Female Genital Cosmetic Surgery – A Harmful Practice?

The Production of Harmful Practices Within the UN SDG Context

Kamille Emilie Hüttel Rasmussen

Abstract

This research will study how the phenomenon 'harmful practices' is represented within the United Nations' new framework: the Sustainable Development Goals (SDGs) to reveal which practices are included and excluded from the goal. This framework has presented itself as being culturally diverse in its formation, strategy and application. In an attempt to capture this notion as a political goal and measure progress towards it, the UN has expanded its use of targets and indicators. The goal of 'gender equality' has incorporated a mandate to eliminate 'harmful practices' – target 5.3 - into its definition. This target is monitored through its two indicators, female genital mutilation (FGM) and child marriage. At the same time as FGM is being internationally recognized, monitored and challenged, a western cultural practice has been emerging. Female Genital Cosmetic Surgery (FGCS) shares significant medical overlaps with FGM procedures. Therefore, this research will investigate whether FGGS conforms to the UN definition of a harmful practice. Through a postcolonial and radical feminist perspective, this thesis finds that the criteria of 'harmful practices' within the UN SDG context is wide-ranging in its definition but narrow in its application. It suggests that these criteria are sufficiently broad to recognise FGCS as a harmful practice, and explores potential reasons for its non-recognition. In that sense, the SDGs might claim to be culturally diverse and inclusive in its form of language but the implementation shows a narrow understanding of 'harmful practices'.

Key words: Sustainable Development Goals, Harmful Practice, Female Genital Mutilation, Female Genital Cosmetic Surgery, Postcolonial Feminism, Radical Feminism

Words: 9998

Table of Contents

1. Introduction

In September 2015, the United Nations General Assembly adopted the resolution of 'Transforming our World: the 2030 Agenda for Sustainable Development', which founds 17 Sustainable Development Goals (SDGs) (UN 2016). The new development framework has expanded to include more concepts, targets, indicators and actors than its predecessor, the Millennium Development Goals (MDGs). It also claims to be more transformative, culturally diverse, universally applicable and contextually-grounded (Chasek et al. 2015; Razavi 2016; Gabizon 2016). In sum, the SDGs are presented as multidimensional in their formation, strategy and application. It promotes a shift away from an us/them dichotomy and unequal north-south power relations, claiming to capture the level of complexity that characterises the current international development system (Arat 2015; Ramalingam 2013, Root et al 2015). The UN has long played an agenda-setting role in women's rights and how the concept of 'gender equality' is defined, applied and measured (Moser & Moser 2005). Therefore, the new 'gender equality' goal offers an interesting space for investigation, to explore whether it is as culturally diverse and inclusive as it purports to be. The new SDG 5 has expanded its definition of 'gender equality' to include the phenomenon 'harmful practices'.

1.1 Harmful Practices as Conceived by the UN

The concept of 'gender equality' is abstract, multifaceted and open to a variety of interpretations (Butler 1990, Verloo 2007). In an attempt to capture this notion as a political goal and measure progress towards it, the UN has established a variety of targets and indicators. The UN SDG Target 5.3: Eliminate all Harmful Practices is defined, applied and monitored through its two indicators, FGM and child marriage (UN 2016). These indicators classify how progress is being measured, framing what constitutes successful gender equality and which sociocultural contexts are most closely aligned with that success. Social processes are constantly changing and developing new cultural trends, which may produce practices that are harmful outside of the realm of UN recognition (Jeffreys 2015). The indicator FGM is situated within the discourse of tradition and the 'non-west' (Arat 2015, Spivak 1988). However, the emerging practice of Female Genital

Cosmetic Surgery (FGCS) shares significant overlaps with FGM practices, but is not acknowledged on similar grounds by the UN.

1.2 FGM and FGCS

FGM was officially acknowledged internationally at the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Following this convention, the UN, national governments and non-governmental organisations began to formally recognise FGM as a harmful practice (UN 2014; UNICEF 2013). Today, the UN is monitoring FGM within 29 countries in Asia, the Middle East and Africa, where the problem is claimed to be concentrated. Within these areas, more than 200 million women and girls alive today have been subject to the practice. Although this number may seem high, it has been decreasing steadily since the 1980s (UNICEF 2016). During the time in which FGM has decreased, a comparable practice has emerged in the west (UNICEF 2013). FGCS is the fastest growing procedure within plastic surgery in the global north, and is increasingly popular within some countries in the global south (ISAPS 2016; Driscoll 2013). For example, these procedures increased by 64 per cent from 2011-12, and a further 44% from 2013-14 in the United States alone (ASAPS 2012).

As the Appendix illustrates, there are many procedural similarities between FGM and FGCS. According to the WHO's (2016) medical description of FGM and RACGP's (2015) definition of FGCS procedures, these practices overlap. FGM Type 1 is comparable to FGCS type 7, as both practices include the removal of the clitoral hood. Moreover, FGM type 2 is the removal of the labia minora, which is similar to FGCS type 1 labiaplasty. These are the most popular procedures within both FGM and FGCS. FGM type 1 and 2 account for over 85 per cent of all FGM practices, while labiaplasty accounts for over half of FGCS procedures (HRW 2010; ASAP 2016). FGM type 3 entails narrowing of the vaginal opening, the removal and apposition of the labia minora/majora, which is more severe than any FGCS practice (WHO 2016; RACGP 2015). Lastly, FGM type 4 includes any other harmful procedures, such as piercing. Despite being a prominent practice in the west, genital piercing is not included within the definition of FGCS. It is estimated that 2 per cent of the female population in the UK have pierced their genitals for cosmetic reasons (Bone et al. 2008).

FGM has been defined as a harmful practice within the SDG framework, as cutting for non-medical purposes constitutes a human rights violation. Since the early 1990s, efforts have been made to situate FGM within the discourse of human rights, beyond the narrow, medical emphasis on health (UNICEF 2013;

WHO 2008). As a result of its incorporation within the discursive realm of human rights, many western and non-western countries have adopted national legislation against FGM. Indeed, 24 out of the 29 countries where FGM is monitored have adopted legislation against the practice (UNICEF 2013). Moreover, FGM became a criminal offence in the UK in 1985, with a penalty of 14 years of prison. According to UK national law, *'a person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris'* (NSPCC 2017)*,* with exceptions for physical and mental health as well as childbirth. These laws have been central to debate within the medical industry, amid the growing popularity of FGCS. This is because medical practitioners have had considerable difficulty distinguishing between FGM and FGCS procedures. Due to the difficulty of determining whether a patient's request for surgery is related to FGM or FGCS, physicians have had to focus on mental health prior to surgery, as this forms an exception to the prohibition (RACGP 2015; RCOG 2013).

1.3 Significance of Purpose

The overall purpose of this research is, through a postcolonial feminist perspective, to question the ideological and sociocultural underpinnings of the UN SDG's definition of 'harmful practices'. This will be achieved by denaturalising the discourse surrounding 'harmful practices' itself. This will situate the conceptual framing of this target within its geopolitical context. Indeed, goals, targets and indicators are frequently mobilized within UN documents and development settings as if they were free of geopolitical determinations. This research will attempt to puncture the universalised, ahistorical, empty space within which this term operates, to illuminate the cultural, historical, geographical and political specificity of its production. This aims to incorporate a greater degree of reflexivity within this discursive field. This will provide a platform for discussion regarding whether the indicators used to evaluate harmful practices are contoured by these contingencies. This, in turn, will stimulate an interrogation of whether FGM as an indicator of target 5.3: Eliminate All Harmful Practices is also compatible with FGCS (UN 2016; Spivak 1988).

The arguments within this thesis build upon strong, postcolonial feminist foundations regarding the significance of reflexivity and discursive power relations. To grasp the contextual underpinnings of SDG 5.3, a critical interpretive lens is required. Postcolonial feminism critiques the UN's notion of 'gender equality' for promoting western cultural norms. Its proponents argue that the representation of the 'third-world woman' is based on mismatched assumptions

and stereotypes (Mohanty 1988; Arat 2015; Spivak 1988). This theoretical framework will function alongside a critical discourse analysis to analyse the overall aim of the SDG framework. This will contextualize the phenomenon of 'harmful practices' in general, and FGM in particular. This will be followed by an analysis of target 5.3, and its associated indicators. A deconstruction of this target will reveal geopolitical and sociocultural contingencies, which will illuminate potentially excluded practices as well as the reasons underpinning this exclusion. Moreover, the link between the production of 'harmful practices' and its application will initiate an investigation of whether FGCS constitute a harmful practice on similar terms as FGM. The purpose of this thesis is reflected in the following two research questions, which will guide this thesis.

