



Participatory Development Working Papers No 07/01. January 2007.

Female genital cutting: traditional practice or human rights violation? An exploration of interpretations of FGC and its implications for development in Africa.

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An apology for the Devil: It must be remembered that we have only heard one side of the case. God has written all the books.

- Samuel Butler, *Further Extracts from the Notebooks*

Introduction

The practice of female ‘circumcision’ or genital cutting has little parallel in its ability to arouse an emotional response, and has come under increasingly intense scrutiny from news media, feminist, human rights and health organisations and legislators. The custom includes a range of procedures involving the partial or total removal or alteration of the external female genitalia for nonmedical reasons, and is practiced in a variety of cultural contexts in African and other societies (Shell-Duncan and Hernlund, 2000).

This paper describes the practice and examines the ways in which it is interpreted by practitioners and opponents, drawing mainly on ethnographic examples from northern Sudan, where the majority (90%) of women have undergone the procedure (WHO 2000). Under the gaze of international attention, the ritual has in recent years become a global concern and is now classified as a “human rights violation” rather than a “traditional practice” (Shell-Duncan and Hernlund, 2000:1). This paper analyses Western efforts to end the practice, including the use of rights-based arguments, and considers why these approaches are used.

The question exists as to why such sustained efforts are made by developed countries to end the practice in Africa. Notions of pain and oppression are discussed and it is argued that intense emotions underlie the interest and concern of those who seek to end the practice. This issue is contextualised in the historical responses of colonising powers when they first encountered the procedure. The paper concludes with an assessment of how Western representations of the African woman as a universally oppressed ‘Other’ reveal the ‘double standard’ apparent in the ways in which FGC is discussed within a framework of extreme human rights violations, in comparison with similar ‘cutting’ practices routinely performed in Western societies. It argues for the abandonment of the West’s ‘positional superiority’ (Said, 1978) and advocates a single standard in ethical and legal evaluation of cutting practices.

Terminology

Diana Meyers (2000: 469) contends that choice of terminology for this “multiform phenomenon” can be a matter of “vexed controversy”. The language employed to describe the practice tends to depend on the point of view of the user. In this paper, the term female genital cutting (FGC) is generally used, to avoid the euphemistic designations of the medicalized and culturally relative terminology¹. Female genital

¹ Some prefer to use the more culturally relative term ‘female circumcision’ as this is the expression preferred by subjects and practitioners. Others opt for medicalized terminology such as ‘traditional female genital surgeries’ (Lane and Rubinstine, 1996) or female genital operations. Opponents of the practice,

mutilation (FGM) is agreed to be a value-laden and condemnatory term (see Shell-Duncan and Hernlund, 2000) and for this reason the designation 'FGM' will only be used in the context of discourses in which it is employed.

Definitions

According to the World Health Organisation (WHO, 2000), an estimated 100 to 140 million girls and women worldwide have undergone some form of FGC and approximately 2 million are exposed to the practice each year. The majority of those affected live in sub-Saharan Africa, although FGC is also known in parts of the Middle East and Asia. Sudan has one of the highest incidences of FGC in the world, with UNICEF (2005) placing the rate at 90% among women aged 15-49 in northern Sudan.

The most radical type of FGC, infibulation or pharaonic circumcision, is the form most widely practiced in the region (ibid.). The procedure, which accounts for only 15% of overall cases in Africa, involves the complete removal of the clitoris and labia minora as well as all or most of the labia majora. The cut edges are stitched together so as to cover the urethra and vaginal opening, leaving only a small hole for urine and menstrual blood. The suture must be opened for intercourse and childbirth, a procedure known as defibulation. This is usually followed by re-infibulation after each birth and when a woman is divorced or widowed. This form of FGC is classified as Type III by the World Health Organisation². Other types of FGC practiced in Sudan include the milder *sunna* (pricking or removal of the tip of the clitoris) and clitoridectomy (excision of the clitoris and some genital tissue but no subsequent infibulation).

