOV.UK Announcements. 40 pars. 24 July 2014 .

Collins, Dana, Sylvanna Falcón, Sharmila Lodhia, and Molly Talcott. "New Directions in Feminism and Human Rights." *International Feminist Journal of Politics*. 12.3-4 (2010): 298–318.

Crouch N.S., R. Deans, L. Michala, L-M. Liao, and S.M. Creighton. "Clinical Characteristics of Well Women Seeking Labial Reduction Surgery: A Prospective Study." *BJOG: An International Journal of Obstetrics and Gynaecology*. 10 (2011). 21 pars. 5 August 2014 .

Dorkenoo, Efua. "Combating Female Genital Mutilation: An Agenda for the Next Decade." *Women's Studies Quarterly*. 27.1-2 (1999): 87–97.

---. *Cutting the Rose: Female Genital Mutilation: The Practice and its Prevention*. London: Minority Rights Group, 1994.

Easton, Peter, Karen Monkman, and Rebecca Miles. "Social Policy From the Bottom Up: Abandoning FGC in Sub-Saharan Africa". *Development in Practice*. 13.5 (2003): 445-458.

Eliminating Female Genital Mutilation: An Inter-Agency Statement. 2008. World Health Organization: 1-47. 25 May 2010 .

Esho, T., P. Enzlin, S. Van Wolputte, and M. Temmerman. "Female Genital Cutting and Sexual Function: In Search of an Alternate Theoretical Model." *African Identities*. 8.3 (2010): 221–235.

[Girl Summit 2014: As It Happened](#). 22 July 2014. Girl Effect. 58 pars. 24 July 2014 .

[Girl Summit Charter on Ending FGM and Child, Early and Forced Marriage](#). 2014. Girl Summit. 15 pars. 28 July 2014 .

[Girl Summit 2014 Spotlight Sessions Outlines](#). 2014. GOV.UK Publications. 3 October 2014 .

Hosken, Fran. "The Hosken Report: Genital and Sexual Mutilation of Females." *Women's International Network News*, 1979.

Hunter, Rosemary. "Deconstructing the Subjects of Feminism: The Essentialism Debate in Feminist Theory and Practice." *The Australian Feminist Law Journal*. 6 (1996): 135–162.

Igras, Susan, Jacinta Muteshi, Asmelash WoldeMariam, and Saida Ali. "Integrating Rights-Based Approaches into Community-Based Health Projects: Experiences from the Prevention of Female Genital Cutting Project in East Africa." *Health and Human Rights*. 7.2 (2004): 251–271.

Johansen, Elise, Nafissatou Diop, Glenn Laverack, and Els Leye. "What Works and What Does Not: A Discussion of Popular Approaches for the Abandonment of Female Genital Mutilation." *Obstetrics and Gynaecology International* (2013). 60 pars. 1 August 2014 .

Johnsdotter, Sara, and Birgitta Essén. "Genitals and Ethnicity: The Politics of Genital Modifications." *Reproductive Health Matters*. 18.35 (2010): 29–37.

Kalev, Henriette Dahan. "Cultural Rights or Human Rights: The Case of Female Genital Mutilation." *Sex Roles*. 51.5-6 (2004): 339–348.

Khaja, Khadija, Carenlee Barkdull, Marva Augustine, and Dianne Cunningham. "Female Genital Cutting: African Women Speak Out." *International Social Work*. 52.6 (2009): 727–741.

Kristoff, Nicholas, and Sheryl WuDunn. *Half the Sky*. New York: Vintage Books, 2010.

Laville, Sandra. "Doctor Accused of FGM Tells Court He Was Stemming Bleeding." *The Guardian*. 28 January 2015. 22 pars. 29 January 2015 .

May, Theresa. [Home Secretary Speech at Girl Summit 2014](#). 22 July 2014. GOV.UK Announcements. 21 pars. 24 July 2014 .

Mugo, Micere Githae. "Elitest Anti-Circumcision Discourse as Mutilating and Anti-Feminist." *Case Western Reserve Law Review*. 47 (1997): 461–497.

Newman, Judith. "Vaginal Rejuvenation: A Cut Below." *Marie Claire* (2012). 10 pars. 15 August 2014 .

Obiora, Amede L. "Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision." *Case Western Reserve Law Review*. 47 (1997): 275–378.

Paliwal, Priya, Sarah Ali, Sally Bradshaw, Alison Hughes, and Kate Jolly. "Management of Type III Female Genital Mutilation in Birmingham, UK: A Retrospective Audit." *Midwifery*. 30 (2014): 282–288.

Paterson, L.Q.P, S.N. Davis, and Y.M. Binik. "Female Genital Mutilation/Cutting and Orgasm Before and After Surgical Repair." *Sexologies*. 21 (2012): 3–8.

Penn, Faye. [“The Vagina Dialogues.”](#) *Marie Claire* (2012). 10 pars. 15 August 2014 .

Prazak, Miroslava. “Introducing Alternative Rites of Passage.” *Africa Today*. 53.4 (2007): 19–40.

Rahlenbeck, S., W. Mekonnen, and Y. Melkamu. “Female Genital Cutting Starts to Decline Among Women in Oromia, Ethiopia.” *Reproductive Biomedicine Online*. 20 (2010): 867–872.

Rahman, Anika, and Nahid Toubia. *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*. London: Zed Book, 2000.

Ramsden, Tracy. [“Exclusive: Freida Pinto Talks Feminism, Fame and Angelina Jolie.”](#) *Marie Claire* (2014). 16 pars. 15 August 2014 .

[Reaching Millions, Not hundreds: Experiences in Scaling up Community Social Change.](#) 2014. Girl Summit Spotlight Sessions. GOV.UK Publications. 8 pars. 3 October 2014 .

[Respectful Dialogue: A Guide for Responsible Reporting on Female Genital Cutting.](#) Ed. Caroline Davey. 2014. Australian Muslim Women's Centre for Human Rights: 1–56. 7 December 2014 .

Schultz, Jon-Håkon, and Inger-Lise Lien. “Meaning-Making of Female Genital Cutting: Children's Perception and Acquired Knowledge of the Ritual.” *International Journal of Women's Health*. 5 (2013): 165–175.

Sheldon, Sally, and Stephen Wilkinson. “Female Genital Mutilation and Cosmetic Surgery: Regulating Non-Therapeutic Body Modification.” *Bioethics*. 12.4 (1998): 263–285.

Shell-Duncan, Bettina. “From Health to Human Rights: Female Genital Cutting and the Politics of Intervention.” *American Anthropologist*. 110.2 (2008): 225–236.

[The State of the World's Children 2013: Children With Disabilities.](#) May 2013. UNICEF: 1–364. 30 August 2014 .

Vissandjée, Bilkis, Shereen Denetto, Paula Miglardi, and Jodi Proctor. “Female Genital Cutting (FGC) and the Ethics of Care: Community Engagement and Cultural Sensitivity at the Interface of Migration Experiences.” *International Health and Human Rights*. 14 (2014): 13–23.

Wade, Lisa. “Learning From ‘Female Genital Mutilation’: Lessons From 30 Years of Academic Discourse.” *Ethnicities*. 12.1 (2011): 26–49.

Wilson, Ann-Marie. “How the Methods Used to Eliminate Foot Binding in China Can Be Employed to Eradicate Female Genital Mutilation.” *Journal of Gender Studies*. 22.1 (2013):17–37.

Winterbottom, Anna, Jonneke Koomen, and Gemma Burford. “Female Genital Cutting: Cultural Rights and Rites of Defiance in Northern Tanzania.” *African Studies Review*. 52.1 (2009): 47–71.

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