1.4   Research Questions

Question 1 is the primary, overarching research question, and will be supported by question 2. The question is secondary in both its order and its significance. Its principal aim is to build upon the concepts mobilised to address the first question by grounding them in an example (De Vaus 2001:221).

1. *How is the phenomenon 'harmful practices' represented within UN SDG target 5.3?*
2. *Can FGCS be acknowledged as a harmful practice within the UN SDG context?*

1.5   Outline

Following this introductory section, this thesis will provide previous research and background on the thesis topic. This second chapter will contextualise the topic and offer a strong platform for analysis. Chapter three will present the theoretical framework, in which the primary theory of postcolonial feminism will be supported by the mutually complementary theory of radical feminism. These theories provide the interpretive lens of the thesis, and will shape the way in which the research questions are addressed. Chapter four will present the methodology, which will contain an introduction to the ontological position, the empirical material and the chosen method. Chapter five will develop the analysis, which has been divided into two sub-sections. First, an analysis of the concept 'harmful practices' within the SDG context will address the primary research question. Second, the exploration of the specific case of FGCS, in relation to FGM, will engage with question two. Finally, the sixth chapter will discuss and conclude on the findings of the analysis.

2. Background

First, this chapter will provide a short overview of the SDGs and its production of 'harmful practices'. Second, a medical background to the similarities and differences between FGM and FGCS will be explored, in order to both strengthen and situate this research.

2.1 The UN SDG Target 5.3

Although the 2015 SDG framework is a relatively recent construction, there exists a broad body of UN-based and academic literature on its production. Multiple concerns have been expressed in relation to this agenda, such as how the UN can manage to be inclusive and culturally diverse while simultaneously being universally applicable (Chasek et al. 2015 Willis 2016; Razavi 2016). According to Gabizon (2016), the negotiated gender equality references in targets are not reflected in the indicators. Due to the lack of specific articles on the production of the target 'harmful practices', this research will have to rely on academic literature on the broader SDG framework and gender equality goal. This widened scope will slightly dilute the link between the linguistic text and its discursive field.

According to UNSD (2016), the background information used to construct SDG 5.3 stems from CEDAW's definition of harmful practices, UNICEF and WHO. These agencies were also the primary sources for the indicators through which harmful practices are monitored. UNICEF is primarily concerned with children's rights, which influences the language surrounding the definition of harmful practices in general, and FGM in particular. The WHO focuses on health, and has thus developed a medical definition of FGM, which will be most relevant when comparing FGM with FGCS. Chasek et al. (2015) suggest that the UN Statistical Commission produced the indicators for all the SDG targets. Therefore, this research will rely on references from the UN Statistics document on target 5.3 (UNSD 2016). UNICEF currently has the mandate for the global monitoring of FGM within the UN system. This renders it the best-suited candidate to provide information on the indicator FGM (UNSD 2016; UN 2014).

2.1 Health Risks from FGM and FGCS

There is an extensive literature surrounding FGM as a harmful practice, due to its long-term international recognition. However, for the purpose of this research and due to the UN SDG 5:3 being the principal space of analysis, the FGM information will primarily stem from UN-based literature. In contrast, FGCS is an emerging phenomenon, which has not yet been explored as a potential harmful practice by the UN's definition. As a result, there is scarce data or academic literature available on this practice. The foremost information available stems from medical publications. There seems to significant overlaps in health risks between FGCS and FGM (RCOG 2015; UNICEF 2013).

The primary data on FGCS stems from the British, Australian and American Colleges of Obstetricians and Gynecologists: RCOG (2017), RACGP (2017), and ACOG (2017). These institutions engage with FGCS practices critically in comparison to the information provided by the private medical sector. It appears reasonable to suggest that the private medical sector has a strong economic incentive to minimise the harmful and potentially problematic aspects of FGCS in its portrayals (Jeffreys 2015). Therefore, this research will prioritise the information of academic journals and medical research over that of private practices, due to the different motives behind the construction of documents. This material showed that there are potential immediate complications involved with FGCS surgeries such as bleeding, wound dehiscence, delayed or incomplete healing, scarring and infection. For example, in cases of FGCS, wound dehiscence - that is, a rupturing of the surgical incision - was reported in up to 30 per cent of cases, which may lead to the need for revision operations (RACGP 2015; RCOG 2013). According to UNICEF (2013), similar risks were identified in cases of FGM. Both UNICEF (2013) and RACGP (2015) state that long-term risks are more difficult to identify in the respective practices as little research has been conducted on this area. However, both suggest that there is a high risk that their short-term complications can produce nerve damage, and a consequent loss of feeling. In the case of FGM 2 and FGCS 1, there is a high risk of an excessive removal of tissue which can result in long-term pain (Appendix).

Recent case studies have been conducted on why women choose FGCS and the impact of this practice on well-being. A qualitative analysis, based on post-operation interviews, showed that FGCS did not have a positive effect on participants' psychological well-being or intimate relationship quality (Sharp et al. 2016). Another qualitative study conducted 443 interviews and asked 31 questions to general practitioners (GPs) about their patients seeking FGCS. This research

found that 50 per cent of GPs observed that their patients suffered from psychological disturbances such as depression, anxiety, relationship difficulties and body dysmorphic disorder prior to the operation (Simonis et al. 2016; Veale et al. 2013). Moreover, a quantitative study found that psychological frailties, problematic social relationships and media representations constitute the primary reasons for seeking FGCS (Veale et al. 2014). Besides these new studies, no information is available on the long-term psychological risks of FGCS. Therefore, the psychological impact of FGM and FGCS would be difficult to compare. In cases of FGM, WHO (2017) states that anxiety, post-traumatic stress disorder (PTSD) and depression are very common. 80 per cent of FGM victims suffered from post-operation anxiety, while over 30 per cent exhibited symptoms of PTSD. There is also a variance in the age of recipients, which could be perceived as influencing the level of consent between FGM and FGCS. UNICEF (2013) statistics validate that FGM is performed on girls under 5 in 50 per cent of the cases. Although there is an age disparity between those undergoing FGM and FGCS, the latter remain relatively young. In 2016, in the US, women 18 or younger accounted for 5.2 per cent of labiaplasty procedures, whereas women between 19 and 34 accounted for 52 per cent (ASAPS 2016). This raises questions regarding whether age or level of consent shapes the psychological harm associated with these practices.

3. Theoretical Framework

The theoretical framework will address the two research questions and guide the analysis. Postcolonial feminist theory will provide an analytical tool to interrogate the geopolitical contingencies of the UN's interpretation of harmful practices. This will be supplemented by radical feminist theory, which offers a critical perspective of the patriarchal structures in the west and the harmful practices they produce. These theories supplement each other well, due to their mutual concern with the exclusion of western practices from the UN's mandate and their mutual critique of liberal feminist theory.

3.1 Postcolonial Feminist Theory

Spivak (1988) critiques how the west portrays and speaks on behalf of the third-world woman, sustaining the notion that third-world women as a singular group are universally oppressed. Postcolonial feminism offers a critical lens through which to understand the existence of different forms of patriarchy. Spivak (1988), among others, denaturalises the notion that modernisation and westernised structures leave women with a strong degree of agency free from patriarchal interference. Liberal ideology is founded upon discourses of freedom and individual choice, which serve to occlude the level of harm and oppression within 'modern' societies (Jeffreys 2015). According to Mohanty (1988) and Arat (2015), it is through the establishment of mainstream gender equality that 'traditional' societies came to represent oppression and inequality, whereas 'modern' societies came to represent progress, equality and empowerment. This has sustained the political hegemony of the 'modern', contributing to a social forgetting of the trajectories and transformations of its cultural norms. For example, the expansion of FGCS is yet to be acknowledged or scrutinised by the international community, as if such discussion would damage the hegemonic structures of the 'modern' societies that form the foundation of the institution itself (Mohanty 1988, 2003; Spivak 1988; Arat 2008, 2015; Kapoor 2004).