The majority (64%) of 'circumcisions' in Sudan are performed by traditional birth attendants on young girls, with trained midwives performing around one third, whereas medical doctors perform less than 1% of operations (Abusharaf, 2000). The procedure is usually performed in non-sterile conditions, without anaesthetic, and in the presence of and with the support of female kinswomen of the child. According to Rogai Abusharaf

such as activist Fran Hosken (1993), use the term 'female genital mutilation (FGM)' to reinforce the idea that the practice violates the human rights of women and girls. The term FGM was adopted at the third conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 1990, and is currently used in all World Health Organisation and other United Nations documents (Shell-Duncan and Hernlund, 2000).

² The WHO (2000) groups the procedure into four categories:

- **Type I:** Clitoridectomy - Removal of the prepuce with or without excision of part or all of the clitoris;
- **Type II:** Excision - Removal of the prepuce and clitoris together with partial or total excision of the labia minora;
- **Type III:** Infibulation - Removal of part or all of the external genitalia and stitching/narrowing of the vaginal opening;
- **Type IV:** Unclassified - All other procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons.

(2000:153), the practice in Sudan embodies “a complex constellation of interrelated beliefs, values and organizing principles of social life that must be explored”.

Despite many assumptions to the contrary on the part of both practitioners and opponents, Islamic law does not mandate FGC and tolerates only *sunna* (Ahmad, 2000). Even then, many Islamic scholars believe that this practice is at best categorised among *makrûh* (disliked) practices, and these interpretations are being actively debated (Gruenbaum, 2001).

The issue of female genital cutting has not only come to represent a moral dilemma but has also become a subject of heated intellectual debates, largely in the international arena (Abusharaf, 2000). The main conflict is between the relativist and universalist paradigms, with the former asserting the moral equality of cultural norms around the world, whereas in the latter position, FGC is viewed as:

brutal misogyny, an extreme act of violence, and a violation of the human rights of women, who are in turn envisaged as downtrodden, mistreated and disadvantaged populations. (Abusharaf, 2000:155)

As outlined above, this relativist-universalist antagonism is reflected in the language used to describe the practice, e.g. ‘circumcision’ or ‘mutilation’. Of note is the observation by Fraser (1995:319, cited in Abusharaf, 2000:155) that both approaches share a discursive commonality that is “firmly rooted in the Western neo/postcolonial tradition of the identity of the other”.

Interpretations

Oppression through control of sexuality

Tamar Wilson (2002) summarizes the reasons given by women who have been circumcised and infibulated as: the enhancement of women’s femininity by excising masculine traits; the marking of ethnic boundaries; the limitation of women’s excessive sexual desire and to help them maintain their premarital virginity and marital fidelity, and to purify women, readying them for their overwhelmingly important reproductive role. Re-infibulation is said to increase the husband’s sexual pleasure and inhibits his desire to take a second wife. In Sudan, female ‘circumcision’ is traditionally associated with cleanliness and aesthetic value, its Arabic term being *tahur*, literally meaning ‘purification’ (Akale, 1999).

Despite these numerous motivations however, the control of women’s sexuality is one aspect of the practice most commonly focused on in the West, where much emphasis is placed on the practice as an ‘oppressive’ one and an example of women’s subordination in patriarchal societies. The US-based Center for Reproductive Rights states that “although several justifications exist for the maintenance of the practice, it appears to be linked primarily to a desire to subordinate women and to control their sexuality” (CRR, 2005). Influential American activist Fran Hosken (1993:24) contends that “it is high time African women claimed their rights as human beings, not as second-class citizens, brainwashed to accept that sexual pleasure is restricted to men only”.

