Pay attention to what they tell you to forget: What we know, what we want, and how it affects our health

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Pay attention to what they tell you to forget:
What we know, what we want, and how it affects our health

by

Michael A. Stanfield

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

Major: Interdisciplinary Graduate Studies (Arts and Humanities)

Program of Study Committee:
Clark Wolf, Major Professor
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Iowa State University
Ames, Iowa

2010

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ACKNOWLEDGEMENTS

Of journeying the benefits are many: the freshness it bringeth to the heart, the seeing and hearing of marvelous things, the delight of beholding new cities, the meeting of unknown friends, and the learning of high manners.

—Muslih-uddin Sadi

I would like to recognize and thank the people that have been on the journey with me:

Clark Wolf, my major professor, who has been my instructor, my adviser, my encyclopedia, and my library; Kevin de Laplante, who enthusiastically stepped in to serve on my Program of Study committee and contribute his ideas and expertise; Anastasia Prokos, who, beside serving on my Program of Study committee, has been my teacher and my role model; Carla Fehr, who, although she could not participate in my final thesis defense, was there along the way as a wellspring of encouragement and information; Janet Krengel, my officemate and friend, who saw me through the day-to-day trials of work, adulthood, and graduate student life; my parents and siblings, who have been both the wind in my sails and my safe harbor for more than twenty-four years now; and especially my sister Callyn, who, although she could have spent her weekend doing exciting things, donated her time to sort through my pages and pages of obscure references (such as, “Stoltenberg – can’t remember which book, but this is the quote… It might have been the Russell book, or…no, wait, the Disch book? I’m not sure”) to finding the necessary information to transform my chicken scratch into a bibliography that could actually be used.

Thank you.
ABSTRACT

Feminism is an entire world view or gestalt, not just a laundry list of women’s issues.

—Charlotte Bunch

The purpose of this thesis project is to evaluate the roles of preferences and ignorance in a number of women’s health and wellbeing issues. In a number of cases, I will use brief, hands-on case studies to illustrate my points. I will also frequently use current examples from the news, the entertainment industry, and other media to show how my work addresses practical issues of relevance.

In the first chapter, I will discuss the nature of preferences and the degree to which preferences can be said to be autonomous to an individual. In the second chapter, I will discuss Nancy Tuana’s “Taxonomy of Ignorance” from her work, “The Speculum of Ignorance: The Women’s Health Movement and Epistemologies of Ignorance” (2006), and show how each of the forms of ignorance Tuana identifies can be related to my topics.

In the third chapter, I will discuss the topic of female circumcision, especially in light of Martha Nussbaum’s “Capabilities Approach.” I will argue that her approach can be seen as enumerating a set of capabilities that ensure freedom of desires and preferences in a way that Nussbaum claims addresses the needs of every individual without arbitrarily valuing some preferences over others. I will then examine how Nussbaum uses her approach to criticize the practice of female circumcision, and how, alternatively, her list of central capabilities (preferences) could actually be used to defend the freedom of individuals to choose this practice.
In the fourth chapter, I will explore the variety of ways cultural conceptions of beauty and sexuality have come to influence individuals, especially women and young girls. Some of the effects of cultural ideals have been an increase in women’s dissatisfaction with their bodies, an increase in cosmetic and surgical treatments, and an alarming trend of pairing superficial notions of femininity and beauty with androcentric conceptions of women’s sexuality.

In the fifth chapter, I will show how one aspect of beauty culture, the cosmetics industry, uses ignorance to hide possible dangers related to use of their products. I will explore some of the reasons women prefer to use makeup and why, and explain the results of a case study I conducted on my own cosmetics usage.

In the final section, I will conclude with a reprise, closing remarks and recommendations.
I have been told that the space underneath the front stairs of the building in which I work is called *Alcove* and is part of an artwork by Harriet Bart. The author’s intention, according to the brochure published by the University Museums office, is for the space to be “a place for quiet contemplation, for reading a book, or a place to meet and visit with a friend. The materials used...[were chosen to] convey a sense of solidity and permanency” (Iowa State University, Art on Campus brochure). Included in Bart’s design were a limestone bench and three bronze pillars, modeled from stacks of books, under which an inscription in bronze lettering was set into the concrete floor. It read: “Pay Attention to What They Tell You to Forget,” taken from the poem “Double Ode” by Muriel Rukeyser.

Ironically, *Alcove* failed to achieve the permanency the artist intended. Shortly after it was installed, building traffic, weather, and snow plows began to wear away at the bronze work. One by one, the raised letters of Rukeyser’s poem were swept away until only a shallow impression remained. Without the artist’s inscription, the work became first ignored, and then largely forgotten. Eventually the bronze book pillars were removed from *Alcove* for conservation, and by the time I became a student at Iowa State University, only the limestone
bench remained. The complete work¹ now only exists in the minds of those few that heeded the artist’s advice—the ones who did pay attention, the ones who did not forget.

I find it revealing that, after two years of walking past that bench under the stairs, I only became aware of it as I prepared to graduate and move on. For two years I had seen that bench and never noticed it. When I discovered it was part of a set, a piece of art work meant to endure, to capture people’s attention, I began to understand just how relevant Bart’s work was to my own. When I conceived this thesis, my goal was to talk about ignorance. Primarily, I wanted to show how ignorance is created and wielded by the powerful and then used against the less powerful for the purposes of profit, control, authority, and special interests. When I stumbled upon Bart’s work in the Alcove, I found myself wondering what I have failed to pay attention to and what more I may have forgotten. Just as the weather and the snow plows sent much of Bart’s design into obscurity, giving the quote in the floor an oddly self-referential quality, so, too, did my work on ignorance become strangely self-referential.

I now conceptualize my work slightly differently. I aim not only to show how ignorance is manipulated to serve private interests, but also to show some ways that ignorance may be generated and what role we, the victims of this ignorance, play in its creation, perpetuation, and perhaps someday its eradication. My goal in this paper is to heed Bart’s, and Muriel Rukeyser’s, advice and to “Pay Attention to What They Tell You to Forget.”

¹ In a recent e-mail correspondence with Nancy Gebhart from the University Museum office, I was informed that Alcove is in the process of being modified and moved from Carrie Chapman Catt Hall to Morrill Hall, pending funding. The original artist will be recreating her bronze lettered inscription at the new location.
A GENERAL INTRODUCTION

To the small part of ignorance that we arrange and classify we give the name of knowledge.

—Ambrose Bierce

I have always been a feminist, but only lately did I find out that’s what it was called. Some people are afraid of feminists but I reckon that, more than anything else, they’re afraid of the word. It is a scary word. Identifying oneself with the label means that one no longer wishes to be seen as a common noun—a generic thing: a girl, a woman, a “chick”—but now, as a proper noun, a Person, and not just any person, but a Person who is being and becoming. That is the key. One has to be a feminist: think, act, try, hope, notice, hear, see, feel.

I have only recently embraced that word—that hopeful, frightful, evangelistic word—for a short while now, but it has already taught me a lot about what it means to be a Woman, and a human being. I have also learned much about what it means to be a feminist student, and what it means to be becoming a feminist philosopher. Among these lessons, I have found that it is customary for feminists to confront—not ignore or deny—the assumptions and biases they may be bringing into a scholarly project. In this spirit, I would like to identify mine:

I am a quintessential white, middle class, heterosexual Western woman. I am able bodied and average looking. At department stores I can easily find clothes in my size. At the makeup counter I can easily find foundation that matches my complexion. In the pharmacy, “flesh colored” band-aids actually mirror the color of my flesh. I have not had to concern myself with where handicapped accessible amenities are located. When I take the elevator, it is out of laziness, not necessity. I’ve had the privilege to receive an expensive college
education. I have two married, attentive parents, and I’ve had my share of socially approved romantic relationships. I have good health, and I have had good health care. As a child, I had braces and ballet lessons. I have been very, very lucky.

In regard to feminist scholarship, however, this luck puts me in particular danger—the danger of thinking too much of myself and my opinions, of thinking my priorities are everyone’s priorities, my ideas are the right ideas, and my perceptions reflect the real truth of the matter. It is the danger of being ignorant—of excluding, reducing, ignoring, or silencing the many voices beside my own—all the while thinking I am wise. Many feminists, scholars, and persons I admire have warned me about this. So when I write, I try to be aware of the strengths and limitations of my perspective. I like to think that this self-awareness makes me a little bit more enlightened than some, but again, that’s the privilege speaking.

I have also learned that my work must be useful. bell hooks wrote, “any theory that cannot be shared in everyday conversation cannot be used to educate the public” (hooks 39), and as such, cannot be used to bring about change. What follows is a discussion that I, as a woman and now as an adult, desperately need to have with myself. At twenty-four, I have only just begun to fully appreciate what it means to be solely and fully responsible for myself within this obstacle course called life. I never fully understood how many hoops and traps and dead ends were laid out between the start and the finish line.

In the work that follows, I intend to navigate the tumultuous waters of beauty culture, female sexuality, and pornography, keeping a watchful eye out for the shoals of ignorance that can make travel hazardous. My interest is women—mostly young, heterosexual, Western women much like myself—and how they perceive, internalize, and reshape dominant culture’s messages about these topics. My goal is somewhat selfish. I hope that in
exploring these complex areas I will uncover some insights that will be useful to me, and perhaps to my sisters, and perhaps also to my nieces, and their friends… I hope to gain some understanding and some direction. I hope to use this conversation to spark further dialogue—dialogue that will be useful in articulating and bringing about a vision that could help make adulthood, and womanhood, just the slightest bit less treacherous.

On this note, I also recognize that, elsewhere in the world and even here in the my community, people are finding themselves adrift between Scylla and Charybdis—where poverty, discrimination, domestic violence, homelessness, poor health, censorship, persecution, war, drug and human trafficking, and many other forms of oppression line their paths on either side—and to them, facing only sandbars and beach drift would be a relief. I know that these realities can make topics like makeup, body modification, and the adult entertainment industry seem kind of arbitrary and shallow. But, to the few of us lucky enough to not to find ourselves stranded in the open seas, well… in our puddles and ponds, they really are big problems for us, and they really do feel as enormous and oppressive as anything else in our relatively privileged lives.
CHAPTER 1
PREFERENCE

The world’s stable now. People are happy; they get what they want, and they never want what they can’t get. They’re well off; they’re safe; they’re never ill; they’re not afraid of death; they’re blissfully ignorant of passion and old age… And if anything should go wrong, there’s soma.