Lewis & Mills (2003) challenges the stereotypes that mainstream liberal feminism produces through an emphasis on reflexivity. It repeatedly encourages readers to position themselves differently in relation to other women, according them the

same degree of agency that one would expect for oneself. It is not the intention of this research to minimise the harm experienced as a result of FGM and other forms of gendered violence in the non-west. It is to encourage a sense of critical self-reflection and attempt to challenge some of the stereotypes produced in the West surrounding the 'third-world woman' (Lewis & Mills 2003; Spivak 1988). Postcolonial feminists acknowledge that both 'modern' and 'traditional' structures produce gender-based practices that sustain the women's disadvantage in society. Moreover, this research distances itself from the notion that individual choice is the predominant component of empowerment and equality. Liberal feminists claim that cosmetic surgery can be perceived as empowering for women, since structures within 'modern' society endow women with a strong level of agency that does not exist within a 'traditional' society (Jeffreys 2015). Liberal feminist theorists Wolf (1993) and Nussbaum (2000) have argued that choice is essential to women's empowerment and that women in the west choose to engage with gender-based practices, whereas the 'third-world woman' is forced to conform to gendered practices imposed on them from without. This view has been critiqued for its denial of the sociocultural structures that shape women' choices, as well as its stereotypical perception of the 'third-world woman'.

3.2. Radical Feminist Theory

The radical feminist component of this research comprises Bartky's (1990) definition of psychological oppression and Jeffreys' (2015) critique of cosmetic surgery.

Bartky (1990) uses a Foucauldian approach to explore the phenomenology of oppression. She suggests that beyond physical deprivation, legal inequality and economic exploitation, women can be oppressed psychologically. To be psychologically oppressed, in Bartky's framework, is to internalise a self-image of inferiority to the extent that the oppressed partake in their own oppression. According to Bartky (1990), "*like economic oppression, psychological oppression is institutionalised and systematic; it serves to make the work of domination easier by breaking the spirit of the dominated and by rendering them incapable of understanding the nature of those agencies responsible for their subjugation*". Bartky's framework argues that experiences of oppression fall into three categories – stereotyping, cultural domination and sexual objectification. This supports the postcolonial feminist claims surrounding the 'third-world women'. It also supports the radical feminist notion that cosmetic surgery constitutes a harmful practice. Further, it contests the liberal feminist claim that 'choice' is the

primary vehicle for empowerment for oppressed women.

Jeffreys (2015) suggests that the proliferation of cosmetic surgery demonstrates that women are engaging with more extreme beauty practices than previously. By a radical feminist definition, cosmetic surgery is a sub-category to beauty practices, and constitutes an oppressive, gendered practice. She raises concerns regarding the lack of attention to, and scrutiny of, these practices, as well as their expansion and qualitative transformation over time. She claims that the UN has a responsibility to question the implications of a growing cosmetic industry in the west (Winter et al. 2002). Although radical feminism does not provide an intersectional perspective, the theory offers a critique of the western patriarchal structures sustaining FGCS practices. Both postcolonial and radical feminism argue that beauty practices are oppressive, and are sceptical of their legitimation through the discourse of choice. According to postcolonial feminist theory, *'the right to sexual self-determination seemed to be a degradation of women's sexuality and misguided defining of women's freedom in terms of men's interests'* (Lewis and Mills 2003:3).

4. Methodology

This chapter will present constructivism as the ontological position of this thesis. Subsequently, an introduction to critical discourse analysis (CDA) as the qualitative methodological tool will be provided. Furthermore, the chosen material will be presented, along with an explanation of relevant definitions and limitations. The basic philosophical premises of constructivism, postcolonial feminism and CDA are entwined. The chosen methodology, theory and ontological position are of the same belief that social phenomena, such as 'Woman' and 'Gender Equality', can never be universalized or understood as politically neutral. Therefore, they supplement each other and form a critical framework for the analysis of the chosen case study. A case study is a concentrated analysis of an individual unit, such as a state, person or phenomenon (Flyvbjerg, 2011:301-316). The purpose of an in-depth inquiry into a case is to generate a 'thick' description of a complex phenomenon with reference to its interaction with its specific context (Yin 2003). This thesis will do a case study on the unit: UN SDG 5.3: Eliminate All Harmful Practices (UN 2016).

4.1 Constructivism

Constructivism is the ontological position of this research. It suggests that social phenomena and categories are produced through discursive constructions and social interactions, and are thus in a constant state of revision (Jørgensen&Philips 2002:4-5). This will provide a critical lens through which to examine the production of harmful practices, and to compare FGM to FGCS. The production of knowledge, language and definitions is a social process, which has social consequences and shapes the perception of social practices (Foucault, 1980). Arguably, both FGCS and FGM are shaped by social norms and performed due to social expectations. This thesis aims to challenge current mainstream assumptions surrounding how harmful practices are understood within the UN SDG context.

4.2 Critical Discourse Analysis

Constructivism is closely linked to critical discourse analysis (CDA), as both tools are concerned with how social phenomena are represented (Bryman 2012:34). CDA aims to reveal the role of discursive practice in the maintenance of the social world, particularly those social relations that involve unequal relations of power. This concern aligns with postcolonial and radical feminist theory's mutual concern with contesting unequal power structures. Therefore, the chosen theory and methodological tools supplement each other well and foster a strong framework for analysis. Moreover, for this research, CDA constitutes a more appropriate method than content analysis, as it seeks to understand the discursive contexts in which terms are deployed rather than simply the terms themselves and the quantity in which they are used (Bryman 2012:543). By extension, CDA allows the researcher to investigate the absence of certain terms as well as the presence of others. Since the absence of the FGCS from SDG 5:3 constitutes an important component of this research, CDA provides an effective method (Jørgensen & Phillips 2002:60-69).

Within this research, Fairclough's CDA model will provide the analytical framework. This model proposes that the use of language is a communicative event consisting of three dimensions. The first dimension is the textual production (text). The second dimension is the discursive practice, which involves the processes related to the production and consumption of texts (discourse practice). The third dimension is the social practice, which constitutes the wider context within which the discourse is deployed and circulated (social practice) (Bryman 2012:538-40; Jørgensen & Phillips 2002:60-69). All three dimensions will be canvassed in the analysis of the UN SDG's production of harmful practices and throughout the comparison of FGM and FGCS

The analysis proceeds in three sections; the background of the SDGs, the conceptual production of 'harmful practices', and a comparison of FGCS and FGM through the lens of the first and second areas. All three sections are characterised by a profound oscillation between Fairclough's three levels. First, the textual features of the 2030 Agenda, the SDGs, and CEDAW's four criteria of 'harmful practices', as well as the competing legal, medical and private definitions of FGM and FGCS, will be interrogated. These features foster certain ways of understanding the social world, whilst foreclosing others. Moreover, they promote certain forms of political action, whilst suppressing others. Second, the analysis will widen to the related but distinct realm of discursive practice. The production and consumption of the discourses above are subject to geopolitical and sociocultural constraints, and permeated by power dynamics. These structural processes warrant analytical consideration, in order to foster a deeper understanding of the material conditions out of which discourses arise as well as the way in which they are interpreted. In this thesis, the prevalence of the liberal

tradition in shaping norms, the ongoing operation of an us/them dichotomy within development frameworks, questions of reflexivity, as well as the power dynamics of north-south relations will be interrogated. Thirdly, these discourses and their underlying processes will be situated within their broader social context. This involves a comparison between the differential spaces in which they circulate, their historical role in the processes of international development, their networks of association, and the different groups towards which they are applied (Carant, 2017; Jørgensen & Phillips 2002:60-69).

4.3   Material

This research will conduct a case study focusing on the discourse of harmful practices within the UN SDG context. Two UN documents have been chosen for the first section of the analysis. The first document derives from the United Nations General Assembly, 25 September 2015, where the UN adopted the resolution of 'Transforming our World: the 2030 Agenda for Sustainable Development' (UN 2015). This document reveals the context of the new agenda, its aim and the chosen language. It is structured around the concepts of *inclusivity, culturally diversity* and *universality.* The second document derives from CEDAW (UN 2014). This document outlines four criteria of how harmful practices are defined, which offer the foundation of the UN's conception. These criteria designate FGM as a harmful practice and therefore will be applied to FGCS as well, to explore whether this practice can constitute a harmful practice by the UN's definition.

UNICEF's (2013) report on FGM and WHO's (2016) medical description of FGM will be used in the analysis of FGM as a harmful practice, as well as in the comparison to FGCS. These two UN agencies were the primary sources for the creation of the target 'harmful practices' and therefore constitute the most adequate sources for this analysis. Since there is limited information available of FGCS, medical documents will be used when outlining its implications (RCOG 3013, RACG 2015). Furthermore, this analysis will interrogate the website of a private cosmetic surgeon to reveal how discursive framing can affect the understanding of what constitutes a harmful practice (Bryson 2017).

