diritto & questioni pubbliche

MARIA CATERINA LA BARBERA

Revisiting the anti-Female Genital Mutilation Discourse

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1. *Introduction*

All forms of ritual female genital cuttings have increasingly been object of legislation, not only in African countries where they have mostly been performed, but also in Western countries where African migrants have been settled[1]. Western legislators have adopted two main different approaches: either prosecuting ritual female genital cuttings under the existing penal law or making *ad hoc* laws. Their symbolic function is evidently different as well as the results. Albeit making a specific law condemns openly the practices, it is remarkable that the only Western country were ritual female genital cuttings are systematically prosecuted is France, where it is done under the existing criminal law[2]. Prosecuting these practices under the pre-existent criminal law guarantees the formal respect of the equal protection principle because the law is applicable to everyone regardless of the ethnicity. Yet, as a matter of fact, these practices are performed only by one part of the population, specifically by migrants from former colonies. Vice versa, *ad hoc* laws recognize the specificity and

[1] See, for example, in the UK, the "Prohibition of Female Circumcision Act 1985" (replaced by the "Female Genital Mutilation Act 2003"); in the USA, the "Federal Prohibition of Female Genital Mutilation Act" (1995), integrated in specific legislations at the state level; in *Italy, the recent law* n. 7/2006, "Provisions Concerning the Prevention and Ban of the Practice of Female Genital Mutilation".

[2] The article 222-9 of the French Penal Code states: «The violence that leads to mutilation or permanent infirmity is punishable by ten years imprisonment and a fine of 150.000 euros» [the translation is mine]. Also in The Netherlands ritual female genital cuttings have been considered a criminal offence under the preexistent criminal law since 1992, but not a single court case has taken place.

complexity of such practices, which involves the relations between women and men, parents and children, health and bodiliness, individual and group, differently shaped in African and Western culture. From this point of view, an *ad hoc* law offers overall actions involving administrative law (regulating educational programs, medical, and social assistance), family law (establishing, if any, the suspension of parental authority), civil law (providing for the special compensation of the victims), immigration law (determining the status of refugee and asylum seeker), and criminal law.

Anti-FGM laws have been presented in Western countries as a response to the massive African immigration[3]. Yet, as Elizabeth Boyle and Sharon Preves argue, analyzing the American rates of immigration in the decade before the law passed, the immigration from the countries where ritual female genital cuttings are practiced remained well under 4% of the total immigration. Among this small number of migrants, the percentage of those at actual risk was even smaller because most migrants were male and not all the African women that emigrate undergo these practices[4]. These data show once again the function of anti-FGM laws is fundamentally symbolic. Anti-FGM laws accomplish the ideological distinction between "Western culture" and "barbaric traditions", ultimately between "us" and "them".

The ideological attitude of Western legislators is clearly showed by the rejection of the proposal related to symbolic genital cut. In 1996, the Harborview Medical Centre of Seattle submitted a proposal to perform in the hospital an alternative, ritualized, and symbolic circumcision. The symbolic cut consisted in nicking on external genitalia without tissue removing (in which technically consists the circumcision), performed under anesthesia and requiring informed consent of the parents. This proposal aimed at obtaining a duplex goal: on the one hand, preventing the unsafety and health risk of ritual female genital, while, on the other hand, preserving a practice perceived as meaningful by the practitioners. The proposal satisfied the members of the migrant community that required circumcision for both their daughters and sons. Moreover, the proponent aimed to avoid painful tissue removal in order to protect girls' health and prevent any direct or collateral effect. The compromise was an alternative to the ritual female genital cuttings able to joining both the practicing communities and the legal and ethical commitment of Western medicine. Therefore, the symbolic circumcision was presented as a transitional measure in order to reach a complete and participated abolition of the practice in the future generation of migrants. Yet, an incredible outcry aroused against the misunderstood proposal

[3] Although the term "ritual female genital cuttings" is used through the paper, I use here the term "anti-FGM" because the legislation is specifically conceived as a tool to protect women against mutilations.
[4] BOYLE AND PREVES 2000: 722.

that was eventually blocked (Coleman 1998). In 2004, a similar proposal was submitted in Italy, producing a similar public outcry and rejection[5].

I examine the case of ritual female genital cuttings practiced by migrant women in Western countries as paradigm of the impasse that the feminism versus multiculturalism discourse can cause. The position of feminists in the public debate around these ritual practices reveals the difficulties of main-stream Western feminism to conceive both women's autonomy and diversity. In order to revisit the Female Circumcision/Genital Mutilation/Cutting discourse I analyze the terminology, the current legislation, and the socio-symbolic meanings of these practices. I conduct a comparative analysis between the *ritual female genital cuttings* and some Western practices such as Victorian clitoridectomy, designer vaginoplasty, and breast implantation. Several questions orient my analysis: how should we name these ritual interventions? What is their social meaning? Do ritual female genital cuttings gain further significance in the Western context? Are female genital interventions an African anomaly? Are ritual female genital cuttings comparable with breast implantation? Is criminal law an effective tool? What lesson could be learnt from the failure of the anti-FGM banning enforced by colonial powers in African countries? How could Western liberal societies alternatively regulate ritual female genital cuttings?