—Aldous Huxley, *Brave New World*

To facilitate our discussion, I would like to begin by making a few clarifications. For the purposes of this paper, terms such as “preferences” and “desires”, and other similar expressions (choice-worthiness, wishes, and wants, etc.), will be used more or less interchangeably to indicate which aspects of life individuals find favorable or pleasant (and, therefore, would choose given the right circumstances), and which aspects of life they find unfavorable or unpleasant (and thus would avoid given the right circumstances). Although synonymous, a slight distinction between concepts such as “preference” and concepts such as “desire” may prove useful. To this end, I propose that desires, etc., be understood as causes that are more often than not “unbidden” and not the result of reasoned or willful choosing (Lehrer 5), while preferences should be understood as “functional states resulting typically from positive evaluations of desires” (Lehrer 5) or some other reasoning process.

An easy example of this difference can be found in the case of thirst. The desire to drink water when I thirst is not usually the product of some reasoning process whereby I have consciously evaluated the circumstances and found that drinking water would be good. Instead, it more often the case that I will quench my thirst with a drink of water purely out of habit since this desire has arisen in me in the past, and its fulfillment requires very little effort. On the other hand, if I am playing a tennis match and I have the opportunity to get a
drink of water although I am not particularly thirsty, I may do so—not out of desire or habit—but rather for the reasons that it is hot outside and I am heavily exerting myself, and I would prefer not to become dehydrated.

How I come to endorse (or reject) some wish or want is actually a matter more complicated than it initially seems. Desires and preferences are part of an extensive body of work with many correlative considerations (e.g. virtue, autonomy, freedom, “the good,” etc.), and I regret that, within the parameters of this project, I am not able to offer more than a superficial consideration of these concepts. I am, however, deeply appreciative of and indebted to those scholars who have thoroughly explored these topics, as their work has given me a foundation upon which to frame my more applied approach. These limitations noted, I ask the reader to give me one further consideration. At least for the duration of this paper, presume that the following three statements\(^2\) are *prima facie* true:

1. Human beings have preferences, desires, wants, wishes, etc.
2. Hedonic happiness is a state of mind that people want to experience; [thus] any preferrer wants to spend her conscious time as pleasantly as possible.
3. The rational preferrer wants not to acquire preferences that will be frustrated.

**What are preferences?**

From the birth of civilization to the most recent of generations, preferences and desires have been a large part of the foundation upon which cultures have been built. Aristotle famously said, “man is a political creature and one whose nature is to live with others” (*Nicomachean Ethics*, Book IX); but living in social relationships with one another isn’t easy. The mere fact that we continue to live in community with others implies that,

\(^2\) These criteria are taken from statements made by Christoph Fehige, “A Pareto Principle for Possible People” (511-517).
along the way, human beings have had to learn how to meet their needs and desires in ways that are conducive to community membership. As such, some of the oldest texts from human history are laws, transaction records, and other written explanations of the way a particular society has decided it can best address and balance the various wants of its people.

In fact, many of the earliest works in what is now known as the discipline of philosophy were generated in response to concerns of preferences, desires, the human condition, and the achievement of just and harmonious social institutions. The classical Greek philosophers considered desires and preferences from many angles, including how these inclinations served to motivate or discourage a person to cultivate habits of virtue or of vice; to seek knowledge or forsake it for the indulgence of physical pleasures; to seek power; to obey the laws of the state, and so forth. In addition to understanding these concepts on the individual level, philosophers also sought to understand how best to use these human inclinations, appetites, preferences and aversions to order a society, to enforce the laws, to create justice and promote happiness, and to ensure favorable political and social circumstances for human flourishing. These philosophers understood that, by the very fact of being born into a community, we are socialized to prefer certain things over others, predominantly those things which our native culture finds valuable. Plato’s Republic and Laws, and Aristotle’s Ethics and Politics, among others, aimed to show how proper instruction and training could help to create a society of individuals whose preferences were in harmony with one another and with the best interests of the state.

In present times, the question of how one should balance her preferences and wants with those of her family, profession, community, culture, etc., is not so straightforward. Society, rather than having transformed to the point where people have become members of
an ideal city-state, subject to the rule of a philosopher-king who expounds his theories of what is right or good or desirable to an obedient and grateful citizenry, has become many ambiguous and ill-defined states, where most of the citizens are amateur philosophers, and ideas about what is good—and what urges and desires we should endorse or reject to achieve that good—abound.

From birth to death, we absorb cultural messages about what is right and wrong, desirable or abhorrent, acceptable or unacceptable. Part of belonging to a particular race, class, gender, or other social group, is sharing common features with the other members. For example, a particular group may be recognized by a number of signifiers that are specific to it, such as developing particular purchasing habits, dressing in a certain way, eating certain types of cuisine, enjoying certain activities or hobbies, endorsing particular values, and so on. In general, human beings find being a member of some social unit (be it family, club or organization, profession, etc.) and having a sense of belonging to be desirable and choice-worthy. This is good since no human beings that I know of have ever been born without belonging to even one single group. Group membership, however, complicates the process of discernment about which desires or preferences an individual wants to have, and which she may prefer not to endorse. Even if an individual does not necessarily feel a strong identification with any particular group, the most basic circumstances of one’s life (e.g., where or in what time period one is born), have implications for that person’s development and understanding of her preferences and desires.

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3 See Plato, *The Republic* for a more clear picture of what this ideal city-state entails.

4 Even infants without parents are grouped as “orphans,” and infants raised without (human) social contact still belong to the group known as “feral children” and have made some sort of community out of the animals with which they live.
The source of these preferences, as well as the process by which an individual develops and continues to refine her many preferences into an integrated preference structure, is a question of some controversy. Keith Lehrer, in “Freedom, Preference, and Autonomy” (1997), argues that preferences develop in a variety of ways and, as just described, the extent to which external factors (such as cultural ideas) influence the development of these preferences has profound implications for the individual preferrer. Since the days of ancient Greek philosophy, the number of social and cultural messages that the average person is exposed to on a daily basis has skyrocketed. Development of new technology, and the profligate use of that technology by individuals, corporations, and institutions, means that cultural ideas can find their way into our TVs, coffee mugs, grocery store shelves, personal emails, city streets, iPods®, imaginations, and even our dreams, more quickly, easily, and repetitiously than ever before. As a result, discerning who or what is the author of our preferences has become increasingly difficult.

To address this issue, Lehrer separates preferences into a number of categories that reflect how responsible a preferrer is for her preference. These categories are based on the following criteria: whether a person prefers $x$ of her own accord (that is, autonomously) or if she prefers it because another wishes for her to do so; whether a person must have a particular preference $x$ or if she is free to prefer otherwise; and whether a person fully prefers $x$ or, on the contrary, she cannot be said to fully prefer $x$ since the desire for $x$ conflicts with another similar or higher level preference (Lehrer 20). According to Lehrer, a person is most full responsible for her preference when it is autonomous, it does not conflict with other preferences within her preference structure, and she could have preferred otherwise; conversely, she is least responsible for her preference when she is not the original author of it.
(non-autonomous), she does not fully prefer it (another, perhaps higher level preference is in conflict with the preference under consideration), and she is not free to have a different preference (Lehrer 22).

It should be noted that the distinction Lehrer and other scholars have made between higher and lower level preferences is an important one. It tends to be the case that lower level presences concern immediate desires or considerations of what would be good right now (e.g., the desire I have when I wake up in the morning to stay in bed all day and not work on my thesis), and tend to be of somewhat lesser importance than other preferences. Higher level preferences, on the other hand, tend to be more considered or “big picture” preferences about what would be good for one’s life on the whole, and therefore tend to be of somewhat greater importance (e.g., the reasoned preference I have—although I may not fully prefer it at 7 AM—to be seen as reliable, to meet my deadlines, and to graduate). It is through experience balancing these higher and lower level desires that individuals develop the ability to identify wants of greater or lesser value, fine tune their preferences structures for greater satisfaction, and determine which course of action is most likely to lead to preference fulfillment (Arrington 7).

Although I have stated that most individuals would like to have the greatest amount of pleasantness and the least amount of frustration that it is possible to have in their lives, this assertion is not altogether unproblematic, for even if this is what people want, it is not always what they get. This raises an important question: how should we deal with frustrations?
**Do we really want to live in a world without frustrated preferences?**

Given that preferences can be both a source of pleasure and a source of frustration, in “A Pareto Principle for Possible People,” Christoph Fehige sets out to determine if it is better for people to have an increasing number of new and satisfied preferences (the orexigenic case), or to not have a certain number of preferences in the first place (the prophylactic case). Fehige’s consideration of the orexigenic case questions whether “even if people don’t want to want more, wanting more (and getting it) would [nonetheless] benefit them” (Fehige 512); or, to put it more colloquially, can one ever really have too much of a good thing?

Conventional wisdom suggests that, indeed, a person can have too much of a good thing (this is, perhaps, why in Disney’s *Aladdin* the genie has developed the rule “no wishing for more wishes”), and that wanting and getting more can sometimes turn into a very bad thing (see A&E’s television program “Hoarders”). To provide the reader with “proof” that having additional wishes fulfilled is not better than not having had the additional wishes at all, Fehige provides the following, slightly absurd example:

John is a patient whose doctor has just congratulated him on the news that John is terminally ill. The cause for congratulation, the doctor tells John, is that John will soon develop a new, very strong desire—a desire, his doctor assures him, that is certain to be satisfied—which will eclipse all other desires John may have (to live, for example, or to achieve certain goals). This side effect of John’s terminal illness is that John will “develop an immense desire that after [his] death, ten tons of pink foam rubber be deposited in [John’s] front garden” (Fehige 514), and the doctor will personally see to it that this desire is fulfilled.

Fehige’s example calls to mind a logic similar to that found in Plato’s *Philebus*. In Plato’s work, a question arises as to whether, when it comes to a sensation such as an itch or
other such minor irritation, the scratching of the itch is a source of pleasure or merely the relief of pain. In a way, Plato’s question can be taken as a prior example of Fehige’s prophylactic case, since the participants in Plato’s dialogue conclude that the pleasure of scratching an itch, at best, does little more than return the preferrer to the level of happiness he or she had before the initial irritation. As such, it cannot be said that one who scratches an itch brings about pleasure that has value beyond canceling out an equal displeasure and, therefore, there is no reason to suggest that providing people with additional itches so that they can be scratched makes them any better off than they otherwise would have been.