4.4   Limitations

Constructivism and CDA provide a strong framework to deconstruct social phenomena. However, they are limited in their capacity to reconstitute them or

propose solutions to the problems that they identify. This limitation stems from their scepticism of overarching notions of 'reality' and 'truth'. 'Reality' is conceived as socially constructed and 'truths' discursively produced. Thus, the answers provided to the two research questions posed in this thesis equally cannot be seen as the 'right' answers; rather, they are as contingent as the subjects of their critique. This does not affect the aim of this research, which is to explore the discourse surrounding the emerging social practice of FGCS and why it is excluded from the SDG definition of harmful practices, rather than to propose alternatives (Jørgensen&Phillips 2002:170-176, Bryman, 2012:33).

5. Analysis

The aim of this chapter is to address the research questions by analysing the empirical material outlined in the methodology section. The analysis is divided into two sections. The first section will introduce the agenda that informed the SDGs in order to contextualise the discourse of 'harmful practices' within the SDG target 5.3. The second chapter will compare the two practices of FGM and FGCS as an example to explore the assertions of chapter one. This phenomenon and the specific case will be analysed through the theoretical framework in order to deconstruct their foundational, underlying concepts and reveal their discursive power relations.

5.1 The SDGs and Harmful Practices

The first section will provide an analysis of the discourse surrounding the phenomenon 'harmful practices' within the UN SDG 5.3: Eliminate all Harmful Practices. The aim is to investigate the contextual forces that have influenced the conceptual development of 'harmful practises' and expose which social practices are included within, and excluded by, this definition. First, the 2030 Sustainable Development Agenda will be canvassed, as it constitutes the context and space of production of the SDGs. This will be followed by an investigation of how 'harmful practices' were framed within the SDG documents.

5.1.1 The 2030 Agenda for Sustainable Development

'we have adopted a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative goals and targets' (UN 2015).

As the quote implies, the 2030 Agenda for Sustainable Development claims to be more inclusive, universal and contextually grounded (Razavi 2016; Kabeer 2015). From a constructivist perspective, this claim raises questions regarding how these purportedly universal goals can manage to capture the interests of different groups within different cultural settings, without subordination or exclusion (Foucault 1980).

'This is an Agenda taking into account different national realities, capacities and levels of development and respecting national policies and priorities. These are universal goals and targets which involve the entire world, developed and developing countries alike' (UN 2015).

This statement simultaneously utilises concepts such as *universality* and *diversity*. According to Foucault (1980), these concepts exist in tension, particularly when it comes to their application within a global development setting. He argues that multiple factors shape how concepts are produced, perceived and exercised. Therefore, they can never be homogenous; rather, they are contested and hierarchised. The simultaneous use of *universality and diversity*, for instance, shows that it will still be linked to power relations because power determines whose knowledge counts, what knowledge counts and how it counts (Foucault 1980). Alternative forms of interpretation and application are *'disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity'* (Foucault, 1980:82). Indeed, the strength of the hegemonic form of knowledge exerts a considerable influence over the visibility of this process. Claims to neutrality and universality by the dominant mode of understanding are easier to make, and more difficult to contest, when alternative concepts are more deeply subjugated (Foucault, 1980; Spivak 1988; Butler 1990). Moreover, knowledge as a power formation both presents specific inclusions and enforces overt exclusions. Therefore, the UN cannot claim to be simultaneously culturally inclusive and universal without hierarchising experiences and excluding certain groups. A specific example of this may be found in the UN's conceptual framing of 'woman' and women's experiences, which is characterised by a singular, one-dimensional understanding.

'We envisage a world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed' (UN 2015).

Butler (1990) contests this singular interpretation of 'woman' and 'gender equality'. She argues that these concepts vary in definition depending on one's sociocultural and political position. She suggests that the definition of woman is a social construction permeated by multiple factors such as class, language, sexuality, power, history, ethnicity and so forth. These factors shape how 'woman' and 'women's empowerment' are produced, interpreted and implemented. Therefore, the definition of 'woman' can never be truly neutral, homogenous or constant (Veloo 2007). By extension, the concept of 'gender equality' is linked to and informed by different sociocultural and political

perceptions of what gender entails and what equality means. This raises significant questions in relation to the UN's ability to empower women as a homogenous group through a universalised strategy.

The discourse of the 2030 agenda intends to challenge certain problems and address disparities between groups through a new development framework. Underlying this framework, however, are certain foundational, normative assumptions regarding what constitutes the 'right' kind of inclusive world, and which cultural practices are most aligned with that world (Spivak 1988; Kardem 2016). These assumptions are informed by power dynamics, in which the hegemonic form of knowledge shapes understandings of 'ideal' worlds and 'accepted' cultural practices. Mohanty (1988) critiques the notion of a 'right' world and the idea that excluded groups must conform to this world. She suggests that this stems from the mainstream understanding in international development that the '*third-world cannot represent themselves, they must be represented*' (1988:82).

Spivak (1988) emphasises how discursive constructions are intimately linked to our positioning. This means that discourses of development demand a heightened self-reflexivity, which is frequently supplanted by the 'doing good' agenda. She argues that the encounters with, and representations of, the subjects of development are often framed in terms of an us/them dichotomy. The statement that "*the targets involve the entire world, developed and developing countries alike*", suggests that the SDG framework is attempting to challenge this dichotomy, which has characteristically pervaded international development relations (UN 2015). Despite the change of language, however, there is a continuing tendency to believe that the experience of every group cannot be equally included. Some groups are represented, rather than granted the right to represent themselves, which is particularly evident in the case of the 'third-world woman' (Spivak 1988; Mohanty 1988; Arat 2015). Spivak (1988) claims that altering the framing of text will not change the north-south power relations because they are structurally embedded and sustained by the history of the international development system.

Following the postcolonial feminist critique, questions arise regarding the type of transformation the new agenda represents. For example, the gender equality goal has expanded its definition to include the elimination of harmful practices. This dimension of the UN's conception of gender equality was not included within the MDGs (Gabizon 2016). The sociocultural context underpinning this dimension is visible within its chosen indicators, which determine the direction and the definition of progress (Chasek et al. 2015). 'Harmful practices' within SDG target 5.3 are defined, monitored and constituted through two indicators, FGM and child

20

marriage. These two indicators are only monitored within non-western countries (UNICEF 2016). This implies that western women do not engage with, and are not subject to, harmful practices (Jeffreys 2015). This corresponds to Spivak's claim that imperialism has resulted in a transformation of the 'Third World' into a sign whose production has been obfuscated to the point that Western superiority and dominance are naturalized.

5.1.2 Harmful Practices

The SDG's definition of harmful practices is based on CEDAW's four criteria that define the phenomenon (UN, 2014, UNSD 2016).

'They constitute a denial of the dignity and/or integrity of the individual and a violation of human rights and fundamental freedoms enshrined in the two Conventions' (UN 2014).

CEDAW's first criterion refers to violations of human rights and fundamental freedoms. The human rights paradigm, expressed in a variety of UN frameworks, aims to grant protection to marginalised groups through the provision of a discourse through which to contest their marginalisation. This discourse, in turn, operates as an important vehicle for the mobilisation of power (Arat 2008). This has played a central role within the international development community in general, and within the SDG framework in particular. Similar to the aims of the human rights paradigm, postcolonial feminists are also concerned with how power is mobilised; however, they argue that it is not the notion of rights as a fundamental value that is the issue. The problem is situated within how the rights are defined, interpreted and applied, and how this paradigm uses the western system as its reference point (Lewis and Mills 2003; Arat 2008; Jeffreys 2015). According to Arat (2008), this paradigm '*not only attributes the origin of human rights to the Western liberal tradition but also claims that only liberal regimes are compatible with human rights*' (2008:907). As mentioned in the introduction, FGM has been condemned by a number of international treaties and conventions, including the Universal Declaration of Human Rights (Article 25) (WHO 2008). The practice is considered to violate the *'dignity and/or integrity'* of women on the basis that it is a forced practice (UN 2014). In support of this idea, the liberal feminist Wolf (1993) states that a practice is harmful if it is forced upon women rather than freely chosen. Conversely, Foucault (1980) proposes that the transition from 'traditional' to 'modern' societies has been paralleled by an individualisation process that fosters the belief that people hold an unadulterated power to choose (Bartky 1990:80). Rather than a recession of structurally embedded power, this indicates a profound transformation in its exercise. Therefore, the notion of human

rights and freedom, as outlined in the first criterion, is rooted in a liberal discourse and produces a limited understanding of what constitutes a harmful practice (Kardem 2016; Carant 2017). However, the second criterion is more nuanced in its choice of wording.