In approaching one of most controversial topics related to cultural differences from a multicentered feminist perspective I aim to address a theoretical interdisciplinary perspective as well as a practical approach, which allows understanding differences as "diversity to be protected". In this way, differences become a path for socio-cultural integration rather than a locus of cultural and racial discrimination in Western countries.

2. *What is in a Name?*

> Naming does things. It states. To state, it must both conjoin and disjoin, identify as distinct and identify as connected [...]. Naming selects, discriminates, identifies, locates, orders, arranges, systematizes (Dewey and Bentley 1949: 133).

The first complex task is to name these ritual practices. Scholars commonly use the term "female genital mutilation" (FGM)[6]. Yet, this reflects

[5] ABDULCADIR 2006, GALEOTTI 2007, PASQUINELLI 2007.

[6] As temporary advisor of the WHO, at the Seminar on Traditional Health Practices Affecting the Health of Women and Children (Khartoum, 1979) Franz Hosken

the Western perspective. It ignores that the practicing population do not perceive these practices as maiming, but rather as a body modification satisfying canons of beauty, hygiene, and social order that are deeply-rooted in their cultures. Rather, the expression "mutilation" alludes to disabling or maiming a limb or organ, implying a negative evaluation of the practices. From the Western perspective they are cause of infirmity, irreparable disfigurement of the body, and permanent deprivation of the body integrity. As the term female genital mutilation is evidently conditioned by a value judgment, I consider it unproductive for a research whose goal is understanding and finding reasonable ways of accommodating such practices in Western countries.

The communities where these traditional practices are performed generally use the expression "female circumcision"[7]. "Female genital mutilation" and "female circumcision" clearly allude to very different sets of meanings. The practicing communities do not use the word "mutilation", refusing the idea that they are disfigured and that they are maiming their daughters in turn. Vice versa, they use the term "circumcision" emphasizing the inherent initiatory dimension of the practice. Furthermore, the language "female circumcision" shows a perceived analogy between male and female genital modification.

Yet, the analogy between male and female rituals does not exist in the case of the more severe cuts. For this reason, I believe the term circumcision is inappropriate to describe the variety of the practices performed, which range from circumcision to excision, and infibulation[8].

presented a report which, for the first time, officially addressed these practices as Female Genital Mutilation.

[7] Female circumcision is the term used in the English written literature. Yet, a broad variety of terms are used to address these practices. In Egypt, for instance, the uncircumcised girl is called nigsa (unclean), and in Sudan the colloquial term for infibulation is tahur (cleansing, purification). In Mali and Mauritania, the clitoris is considered ugly and the cutting is known as tizian (to make more beautiful) and gaad (to cut off). See ERLICH, 1986: 193.

[8] Under the category "ritual female genital cuttings" is possible to distinguish basically three different typologies on the basis of the invasiveness of the cuts:

1) Circumcision (also called as clitoridotomy, -τομία, Greek for "cut", "incision") is the mildest form of genital cutting. This involves the clitoral hood removal, but it preserves the clitoris and the posterior larger parts of the labia minora. In Islamic culture, circumcision is known as sunna (tradition), because it is mentioned in some ahadith (the sayings of the prophet Muhammad). This kind of cutting can be equated to male circumcision.

2) Excision (also known as clitoridectomy, ἐκτομή-, Greek for "excision") involves the removal of the entire clitoris and can include the cutting of the labia majora and minora.

3) Infibulation is the most severe cut. Derived from the Latin fibula (pin), the term "infibulations" recalls the pin used to keep closed the Roman toga, also used to "close" the

Albeit no name is value-neutral, I think a successful attempt to name these practices has been made in 1996 by the United Nations Population Fund (UNFPA) with the expression "female genital cutting" (FGC). The explicit intent was to be nonjudgmental. In order to avoid demonizing certain cultures, religions, and communities the expression "female genital cutting" has been adopted by the most recent official documents [9]. For these reasons I opt here for this expression, adding the adjective "ritual" to allude to the inherent cultural and ethnic dimension of this body modification[10]. Thus, I will use here in after the language *ritual female genital cuttings*. The plural form is intended to address the different typologies of cut included under this entry[11].

3. *Why are Ritual Female Genital Cuttings Performed?*

> Circumcised girls, come, we go home. You have come from uncircumcised girls and now return to women. Circumcised girls, come we go home to be eating a goat with *nkobe* and no one will bother you. You will not enter that home [of you parents]. Let the parents be told, "It [the clitoris] has been removed". Let her enter and get married (Thomas, 2003: 32)[12].