These considerations lead Fehige to defend a position of antifrustrationism. According to this position, it makes very little difference what the content of a particular preference or desire is, just so long as the preference or desire for it is not frustrated (Fehige 518). So, for example, Fehige argues that if all things were equal, it would not be possible to say whether Jack’s preference to avoid getting an education and spend his days in laziness and squalor is any more or less valuable/desirable then Jill’s preference to get the best education she can and become a productive and contributing member of society (Fehige 513). While I find Fehige’s argument for antifrustrationism to be novel and compelling, I nevertheless cannot accept the corresponding assertion that “…it is only preferredness that conveys value on objects in the first place, [so] it is unlikely to matter whether these are books, Ferraris, games of pushpin, or poems” (Fehige, 513). The apathy with which Fehige regards the variety of different desires betrays what I consider to be a deeply impoverished conception of value. To illustrate my concerns, consider Aldous Huxley’s insightful novel, *Brave New World* (1932).
Because Huxley’s work explores the complex relationship between autonomy, preference satisfaction, and ignorance, I find the novel to be particularly relevant to my work. Recall that in the (future) world that Huxley describes, world peace has been achieved at last. The secret to the abounding happiness and stability, the reader finds out, is that the government of the World State has made hedonism a social rule, while effectively eliminating any negative consequences that reckless hedonism might traditionally entail. In the World State, to ensure that citizens live the most pleasurable and the least frustrated lives that they can, certain sources of conflict have been eliminated. Among the things the State has expelled as too frustrating are: God, parenthood, intimate and familial relationships, knowledge, art, science, individuality, and choice, along with many others. The elimination of these aspects of social life (that is, the elimination of extremes) means that citizens of Huxley’s World State no longer have cause to feel the despair of heartbreak, the fervor of hatred, or the grief of loss. This strategy “spares” citizens from some of the most painful and devastating experiences of human existence and ensures that the citizens live steady, predictable lives free from most potential frustrations. This “gain,” however, comes at the expense of the capacity to feel a number of other extremes, including the ecstasy of love, the pride of accomplishment, the joy of family life, or the mental and emotional stimulation of great works of art and literature. The difference between Huxley’s version of antifrustrationism and Fehige’s, however, is that Huxley recognizes the value of certain preferences over others. As Mustapha Mond tells the Savage,

Actual happiness always looks pretty squalid in comparison with the overcompensations for misery. And, of course, stability isn’t nearly so spectacular as instability. And being contented has none of the glamour of a good fight against misfortune, none of the picturesqueness of a struggle with temptation,
or a fatal overthrow by passion or doubt. Happiness is never grand. (Huxley, *Brave New World*, Ch. 16)

In Huxley’s novel, one can find an example of every form of ignorance that Nancy Tuana identifies in her taxonomy (to be described in the following section). The World State operates on the principle that the less people know, and the less they think for themselves, the better off society becomes. To foster stability, while still ensuring that the necessary but menial grunt work of society gets done, the World State creates an elaborate caste system where each individual is specifically engineered for his or her purpose in life and, as a result, wants nothing more than to achieve this purpose. The members of the highest caste have the capacity to question some of the workings of the World State, but lack the desire to acquire that knowledge. Based on rigorous conditioning, members of each group have no interest in knowing or feeling more than what will get them through each day; as a result, there is a tremendous amount they choose not to know, as well as a great amount of knowledge they don’t even realize they are without. All of these forms of ignorance are bred into society through genetic manipulation and “sleep learning,” and reinforced on a daily basis with mind-altering drugs (soma) and a carefully constructed “reality.” What is even more astounding is that, for almost all of the people in the world state, this reality works. People, although they are not really free to prefer otherwise, still do prefer the world that the government of the World State has created for them. When this reality is challenged (by social misfits, or “savages,” etc.), most characters react with nervousness, disgust, and increased drug use. There is never a reason in Huxley’s novel for the citizens of the World State to feel cognitive dissonance or any other frustration as long as they participate in (and prefer!) their own ignorance and manipulation.
The repugnance that most people feel toward this futuristic scenario indicates that Fehige’s conception of antifrustrationism is unacceptable. It would seem that, while individuals would ideally like it if none of their desires were frustrated, it is nevertheless a concrete reality that most people are willing to tolerate a certain amount of frustration in exchange for having the freedom to be the author of their own desires and preferences. But, given the social circumstances that have been described in this and previous sections, to what extent can one really be thought to have autonomous preferences?

**Autonomy and preference**

Autonomy, a word of Greek origin, literally means “to give oneself his/her own law,” and has been used in philosophy to describe “the capacity to be one’s own person, to live one’s life according to reasons and motives that are taken as one’s own and not the product of manipulative or distorting external forces” (Stanford Encyclopedia of Philosophy, “Autonomy in Moral and Political Philosophy”). Keith Lehrer argues that an authentic case of autonomous preference meets the following conditions:

A person who does *A* out of a preference to do so must be able to do otherwise, for she would if she so preferred, and she must understand what she is doing, for she does what she prefers knowing what she is doing. A person who does something autonomously when free to do otherwise maximizes her level of responsibility and provides the paradigm case of it. (Lehrer 17)

In this case, to have an autonomous preference implies that the motivations or reasons for having any preference originate completely within the preferrer, and that the preferrer thus prefers to prefer as she does, although nothing dictates that she must prefer in that way (Lehrer 20). Additionally, in order for this preference to be a full preference, it must be the
case that the preference does not conflict with other wants or desires in one’s preference structure. On the contrary, if a person has a preference that conflicts with other preferences she may have, then it is not considered a full preference. Similarly, if a person has a preference because another wishes for her to have it, this preference cannot be considered as originating in the preferrer, although she may prefer it nonetheless (young children are an easy example of such a situation) (Lehrer 20). The question then becomes, how can we know when a preference is original to the individual and when it has developed as a result of socialization, advertisement, coercion, biological instinct, or some other influence?

Robert Arrington’s criteria for autonomous desire are significantly less stringent than Lehrer’s: all that Arrington requires for a preference to be autonomous is that the preferrer accept (as opposed to reflectively reject) the desire (Crisp 414). Yet many critics find this explanation too simplistic. Lehrer notes that it could easily be the case that there are “things I prefer to do because I think I ought to do them, because they are required or prudent, [but] which I shall never desire to do” (Lehrer 5), and similarly, there may be desires that I have which I may prefer not to have, although I do accept them. For instance, when enjoying a film at a movie theater, I may suddenly develop the desire to go to the restroom, and this is a desire which I accept and act on, although if it had been my own autonomous preference, I would have preferred to wait to use the restroom until the end of the film. In order to reflect the many variables that influence preferences (such as preferring $x$, but not being free to

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5 Robert Arrington notes that, “Often a person will have what Harry Frankfurt calls a second-order desire, that is to say, a desire not to have another desire. In such cases, the first-order desire is thought of as being non-autonomous, imposed on one” (Arrington 7). When I refer to a biological instinct (which I do not mean to say does not arise originally from the preferrer), it is with Arrington’s above statement in mind. For example, a number of studies have shown that women prefer the scent of one man over another during particular points in their menstrual cycles, even if they are not looking to find a partner or conceive. Sergeant et al. explains, “Women’s menstrual cycle timing also has a significant impact on olfaction. The endocrine changes around ovulation significantly heighten olfactory sensitivity... alter hedonic perceptions of odor... and increase odor processing speed. Grammer and Hummel et al. both reported that perceptions of the hedonic qualities of androstenone (a volatile steroid expressed in body odor) changed from being unpleasant to neutral around ovulation. Since androstenone is present in much higher concentrations in the body odor of men... both Grammer and Hummel et al. speculated that this could facilitate social contact between men and women at the optimum time for conception” (Sergeant et al.).
fulfill $x$), it may be more useful to avoid simplifying preferences or wants as either “autonomous” or “non-autonomous.” Instead, it may be more useful to identify the degree or the extent—on a continuum from most to least—to which a desire can be said to be autonomous.

**Degrees of autonomous preference**

Despite controversy over what autonomy entails, most philosophers agree that it does not entail manipulation or coercion; therefore, it seems safe to say that a preference that falls on the “more autonomous” side of the scale will be one that does not involve exploitation of this kind, or at least not without good reason and for reasons that the preferrer can accept (Crisp).\(^6\) The concern with cultural messages, including advertisements and other media, is that they are not often conscientious about verifying claims, providing reasons, or showing alternatives. Instead (especially when one is trying to sell a product or idea), cultural messages often come to individuals in subtle and ambiguous ways, through short, memorable words or images, or through feelings or the activation of certain desires; rarely do these memes\(^7\) provide a clear explanation, rationale, or list of alternatives. Since it is almost always the case that “in order to have a preference among options, one must have a at least some idea what those options would involve…” (Wolf 109), this can make it problematic to identify those preferences which fall on the “more autonomous” side of the balance. Simple exposure to memes can lead an individual to have a particular preference, although she may

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\(^6\) Crisp provides a strong case for the clause “at least not without good reason and for reasons that the preferrer can accept” (“Persuasive Advertising,” 414). Crisp notes that with acting, we appreciate the actors who have a particular knack for manipulating us into believing that they are behaving authentically, and not merely acting out a character, and this is a manipulation which is done with good reason (that is, for our entertainment and enjoyment), and for a reason we can accept (it is a mark of the actor’s proficiency in his craft to be able to temporarily deceive us in this way).

\(^7\) The term “meme,” coined by Richard Dawkins in his work *The Selfish Gene* (1976), and refers to “a unit of cultural information” that is multiplied and transmitted similarly to the way genes work in biology/genetics (Dictionary.com).
not know where the preference comes from, or may mistakenly believe that the preference is original to her.

However, not all scholars agree that this particular way of generating desires necessarily implies that the generated preference is not autonomous to the preferrer. Arrington argues,

the mere fact that my desire to be young again is caused by the T.V. commercial [for Grecian Formula 16]—surely an instrument of popular culture transmission—does not in and of itself show that this is not my own, autonomous desire. Moreover, even if I never before felt the need to look young, it doesn’t follow that this new desire is any less mine. (Arrington 7)

While there may be truth to Arrington’s argument, more information is necessary to draw a conclusion about it. For instance, how did the advertisement portray the message that using Grecian Formula 16 will make Arrington look young again? Since looking young is at least as much a matter of opinion as it is of fact, it could be Arrington’s opinion that after using the product, he does look young again. Arrington’s opinion alone, however, is unlikely to make it a fact—especially if I see Arrington with his newly covered grays and conclude that, in addition to looking his age, he now also looks silly for all his efforts. So the advertisement cannot say as a fact that using Grecian Formula will make Arrington look younger. But perhaps the advertisement shows Grecian Formula users spending time with other people who are younger than themselves, perhaps even beautiful young women who enjoy the Grecian Formula look, and it is this feeling of being younger that the product is intended to supply; for, Arrington does say, “many advertisements directly promise subjective effects which their patrons actually desire (and obtain when they purchase the product, and thus the ads provides relevant information for rational choice” (Arrington 8).
But does Grecian Formula really yield the subjective effects that it promises? Certainly the act of purchasing or applying the product does not make Arrington feel younger since these acts are not associated with being young. But perhaps Arrington feels younger when he sees the results of his hair coloring and is pleased to see he no longer has gray hairs on his chin. This does seem reasonable, but consider: if Arrington had not seen so many advertisements linking gray hair with being “old,” and portraying being “old” as something undesirable, would Arrington still want to purchase Grecian Formula? Probably not. Further, if Arrington goes into work the day after using Grecian Formula and he receives no positive feedback that would indicate that he does look or seem younger, then Arrington is likely to regard his experience with Grecian Formula as lacking, and regard the previous (and short-lived) subjective effects he experienced the night before while looking in the mirror as deceptions and irrationality. These things considered, how original or autonomous can Arrington’s desires for looking young or buying Grecian Formula really be?