'They constitute discrimination against women or children and are harmful insofar as they result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential' (UN 2014).

The second criterion broadens the definition of what constitutes a harmful practice. By including the notion of being socially and psychologically harmed, it challenges the liberal feminist notion of having the freedom to choose. According to Bartky (1990), *'psychological oppression is institutionalised and systematic; it serves to make the work of domination easier by breaking the spirit of the dominated and by rendering them incapable of understanding the nature of those agencies responsible for their subjugation'* (1990:23). This claim is reinforced by UNICEF's (2013) statistics, which illustrate that in many countries with high FGM prevalence a large proportion of the population did not want FGM to end. For example, in Somalia, Mali, Guinea, Sierra Leone and Gambia, over 65 percent of the population believe that FGM should continue, with women indicating a greater support to the practice. As a result, UNICEF (2013) has suggested that it is insufficient to form legislation against FGM; the practice is a social norm and must be challenged on that basis. UNICEF (2013) also claims that women 'choose' FGM for themselves and their daughters due to social pressure, stigma and fear of cultural exclusion. From this standpoint, the distinction between what is a 'forced' and what is a 'chosen' harmful practice is difficult to discern. According to Bartky (1990), the current structures that produce social norms sustain overlapping hierarchies of class, race and gender. These practices continually reconstruct certain barriers and render the subordinated with low self-esteem, trapped by the need for social acceptance and the need to form social networks through which she can define herself. In sum, the second criterion presents a multidimensional, structurally-embedded notion of harm that is also visible in the third criterion.

'They are imposed on women and children by family, community members, or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent' (UN 2014)

The third criterion underlines UNICEF's (2013) and Bartky's (1990) claims that harmful practices are linked to social pressures, imposed by different groups and

structures. These factors partly explain why some women will consent to practices that are both physically and psychologically harmful. The third criterion reaffirms the radical feminist claim that society can produce social norms which shape women's choices to engage with harmful practices (Jeffreys 2015). This notion runs counter to the liberal feminist understanding of individual choice, and illuminates its geopolitical and sociocultural contingency. According to the liberal feminist Nussbaum (2000), FGM is intolerable on the grounds that it is a forced practice, whereas western gender-based practices - in which social forces also shape both production and consent - continue to be perceived as subject to a strong sense of female agency (Kardem 2016; Johnson 2010). This understanding has been critiqued by postcolonial feminism for being a stereotypical assumption, which produces the notion that the 'third-world woman' is universally oppressed (Lewis and Mills 2003). The fourth criterion widens the definition of what constitutes a harmful practice.

'*They are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, based on sex, gender, age and other intersecting factors*' (UN 2014)

The fourth criterion mentions both traditional and emerging practices that are fostered by social norms. This broadens the definition of what constitutes a harmful practice within the SDG context. Previously, the UN would directly situate harmful practices within the 'traditional' sphere (UNICEF 2013). However, neither target 5.3 nor the 2030 Agenda mention 'tradition' in relation to harmful practices. The erasure of this term from these documents reflects a change in discursive strategy, as part of a broader attempt to be inclusive of both western and non-western societies. This term has been almost invariably applied to the global South. Only one SDG document was identified in which harmful practices were referred to as 'traditional'. The UNSD (2016) document includes '*the right to be protected from harmful traditional practices*' (UNSD 2016:16). This agency was responsible for the production of the indicators. This represents the entry of 'tradition' into the indicators for this target, within the discourse of the agency that produced the indicators themselves. This discourse has a visible impact on policy, as the FGM indicator continues to be monitored solely within 29 non-west countries (UNICEF 2013). Although references to 'tradition' have been largely removed from the official UN documents, it still embedded in the indicators. As a result, there seems to be a missing link between the definition and application of 'harmful practices', between the target and its indicators. Gabizon (2016) has argued that the proposed goals and targets are not adequately represented in the indicators, which will affect the application and outcome of this framework. Thus, discursive shifts towards greater inclusivity within the targets generally, and

within 'harmful practices' in particular, are not replicated in the indicators. These have a more pronounced role in the application of the SDGs within development settings, and continue to be beset by the sociocultural and geopolitical contingencies, hierarchies and exclusions identified within this essay (Willis 2016; Chasek et al. 2015; Gabizon 2016; Garcia-Moreno & Amin 2016).

To summarise, the development of SDG 5:3 diverges discursively from its predecessors in its shift towards greater inclusivity, diversity and universality. This is expressed through an expansion of the concepts deployed. However, closer inspection reveals that the particular conceptual frames, geopolitical affiliations and sociocultural forces that existed in previous development frameworks persist within their contemporary formation. CEDAW's four criteria are sufficiently broad to be applied to both traditional and emergent gender-based practices, in both western and non-western societies. Despite this, the indicators only apply to non-western practices. This lends support to the postcolonial feminist claim that the international development framework continues to reflect, reinforce and naturalise western dominance. This is visible in the enduring presence of an us/them dichotomy, and a corresponding a lack of reflexivity. Indeed, in the elevation of certain modes of understanding and the suppression of alternatives, Foucault's hierarchy of knowledge becomes visible.

5.2 Female Genital Cosmetic Surgery

This section will address the second research question by analysing the emerging practice of FGCS, and exploring whether it conforms to the SDG discourse of harmful practices. The purpose of this section is to contextualise the findings from chapter one and ground it in a specific example. This analysis will build upon the medical comparison between FGM and FGCS, which was outlined in the background research. This chapter will attempt to canvass some of the social dynamics that have produced FGCS. First, this section will outline the discursive framing of FGM and FGCS. Second, the cultural production of FGCS will be analysed. Third, FGCS will be investigated against the background of CEDAW's 4 criteria, to examine whether this could constitute a harmful practice by the UN SDG's definition.

5.2.1 The Discourses of FGM and FGCS

The medical definition of FGM is *'a procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for*

nonmedical reasons' (WHO 2016). Similarly, FGCS is referred to as a '*non-medically indicated cosmetic surgical procedures which change the structure and appearance of the healthy external or internal genitalia of women'* (RCOG 2013). According to these definitions, these practices both constitute the severance or removal of female genital organs for non-medical purposes. In this sense, both practices conform to the UN's medical definition of harm. FGM has been defined as a harmful practice within the SDG framework on the basis that cutting for non-medical purposes constitutes a human rights violation. Since the early 1990s, FGM has been increasingly situated within the discourse of human rights, beyond the narrow, medical emphasis on health (WHO 2008; Carant 2017). This redefinition stems from UN agencies condemning a medicalization of FGM, as illustrated by the interagency statement that it:

'Is not necessarily less severe, or conditions sanitary… there is no evidence that medicalization reduces the documented obstetric or other long-term complications associated with female genital mutilation' (WHO 2008:12).

The liberal feminist Nussbaum (2000) suggests that FGM is performed under dangerous and unsanitary conditions and often carried out on children without their consent. However, the WHO (2008) clearly states above that FGM would be no less harmful or discriminating if it was performed under sanitary conditions. As the background section demonstrates, FGCS is a medicalised practice sharing similar health risks to FGM. These two comparable practices are treated differently within the west (Johnson 2010). Through a postcolonial feminist perspective, this treatment illustrates the lack of reflexivity within the UN system and how the notion of harmful practices within this context is still shaped by a tradition/modern dichotomy (Spivak 1988, Mohanty 1988, 2002). This raises questions regarding which social forces produced the different treatment of these two similar practices.

5.2.4 The Cultural Production of FGCS

FGCS is a newly emerging and rapidly proliferating social practice, particularly in the west. It is frequently advertised on the basis that it increases sexual pleasure. According to the website of Bryson's (2017) private clinic of cosmetic surgery:

'This relatively quick procedure is performed on an outpatient basis and produces a more aesthetically desirable and physically comfortable vaginal region. Although a common concern about labiaplasty is the potential reduction of sexual sensitivity, when performed by a skilful and experienced plastic surgeon, labiaplasty can actually enhance sexual sensitivity by increasing clitorial

accessibility' (Bryson 2017).