However, Michel Foucault argues that:

There is no pathology of pleasure, no ‘abnormal’ pleasure. It is an event ‘outside the subject’ or on the edge of the subject, within something that is neither body or soul, which is neither inside or outside, in short a notion that is neither ascribed nor ascribable. (Foucault, 1986:365)

Perspectives such as that of Hosken maintain that circumcised women can feel no pleasure – a view which may be due to notions of the clitoris as the ‘seat’ of sexual pleasure in a woman. This view fails to take into account the numerous testimonies from circumcised women that they achieve orgasm and have a fulfilling sex life (see (Abusharaf, 2001). Melissa Parker (1995) argues that emotional Western responses to the perceived ‘death’ of a female’s sex life are grounded in modern Western notions of sexuality as intrinsic to self, and the requirement for particular kinds of sexual gratification for well-being, which are not universal. Such notions may seem “immoral, amoral or bizarre” to people in some non-Western societies (Parker, 1995: 520), and heated debates among Western feminists and researchers are often influenced by Euro-American discourses which have little or nothing to do with the study populations (ibid.). This “inbuilt colonialism of First World feminism towards the Third” (Spivak, 1981:184) makes little attempt to understand that what may be seen as oppressive in one culture, is not oppressive in another. Sudanese feminist Rogaia Abusharaf, analysing the work of Hosken and others finds that:

African women are repeatedly painted as downtrodden, forlorn, helpless casualties of male dominance. Their confinement in antiquated customs and cultural practices is viewed as puissant testimony to their eternal vassalage to patriarchy and, consequently, of their subjugation within both the so-called “public” and “private” spheres. (Abusharaf, 2001:112)

These representations stress a notion of patriarchy in which the African woman is seen as ‘Other’ to Western women, wholly subservient, passive and ‘voiceless’: someone whose sexual and reproductive potential is controlled by men and whose genitals are mutilated in silence and without protest (ibid.). Yet, in many parts of northern Sudan, the ritual is considered a joyous occasion in a young girl’s life, and is accompanied by ceremonies and festivities celebrating the girl’s rite of passage into womanhood (Abusharaf, 2000).

Women constructing other women

Janice Boddy (1989), from her research among the Hofriyati of northern Sudan, presents the main motivation for FGC as a way to create ‘gendered’ entities in the community. Children are raised genderless and it is not until boys and girls are circumcised that they can take on the societal understandings and responsibilities of their gender. Thus:

Among Hofriyati, women actively and ongoingly construct other women... from the body of man. By eliminating any vestiges of maleness, they constitute women as separate entities and distinct social people. (Boddy, 1989:58)

Boddy notes that in the Sudanese context of complete polarization of the sexes, the procedure of FGC renders a girl marriageable, and that undergoing it is a “necessary condition of becoming a woman”, arguing that women are not so much preventing their own sexual pleasure, as “enhancing their femininity” (ibid.). ‘Circumcision’ is believed

to endow women with a remarkable ability to exercise self-control and power, to display restraint over their sexuality. Self-mastery is seen as a virtue and controlled sexuality allows women to “drive hard bargains and have a say in household politics and decision-making processes” (Abusharaf, 2001:129). The act of ‘circumcision’ allows women to exercise power not only over their sexuality, but also over their spouses (ibid.). However controversial they may be in the West, it is nonetheless critical that notions of women using ‘circumcision’ as a form of gender identification, cultural transmission and power be considered in any analysis of the practice, in order to challenge the image of the circumcised woman as a subjugated victim of male dominance.

Buying maturity through pain

The issue of the pain endured by girls and women during and subsequent to FGC is another reason frequently emphasised by those who wish to end the practice. For example, Hosken, (1993) contends:

Apart from the pain that women suffer from the crude knives of the so-called native circumcisers, they are subjected to nothing but agony whenever they dare get close to their loved ones. (p. 13)

However, in the case of the Gikuyu community in Kenya, Norma Moruzzi (2005:212) reports that for young men and women alike, circumcision is a form of meaningful, ritualized pain, a way of “buying maturity through pain”. For them, it is the last in a series of endurance rituals, including ear piercing and plugging, which reinforces ties with their peers and enables them to form an important and enduring non-kin network of friendship and support. In this case, each stage of initiation, including circumcision, “marked a new level of pain received and disciplined, and a new stage of community and self-respect” (ibid.,:213).