Roger Crisp argues that cultural messages such as these promote some preferences (the more marketable ones) over others, or create new preferences all together, by sowing dissatisfaction with preferences that already exists. Furthermore, this is done with tactics that are somewhat dubious, since these messages are unlikely to be straightforward or reasonable. To illustrate, Crisp asks the reader to evaluate how successful a campaign for a particular product would be if the advertisements shifted the clarity level of their strategies to “obvious.” This would imply that a company such as American Apparel would replace their usual innuendo-laden advertisements (I suggest their recent ad with the text “Summer’s officially here. Enjoy” which shows a sexualized young woman, whom I’m guessing is “Summer,” with a bare back leaning over a drinking fountain with water splashing into her
mouth) with straight-forward advertisements that simply said “Wear our clothes and this summer men will want to screw you six ways to Sunday” (or, alternatively, “Do you want to have sex with girls like her this summer? Wear our clothes”). As Crisp notes, campaigns like that would be not likely be very successful since “our conscious self is not so easily duped by advertising” (Crisp 415), and we would easily see that wearing American Apparel brand clothes could not reasonably be expected to create the fantasy it suggests; however, while I could continue this discussion more in-depth, I think it is more practical to table this debate here in favor of moving to the next section. I will pick up this thread again in the body of this thesis, where I will be able to discuss these controversies in a way that is firmly situated within my focus areas.
CHAPTER 2
IGNORANCE

Real knowledge is to know the extent of one’s ignorance

—Confucius

Desires and preferences play an interesting role in the production and perpetuation of knowledge and ignorance. Both have a significant role in our decision making and learning processes, especially to the extent that they provide reasons and motivations for doing or not doing, believing or not believing, valuing or not valuing, knowing or not knowing. Then, to understand how our preferences can shape what we do not know and, conversely, how not knowing can shape what we prefer, let us begin with the individual.

The theory that human beings are born “tabula rasa,” with a mind that is considered a “blank slate,” dates to Aristotle, and has been fervently debated by social scientists, psychologists, and neurobiologists since. Whether one is born “blank” or not, the life after birth of most human beings is, essentially, a learning process whereby individuals accumulate the knowledge and information they will need to live successfully into adulthood. The field of epistemology focuses on the nature of this process, exploring the ways that individuals and societies discover, acquire, and create knowledge and information over time.

Feminist epistemologists argue that, in addition to knowledge developed through observation with the bodily sense (often the only source acknowledged or valued by positivists), knowledge and information is also generated through creative or generative acts, experiences, relationships, and dialogue. The product of individuals’ interactions in these
particular areas is highly specific and contextual, and is called “situated knowledge” by many feminist epistemologists. The theory of situated knowledge asserts that knowledge—both what is known, or thought to be known, and what can be known—is influenced by one’s station in life, especially one’s gender, race, language, social structure, or culture, among other contexts (Sprague 41-43). From this view, knowledge is not something that exists external to the impartial observer, but rather arises from the interplay of elements from multifarious contexts. This type of epistemology is vastly different from positivist epistemologies which tout the irrelevance of the knower to the truth of what is known. Feminist epistemologies contend that the subjectivity of the knower plays an integral role in knowledge production, and challenge epistemologies where “the assumptions…do not appear to be assumptions—they seem like common sense” (Sprague 31). To take assumptions for granted, however, is to overlook the power structures, struggles, and history that produced, and continue to reproduce, a dominant theory or method (to the exclusion of alternatives that arise from being differently situated).

The complement to situated knowledge is situated ignorance. Situated ignorance is the information or knowledge an individual does not have for a variety of reasons. It is not usually the case that only one reason is behind a particular form of ignorance; rather, it is more often because many intersecting factors combine to create gaps and “blind spots” from which a greater ignorance emerges. Marilyn Frye, in her work on oppression, has argued that oppression prevents an individual or group from living her or its conception of the good, inhibits meaningful communication, and restricts freedom. Ignorance, I would argue, is a

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8 I believe this term was coined by feminist scholar, Donna Haraway, in 1988.
9 For an excellent example of the difference that context, perspective, and power structures make in the writing of history, please see: *A People’s History of the United States* (1980) by Howard Zinn.
critical mechanism of oppression. Frye has described oppression as a cage constructed of many separate bars which, by themselves, pose very little threat to the freedom of an individual, but, when taken together, form a rigid, self-reinforcing structure that limits choices, punishes deviations from acceptable norms, and effectively creates and maintains systems of dominance (Frye 4). Situated ignorance is like the individual bars of the cage, where the most damage is done when individuals cannot see the bars closing in on themselves or on others.

The incarnation of ignorance takes many forms. For example, it may be the case that one does not or cannot know something because of her social identity (for example, one cannot know exactly how it is to be of a different ethnicity or sex than oneself)\(^\text{10}\) or one’s body type or physical condition (for example, those who are able bodied or who are not lactating women, may not know or even have to worry about where handicap facilities are or whether a work environment is conducive to breastfeeding, respectively). Ignorance can also be produced through language in the sense that language both describes and creates a certain reality. The key to the usefulness of language is the way it is used as “a meaning-constituting system” (Scott 447), where the act of definition becomes the act of creating meaning, and thus language and definition become ways of privileging information. Language so constituted reflects the ideas, beliefs, and social structure of a particular people and of a particular time. The language of a particular culture speaks volumes about whose thoughts and ideas and ways of knowing are counted.

\(^{10}\) This, however, is not to endorse attitudes towards difference which are apathetic, discriminatory, or bigoted. Although it is work for another day, I would still like to argue that human beings can and should act towards other human beings in ways that reflect respect for their intrinsic value as persons.
In 1997, Charles Mills published *The Racial Contract*, a controversial work in political philosophy for which Mills won the Gustavus Myers Center for the Study of Bigotry and Human Rights Outstanding Book Award. Among other notable contributions, Mills coined the term “epistemology of ignorance,” which he used to refer to a mechanism by which racial disparities are created or propagated by white persons to systematically disadvantage persons of color. Nancy Tuana has expanded on this concept by using it to explain how (historical and present) ignorance has been cultivated and used, both by individuals and by institutions, to systematically disadvantage women. In “The Speculum of Ignorance: The Women’s Health Movement and Epistemologies of Ignorance” (2006), Tuana developed a taxonomy of ignorance which classifies ignorance into a number of categories, each situational and deeply rooted in context. Tuana’s taxonomy provides a much needed structure for framing the concept of ignorance. Her main categories (which she acknowledges are open to addition or revision) are briefly discussed below.

“Knowing that we do not know, but not caring to know”

The first type of ignorance Tuana addresses involves a conscious awareness that there are certain things that can or should be known, yet they remain unknown because the topics or areas have been deemed unimportant, uninteresting, or unprofitable. This form of ignorance, Tuana argues, is often a product of “configurations of interests” (Tuana, “Speculum” 4), where the interests that count are those of the dominant group. For example, in Chapter 5, I discuss how, in the United States, cosmetics companies are not required to

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11 To the best of my knowledge, it was Mills who coined this term, although work on this or related subjects was being (and had been) done by a number of scholars.

12 “Knowing that we do not know, but not caring to know” (Tuana, “Speculum” 4).
obtain FDA approval for their products before they are introduced into the market. As a result, the U.S. cosmetics industry is not prohibited from using certain ingredients in consumer products that have been banned or restricted in other countries. One such group of chemicals, phthalates, have been linked to a variety of health concerns including: birth defects, hormonal changes in infants and young children; reduced sperm motility and concentration in adult men; increased damage to sperm DNA and hormonal changes in adult men; obesity and insulin resistance in men; thyroid irregularities in both men and women; asthma and skin allergies in children; liver damage; miscarriage; and infertility in females (Sutton, “Teen Body Burden”). As a result, Canada has restricted the use of these chemicals in cosmetics and children’s toys. In the European Union, phthalates are banned from use in the manufacture of cosmetics products under Annex II of Council Directive 76/768/EEC of 27 July 1976 on the approximation of the laws of the Member States relating to cosmetic products.

But the FDA’s response to these concerns has been unsettlingly nonchalant. Although in 2008 the Consumer Product Safety Improvement Act (CPSIA) restricted the use of phthalates to concentrations not greater than 0.1 percent for any children’s toy or child care article (Consumer Product Safety Commission), no such clause for cosmetics products was included in the Act. Instead the FDA turned to the advice of the Cosmetics Ingredient Review (CIR) which “reaffirmed its original conclusion (reached in 1985) that [phthalates]

13 In addition to the numerous references Rebecca Sutton and the other staff scientists associated with the Environmental Working Group provide for the report “Teen Girls’ Body Burden of Hormone-Altering Cosmetics Chemicals” (2008), a large number of other reports have been published exploring the link between phthalates and negative health consequences. If you have an interest in this research, I suggest conducting a basic Google Scholar keyword search of “phthalates and health effects,” a search string which currently yields 22,100 hits for scholarly references (as of June 2010).
14 The CIR, which is funded by the Personal Care Products Council (the “leading national trade association for the cosmetic and personal care products industry” with more than 600 participating companies, according to the Personal Care Products Council Homepage), is an
are safe as used in cosmetics” (FDA, “Phthalates”). As a result, the FDA published a statement which said, “It’s not clear what effect, if any, phthalates have on health… FDA determined that there was insufficient evidence upon which to take regulatory action” (FDA, “Phthalates”). In this case, the FDA determined, in line with the interests of the $32.2 billion U.S. Cosmetics and Toiletries Industry (Kline Group Report), that the industry-funded CIR had given sufficient analysis of phthalates to satisfy FDA safety obligations and, although there is “insufficient evidence” on phthalates to “take action,” the CIR has voted twice since 2002 not to reopen the topic of phthalates for safety considerations (CIR website).