This notion that FGCS more broadly, and labiaplasty in particular, can increase sexual pleasure has been strongly challenged by medical research. According to the urologist Helen O'Connell, *"tissue that is excised in labiaplasty may appear to be 'just skin', but the labia minora are derived from the primordial phallus and its excision is likely to interfere with sexual pleasure"* (RACGP 2015). Moreover, the private cosmetic industry has been criticised for spreading misleading information. RACGP (2015) states that the nerve density, epithelial qualities and vascular compartments of the labia minora that contribute to sexual arousal are poorly defined, and therefore it is highly contentious to claim that FGCS increases sexual pleasure. This notion is mirrored in the WHO (2017) report on FGM, which suggests that the removal of the highly sensitive genital tissue might lead to decreased sexual pleasure and/or pain during sex. Therefore, the private cosmetic industry is marketing FGCS based on a false assumption while erasing potential and actual harm arising from the procedure.

Critics also raise concerns surrounding the relatively sudden emergence of the idea that there is a 'normal' length for the labia (Jeffreys 2015; Creighton 2004). The advertisement above states that FGCS '*produces a more aesthetically desirable vaginal region'.* Research demonstrates that labia are subject to considerable variation in size, colour and length. Therefore, a 'normal sized' or 'aesthetically desirable' labia is an arbitrary, contingent notion, as they can range between 2-10 cm in length (Creighton 2004). Perhaps more worryingly, 94 per cent of interviewed GPs have had a patient believing that their vagina was abnormal (Simonis et al. 2016). Also, the women who seek labiaplasty had greater exposure to and have more strongly idealised media representations of female genitals (Sharp et al. 2016). In sum, the flawed notion of what constitute 'normal' labia is maintained and extended by the private medical industry, which has an economic incentive to construct this perception. This aligns with Jeffreys' (2015) suggestion that instead of the modern economy leading to any decrease in harmful practices it exploits them, which makes it more difficult to challenge their production (2015:33). In 2016, the total expenditure on cosmetic surgeries in the US alone was over 15 billion dollars, and women accounted for 91 per cent of these procedures and expenses (ASAPS 2016).

Corporations have a significant impact on the emerging and re-emerging of social norms and how these practices are perceived, sustained and practised. Kabeer (2015) has raised concerns regarding the strong level of influence corporations have within the UN. This is particularly evident in an era in which corporations possess more wealth than many national economies. She argues that this *"makes it highly likely that market imperatives will continue to trump human rights in*

shaping the post-2015 agenda" (2015:396). Discursive representation legitimises certain social practices and actors while excluding and silencing others. This resonates with Foucault's (1980) claim that power determines whose knowledge counts and how it counts. Corporations are increasingly powerful actors, especially within the global development system (Jeffreys 2015). Therefore, it can be argued that the international development community more broadly, and the SDG 5.3 indicators in particular, have been influenced by how cosmetic surgery has been portrayed as harmless, empowering, and physically and mentally healing. Arguably, these discourses have encouraged certain policy approaches and cultural preferences while marginalising others through the construction of the indicators for harmful practices. Postcolonial feminists have pointed to the lack of reflexivity and self-critique existing within the UN system (Arat 2008, 2015; Spivak 1988). They have been concerned with how the language of FGM has been constructed and how these terms, such as 'mutilation', have informed the representation of the 'third-world woman' and third-world gender relations (Lewis and Mills 2003:12). The final section of this analysis will return to CEDAW's four criteria, and explore whether FGCS can be recognised as a 'harmful practice' within them.

5.2.4 FGCS and CEDAW's Four Criteria

CEDAW's four criteria, as outlined in the first section of the analysis, attempt to move beyond overly simplistic, problematic notions of 'consent' and 'tradition' as factors shaping the definition of harmful practices. Rather, these criteria place emphasis on social norms and the structural forces sustaining them (UN 2014). This thesis will contend that the definition used to identify harmful practices within the SDG 5.3 is sufficiently broad to apply to FGCS. This practice can be acknowledged as a harmful practice on similar terms as FGM (Jeffreys 2015). In particular, the foregoing analysis demonstrates that FGCS strongly corresponds to criteria two, three and four, which will be discussed in the following section.

CEDAW mentions physical, psychological and social harm in its second criterion (UN 2014). As outlined in the introductory sections, these dimensions of harm are evident within both FGM and FGCS practices. However, the background information suggests that mental risks often precede FGCS whereas they exist within FGM post-operation. As the second criterion outlines, a harmful practice is '*discrimination against women [which results] in negative consequences for them as individuals or groups*' (UN 2014). In this framing, there is no distinction between whether the structural forces that produce psychological harm are prior to or following the enactment of a social practice (Winter et al. 2002). Veale et al. (2014) demonstrate that women who seek FGCS often suffer from lower self-

esteem, or a history of psychological or physical abuse. This scenario is what Bartky (1990) refers to as psychological oppression. She states that '*the psychologically oppressed become their own oppressors; they come to exercise harsh dominion over their own self-esteem* (1990:22). Arguably, FGCS does not provide a solution to low mental health, rather, it sustains discrimination against women. This argument overlaps with CEDAW's third criterion, which says that a harmful practice is '*imposed on women and children by family, community members, or society at large, regardless of whether the victim provides full, free and informed consent*' (UN 2014). The widespread existence of psychological and social harm in women undergoing FGCS procedures, as well as the misrepresentation of FGCS by private practitioners, raises questions regarding women' ability to provide 'full, free and informed consent'.

According to CEDAW's fourth criteria, harmful practices *"are traditional, re-emerging or emerging practices kept in place by social norms that perpetuate male dominance"* (UN 2014). This notion can be applied to FGCS, since this practice is based on the desire to form an aesthetically 'desirable' genitalia. Bartky (1990) argues that the self-policing subject is committed to a relentless self-surveillance, which is a form of obedience to patriarchy (1990:80). Moreover, Jeffreys (2015) argues that practices required of one sex class rather than the other should be examined for their political role in maintaining male dominance (2015:30). As stated above, women account for 91 per cent of all cosmetic procedures and all FGCS practices (ASAPS 2016). Therefore, FGCS can be seen as an '*emerging practice*' that is '*kept in place by social norms that perpetuate male dominance*' (UN 2014). Arguably, both FGM and FGCS practices are culturally constructed, produced by patriarchal structures and exercised due to social norms (Bartky 1990, Foucault 1980, Jeffreys 2015). Winter et al. (2002) and Spivak (1988) argue that by only recognising non-western practices as harmful, the UN reproduces the notion that the west contains no tradition, no culture and no patriarchy.

To summarise, CEDAW's four criteria, as well as UNICEF's notion of social norms and WHO's rejection of a medicalisation in the understanding of FGM, can be applied to FGCS practices. FGCS and FGM share significant overlaps in their definitions, health risks and oppressive forms. Further, the investigation of FGCS also illustrated how power dynamics shape our perceptions of social practices. This became evident in the examination of how corporations and private practitioners have the power to naturalise certain emerging practices. Lastly, this analysis demonstrates that FGCS conforms to CEDAW's four criteria, and can be recognised as a 'harmful practice' on this basis. This is an emerging practice, perpetuated by social norms and male dominance, producing physical, psychological and social harm, and imposed on women by society at large.

6. Conclusion and Discussion

This thesis has examined the production of harmful practices within the SDG context and which practices were included and excluded from its application. This critical discourse analysis offered an exploratory vehicle through which to arrive at some significant points of discussion surrounding the research questions.

First, the textual features of the 2030 Agenda for Sustainable Development were characterised by a tension between the mutual prioritisation of cultural diversity and universality, and singular interpretations of 'woman' and 'gender equality'. However, the incorporation of CEDAW's four criteria of 'harmful practices' stimulated a meaningful movement away from dichotomies of us versus them, and the traditional versus the modern, which pervaded the predecessors of the SDGs. Moreover, it established that CEDAW's conceptual framework was sufficiently broad to recognise FGCS as a harmful practice, and demonstrated a significant degree of definitional convergence between FGM and FGCS. Second, the production and consumption of the above discourses revealed their residual geopolitical and sociocultural ties to the west. This was perhaps most evident in the chosen indicators of SDG 5.3: Eliminate all Harmful Practices, which were only monitored in the non-west and continue to rely upon oversimplistic dichotomies. The movement of FGM from a medicalised to a human rights discourse promoted a legislative ban across a range of countries – including those in which the practice is most normatively entrenched – while the two analysed practices were deployed in different ways, in different discursive contexts, and by different actors. Thirdly, when these discourses and their underlying processes were situated within their broader social context, they continued to be applied to the non-west. This positions non-western countries as the site of gender inequality, represented through harmful gendered practices, and demonstrates a profound silence surrounding potential harmful cultural practices that may be emerging in the west. More particularly for the purposes of this thesis, CEDAW's four criteria are yet to be applied to FGCS, despite its considerable alignment with FGM in terms of its practical attributes and physical impacts.