While the origins of ritual female genital cuttings are unknown, several studies analyze their symbolic meanings as well as their linkages to

genitalia of slaves for preventing them from sexual intercourse. This is also known as "Pharaonic circumcision", because it seems to have been performed in the ancient Egypt. It consists in removing the clitoris, as well as the whole labia, and suturing all together in a way that only a small orifice is left. To allow sexual intercourse on the nuptial night it is necessary a new cut to de-infibulate the woman. A bigger cut is necessary before childbirth. After the birth re-infibulation is generally performed. In some tribes re-infibulation is performed each time the husbands go traveling. It is also performed on widow and divorced women.

4) Type IV is a residual category that includes diverse range of practices that were found primarily among isolated ethnic groups, alone or in combination with other types of cuttings. Also symbolic incisions of the genitalia are included under this category.

[9] See annex to USAID Policy on Female Genital Cutting (FGC): Explanation of Terminology, see at http://www.usaid.gov/our_work/global_health/pop/techareas/ fgc/annex.html.

[10] See also GRASSIVARO GALLO et al. 2006. Pia Grassivaro Gallo suggests adopting the expression Ethnic Female Genital Modification as the term "modification" lacks of judgmental value and includes both reductive and expansive genital interventions, and the term "ethnic" alludes to the underlying cultural motivation and the plurality of populations involved.

[11] I avoid the acronyms as they suggest the idea of a dangerous and incomprehensible disease.

[12] A song performed when the initiates are carried to their seclusion houses, quoted in.

social relations, conception of the human being, aesthetics of the body, and religious beliefs. Practitioners provide religious, socio-symbolic, and aesthetic rationales that are often misunderstood and not taken seriously by Westerners. The context in which the cuttings are performed varies from place to place. Some communities perform ritual female genital cuttings at home in the presence of female family members, whereas other communities perform them away from home, even outdoors[13]. The age varies among the different groups, but usually the practices mark the entrance into adulthood. While they are usually performed on occasion of menarche, some groups practice it a few days after birth[14]. As these rituals constitute a celebratory occasion they are traditionally accompanied by special foods, dance, and songs. These practices have multiple socio-symbolic functions emblemizing coming of age, ethnic identity, gender definition, and marriageability. In sum, ritual female genital cuttings constitute a complex set of meanings rooted in culture and handed down from generation to generation. These meanings undergo change through political moments and socio-cultural contexts in African countries as well as in the Western diaspora.

Among many populations, ritual female genital cuttings are performed with the intent to purify, sanitize, and beautify. Especially in countries of Eastern Africa, both male and female genitalia are considered impure, dirty, and ugly[15]. Moreover, menstrual blood and all genital secretions are considered a taboo. For a similar reason male circumcision is performed in order to prevent the contamination of semen by urine[16].

Many anthropologists explain ritual female genital cuttings in terms of initiation rites, as a moment that marks the passage from puberty into adulthood. According to the tradition, exclusively women perform ritual female genital cuttings. The initiation symbolizes the passage into adulthood, preparing girls for marriage. During the initiation ceremonies, young girls are taught female hygiene, sexual life, and other life lessons they need[17]. Girls initiated at the same ceremony develop a strong sense of solidarity,

13 FAVALI 2001: 37.

14 For an account on the current trends of lowering the age of the girls and abandoning the ritual for a safer hospitalized environment, see HERNLUND (2000).

15 Among some groups it is believed that the clitoris is a dangerous organ, which can kill a man during the sexual intercourse or damage the baby during the childbearing. See BLACKLEDGE (2004).

16 ABU-SAHLIEH, 1994: 74.

17 In Sierra Leone, the passage from childhood to womanhood occurs when young girls are initiated into traditional women's secret society. The women's secret society constitutes an important form of resistance against male dominance. See Little, (1949).

mutual aid, and sisterhood[18]. Ritual female genital cuttings are part of a larger cultural framework that addresses female identity preservation and integration. These initiation rites have direct relevance to marriageability. An initiate becomes an adult woman and thus ready to be a wife and mother[19]. African mothers want their daughters undergoing ritual female genital cuttings because an uncircumcised girl is considered unacceptable for marriage. This explains why women are the strongest proponents and defenders of the practice and why the physical suffering is seen as preferable to the social ostracism one might otherwise experience[20].

Moreover, genital cuttings function to define sex and gender identity[21]. The understanding that «one is not born, but becomes a woman» is embedded in the African popular culture[22]. It is believed that children are by nature bisexual. The androgyny for boys is supposed to reside in the penis foreskin and for girls in the clitoris. As a part of the rite of passage into the adulthood, adolescents come to lose these outward signs of sexual duality before assuming adult bodies and roles. The ensuing pain from ritual female genital cuttings marks the passage from childhood to adulthood. For girls, it brings home the lesson that pain is integral to woman's life, made of domestic fatigue,

[18] «A general and important feature resulting from both Poro [*men's secret society*] and Sande [*women' secret society*] schools is the sense of comradeship imparted. Initiates obtain a feeling of participating in a national institution. The common bonds of the society unite men with men, and women with women, as fellow members over a very wide area, and to an extent which transcends all barriers of family, clan, tribe, and religion. It is this corporate sense arising largely out of the memory of experiences shared at an impressionable age which is mainly responsible for the extra cultural significance of Poro and Sande. It is something, quite apart from a person's social status and position, upon which he or she can draw at any time for mental and moral reassurance» (LITTLE, 1949: 5).