“We do not even know that we do not know”

Unlike the first type of ignorance, the second type that Tuana describes does not involve an awareness that a gap in information exists. Instead, in this case, social circumstances, scientific paradigms, and other events and institution come together in such a way that the ignorance generated can often only be understood in retrospect. This has particularly been the case in the area of women’s sexuality (which I discuss in-depth in Chapter 4). Evidence of this can be found in Elizabeth Sheehan’s work, “Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure” (1985). In it, Sheehan discussed how specific social attitudes about femininity, purity, and chastity influenced medical practice during the second half of the nineteenth century and created a climate where much of women’s conventional wisdom was buried, denounced, or lost, and women’s sexuality was understood as whatever was found pleasing and appropriate by men.

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15 “We do not even know that we do not know” (Tuana, “Speculum” 6).
Heavily influenced by cultural attitudes towards women (many of which were implicitly, or even explicitly, sexist or misogynistic), doctors found “evidence” that specifically female ailments such as “insanity, hysteria, nervous disorders, masturbation, madness, nymphomania, epilepsy, and other emotional disorders” (Sheehan 326-328) were the result of sexual and reproductive malfunction or malformation (where the malfunction and malformation were, oftentimes, simply that women were not men). Sheehan identifies the increased practice of clitoridectomy, as well as ovariotomy and anesthetized childbirth, during the Victorian period as both a symptom and a result of male dominance in the medical profession and the influence of misogynistic attitudes in society. In turn, women became increasingly dependent on the expertise of others, especially to the point where the opinion of the medical community, and men in general, was valued over women’s own embodied experiences.

In later decades, residual effects of this Victorian attitude continued to influence the way men and women thought about female sexuality. The “virgin/whore” dichotomy became ever more cemented in the popular imagination through media portrayals of women, as did a variety of other stereotypes. During what has commonly been called the “Sexual Revolution” in the United States, men and women alike were “liberated” by changing social attitudes about pre- or non-marital sex, open marriage, promiscuity and “free love,” and the increasing availability of adult materials such as *Playboy Magazine* and films like *Deep Throat* (1972) starring Linda Lovelace. Despite this broadening of sexuality possibility, the content of women’s sexuality remained superficial and largely dominated by men’s interests. *Deep Throat* is an excellent demonstration of this focus. In the film, a sexually frustrated woman is told by a doctor that her clitoris is in her throat, and that is why she had not been able to
orgasm during sexual intercourse with her previous male partners. The doctor informs her that the only way she will be able to achieve the sexual pleasure she desires is through performing fellatio on men. In the remainder of the film, that is what Lovelace does, finally achieving orgasm by virtue of this service to men.

_Deep Throat_ is only one example of millions of popular representations of the content of sexuality and pleasure for “sexually liberated” women. In current film, television, and other representations of women’s sexuality, the theme is going strong. Consider this example from the popular television drama _Grey’s Anatomy_. The show, which is now going into its seventh season, revolves around the lives of a number of male and female medical doctors as they complete their internships and residencies at a teaching hospital called “Seattle Grace.” During the course of each one hour episode, the interns solve a number of problems, some medical, but most related to their love lives. In episode 13 of season 6, Cristina, Meredith, and Lexie, all young, beautiful, well-educated and successful women, are discussing Cristina’s current predicament. After just coming back from having what was depicted as some very aggressive sex with her boyfriend, Owen, in the boiler room, Cristina is walking with a limp and asks her friend Meredith for medical attention. The situation unfolds like this:

**Meredith:** What, how…? You have grate marks burned into your ass.

**Cristina:** Yeah, vent marks, but same difference. I was busy having sex. Will you please just dress the wound? Owen’s being very caveman-like. And it’s hot—vaguely disturbing—but mostly hot. I think that he might still be a little bit upset that I offered him to Teddy.

Then Meredith receives a page about a real patient, and Lexie (someone who Christina doesn’t like so much, and who has just broken up with her boyfriend, Mark) takes over dressing Christina’s wound.
Lexie: That’s going to blister… Is this a sex injury?
Christina: (with irritation) Oh my god.
Lexie: It is… (she sighs, then says fondly) I used to have sex injuries with Mark. Mark was really awesome at leaving me with good sex injuries (she begins to cry).
Christina: (again with irritation) Please don’t cry on my ass. Please don’t cry.

A number of things are disturbing about this scenario. Firstly, the earlier sex scene that Cristina is describing was very angry and rough. Owen did not speak to Cristina, but instead grabbed her, slammed her into a wall, and made out with her. Second, this is not the first injury Cristina has had because of Owen. In an earlier episode, Owen nearly choked Cristina to death while she was sleeping because he was having a nightmare from his time as a soldier in Iraq. Third, the nonchalance with which Cristina talks about her injury—not an injury such as rug burn or scrape, but an actually burn requiring immediate medical attention—indicates that Owen’s complete disregard for her bodily safety and integrity is not a matter of concern (Owen, after all, was not injured during this encounter). Finally, and perhaps most disturbing, is that both Lexie and Christina apparently find “sex injuries” to be arousing and desirable.

What these popular media portrayals about women’s sexuality show is that men, and indeed women themselves, are largely ignorant about their bodies, their desires, the difference between their pleasure and that of their partners (that is, the sex depicted is not mutual sex, but rather sex where both parties achieve pleasure by doing what the male partner wants to do), and the difference between sex that is reciprocal, respectful, and equally pleasurable, and sex that is degrading, one-sided, and even dangerous.
Another area intimately tied to questions of preference and ignorance, as well as related to women’s products and purchasing choices, women’s sexuality, and ideas about beauty and femininity, is the issue of birth control. From “voluntary motherhood” to contraceptives and abortion, reproductive control over one’s own body has long been on the feminist agenda. But, as Linda Gordon points out in *The Moral Property of Women: A History of Birth Control Politics in America*, “Although birth control is very old, the movement for the right to control reproduction is young” (Gordon 7). This movement, and its later developments, can serve to highlight the third type of ignorance which Tuana describes. This type involves, “a deliberate act of creating or maintaining ignorance. The key to this form of ignorance is that a choice is made—by a person, company, or other institution—to omit, neglect, or obscure information, and especially to do so in such a way that persons who ought to be informed (and may even have a right to know) may be harmed by their ignorance. This form of ignorance, like the others, can be used in tandem with other ways of creating or ensuring ignorance. For example, it may be the case both that “they do not want us to know” and that “we do not even know that we don’t know.”

In the chapter on cosmetics, I will show how companies benefit from sowing ignorance about the dangers of certain chemicals and/or products. But I find it worth mentioning that contraceptives and other pharmaceutical companies also benefit from this type of deception. Although the topic of birth control and ignorance will not be discussed in this paper (I am preparing work on that topic for an alternative purpose), I nevertheless find that in a thesis on women’s issues, this topic merits acknowledgment.

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16 “They do not want us to know” (Tuana, “Speculum” 9).
In the United States, 62 million women are estimated to be within a reproductive age range (in this case, between 15 and 44 years of age), according to research by the Guttmacher Institute. Of these 62 million women, 43 million are currently sexually active and do not wish to conceive, and 38 million women are currently using some form of contraception (Guttmacher Institute, “Facts”). The most popular method of birth control used by this group is “the Pill” (reportedly 28 percent of users), a hormonal contraceptive taken daily (Guttmacher Institute, “Facts”).

The first birth control pill approved in the United States was introduced in 1957, and was sold under the name Enovid. Because of the social climate into which the Pill was introduced (heavy debate on the morality, safety, and importance of birth control had been going on steadily for more than two centuries), Enovid was marketed as a treatment of “menstrual disorders,” and the FDA required the product to carry a warning that use of Enovid would suppress ovulation (Gordon 287-288). In 1959 when the FDA approved Enovid for use as a contraceptive, more than 500,000 women, many under the pretense of “menstrual disorder,” were already using the drug for pregnancy prevention.

While the response of American women to the development of the Pill was enthusiastic, the use of the drug was not unproblematic. Many women who began using the Pill stopped after only a short time because of intolerability for its side effects: “bloating, weight gain, nausea, vomiting, stomach pain, headaches, and rashes” (Gordon 287). The makers of the Pill brushed off the reports of side effects, rationalizing to themselves that the negative experiences of 17% of Pill users were “merely psychological” (Gordon 288). In 1961, more serious side effects were being reported: blood clots, embolism, deep vein thrombosis, stroke, and death (Gordon 332). In 1970, nine years after reports of debilitating
side effects, health problems, and death began to emerge, Senator Gaylord Nelson (D-Wisconsin) called for hearings to determine “the dangers of the Pill and whether consumers were getting adequate information about those dangers” (Gordon 333).

In 2001, a little more than forty years since the introduction of Enovid, the FDA approved the marketing of a “fourth generation” oral contraceptive known as “Yasmin,” manufactured and distributed by Bayer HealthCare. Like “first generation” oral contraceptives, Yasmin/Yaz may cause a number of “common” side effects including: vaginal bleeding, changes in vision, fluid retention, melasma (the development of spots of darkened skin, especially on the face), nausea, vomiting, headache, nervousness, depression, dizziness, loss of scalp hair, rash, and vaginal infection (Yasmin/Yaz Patient Package Insert). Also, like “first generation” pills, Yaz/Yasmin can cause even more serious side effects. As of June 2010, more than 1,100 lawsuits had been filed against Bayer for health complications (including 50 deaths) arising from the use of Yasmin/Yaz (Edwards; Walker-Journey). These cases claim that, as in 1970, manufacturers have failed to adequately address the risks associated with their products—risks that are, for birth control users, need-to-know information. Aside from the “common” side effects are the “rare” ones which include significantly increased chances of “heart rhythm disturbances and dehydration, [both of] which can cause blood clots that can result in pulmonary embolism, strokes, or even sudden cardiac death; Yaz/Yasmin has also been linked to gallbladder disease” (Walker-Journey). Although Bayer is currently still in the midst of these lawsuits, the corporation has recently been granted approval to market a new birth control pill, Natazia, to add to its repertoire of

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17 A similar product, “Yaz,” also from Bayer, was approved by the FDA in 2006.
18 In June, 2010, a judge ordered Bayer to turn over “all written materials, video and/or audio tapes,” [including] training materials, e-mails, voice mail transcripts, summaries of meetings, incentive and goal plans, and all communications between representatives and managers” for national litigation, according to Jennifer Walker-Journey of Beasley, Allen, Crow, Methvin, Portis & Miles, P.C.
wildly profitable\textsuperscript{19} hormonal contraceptives (Walker-Journey, “Yaz, Yasmin Makers Get Approval”).