Postcolonial feminism has staged a longstanding critique of the UN for being rooted in a liberal discourse and promoting western biases (Arat 2008, 2015). However, the analysis of CEDAW's four criteria, as well as UNICEF's (2013) notion of social norms and WHO's (2008) rejection of medicalisation indicates a

deepening incorporation of alternative modes of understanding. CEDAW's criteria rejected the notion of 'choice' and 'tradition' whilst supporting UNICEF's (2013) statement that social norms dictate why FGM is practiced. UNICEF emphasises that social norms and pressures are the driving force behind FGM, and women receive FGM due to the fear of social exclusion. These ideas challenge liberal feminists' distinction between forced and chosen practices. Similarly, WHOs (2008) statement that medicalisation would not limit the level of harm, situates FGM within a discourse that rejects the liberal feminist distinction between FGM and FGCS. In sum, the three primary references for the target 'harmful practices' do not express any overt geopolitical preference, nor a dependence on reductive dichotomies of us/them, traditional/modern, cultural/medical, or chosen/imposed. Therefore, this thesis found that the understanding of harmful practices and FGM within the chosen UN documents is sufficiently broad to include western and non-western, long-standing and emergent, practices. However, there was a notable missing link between the target and its associated indicators, which continued to be beset by the above dichotomies. According to postcolonial feminism, this reveals a continuing lack of reflexivity and western biases existing in the structures of the UN system (Spivak 1988; Arat 2015). Therefore, the chosen indicators, as well as the geopolitical context in which they are applied, appear to contradict the overall SDG aim of being inclusive, culturally diverse and universal.

This research has demonstrated the difficulty of situating FGCS within the discourse of international development, despite its significant medical overlaps with FGM. This discourse continues to be characterised by a strong underlying assumption that development takes place in the non-west. This assumption, and the lack of reflexivity which supports it, is challenged in a context of the dramatic expansion of FGCS, alongside a simultaneous, steady reduction in FGM. This study will hopefully contribute to a heightened level of reflexivity and discussion for further research on whether there are more practices that challenge the idea that development is confined to non-western countries. The purpose of using FGCS as an example of an emerging social practice was not to argue that the UN should recognise FGCS on equal terms as FGM, nor to suggest that national governments should introduce legislation against this practice. The idea was to reveal any potential western biases within UN development strategy, and to show that in some cases there might be practices that are condemned within a certain context whilst comparable practices are accepted within others due to unequal power relations. The illumination of similarities between FGM and FGCS is meant to foster some degree of reflexivity and propose a diversification in the application of development concepts when promoting 'gender equality'.

Conclusively, the analysis of the selected material from a postcolonial and radical

feminist perspective suggests that the phenomenon 'harmful practices' within the SDG context is broad in its definition but narrow in its application. Although the discourse surrounding the SDG target 5.3 is characterised by a significant degree of cultural diversity and inclusivity, the implementation of its indicators displays a narrow, limited understanding of 'harmful practices'. To be culturally diverse in its application, the UN must reposition itself differently geopolitically and show cultural reflexivity in its chosen indicators whilst critically engaging with emergent practices in both the west and the non-west.

7. Bibliography

ACOG, 2017 "Beast and Labiaplasty in Adolescent" Available:

http://www.acog.org/About-ACOG/404.aspx?aspxerrorpath=/Resources-And-Publications/Committee-Opinions/Committee-on-AdolescentHealth-Care/Breast-and-Labial-Surgery-in-Adolescents [Retrieved 5/27/17]

Arat, Zehra F. Kabasakal, 2008 "Human Rights Ideology and Dimensions of Power: A Radical Approach to the State, Property, and Discrimination" *Human Rights Quarterly*, 30:4, 906-932.

Arat, Zehra F. Kabasakal, 2015 "Feminisms, Women's Rights, and the UN: Would Achieving Gender Equality Empower women?" *Connecticut: American Political Science Review*, 674-689.

ASAP, 2012 "Cosmetic Surgery National Data Bank Statistics", Available: https://www.surgery.org/sites/default/files/ASAPS-2012-Stats.pdf [Retrieved 5/28/17]

ASAP, 2016 "Cosmetic Surgery National Data Bank Statistics", Available: http://www.surgery.org/sites/default/files/ASAPS-Stats2016.pdf [Retrieved 5/27/17]

Bartky, Sandra Lee, 1990 Femininity and domination: Studies in the Phenomenology of Oppression. New York: Routledge.

Bone, Angie, Ncube, Fortune, Nichols, Tom, Noah, Norman D. 2008, "Body Piercing in England: a survey of piercing at sites other than earlobe" BMJ publishing Group. Available:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2432173/ [Retrieved 5/27/17]

Bryman, Alan, 2012 Social Research Methods. Oxford: Oxford UP

Bryson, Richard, G. 2017 "Labiaplasty", Available:

http://richardscosmeticsurgery.com/body/labiaplasty/ [Retrieved 5/27/17]

Butler, Judith, 1990 Gender Trouble, Feminism and the Subversion of Identity. Routlegde.

Carant, Jane Briant 2017, "Unheard voices: a critical discourse analysis of the Millennium Development Goals' evolution into the Sustainable Development Goals". Third World Quaterly, 38:1, 16-41

Chasek, Pamela S., Wagner, Lynn M., Leone, Faye, Lebada, Ana-Maria and Risse, Nathalie. 2016, "Getting to 2030: Negotiating the Post-2015 Sustainable Development Agenda. Reciel". John Wiley and Sons Ltd. 25:1, 1-14

Creighton, Sarah M., Lloyd Jillian, Crouch Naomi s., Minto Catherine L., Liao Lih-Mei, 2004 "Female genital appearance: 'normality' unfolds". 17 december 2004 (Paper the international Journal of Obstrics and Gynaecology, 2005 112:5).

De Vaus, David, 2001 Research Design in Social Research. London: Sage

Driscoll, Brogan, 2013 "All You Need To Know About 'Designer Vagina' Surgery". Huntington post. Marts. Available:

http://www.huffingtonpost.co.uk/2013/02/27/need-to-knowdesignervaginasurgery_n_2772617.html [Retrieved 5/27/17]

Flyvbjerg, B, 2011 Case Study. Denzin, N.K. and Lincoln Y.S. (eds.), The Sage Handbook of Qualitative Research, 4th ed., Thousand Oaks, CA: Sage

Foucault, Michel, 1980 Power/Knowledge: Selected Interviews and Other Writings. New York: Pantheon Books

Gabizon, Sascha, 2016 "Women's movements' engagement in the SDGs: lessons learned from the Women's Major Group", Gender and Development. 24:1, 99–110

Garcia-Moreno, Claudia & Amin, Avin, 2016 "The Sustainable Development Goals, Violence Against Women's and Children's Health" World Health Organization, Available: http://www.who.int/bulletin/volumes/94/5/16-172205/en/ [Retrieved 5/27/17]

HRW, 2010 "Q&A on Female Genital Mutilation", Human Rights Watch, Available: https://www.hrw.org/news/2010/06/16/qa-female-genital-mutilation [Retrieved 5/27/17]

Jeffreys, Sheila, 2015 Beauty and Misogyny, Harmful Beauty Practices in the West. New York London: Routledge.

Johnson, Matthew 2010, "Male genital mutilation: Beyond the tolerable?". Ethnicities, 10:2, 181–207

Jørgensen, Marianne & Phillips, Louise J., 2002 Discourse Analysis as Theory and Method. London: SAGE Publications

Kabeer, Naila, 2015 "Tracking the gender politics of the Millennium Development Goals: struggles for interpretive power in the international development", Third World Quarterly. 36:2, 377–395.

Kardam, Nuket, 2016 "The Emerging Global Gender Equality Regime from Neoliberal and Constructivist Perspectives in International Relations" International Feminist Journal of Politics, 6:1

Kapoor, Ilan, 2004 "Hyper-Self-Reflexive Development? Spivak on Representing the Third World' Other", Third World Quarterly, 25:4.