[19] In this respect, the ritual female genital cuttings represent a sort of mark of virginity that stresses the role of women as mother through the celebration of fertility. According to some popular belief, reducing sexual desire prevents women from losing their virginity in premarital sex, regarded as immoral in many, though not all, African society. However, it has been argued that female genital cuttings − even in the extreme form of infibulations − cannot serve to secure women's virginity, as a re-infibulation before the marriage can "restore" the lost virginity. See BILOTTI (1996).

[20] NNAEMEKA, 2001.

[21] GRUENBAUM, 2001, SHWEDER, 2002, GRANDE, 2004.

[22] See the suggestive description of gender-borders mobility in Sierra Leone by Aminatta Forna: «From the day a woman joined the men's society she would be called Pa, give up her creel and learn to use a line and hook, exchange the stool at the back of the house for the hammock at the front, swap her snuff for a pipe. And she relinquished her place in the society of women. The mambores. The women who lived as men» (Forna, 2006: 247).

childbearing, and childrearing. Pain, as an intense, formidable sensation is deployed to bring about a change in consciousness as adult. The conjoined undergoing of pain fosters the sense of social cohesion and bonding. The initiation serves as "culturization" of pain[23].

Furthermore, ritual female genital cuttings are deeply entwined with ethnic identity. Ritual female genital cuttings have to be understood in connection with a group-centered, socio-legal structure. Since group and sub-group formation is based on traditional social structure, ritual female genital cuttings play a crucial role in the creation of social relations. Moreover, each group competes with others and has to assert itself by enforcing its own rules on its members. By enforcing these rules, the group gains legitimacy as autonomous law-making center[24]. Along with facial scarring, tattooing, piercing, costumes, languages, and religions, the differences in the type of genital cutting function as ethnic markers. As Jomo Kenyatta explains, ritual female genital cuttings are fundamental to the tribal psychology, asserting and reinforcing the educational, social, moral, and religious belonging to the tribe[25]. Understanding ritual female genital cuttings as a mark of identity linked to gender, class, and ethnicity provides a significant insight into the persistence of the practice, and explains why the practices spread further in Western countries[26].

4. *Anti-FGM Laws in Colonial Africa*

Ritual female genital cuttings have been strongly tied to local movements against colonial power. To this extent, ritual female genital cuttings have come to symbolize African identity and freedom. Colonial laws banning ritual female genital cuttings were received by Africans at worst as threats to ethnic identity and, in the least as interference against their cultural and social order. The colonial laws were thus repudiated and ritual female genital cuttings converted into a champion of resistance against colonial powers.

This is clearly represented by the Kenyan story of *Ngaitana*. In 1956, the male-formed local council of Meru town – under colonial administration since the 1930s – voted unanimously to ban clitoridectomy[27]. In response to this, groups of teenage girls circumcised themselves, without ceremonies and celebration. *Ngaitana* was how they called themselves, which means "I will circumcise myself".

23 MORINIS, 1985:164.
24 GRANDE, 2004: 9.
25 KENYATTA, 1938: 133.
26 GRUENBAUM, 2001: 102.
27 THOMAS, 2003: 79ff.

The *Ngaitana* girls chose circumcision as a way to claim their autonomy. Their claim of autonomy was both from African men attempting to control female body, and colonial power attempting to control African politics. In this way *Ngaitana* girls formed part of the so-called *Mau Mau* revolt. Circumcision became a means of demonstrating loyalty to Kikuyu tradition and challenging the colonial rule, becoming a tool of empowerment and resistance[28].

As Wairimu Ngaruiya Njambi points out, emphasizing the colonial history of the political struggle associated with ritual female genital cuttings shows the importance of understanding cultural practices as a site of multiple possibilities where individuals and groups actively invent and reinvent themselves strategically[29]. This instance shows the inadequacy of Western understanding of ritual female genital cuttings just as a patriarchal tradition. This offers an image of girls as agents rather than passive victims of a patriarchal tradition. The *Ngaitana* story can thus offer an important lesson for contemporary Western anti-FGM legislators. This story helps to understand that, in Western countries, ritual female genital cuttings have became a symbol of national identity, tradition, and authenticity. Whatever significance they had in the homeland, ritual female genital cuttings gain further meanings, becoming a claim of identity. They transform the female body in a flesh and blood ethnic boundary. Indeed, *Ngaitana* story suggests the perils related to criminal prohibitions about ritual female genital cuttings, warning from constructing feminist politics across cultural lines without listening to the voices of those associated with these practices[30].

5. *Notes on Victorian Clitoridectomy, Designer Vaginoplasty, and Silicone Breast Implant*

> Cultural analysis of gender at times produces static images which are no less deterministic than biological explanations of male/female roles in society […]. The dynamic of both processes catches women in a spiral. By not discussing both systems as part of an interactive process, the Arab world is discriminated against because of the way we construct their treatment of women. At the same time a self-satisfied incremental view of

[28] KERSHAW, 1997: 190; PRESLEY, 1988.