\textbf{“Willful ignorance”\textsuperscript{20}}

Like the previous form of ignorance, willful ignorance is active and deliberate; by contrast, however, is not usually the creation or perpetuation of ignorance in someone else, but rather an intricate form of self-deception that individuals, institutions, or cultures participate in for a variety of reasons. Often willful ignorance is employed to prevent or mediate the unpleasant effects of cognitive dissonance,\textsuperscript{21} to maintain the status quo, institutionalize oppression, and avoid taking responsibility and making reparations. As such, it could be argued that willful ignorance is among the most reprehensible forms of not knowing.

In most of the cases I present in this paper, willful ignorance has played a role. In Chapter 4, I will show how active deception, misrepresentation, and bias have contributed to widespread ignorance in the realm of pornography\textsuperscript{22} and human sexuality. Naomi Wolf (\textit{The Beauty Myth}) has argued that “our culture treats tender sexuality as if it were deviant or depraved, while embracing violent or degrading sex as right and healthy” (Wolf 140). The work that the media does in the open—objectifying, sexualizing, and dehumanizing people

\begin{itemize}
\item\textsuperscript{19} According to its 2009 annual report, Bayer reported that sales of Yaz, Yasmin and Yasminella (a lower dose version of Yasmin) saw a 4.6\% increase over 2008 sales. The pills were the best selling pharmaceutical products for the global drug giant, generating nearly \$1.3 billion euro (or more than \$1.7 billion U.S. dollars)."
\item\textsuperscript{20} “Willful ignorance” (Tuana, “Speculum” 10).
\item\textsuperscript{21} The term “cognitive dissonance” implies “a condition of conflict or anxiety resulting from inconsistency between one's beliefs and one's actions, such as opposing the slaughter of animals and eating meat” (Dictionary.com).
\item\textsuperscript{22} It is important to note that, in Chapter 4, I provide some criteria to help distinguish “pornography” from other expressions of sexuality, such as erotica. Diana Russell’s brief definition of pornography should suffice here until the reader reaches my broader discussion. According to Russell, pornography is “material created for heterosexual males that combines sex and/or the exposure of genitals with the abuse or degradation of females in a manner that appears to endorse, condone or encourage such behavior” (Russell 3).
\end{itemize}
on billboards, television, in magazines and on the internet—enforces the stereotype that having aggressive sex is normal, and better, and more exciting, and helps to set the stage for this type of pornography. When taken together, the media and the pornography industry can be incredibly persuasive in their invitation to individuals to believe what John Stoltenberg calls “the big lie”—a lie that creates dangerous myths about men and women’s sexuality, induces consumption of pornographic materials in a voracious, and even addictive ways, and endorses a pervasive form of ignorance that has consequences for personal relationships, work and family life, and social mores.

To understand just how deeply entrenched willful ignorance and pornography have become in American culture, consider how in June 2010, reports emerged that in the previous two years, 31 employees of the Securities and Exchange Commission (SEC) had been found to be using government resources to obtain and view pornographic materials (Wang, “SEC Porn Story). What’s more, in 2008 “the inspector general had discovered the agency’s pornography problem, and it wasn’t limited to just watching the stuff. One SEC employee went so far as to start his own private pornography business using SEC resources, ‘including Commission Internet access, e-mail, telephone and printer’” (Wang, “SEC Porn Story”). To add insult to injury, the response to the fact that taxpayer dollars have been used to pay salaries to government employees who spend hours amassing and enjoying pornography at work, has been exacerbated by the revelation that the SEC, whose main role is to oversee and regulate the securities industry, has been negligent in its duties at a time when the U.S. economy has been terrorized by the fraudulent activities of securities and investments firms.

23 Of the 31 employees, 17 have been identified as “high ranking officials” with salaries between $100,000 and $222,000, according to Marian Wang.
like Goldman Sachs, which is now under investigation by the SEC (Wang, “SEC Porn Story”).

“Ignorance produced by the construction of epistemically disadvantaged identities”

The last form of ignorance Tuana describes involves a social distinction between “people who know things” and “people who can’t or don’t know things,” where the people who know things also happen to be the people with the greatest amount of power or authority in society. The designation of some people or groups as “not knowers” can be thought of as similar to efforts to discredit a witness in a court case. For example, in a rape trial, an attorney for the defense may use a number of strategies to discredit the witness and raise doubts among the members of the jury as to whether the plaintiff was the victim of a crime, or was, as the attorney may have implied, someone who was sexually irresponsible, dressed provocatively, drank too much, led the defendant on, or consented to sexual activity but later regretted her actions. Ignorance through the construction of epistemically disadvantaged identities works in the same way, as Tuana explains: “Cognitive authority is determined by many factors, including the character of the speaker, her or his intellectual capacity, his or her reasonableness, and so on—criteria that...[is] imbued with the prejudices of sexism, androcentrism, racism, classism, ageism, and ableism” (Tuana, “Speculum” 13).

Female circumcision, which I discuss in Chapter 3, is a practice that has garnered a lot of attention in and outside of practicing communities, and has become a quintessential case of “West knows best.” Academics, journalists, and the public at large, have had the tendency to think of women in circumcising communities in ways that consistently put these

24 “Ignorance produced by the construction of epistemically disadvantaged identities” (Tuana, “Speculum” 13)
women in the position of “not knowers” or “unreliable knowers.” Chandra Mohanty’s article, “Under Western Eyes: Feminist Scholarship and Colonial Discourses” is an excellent discussion of the extent to which power relations govern the production of such systemically disadvantaged identities. Mohanty’s focus is on “Western” scholars (as they set themselves apart from “Third World” scholars) who attempt to “colonize” the knowledge and experiences of those people that they consider the “Other” through specific forms of academic discourse that reinforce unequal, often colonial, power structures. More specifically, discursive colonization is an appropriation of the voices and experiences of “third world” individuals, especially women, from outside observers. Discourse of this type fails to take into context the individuality, heterogeneity, and diverse experiences and histories of the group that is being discussed. Instead, it takes individuals who share a common feature (for example, gender or geography) as a homogenous group that is, as a unit, the victims of “a stable, ahistorical something that apparently oppresses most if not all the women in these countries” (Mohanty, “Under Western Eyes” 335), while also setting Westerners, especially Western women, apart as a contrast and example of the way women ought to be. The tendency to generalize or stereotype hurts more than it helps, regardless of good will or pure intentions. Without understanding the deep and fundamental complexities of the lives of the diverse individuals who actually constitute these groups, and without nestling research, scholarship, and activism firmly within specific contexts, there is a tremendous risk of alienating, marginalizing, and discounting the authority, knowledge, and experiences of the people being considered.
CHAPTER 3: CUTTING BACK ON PREFERENCES?

Tolerance implies no lack of commitment to one’s own beliefs.
Rather it condemns the oppression or persecution of others.
—John F. Kennedy

In this section, I will describe the practice of female circumcision, consider reasons for preferences for or against the practice, and investigate circumcision’s relationship to the law. I will also discuss Martha Nussbaum’s “Capabilities Approach,” which I argue can be seen as a list of capabilities that make a variety of desires or preferences possible, and that Nussbaum believes occur in every individual. I will evaluate her approach in terms of how it addresses the question of circumcision, and I will conclude with some recommendations and final remarks.

In many ways, the case of female circumcision is unlike any of the other cases I will present in the remainder of this thesis. Because of where I am situated, I am considerably removed from the women who face the question of circumcision, not on paper, but in person everyday. With the other topics, I have had first hand experience have heard first hand accounts of the issues, but I have had neither the experience of circumcision nor the privilege of hearing first hand accounts of it from women themselves. Because of this, and because of the nature of the topic, it is imperative that I approach the subject with respect, sensitivity, and an open mind, and I urge the reader to do the same.

On questions of relativism and discursive colonization

In “Under Western Eyes: Feminist Scholarship and Colonial Discourses,” Chandra Mohanty makes a number of excellent arguments in regard to the tendency of Western
scholars to “colonize” the experiences of people in the so-called “Third World” through specific forms of academic discourse that reinforce unequal, often colonial, power structures. Discursive colonization is possible because of complex histories of Western imperialism and economic exploitation of “developing” nations. These histories have led to an imbalance in power relations that continues to influence the dynamics between people, governments, economies, and cultures of the West and the non-West. Concern about discursive colonization derives from this imbalance: given that hegemonic power structures continue to privilege the West in terms of the “production, publication, distribution and consumption of information and ideas” (Mohanty 336), the actual voices and experiences of those about whom this research speaks are being silenced in favor of Western voices that purport to have a better or more sophisticated understanding of “Third World” realities.

Even the distinctions used to talk about individuals in different geographic areas—West vs. non-West, First World vs. Third World, “developed” nations vs. “undeveloped” or “developing” nations—reveal a long history of colonization. Furthermore, these classifications continue to divide people along problematic lines that identify the West as “primary” or “first,” and the non-West as “secondary,” “Other,” or backward (Mohanty). This in turn can foster ignorance and ethnocentric assumptions, such as that the application of Western concepts, principles, and rule systems would “liberate” and “improve” the lives of the people in these different geographic areas. Therefore, even well intentioned scholarship, if it makes arguments based on hasty generalizations and false premises, cannot help but to contribute to the oppression it is trying to expose.
For an illustration of Mohanty’s concerns, consider a recent article published by The Guardian, a British national daily newspaper, titled “Empowering the Mothers of Africa” (24 June 2010), which reported:

Because of patriarchy, many girls and women are brutalised [sic] through domestic violence, rape and defilement. They have no real control over their bodies. Their sexuality is highly controlled and it is men, not women who decide whether or when they have children... Men are the major beneficiaries of some of the most harmful traditional practices like female genital mutilation (FGM) and child marriages. (Mukasa, “Empowering”)

This article was published as part of the Katine Project, a three-year endeavor launched by Guardian editor, Alan Rusbridger, in cooperation with The Guardian (British Newspaper), AMREF (Africa Medical and Research Foundation, a organization founded by three surgeons – a British national, a New Zealander, and a Welsh-American), and Farm-Africa (a UK-based charitable organization), and funded in large part by Barclays PLC, a British-based company, reported to be the largest global financial services provider, according to Datamonitor (Datamonitor, “Industry Profile”; Ford, “What’s the Project All About?”).

This project is just one of many examples of Western interests, and is included here not to draw out any value judgments about the work this organization does, but rather to show how easily even good intentions can fall into a pattern of creating epistemically disadvantaged identities. To be more clear, consider again the title: “Empowering the Mothers of Africa.” This title is imbued with assumptions about the persons, and the general culture, that the Katine project aims to “help.” It implies that the women of Katine are without agency, and that the project will show by example what “empowerment” looks like.