Historical context: colonial responses

In order to better understand ongoing debates and eradication efforts, it is useful to examine colonial campaigns against the tradition, in which historical responses can be placed within larger questions of gender, power and colonial governmentality. To return to Sudan, according to Abusharaf (2006: 209), when the British first colonized the region, they were horrified by the practice of female circumcision, which they interpreted as “irrational, immoral and uncivilized”. Sudan became the first country in Africa to pass legislation prohibiting FGC, when, under British rule, the 1946 Penal Code was passed, criminalizing infibulation but permitting *sunna*.

However, this law, proclaimed to be a tool of liberation and modernity, was fiercely resisted. One case of subsequent defiance on the part of a local midwife, and the reaction of the British health inspector, is described by Abusharaf (2006:210) as follows:

Relying on her position of authority, but also moved by outrage, the health inspector summoned the highly regarded village elder and scolded and slapped her in front of many shocked spectators. The midwife was threatened with termination of her license, hefty fines and imprisonment.

This incident is a telling one, highlighting the maternalistic nature of the relationship between colonizer and colonized. The history of British colonial rule in northern Sudan is marked by conflicts over the practice: “policing women directly and indirectly through kinsmen, chiefs and clerics...occupied centre stage in colonial legislative agendas” (ibid.). Anne McClintock (1995) argues that women and men did not experience imperialism in the same way, and that gender distinctions mattered in the confrontation with colonialism. Within pre-colonial power hierarchies, women enjoyed significant leverage over ritual and the fact that women rather than men determined whether a girl was circumcised was very threatening to the British sense of gender order (Abusharaf, 2006). The British insertion of colonial authority figures within family and community networks thus served to remove power and control from women and actually reinforce male dominance in Sudanese society. Far from being a ‘civilizing’ or ‘liberating’ influence on women’s lives, these policies were enacted with the view of regulating their behaviour and restricting their freedoms:

In areas where women’s subordination was clear, the British did not interfere to improve them, while in other situations where women shared equal status with men, they lost this status under the pretext of civilisation. In this the colonial male bourgeois mentality played an important role. Abusharaf (2000:157)

Veena Das (1997) asserts that by appropriating the bodies of women as objects on which the desires of nationalism can be inscribed, women become a microcosm of the nation. From a colonialist standpoint, women’s power needed to be circumscribed and their bodies governed, in order to inscribe colonial rule.

Thus it can be argued that current debates surrounding FGC in Africa must be viewed within recent historical perspectives of colonizers and colonized. Lane and Rubinstine (1996:37) argue that “where the residue...of colonial privilege may contribute to a Western intervenor’s expectation that her actions will be viewed as appropriate and authoritative, former colonial subjects may take precisely the opposite view”. It is clear that the necessity exists to take account of contemporary and historical relationships of power and privilege as essential first steps toward arriving at a sensitive and nuanced approach to the issue.

The human rights discourse: a double standard?

Major Western development agencies such as USAID and AusAid oppose FGC and aim for its abandonment worldwide, dubbing the practice a violation of human rights and a sign of women’s subordination to men. USAID states that FGC is a “serious human rights violation of women that has grave health consequences” (USAID, 2000) and that the practice violates Articles 3 and 5 of the United Nations Universal Declaration of Human Rights³. It also contends that the practice is “indicative of women’s subordination” and thus violates Article 7 of the Declaration, that “All are equal before the law and are entitled without any discrimination to equal protection of the law”.

³ Article 3: “Everyone has the right to life, liberty, and security of person”

Article 5 : “No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment”

FGC is often mentioned in conjunction with other forms of ‘gender based violence’, which bear no relation to the cultures in which FGC is practiced. Examples include: sati (widow-burning); dowry deaths; prenatal sex selection and female infanticide, with the latter two practices grouped alongside FGC by the United Nations Population Fund as “extreme manifestations of the low social value placed on girls” (UNFPA, 2005). These classifications of FGC as “violence against women” (ibid.) exemplify the over-simplifying nature of many rights-based arguments, which pay little or no attention to the cultural context in which it takes place – including the fact that the practice is usually performed and maintained by women. Abusharaf (2001) concludes, after two periods of fieldwork in the Douroshab community in northern Sudan, that women have considerable influence in their community, evident from the roles they play in family and community life, and that in the context of FGC, they wield a particular power, for they alone perform the operations. She contends that their authority should not be attributed to ‘false consciousness’, in which women perpetuate their own subjugation. On the contrary, in this context, circumcision is seen as “the machinery which liberates the female body from its masculine properties” and for the women she interviewed, it is a source of empowerment and strength (Abusharaf, 2001:123).

Feminist discourses, closely associated with liberal/individualistic ethics, and as such exemplified in the democracies of the West, have considerable influence on moulding modern debates about FGC in the West. These liberal discourses can be seen as ethnocentric condemnations of cultural difference (Abusharaf, 2001). Emotive language is frequently applied to FGC practices by those opposed to it. Charlotte Bunch, for instance, writing for UNICEF, argues that “FGM must be eradicated because it is a grave human rights violation and a public health menace that transcends any and all cultural boundaries” (Bunch 1997:43). Extreme language such as this which universalizes highly diverse practices is often perceived by Arab and African people as a continued devaluation of themselves and their entire cultures (Lane and Rubinstine, 1996). Proscribing traditions can lead to a deep sense of cultural nationalism, and can prompt further defiance (Abusharaf, 2006). In Uganda, an elder was quoted as denouncing “foreigners... who call us bad names, call us primitive and call our circumcision rites genital mutilation. It makes us want to do more” (Shell-Duncan and Hernlund, 2000:6).

Many contend that the very notion of human rights is a purely Western concept, and that the UN’s Declaration on Human Rights is “the expression of its predominantly western constituency” (Nader, 1999, cited in Grande, 2004:1). Approaches such as these view the discourse of human rights as part of a Western hegemonic discourse affected by ‘positional superiority’ (Said, 1978). Elisabetta Grande (2004:1) asserts that the issue of FGC is a “powerful example of a double standard that affects much of the internationally dominant human rights discourse”, in that Western interpretations of FGC, (e.g. Hosken (1993:25): “an obscene cruelty invented by men to control and debase women”), fail to acknowledge that African systems of gender construction are mirrored in Western body modification procedures such as breast augmentation and male circumcision. As Wilson (2002: 495) argues in the context of pharaonic circumcision and Western cosmetic surgery, parallels can be drawn between “two different orders of male domination and female subordination, one structured by patriarchal and neopatriarchal practice, the other by capitalist phallocentrism”.

FGC is frequently interpreted as posing severe risks to women and girls' health and well-being, and as outlined above, these consequences are often used as a primary strategy in campaigns to end the practice. The 'double standard' can be equally perceived in this argument however. Whereas proponents of FGC argue that it is culturally necessary for girls to undergo the procedure in order to reach adulthood and become marriageable, opponents insist that such socio-cultural expression comes second to the right to bodily integrity and the ability to exercise choice (see Bunch, 1997). However, in Western countries, cliteridectomies are routinely performed to address cases of 'congenital adrenal hyperplasia' on newborns who have been labelled 'intersex babies' (Navarro, 2004). In this case the genitals of healthy babies are altered to "satisfy our social sexual taxonomy" (Grande, 2004:6) and it is difficult to see how this is different to FGC apart from the lower frequency and medicalized nature of the operations.