[29] NJAMBI, 2007: 705-706.

[30] As Susan Pedersen asserts, while for British feminists political emancipation grounded on the assumption that women's interests could not be adequately represented by men, they had few scruples about speaking for African or Indian women whom they had never consulted. See PEDERSEN, 1991: 679.

> progress is perpetuated in the West which serves to divert attention from the varied mechanisms of gender control in Western Europe and the United States (Nader 1999: 347).

In the nineteenth century, clitoridectomy and hysterectomy (i.e. the removal of uterus and ovaries) were performed in England as surgical solutions to cure anomalous women's behavior that were considered as symptoms of mental disorder. Specifically, they were used for the treatment of masturbation, lesbian inclination, hyper-sexuality, and hysteria. In the USA until 1905 to prevent masturbation the labia were sewed together (i.e. infibulated) and until 1935 clitoridectomy was used in mental hospital to treat epilepsy, catalepsy, melancholy, and even kleptomania[31]. Last but not at the least, should be here reminded that in 1925 Sigmund Freud stated that the «elimination of clitoral sexuality is a necessary precondition for the development of femininity»[32].

This perspective sheds new light on the mainstream feminist discourse about ritual female genital cuttings. As George Rosenwald powerfully explains,

> The process by which narratives evolve so as to broaden understanding and action may be conceived as follow. When people tell life stories, they do so in accordance with models of intelligibility specific to the culture. Without such models narration is impossible. These models are consonant with the forces that stabilize the given organization of society (Rosenwald 1992: 265).

The arguments used by Western anti-FGM activists reflect the past Western experience of clitoridectomy. Through these lenses the cut of the clitoris is viewed as a castration of femininity and the initiation rites as a tool of patriarchal societies to control female sexuality. For this reason, among the various meanings that inform ritual female genital cuttings, many Westerner feminists consider only those related to the control of women's sexuality, virginity, and marriageability, conceiving all the other reasons as fake and superimposed. The aim to control women's sexuality seems at the Western eyes the only plausible reason to perform such practices because this was the only aim of Western "therapeutic" clitoridectomy. At the same time, the history of clitoridectomy is often dismissed by arguing that Western countries are more advanced than non-Western nations as they have abandoned practices that those nations still employ. Yet, as Nancy Ehrenreich and Mark Barr argue, other practices of body

[31] SHEEHAN, 1981.
[32] FREUD, 1925: 255.

modification are used nowadays in Western countries in order to adapt women's bodies to patriarchal gender norms[33].

All over the world cultural forces works together in shaping the idealized image of the female body. This does not happen only in the "backward South of the world", but also and foremost in the "modern and civilized" Europe and USA. Although it is believed that African women undergo ritual female genital cuttings because of their low level of education, Western women increasingly undergo painful and health hazardous cosmetic surgery in spite of their high level of education and their "liberated" way of life[34]. Cosmetic genital surgery, such as hymen repair, vaginal tightening, clitoral hood removal (clitorodomy), lifting, and reduction of the labia, are increasingly performed for non-therapeutic reasons[35]. Substantially, they do not differ from ritual female genital cuttings, apart from being performed in hospitals and being performed for enhancing sexual pleasure, rather than for celebrating a traditional rite. Similarly, breast augmentation is expected to provide women with greater sexual appeal, enhance self respect, and increase social recognition thanks to their new perfect "plastic" body.

These results are reached through an out-and-out business: the cosmetic surgery[36]. The persuasive power of plastic surgery derives from being framed within the accepted notion of medicine and its unchallenged authority. From its position of power, "Medicine" defines pathology, disease or deformation[37]. The American Society of Plastic Surgeons has defined the small breasts as a serious disease resulting in the patient's feelings of inadequacies, lack of self-confidence, self-perceived feminin-

[33] EHRENREICH and BARR, 2005: 91.

[34] Martha Nussbaum asserts that «in the United States, as many women as men complete primary education, and more women than men complete secondary education; adult literacy is 99% for both females and males. In Togo, adult female literacy is 32.9% (52% that of men); in the Sudan, 30.6% (56% that of men); in the Ivory Coast, 26.1% (56%); in Burkina Faso, 8% (29%). Illiteracy is an impediment to independence; other impediments are supplied by economic dependency and lack of employment opportunities. These facts suggest limits to the notions of consent and choice» (NUSSBAUM, 1999: 123).

[35] Laser Vaginal Rejuvenation (LVR) is performed to tighten vagina and enhance sexual gratification and Designer Laser Vaginoplasty (DLV) to aesthetically modify the labia. The world famous Dr. Matlock (Laser Vagina Rejuvenation Institute of Los Angeles) performs Laser Vaginal Rejuvenation, Designer Laser Vaginoplasty, G-spot augmentation, Brazilian Butt Augmentation. For the results of procedures, see at http://www.drmatlock.com/gallery.htm.