But what is the project going to empower the “Mothers of Africa” to do? Who, exactly, are

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25 According to Alan Rusbridger, editor-in-chief of The Guardian, the newspaper’s website is the second most highly trafficked English language newspaper on the internet with 36-37 million users per month, coming in just under numbers reported for The New York Times (Reid and Teixeira, “Are People Ready to Pay for Online News?”).
the “Mothers of Africa,” and what about everyone else? The title implies that empowerment is a commodity that the West has in abundance, and from its excess, the West has decided to charitably distribute the remainder among those it has deemed “disadvantaged.” These considerations highlight the very acts of colonization that Mohanty criticizes, colonization which stems from inappropriate and homogenizing assumptions about the women in Katine.

This example shows that, in many ways, concepts such as “liberation,” “choice,” and “human rights”—all of which tend to arise in discussions of female circumcision—imply a number of Western preferences, particularly preferences that reflect specific moral judgments and societal norms.26 Relativists might argue that the social and cultural framework of a particular society has significant influence on the way systems of preferences develop and the way individuals within the group engage in ordering those preferences. As such, many relativists would contend that “outsiders” are not in a position to judge the collective preference structures of communities to which they are not a part. Mary Wangila, in *Female Circumcision: The Interplay of Religion, Culture and Gender in Kenya*, writes that the knowledge and preferences that generate modern human rights proposals, especially those produced by Western scholars and lawmakers, “lack international cultural legitimacy” (Wangila 67), and therefore do not garner the social or governmental support necessary for compliance. For example, Wangila points out that the Western emphasis on “individuality,” “agency,” and “autonomy,” are not universal preferences, and may in fact be quite foreign concepts to peoples who emphasize the importance of the group or community over the individual (Wangila 68).

26 To avoid being sidetracked by the topics of morals, norms, rights, and values—which are all very interesting and relevant—I would ask the reader to simply take references to these concepts to be expressions of the variation of preferences, and not regard them as any form of statement about scholarship in these areas.
When individuals or institutions take to the task of lawmaking (understood here as the regulation of preferences for the benefit of society), a number of philosophical approaches may be used. Institutions such as the U.N. have made a number of claims about “universal” preferences and values that apply to each individual on the planet. Martha Nussbaum, with her “Capabilities Approach,” has also set forth a list of basic capabilities that go beyond dominant groups’ preferences and desires to ensure a variety of life opportunities that ought to be secured to all individuals, regardless of particular cultural preferences. Relativists, however, criticize that approaches such as these are in danger of imposing parochial values on persons who rationally reject them, and are an insufficient basis upon which to build laws and regulations. Nussbaum, a strong proponent of universal human capabilities, admits that, “it may still be problematic to use concepts that originate in one culture to describe and assess realities in another—and the more problematic if the culture described has been colonized and oppressed by the describer’s culture” (Nussbaum, 36); nonetheless, Nussbaum continues to defend a concept of universal capabilities which she believes is both firm and responsive to the needs of diverse cultures. Against the claims of relativists, Nussbaum and others point out that certain concepts (freedom, fulfillment, equality, love, among others) have been popular with peoples of diverse cultures from all times and geographies.

Drawing on many of the same arguments as Mohanty, albeit in a nuanced way, Nussbaum turns relativist arguments on their heads. Nussbaum reminds readers that, as with any group of people, there may be as much diversity within a culture as there is across cultures; as such, she warns that relativists should avoid implying that certain concepts are “Western” and therefore are out of place among non-Western cultures (Nussbaum 38). In this way, Nussbaum challenges cultural relativists who claim that certain concepts are Western
(and therefore not universally legitimate or applicable), instead arguing that the reservation of “freedom” and “agency” for Westerners only is itself an ethnocentric move which de-legitimizes the struggles and values of people considered “non-Western.” Instead, Nussbaum advocates for her theory, the Capabilities Approach, writing that, “When we speak simply of what people are actually able to do and be, we do not even give the appearance of privileging a Western idea” (Nussbaum 100). As clever as Nussbaum may be, her conception of a universal approach to what human beings require to live fulfilling and fully human lives raises some objections which will be explored in a later section. Before I continue this discussion, however, I would like to briefly introduce the practice of female circumcision, the topic that the remainder of this discussion will address.

**So what is female circumcision?**

Female circumcision is the practice of ceremonially altering the appearance of a young girl or woman’s vulva by various types of genital cutting. The type of circumcision practiced varies by geographical region, but is practiced most prevalently in Africa. The term “female circumcision” covers a variety of surgical procedures from minimally invasive to extremely invasive. Female circumcision is not medically necessary, and in Western medical contexts is considered an “elective” procedure. The World Health Organization (WHO) has classified these procedures into four categories:

- **Type 1**: Clitoridectomy – partial or total removal of the clitoris and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well.
- **Type 2**: Excision – partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- **Type 3**: Infibulation – narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris.
• **Type 4:** Other – all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

(WHO, “Key Facts About FGM”)

When referring to one, any, or all of these procedures, a variety of terms may be used. The choice of terms is usually dependent on the personal inclinations of the speaker. Some of the terms traditionally used include:

- female genital mutilation (FGM), female genital cutting (FGC), female cutting (FC), “the cut,” sunna, clitoridectomy, excision, infibulation, pharaonic circumcision, introcusion, female circumcision

For the purposes of this paper, the term “female circumcision” will typically be used, and will refer to any of types outlined by the WHO, unless otherwise specified.

**Factors influencing the decision to cut**

Women and young girls, along with their families, consider many traditional, social, religious, medical, political, and economic factors in the decision to (or not to) obtain a circumcision. Given many individuals strong reactions to the practice, Janice Boddy, in her article “Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan,” asks readers to examine the practice in context, with special attention paid to the cultural significance and embeddedness of the practice in the day-to-day life of circumcising communities. During her time living among the Hoyfriat in Sudan, Boddy found that, contrary to a popular belief in the United States and Europe, circumcision is not an isolated act of misogyny or oppression, but rather an extension of a particular world view that influences nearly every aspect of community life.
In most cases, circumcision is not a decision that a young woman or girl makes alone (although it can be). Instead, in many communities, as with the Hoyfriat, male and female circumcision rites are deeply rooted in tradition, and are a part of a greater cultural understanding of masculinity and femininity. Among circumcising people, it is often the case that circumcisions occur during a particular time of year known for religious or other observations and, when a child is circumcised, the entire community becomes involved in a celebration or recognition event. Among the Hoyfriat, circumcision for boys and girls alike is an important rite of passage that is intimately connected to sexuality and marriageability, and is a way in which a young person becomes recognized as an adult man or a woman in the community. This understanding is expressed not only through gendered, circumcised bodies, but also in the home, division of labor, community planning, burial rites, social relationships, cultural ideas about sexuality and fertility, and in food preparation (Boddy 314-322); therefore, asking circumcising communities to abandon the practice has high cultural, spiritual, traditional, personal, sexual and other costs.

Many participating groups also view circumcision as a form of nationalism which rejects imposed Western ideals. For instance, in these communities, circumcised vulvas are thought to be more attractive than uncircumcised (Western) ones, and circumcised women are seen as more beautiful than their uncircumcised peers. In many ways, the decision to forego circumcision could be disempowering for women in that it negatively affects a woman’s marital and reproductive opportunities and social standing. Using Western language, uncircumcised women could just as easily be described as “not caring about their

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27 Although, as seen in the WHO’s description of the variability of female genital circumcision practices, girls and women may face a much more extensive manipulation of genital tissues than comparative male circumcisions, which tend to be uniform in practice across communities.
appearance’… as ‘refusing to be all that they could be’ or as ‘granola-heads,’” (Morgan 40), just as are Western women who “neglect” their appearances by not wearing makeup or wearing fashionable clothing, not having good hygiene, or not having an aesthetically pleasing body shape. As such, many scholars, including Yael Tamir and Mary Wangila have also pointed out that Western standards of beauty are equally problematic, and that “men and women from different cultures and times have tortured or been tortured for the sake of beauty” (Wangila viii).

Of course, as was mentioned, beauty isn’t the only factor motivating female circumcisions. Like the West’s increasing obsession with invasive beauty transformations (discussed in Chapters 4 and 5), these practices are often seen as critical to gender performativity within the expectations of the relative cultures. Although both carry serious risks and significantly and forcibly reshape women’s bodies, both can also result in social approval (within respective communities) and can be seen as a means for becoming more “womanly” in the culturally normative way. Although the question of consent is more ambiguous in the case of female circumcision, “decisions” to undergo elective cosmetic surgery can be equally constrained. In both cultures, it is women’s bodies that are being targeted for the most drastic changes. While women’s endorsement of these procedures may be “empowering” or socially beneficial in the context of their cultures, the question remains whether these are sacrifices that women would “choose” if they lived in cultures where preferences about women’s bodies, sexualities, and femininity did not produce such stringent standards.
Arguments for and against female circumcision

In recent times, controversy over the practice of female circumcision has led to its rejection by some groups and legal institutions. It remains, however, commonly practiced in Africa, where those who wish to see female circumcision eradicated continue to face considerable opposition. Mary Wangila, in her book *Female Circumcision: The Interplay of Religion, Culture and Gender in Kenya*, writes, “Given how deeply rooted the practice is and specially because it is considered as a way of defining womanhood and observing religious and social obligations in Kenya, it is difficult to fight female circumcision” (Wangila 30).

Yael Tamir, in her article “Hands Off Clitoridectomy: What Our Revulsion Reveals About Ourselves” asks a question pertinent to nearly all discourse about body modification. Tamir asks, “When is the body improved and when is it mutilated? Are parents who force their children to wear braces mutilating their children’s teeth or improving them? In most cases, the answer depends on one’s conception of beauty” (Tamir 2). In the West, there is a tendency to characterize beauty practices and procedures as “self-improvement” while simultaneously regarding beauty procedures of the Third World, many of which have cultural and spiritual significance, as “mutilation.” The term carries with it serious connotations about the character of a people that would “mutilate,” and the frequency with which individuals, who have very little experience with the practice, refer to circumcision as “female genital mutilation” betrays an ignorance about the contexts and significance of this practice.

The arguments against female circumcision are numerous and diverse. Some critics cite the plentiful examples of health repercussions of the procedure as support for eradication of the practice. Among the alleged complications of female genital surgery are:
deformation, infection, excessive blood loss, infertility, genital tearing, obstructed labor, increased risk of HIV infection, fetal distress, and maternal and/or infant death (Wangila 55-56). Another popular reason for the elimination of female circumcision is the high incidence of painful sexual intercourse and the purported inability of circumcised women to derive pleasure from sexual contact (Wangila 49). Still further opposition stems from critics who view female circumcision as a tool of sexism and patriarchy, which they believe limits the degree of autonomy women in circumcising communities enjoy (Wangila 49). Some reports have been produced that indicate that female circumcision is also correlated with higher school dropout rates for girls and higher incidence of early marriage (Wangila 23, 27).