Health concerns reveal a further aspect of the 'double standard' applied to the practice of FGC. As outlined earlier, opponents, including UN agencies and international NGOs such as USAID, insist that the practice be abolished entirely. However, acknowledging the difficulty of addressing all forms of FGC as a unitary category, and with the exception of infibulation, many forms of the procedure, if conducted in sterile, hygienic settings by trained medics, would entail no greater risks to the health than routine Western surgeries such as male circumcision or breast augmentation (Grande, 2004). Lack of hospitals in Africa, and lack of medicalization of African practices are indeed accountable for the discrepancies in terms of health risks among the different 'cutting' practices (ibid.). However a total ban on the performance of FGC in hospitals and its criminalization has resulted in ensuring that the practice continues in unsafe and unhygienic conditions and prevents parents from seeking medical help when complications occur. Such facts add strength to the argument that justifications for the desire to eradicate FGC rather than to medicalize it go beyond, and at times even disregard, health concerns. As outlined above, opposition to cultural expressions of sexuality and gender construction provide other, more politically compelling reasons for its prohibition, leading to charges of possible cultural imperialism (Grande, 2004).

Conclusion

Female genital cutting persists today because of its socio-cultural significance. This paper has shown that the value of belonging to one's group and being recognized as a gendered, meaningful and fully participating member of society can outweigh the pain, as well as the health and psychological implications of the practice. It is clear that in most cases women are as responsible as men for a practice which dates back some 2500 years, and are as liable for its continuation. Thus it is difficult to see how the language of 'oppression' can apply in this situation, and that instead of a choice between barbarity and cultural imperialism, in which the issue is reduced to a "continuum of alienation and rescue" ((Moruzzi, 2005:204), perhaps what we need is a rethinking and a rewriting of the choice itself. A review of the discourse on female genital cutting is needed, particularly in the popularized Western presentations of the practice addressed to non-academic audiences, in which 'female genital mutilation' is portrayed as a simplified issue of human rights, an "easily available, self-evident example of the horrific that requires no further interrogation than straightforward condemnation" (Moruzzi,

2005:205). This framework that replicates the modernity/barbarism binary in which the women who participate are reduced to silent “subalterns” (ibid.) leaves little room for an understanding of why the practice continues.

A new discourse is needed at both local and international levels, in which a place exists for the custom to be articulated on by women and men of the communities in question, without being silenced by uninformed, if well-intentioned, ‘do-good communities’ from outside which frequently fail to appreciate the ways in which women interact and maintain power relationships. No culture is static, and the significance of cultural practices changes when the cultural context changes. The reifying of ‘culture’ by opponents of FGC fails to acknowledge that the reasons women continue to undergo the practice is as much a part of a globalized culture where women still choose to participate despite pressure to the contrary – for varying reasons and in varying ways. Fuambai Ahmadu’s account of her own circumcision as an adult African-American woman in her native Sierra Leone outlines the choice to undergo the procedure as a desire to be accepted and recognized as a full adult member of the Kono community, to reaffirm her ties with that community by participating in the cultural practices that would establish her as a committed and recognized community member (Ahmadu, 2000). Discourses which fail to engage with participants simply serve to universalise women’s experiences, motivations and behaviours across a broad spectrum of cultural settings, and in doing so, fail to give voice to the women who are being cut.

The issue of FGC is now a global one, and has important implications for African relationships with developed countries, relationships which are based on unequal power bases. Parker (1995) reports, for instance, that one of the conditions of a loan by the International Monetary Fund to Burkina Faso was that the government agree to further its activities to end FGC. Such examples of ‘tied aid’ are numerous, and can be linked to views that “genital mutilation is a traditional practice that reflects a social organisation that is incompatible with present-day economic goals...an obstacle to political, social and economic development” (Hosken, 1993:91).

Such paternalistic ‘othering’ of Africans as backward and hindering their own development echoes the responses of colonial powers, as outlined previously. What is needed is a culturally responsive intervention, in a voice that engages the ‘other’ as an equal interlocutor, where a ‘single standard’ is applied in engaging with diverse cultural practices. If in the past the West has measured a society’s degree of ‘civilization’ by the way it treats its women (Fourier, 1996) and has thus used this as a justification for colonisation, looting and plundering, then the question must be asked – is history repeating itself?

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