[36] See the Statistics of Cosmetic and Reconstructive Procedure Trends by the American Society Plastic Surgeon at http://www.plasticsurgery.org/ media/statistics/2006-Statistics.cfm .

[37] COCO, 1994: 104-110.

ity, and wellbeing. This disease has got a name: micromastia[38]. Surgeons have also found a lucrative cure: the silicone breast implants[39].

Breast implantation has short- and long-term health effects too[40]. Breast implants short term complications are hemorrhaging, infections, hematomas, while long term complications range from the hampering of detecting trough mammogram, formations of keloid, capsular contracture (almost 60%), to atrophy of the muscular zone, lost of sensitivity in the nipples, and autoimmune disorders. Moreover, implant deflation and leakage occur with time, requiring news surgeries with the connected risks. Mental health problems also are connected with breast's deflation[41]. Nonetheless, in Western countries breast implantation is even allowed on minors with the consent of only one of the parents[42].

Vice versa, other sexual organ modifications such as ritual female genital cuttings are punished as a crime no matter whether or not they are harmful. As Carla Obermeyer points out, among anti-FGM activists is often shared the attitude of assuming as indisputably true data that actually are rarely investigated[43]. Even in absence of complication ritual

[38] A part from the rare cases of incomplete development of the pectoral muscle, this medical term is used above all for the self- perceived inconsistency between the body image and the social internalized images of desirable breast size/shape.

[39] The cost of breast implants ranges from 4,000 $ to 10,000 $. See at http://www.plasticsurgery.org/media/statistics/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=23761 the 2006 average surgeon fees, and the explanation of procedures at http://www.plasticsurgery.org/ patients_consumers/procedures/procedure-animations.cfm.

[40] Martha Nussbaum offers that «in the United States, as many women as men complete primary education, and more women than men complete secondary education; adult literacy is 99% for both females and males. In Togo, adult female literacy is 32.9% (52% that of men); in the Sudan, 30.6% (56% that of men); in the Ivory Coast, 26.1% (56%); in Burkina Faso, 8% (29%). Illiteracy is an impediment to independence; other impediments are supplied by economic dependency and lack of employment opportunities. These facts suggest limits to the notions of consent and choice» (NUSSBAUM, 1999: 123).

[41] COCO, 1994: 126.

[42] See at http://www.plasticsurgery.org/media/briefing_papers/Plastic-Surgery-for-Teenagers-Briefing-Paper.cfm.

[43] OBERMEYER, 1999: 97 and 2003: 404-407. In reviewing the existing medical literature on ritual female genital cuttings health risks, Carla Makhlouf Obermeyer (Department of Population and International Health, Harvard University) concludes that most of the literature on the risks of medical complications does not reach the minimum scientific standards and that the widely publicized medical risks are the exception rather than the rule. On the basis of the literature on medical problems (ranging from general health problems, bleeding, infections, lesions, scars, cysts,

female genital cuttings are supposed to compromise health. As a consequence also the adult's consent is immaterial for ritual female genital cuttings.

Ritual female genital cuttings and breast implantation are also to be compared in relation to sexual functioning. Ritual female genital cuttings are supposed to prevent women's satisfying sex life. Serious concern surrounds women's practicing ritual female genital cuttings in spite of the data proving that even women who have undergone the most severe cut can have satisfying sexual life[44]. Vice versa, albeit the lost of sensitivity in the nipples can be a side effects of silicone breast implant, no concerns arise over the sexual functioning of women with silicone implants. Yet, as William Master and Virginia Johnson explain, it cannot be physiologically distinguished between orgasms coming from clitoris or breast stimulation[45]. According to the data collected by Lucrezia Catania and Omar Abdulcadir Hussen[46], using the FSFI (Female Sexual Function Index) with infibulated women – without health compliance and having a satisfying emotional relation with their partner – only the 3,65% cannot achieve orgasm[47]. This is inexplicable without trespassing the strict borders of biology and conceiving sexual dysfunction as a multicausal and multidimensional problem, combining

urinary problems, pain, to infertility, labor and delivery problems, reproductive problems, as well as sexual problems) there is no evidence that the medical problem suffered by circumcised women are result of the operation, as the statistics do not show a relevant number of circumcised women in worse health conditions compared to uncircumcised women.

[44] Against the common topic that ritual female genital cuttings prevent orgasm see also LIGHTFOOT-KLEIN, (1989); OBERMEYER, (1999); GRUENBAUM, (2001).

[45] MASTERS, JOHNSON and KOLODNY 1995: 84) Moreover, Helen O'Connell and her colleagues have recently showed that the clitoral body projects from the bone into the mons pubic fat, it descends and folds back on itself in a boomerang-like shape. What is commonly called "clitoris" is only a small external extension of the body of the clitoris. Yet, «the entire cluster of related tissues (distal vagina, distal urethra and clitoris including the bulbs, crura, body and glans) should be included in the term clitoris. The distal vagina and urethra are clearly related, forming a midline core to the clitoris […]. Such an inclusive concept would probably lead to the cessation of artificial discussions on the unnecessary separation of the orgasmic focus, that is clitoral vs. vaginal» (O'Connell et al., 2005).