Lewis, Reina & Mills, Sara, 2003 Feminist Postcolonial Theory - A Reader. Routledge Talor & Francis Group.

Mohanty, Chandra Talpade, 1988 "Under Western Eyes: Feminist Scholarship and Colonial Discourses" Feminist Review, 30, 61-88

Mohanty, Chandra Talpade, 2002 "Under Western Eyes Revisited: Feminist Solidarity through Anticapitalist Struggles" Journal of Women in Culture and Society, 28:2, 499-535

Moser, Caroline and Moser, Annalise, 2005 "Gender mainstreaming since Beijing: A review of success and limitations in international institutions." Gender & Development, 13:2, 11-22

NHS, 2016 "Labiaplasty - Vulva Surgery". National Health Society, Available: http://www.nhs.uk/Conditions/cosmetic-treatments-guide/Pages/labiaplasty.aspx#FGM [Retrieved 5/27/17]

NSPCC, 2017 "Female Genital Mutilation (FGM) Legislation, Policy and Guidance", Available: https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/legislation-policy-and-guidance/ [Retrieved 5/27/17]

Nussbaum, Martha, 2000 Sex and Social Justice. New York: Oxford University Press.

RACGP, 2017 "Female Genital Cosmetic Surgery – A Resource for General Practitioners or other health professionals", Available: http://www.racgp.org.au/your-practice/guidelines/female-genitalcosmetic-surgery/ [Retrieved 5/28/17]

Ramalingam, Ben, 2013 Aid on the Edge of Chaos. Oxford: Oxford UP

Razavi, Shahra, 2016 "The 2030 Agenda: challenges of implementation to attain gender equality and women's rights". Gender & Development, 24:1, 25–41

RACGP, 2015 "Female genital cosmetic surgery A resource for general practitioners and other health professionals" The Royal Australian College of General Practitioners, 1-36

RACGP, 2017 "Female Genital Cosmetic Surgery – A resource for general practioners or other health professionals", Available: http://www.racgp.org.au/your-practice/guidelines/female-genitalcosmetic-surgery/[Retrieved 5/27/17]

Root, H., Jones, H., Wild, L, 2015 "Managing Complexity and Uncertainty in Development policy and practice", ODI, 1-23

RCOG, 2013 "Ethical Paper: Ethical Considerations in Relation to Female Genital Cosmetic Surgery (FGCS)". Royal College of obstetricians & Gynaecologists, 1-13

RCOG, 2015 "Reasons behind an increase in female genital cosmetic surgery in Australia and the United Kingdom explored at the RCOG World Congress", Available: https://www.rcog.org.uk/en/news/rcog-release-reasons-behind-an-increase-in-female-genital-cosmeticsurgery-in-australia-and-the-united-kingdom-explored-at-the-rcog-world-congress/ [Retrieved 5/27/17]

RCOG, 2017 "Database", Available: https://www.rcog.org.uk/search-results/?q=labiaplasty [Retrieved 5/27/17]

Sharp, Gemma., Tiggemann, Marika., Mattiske, Julie, 2016 "Factors That Influence the Decision to Undergo Labiaplasty: Media, Relationships, and Psychological Well-Being". The American Society for Aesthetic Plastic Surgery, Inc.

Simonis, M., Manocha, R., Ong, J. J., 2016 "Female genital cosmetic surgery: a cross-sectional survey exploring knowledge, attitude and practice of general practitioners" Cossmark BMJ. 1-10

Spivak, Gayatri Chakravorty, 1988 "Can the subaltern speak?" C Nelson & L Grossberg (eds), Marxism and Interpretation of Culture, Chicago, IL: University of Illinois Press. 271–313

UN 2014, "Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices" (PDF), Available: http://www.nichibenren.or.jp/library/ja/kokusai/humanrights_library/treaty/data/child_gc_18.pdf [Retrieved 5/27/17]

UN 2015, "Transforming Our World: The 2030 Agenda For Sustainable Development", (PDF), Avaliable: https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf [Retrieved 5/27/17]

UN, 2016 "The Sustainable Development Goals Report", (PDF), Available: http://www.un.org.lb/Library/Assets/The-Sustainable-Development-Goals-Report-2016-Global.pdf [Retrieved 5/27/17]

UNICEF, 2016 "New statistical report on female genital mutilation shows harmful practice is a global concern", Available:
https://www.unicef.org/media/media_90033.html [Retrieved 5/27/17]

UNICEF, 2013 "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change"(PDF). Available:
https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf [Retrieved 5/27/17]

UNSD 2016, "Goal 5 Achieve gender equality and empower all women and girls" (PDF), Available:
https://unstats.un.org/sdgs/files/metadata-compilation/Metadata-Goal-5.pdf [Retrieved 5/27/17]

Veale, D., Eshkevari, E., Ellison, N., Costa, A., Robinson., D Kavouni, A., 2014 "A comparison of risk factors for women seeking labiaplasty compared to those not seeking labiaplasty" Elsevier. January, 11:1, 57-62

Veale, D., Naismith, I., Robinson, D., Eshkevari, E., Ellison, N., Costa, A., Robinson, D., Abeywickrama L., Kavouni, A., 2013 "Psychosexual outcome after labiaplasty: a prospective case-comparison study", The International Urogynecological Association, Springer.

Verloo, Mieke. 2007 Multiple Meanings of Gender Equality A Critical Frame Analysis of GenderPolicies in Europe. Budapest New York: Central European University Press

WHO, 2008 "Eliminating Female genital mutilation - An Interagency Statement OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO" (PDF), Available:
http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf [Retrieved 5/27/17]

WHO, 2016 "Female Genital Mutilation. February". Available:
http://www.who.int/mediacentre/factsheets/fs241/en/ [Retrieved 5/28/17]

WHO, 2017 "Classification of female genital mutilation", Available:
http://www.who.int/reproductivehealth/topics/fgm/overview/en/
[Retrieved 5/27/17]

Willis, Katie, 2016 "Viewpoint: International development planning and the Sustainable Development Goals (SDGs)"University of London, 38:2, 105-111

Winter, Bronwyn, Thompson, Denise & Jeffreys, Sheila, 2002 "The UN Approach to Harmful Traditional Practice", International Feminist Journal of Politics, 4:1, 72–94

Wolf, Naomi, 1993 Fire with Fire: The New Female Power and How it Will Change the 21st Century. New York: Random House.

Women Health. (2013). Genital Cosmetic Surgery. Health Journey. Queensland wide. Issue 3. Pp.1-8. Yin, R. (2003). Case Study Research: Design and Methods. 3rd ed., Los Angeles: Sage

Yin, R., 2003 Case Study Research: Design and Methods. 3rd ed., Los Angeles: Sage

8 Appendix

RACGPs (2015) definition of FGCS Includes 7 types of procedures:

1. Labiaplasty – This involves surgery to the labia minora and the labia majora. Labiaplasty of the labia minora is the most commonly performed GCS procedure. It generally involves reducing the size of the inner lips so they do not protrude below the outer lips.
2. Vaginoplasty – This involves tightening the inside of the vagina and the vaginal opening by removing excess tissue from the vaginal lining. It effectively results in a vagina with a smaller diameter.
3. Hymenoplasty – This procedure reconstructs the hymen (the thin membrane of skin that partially covers the vaginal entrance in a virgin). The edges of the torn hymen are reconnected so that when sexual intercourse takes place the membrane will tear and bleed. hymenoplasty is performed for religious or cultural reasons and as a 're-virgination', for women who want to give their partner the 'gift' of their virginity.
4. Labia majora augmentation – This procedure seeks to plump up the outer lips by injecting them with fatty tissue taken from another part of the woman's body.
5. Vulval lipoplasty – This procedure involves the use of liposuction to remove fat deposits from the mons pubis (the pad of fatty tissue covered by pubic hair). This results in the mons pubis being less prominent.
6. 6. G-spot augmentation – This procedure involves injecting a substance such as collagen into the G-spot in order to enhance its size and, therefore, theoretically also a woman's sexual pleasure. The effects will last 3-4 months on average after which the procedure needs to be repeated.
7. Clitoral hood reduction – This procedure involves reducing the hood of skin, which surrounds the clitoris, exposing the glans (or head) of the clitoris that lies underneath.

WHO's (2016) definition of FGM includes 4 types of procedures:

1. Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in some cases, only the prepuce (the fold of skin surrounding the clitoris).
2. Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the

labia majora (the outer folds of skin of the vulva).

3. Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
4. This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking