

Symposium:

Rethinking Female Genital Operations: new perspectives on the zero tolerance debate

22 May 2019 Institute for the Equality of Women and Men

Female genital mutilation (FGM) is a generic term that refers to a set of practices aimed at changing the appearance of female genitalia to meet social norms linked to sexuality, gender and aesthetics. More than 200 million women worldwide are affected by these practices, which can affect women's sexual and reproductive health and compromise their well-being and personal development. International organizations such as the World Health Organization (WHO) seem to agree on the geographical areas where FGM is practiced, the populations concerned, the types of care to be promoted and the behaviours to be prohibited. Practitioners in the field (e.g., doctors, social workers, activists), however, face a much more complex reality that undermines the coherence of the internationally approved prevention messages. The WHO condemns all forms of FGM – whether it is invasive (e.g. infibulation) or symbolic (e.g. pricking or "piercing"), medicalized or not, performed after consent or without, practiced on a child or an adult woman – the tolerance is "zero". This strategy has the merit of promoting respect for the physical integrity and rights of women. However, it has Western-centric implications that unequally distribute the right to dispose of one's body according to the "ethnic" origin of the women concerned. In fact, zero tolerance only concerns practices associated with African and South Asian countries but does not apply to female genital surgeries which are increasingly desired and practiced on adult women and teenage girls under age.

Given this double standard, several questions arise from the point of view of both critical reflection and public action: how can you ask migrant communities not to adopt pricking (symbolic form) as an

alternative to more invasive forms of FGM, when European clinics offer nymphoplasty (i.e. complete or partial excision of labia minora) and even clitoridectomy, for aesthetic reasons? How can you put forward the argument regarding the respect for the physical integrity of children, when "cosmetic surgeries" are practiced on European minors? Or, why do the law-courts (in the North) most often consider that an adult woman's consent to her own excision cannot be "valid" if (and only if) this woman is an immigrant? Two recent developments illustrate the asymmetry in the judgments (clinical, social, legal, etc.) regarding FGM and the unequal allocation of rights and capacities: on the one hand, the acquittal of a surgeon having performed cosmetic clitoridectomy on a non-migrant British woman in the United Kingdom in February 2017 <http://www.standard.co.uk/news/health/doctor-cleared-over-fgm-says-women-should-be-free-to-have-intimate-surgery-a3477941.html>); and on the other hand, in Australia the criminal conviction of parents of Indian origin suspected of having their daughter excised, while medical reports found no physical evidence of such an act (November 2015, <https://www.theguardian.com/society/2015/nov/13/female-genital-mutilation-trial-young-girl-convinced-jury-australia>)

Based on a collaboration between UNIL and ULB, the overall goal of the symposium is to initiate interdisciplinary conversations about these controversies and to create an international network of experts bringing together health professionals, researchers and practitioners working on this subject in different North-South contexts. The primary purpose of these collaborations and the network is not only to develop a "symmetrical" analysis of the questions and practices that are (and are not) controversial in the academic, professional and political debates, but also to lay the foundations for hands on prevention work and care that is not undermined by ethnocentric assumptions.

Programme

22 May 2019 at the Institute for the Equality of Women and Men

Address: Ernest Blerotstreet 1, 1070 Brussels

Introductions: 9:00 – 9:20

Cynthia Kraus (UNIL)

Asuncion Fresnoza-Flot (ULB-LAMC)

Speakers: 9:30 – 10:30

Janice Boddy, social anthropologist, University of Toronto 9:30 - 9:45

Brian Earp, philosopher, University of Yale 9:45 – 10:00

Omar Abdulcadir, gynaecologist/obstetrician, University of Florence 10:00 – 10:15

Stephanie Florquin, network co-ordinator, GAMS Belgium 10:15 – 10:30

Open debate 10:30 – 12:00

Organisers: Sarah O'Neill (ULB) and Dina Bader (UNIL)