[46] CATANIA and ABDULCADIR, 2005: 168-183. For analogous clinical trials, see OKONOFUA et al. (2002).

[47] The Female Sexual Function Index (FSFI) is a valid and reliable tool for measuring the female sexual functioning based on questionnaire including desire, arousal, lubrication, orgasm, satisfaction, and pain. See ROSEN, et al., 2000.

biological, psychological, and interpersonal determinants[48]. Integral genitalia alone do not guarantee satisfying sexual intercourse. Indeed, according to the statistic data, female sexual dysfunction is a highly prevalent condition, affecting up to 40% of women in the United States[49]. As Thomas Laquer powerfully asserts,

> The tale of the clitoris is a parable of culture, of how the body is forged into a shape valuable to civilization despite and not because of itself (Laqueur 1990: 236).

As health risks and problems in sex functioning alone do not seem enough for a criminal provision regarding breast implantation, one may think that the reason for banning ritual female genital cuttings (and not silicone breast implants) is its underlying structure of male dominance. As it has been loudly asserted, ritual female genital cuttings, shaping female body and sexual attitude, are unquestionably linked with male desire of controlling woman sexuality. It is strongly believed that eradicate ritual female genital cuttings is a fundamental step to liberate African women from patriarchy[50]. Yet, as Linda Coco powerfully offers, also breast implantation aims to re-draw the geography of the body according to a particular ideal of femininity and psycho-relational health, shaping the female body and modeling women's sexual attitude. Breast implants reveal women's internalized desire of satisfying the ideal body image created by male sexual fantasies. Anyhow, the patriarchal structure implied in breast implantation does not seem enough to ban this surgical intervention. No matter how their preferences have been formed, women undergoing breast implantation are viewed as autonomous and freely choosing individuals. The fact that for ritual female genital cuttings a completely different parameter is applied sounds at least inconsistent, if not also contradictive. Or better, it reveals an ethnocentric perspective that keeps judging the Other as unable of self-government, victim of backward culture, and in need to be liberated by Western civilization.

[48] «Different intensities of orgasms arise from physical factors such as fatigue and the time since the last orgasm as well as from a wide range of psycho-social factors, including mood, relation to partner, activity, expectations, and feeling about the experience. For all these reasons, trying to describe orgasm is a difficult task because each individual's subjective experience includes a psychosocial as well as physiological dimension» (Masters, Johnson and Kolodny, 1995: 81).

[49] Data from the National Health and Social Life Survey show that a third of women lack sexual interest and nearly a fourth does not experience orgasm. See ROSEN et al., (1993); LAUMANN et al., (1999).

[50] NUSSBAUM, 1999.

6. *Controlling Processes: the Concept of Health*

> While power is both means ways in which people are controlled and ends, the prize of political strategy a concern with controlling processes focuses on power as means the way in which individuals and groups are influenced, persuaded to participate in their own domination, and thereby controlled (Nader 1994: 1).

The binarism health/illness is a powerful dogma that works as «controlling process» in the framework of the female genital mutilation discourse[51]. The normative value of this bipolarity is tightly linked to the strategy of legitimating and stigmatization. Ritual female genital cuttings are an eloquent case of the different models involved in the understanding of health, body functioning and physical integrity. The combined analysis of ritual female genital cuttings, Victorian clitoridectomy, cosmetic vaginoplasty, and breast implantation shows that the "biological facts" can be differently interpreted in different cultures and times according to heterogeneous interpretative schemes[52]. Practitioner communities understand ritual female genital cuttings through social roles, familiar relations, and construction of female identity. For this reason, trying to understand these practices only through medical and purportedly neutral categories means to make invisible the socio-relational aspects, as they were merely accessories. Furthermore, this discourse misrecognizes that Western medical categories are culturally determined too[53].

This impasse can be avoided bypassing the rhetorical of Western medical knowledge — based on objective science — as opposed to irrational traditions and backward cultures, and recognizing that also breast implantation and genital cosmetic surgery are based on culture-bound motivations. Deconstructing the "American science versus African backward culture" dichotomy, and comparing ritual female genital cuttings to other Western interventions on women's bodies invites us to revisit the criminal treatment of the formers. If it is true that these interventions are comparable, either should be both criminalized or regulated in different ways.

[51] I borrow this term from Laura Nader that powerfully asserts: «The term controlling processes encompasses knowledge of how central dogmas are made and how they work. […] The study of controlling processes reveals the historical situatedness, production, and hegemonic force of cultural meanings. The research on controlling processes explores the dynamics of culture constructed instrumentally» (NADER, 1994: 1).

[52] For an account of the double standard in the interpretation of Westerner and Others' practices, see COCO (1994); SHELDON and WILKINSON (1998); CHASE (2002); CHAMBERS (2004); EHRENREICH and BARR (2005).

[53] FAVRETTO and MASCHERPA, 1994: 164.

As David Miller puts it, physical-cum-biological conceptions of harm, although important, are not by themselves sufficient to generate needs that can ground an adequate set of human rights. Human beings are social as well as biological creatures. They are also be harmed by being denied the conditions of social existence[54]. To this end, it is pivotal recognizing that interpreting the state of illness does not regard only the physicians. This is a social act that follows different etiological and therapeutic models attempting to interpret the biological facts. Such models also possess a normative effectiveness inasmuch as justify a particular social order which distinguishes the "normal" from the "pathological". Ultimately, illness is a biological and cultural fact. The conceptual instruments used to define a pathological status are indeed socially nested[55].

Within this dichotomous discourse, medicalization is to be understood as the institutionalized tool aimed at renormalizing the abnormality. To medicalize a practice means to recognize and legitimize it. To Western eyes, medicalizing ritual female genital cuttings would just mean legitimizing a barbaric ritual. This explains the tenacious international resistance against any attempt to medicalize even a symbolic form of ritual female genital cuttings. Vice versa, criminalization carries on the symbolic meaning of condemning a practice, establishing the borders of what it is accepted in a society. In this veiled way, criminal law ends to accomplish the function of shaping the content of cultural integration in Western society.

7. *Conclusion*

Criminal law is the instrument devoted to define a practice as "evil". The symbolic power of law to define "good" and "evil" has been strongly emphasized in the discourse on female genital mutilation, leading to neglect the practical effect of criminalization. As the history of clandestine abortion has shown, the criminalization strategy drives practices to underground, unsafe, and non-medical procedures. In the case of ritual female genital cuttings, criminalization has been preventing the parents from bringing their daughter to the hospital in case of complication, compromising health and lives of young girls. To this end, the criminalization of all ritual female genital cuttings – including symbolic female circumcision – is revealing of how principles are senseless if not referred to the specific context. Going for principles, the Western campaign against "female genital mutilation" ignores girls' and women's real life, which vice versa should be the main concern for human rights activists.

[54] MILLER, 2007.
[55] FOUCAULT, 1973.

From this perspective, the symbolic genital cut stands as a reasonable way to avoid health risks, while preserving at the same time the possibility of keeping a culturally meaningful rite. As non-irreversible and non-health-hazardous, symbolic cut can preserve the possibility for children to feel their belonging to the ethnic group, and, at the same time, give them the chance of exit once they become adults. In this way, also the parental autonomy would be respected, without any injury for the children. Furthermore, performing the symbolic cut on newborn boys and girls alike would guarantee equal treatment that is negated under the current laws. In fact, while ritual female genital cuttings are banned, male circumcision is legally performed in Western hospitals. Male circumcision is even performed as a default intervention on newborn boys in the USA (Price 1999).

Within the meaning of current legislation, it is immaterial the type of cut performed, the age, and the consent of adult women[56]. Yet, it should be distinguished between the types of cuttings enumerated by the WHO, and take into account that each type of cut differs in severity and invasiveness[57]. While infibulations (III type) involves serious long-term health problems, circumcision (I type) is judged to be not health hazardous when performed in safe and sterile conditions[58]. Banning only health hazardous practices would allow preserving

[56] See, for example, the UK Female Genital Mutilation Act. When referring to the offence to excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris, the law explicitly states that the term "girl" means "woman". Within the Western legislation, the US Federal Prohibition of Female Genital Mutilation Act, and the provision of the Canadian Criminal Code constitute an exception, condemning the practice only when performed on minors. The section 268 of the Canadian Criminal Code states: «1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant. […] 3) For greater certainty, in this section, "wounds" or "maims" includes to excise, infibulate or mutilate, in whole or in part, the labia majora, labia minora or clitoris of a person, except where [….] b) the person is at least 18 years of age and there is no resulting bodily harm». Similarly the US Federal Act states, «whoever knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both».

[57] For a description of the different type of cut see before nt. 31. As Aldeeb Abu-Sahlieh points out, the attitude towards the ban of «all forms of female circumcision is not shared by Muslim law. The latter makes a distinction between the permitted female circumcision called Sunnah, while other forms, though widely practiced, are condemned by religious circle» (ABU-SAHLIEH, 1994: 97).

[58] SHELL-DUNCAN, 2001.

adult women's freedom of choice, regardless of the "nature" of their preferences, too often dismissed as adaptive. Adult migrant women should be considered able to make free and autonomous choice when undergoing ritual female genital cuttings to the same extent as Western women when undergoing breast implantation or vaginoplasty for cosmetic reasons[59]. Insofar consent will be enough for performing any body modification but ritual female genital cuttings[60], migrant women will be considered as legal minor and unfit for self-government in a way that strongly recall colonialist attitude.[*]

[59] FRIEDMAN, 2003.

[60] TURILLAZZI and FINESCHI, 2007: 100-101.

[*] I express my gratefulness for their helpful comments on early draft of this paper to Isabel Trujillo, Alessandra Facchi, Francesco Biondo, Gianfrancesco Zanetti, Laura Nader, Leti Volpp, and Elisabetta Grande.

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