Counter-arguments by those who support female circumcision are also abundantly available. Many traditional health practitioners support circumcision for males and females alike, purporting benefits of cleanliness and reduced risk of contracting HIV. Traditional circumcisers also argue that female circumcision has positive benefits for women’s temperaments, making them less aggressive and less likely to engage in promiscuous and/or dangerous sexual behaviors, and that babies born to circumcised women are healthier (Wangila). Aside from perceived health benefits, Wangila notes, “Most Kenyan communities that practice female circumcision also practice male circumcision. In these communities both male and female circumcisions are perceived as initiation rights into adulthood” (Wangila 30). Furthermore, many proponents of female circumcision advocate for the right of women and parents to choose what is right for themselves and their children. The advocacy group, African Women Are Free to Choose (AWA-FC), argues,

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28 It would be interesting to know if this “deformation” refers to Western or African conceptions of deformity. If this word is used in the Western sense, then one has to wonder if the deformation Westerners see is the beauty that circumcising communities see.
We certainly will not allow the minority to impose their will and worldview on the majority of women who are circumcised and their prerogatives as parents to make this decision for their children, both male and female. The minority of uncircumcised women have the freedom to remain uncircumcised if they so wish (and many do request circumcision); and for those already circumcised who wish to abandon the practice, we advocate for and stand with governments that protect their rights to not circumcise their own children. The ability to choose what is best for one’s own children is essential and is the mark of a true, non-coercive abandonment [of female circumcision]. Preventing this choice will not eliminate FC. (AWA-FC, “Statement,” 2009)

Many opponents of circumcision use the language of “rights to choose” in regard to cases (whether based on evidence or assumption) where girls’ and women’s ability to not choose circumcision was impaired. In this case, an interesting situation has arisen where “the availability of choice [is] increasingly taken as representing agency,” (Grewal 28) and thus “‘having choices’ [is understood] as the opposite of ‘being oppressed’” (Grewal 28). The importance of choice in these types of discourses, however, creates a false dichotomy between “tradition” and “modernity” that tends to characterize “traditional” cultures as being those which limit the choices, mobility, and identity of individuals, especially women. As evidenced by this statement from AWA-FC, however, many circumcision supporters have adopted the language of “right to choose” to defend choices that parents and young women have made to seek circumcisions, and thus prove their agency.

**Circumcision and the law**

While female circumcision is not explicitly outlawed in many countries, there do not seem to be any governments which explicitly endorse female circumcision as a part of their political agendas (although a good number of governments do advocate for male circumcision to reduce the spread of HIV). In fact, as of December 2009, twenty-seven of the
fifty-three member countries of the African Union had ratified, and forty-five had signed the Maputo Protocol, legislation which calls for the safeguarding of women’s rights and the end of female circumcision. In countries that have outlawed female circumcision, it has often been done in response to international pressures such as these, as well as activist influence, and a certain amount of constituent support. It is presumed that where female circumcision remains legal, many of these governments have not been significantly persuaded by their constituencies that criminalization is necessary or even desired. In democracies, it is (at least in the ideal case) thought to be the responsibility of private citizens to demand certain legal changes; as such, in working democracies where female circumcision is not banned, one might conclude that either citizens have neglected their duties or they do not feel that the preference for circumcision is a question of law; however, as evidenced by the following case, determining the legality of circumcision may not be as simple as garnering citizen support.

In 1989, the General Assembly of the United Nations adopted the *Convention on the Rights of the Child*. The convention, which was opened for signature, ratification, and accession to all member states, and obtained force in 1990, highlights the obligations that government bodies have to secure certain rights for minors in their constituency. The Republic of Kenya, a member of the United Nations since 1963, ratified the UN *Convention on the Rights of the Child* in 1990 and, in 2001, adopted their own legislation to fulfill those obligations. While the UN Convention does not expressly denounce female circumcision, the *Kenyan Children Act of 2001* directly states in “Section 14: Protection from Harmful Cultural Rites, etc”:
No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child’s life, health, social welfare, dignity or physical or psychological development.

In the approximately ten years since its adoption, controversy has surrounded the Children Act. The act prohibits underage girls from obtaining a circumcision; yet, many communities, particularly those in rural areas, continue to practice circumcision on minors, in ignorance of or despite the new law, and penalties for underage circumcision vary widely in enforcement and severity. Community educators and activists have tried to promote alternative rites of passage, and have had some success, but they’ve also faced numerous setbacks. Some individuals oppose the legal interference of circumcision, even if they are in favor of eradicating the practice, because they see criminalization as a very dangerous choice, especially for families of young girls. Since circumcision became illegal in Kenya, there have been an annual slew of reports from local newspapers of girls who have died from complications of secret, botched circumcisions. Many of these girls could have been saved, but fear of legal repercussions kept their families from seeking medical help. Adding further to the confusion, Kenya presently finds itself in the early stages of a five-year “male circumcision drive,” sponsored by the Ministry of Health, which has already circumcised 20,000 men and boys free of charge. Adult female circumcisions are still permitted under Kenyan law.

29 In 2008, the Kenyan Ministry of Health announced a new five year plan to combat HIV/AIDS which seeks to make circumcision free and available to all willing males, especially those in the target age range of 15 to 34 years. See: Kenya’s Daily Nation Online. [http://www.nation.co.ke/magazines/artandculture/-1222/558560/-863iiaz/-index.html].

30 In regard to this, I have developed a case study for teachers, Female Circumcision and Kenyan Law, designed to highlight some of the controversies and debates regarding female circumcision, using Kenya’s circumcision policies as a concrete example of human rights discourse in a practical application. The case study has been designed for college-level students, or senior high school students. It is designed to be run in as little as one or two class periods, with students organized into teams. Additional information about the case study can be provided upon request, or viewed at the Iowa State University Bioethics Program Website. For more information, please visit: [http://www.public.iastate.edu/~ethics/CSKenya.pdf] or e-mail: [michael.a.stanfield@gmail.com].
The categorization of female circumcision as a violation of the law implies that rational individuals in most circumstances would not, or should not, choose circumcision, just as they would not ordinarily choose slavery, torture, or political oppression. It also implies that, among all of the other freedoms of preference that individuals possess, they do not possess the freedom to physically modify their bodies in this particular way, for personal, religious, or cultural reasons, despite the fact that many other practices, traditions, and body modifications are permitted (the religious and legally permitted use peyote, extreme elective surgery, and others come to mind). Many have thus argued that female circumcision cannot be outlawed without “disadvantaging certain persons arbitrarily” in much the same way as a conception of gay marriage as a violation of the law would disadvantage homosexual persons arbitrarily. Yet, opponents of circumcision, like Martha Nussbaum, have claimed that illegalizing the practice is not arbitrary but rather necessary to protect the central human capabilities and opportunities for functioning (as identified in her Capabilities Approach). So let us now examine the content of this approach.

Evaluation of the Capabilities Approach

The following is Martha Nussbaum’s list of central human capabilities as published in the book *Women and Human Development: The Capabilities Approach*. In the context of this paper, these capabilities can be thought of as guidelines for securing individuals certain opportunities for functioning without privileging one culture or dominant group’s preferences over another’s. These capabilities, Nussbaum argues, are common to all individuals, regardless of other differences, and which must be secured to each individual in the fullest way possible.
1. **Life.** Being able to live to the end of a human life of normal length; not dying prematurely, or before one’s life is so reduced as to be not worth living.

2. **Bodily Health.** Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

3. **Bodily Integrity.** Being able to move freely from place to place; having one’s bodily boundaries treated as sovereign, i.e. being able to be secure assault, including sexual assault, child sexual abuse, and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

4. **Senses, Imagination, and Thought.** Being able to use the senses, to imagine, think, and reason – and to do these things in a “truly human” way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing self-expressive works and events of one’s own choice, religious, literary, musical, and so forth. Being able to use one’s mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-necessary pain.

5. **Emotions.** Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one’s emotional development blighted by overwhelming fear and anxiety, or by traumatic events of abuse or neglect. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

6. **Practical Reason.** Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life. (This entails protection for the liberty of conscience).

7. **Affiliation.**
   
   A. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have the capability for both justice and friendship. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)
B. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails, at a minimum, protections against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity, or national origin. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

8. Other Species. Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. Play. Being able to laugh, to play, and to enjoy recreational activities.

10. Control Over One’s Environment.

A. Political. Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association.

B. Material. Being able to hold property (both land and movable goods), not just formally but in terms of real opportunity; and having property rights on an equal basis as others; having the right to employment on an equal basis with others; having freedom from unwarranted search and seizure.

Nussbaum argues that each of these capabilities is of such critical importance that less of one capability cannot be traded for more of another (Nussbaum 81), and a lack of any of these components indicates a serious defect. Nussbaum ties the above capabilities to the concept of human dignity and human worth so tightly that, “at one extreme, we may judge that the absence of capability for a central function is so acute that the person is not really a human being at all, or any longer” (Nussbaum 73). Unfortunately, Nussbaum avoids defining “acute absence,” and does not indicate which capabilities from her list, if so absent, would make a human person’s life essentially “inhuman.”

The issue is further complicated by Nussbaum’s distinction between capability and actual functioning, since she indicates in many cases that the capability itself is sufficient, while in others, Nussbaum argues that the functioning of the capability is what ought to be
secured. Furthermore, questions arise about the significance, and possible differences between lacking a capability and electing to forfeit a capability or capacity to function. In many cases, it is left to the reader to determine if an individual who has some, but not all, of the capabilities and preferences on the list can be said to be experiencing type of existence befitting the dignity of all human persons, and if a preference for the forfeiture of a capability is permissible.

Although Nussbaum claims that each of the capabilities she outlines “are held to have a particularly pervasive and central role in everything else people plan and do” (Nussbaum 74-75), Nussbaum does acknowledge that in some special cases, an individual may wish to forfeit a specific capability. For example, a person may prefer to abstain from food for extended periods of time, thus seeming to violate the requirement of “adequate nourishment” for a fully human life. To this objection, Nussbaum argues that “the person with plenty of food may always choose to fast, but there is a great difference between fasting and starving” (Nussbaum 87); in fact, Nussbaum writes, “once the stage is fully set, the choice is up to them” (Nussbaum 88). The question of female circumcision, framed in terms of Nussbaum’s capabilities approach, then becomes: starting with all capabilities in tact, what choices can individuals then make? Can persons make choices that forfeit the function of a capability as long as the capability itself is retained? Can they make choices that permanently forfeit a capability or function?

In “Double Moral Standards?” (her reply to Yael Tamir’s article, “Hands Off Clitoridectomy”), Nussbaum argued that:

We all know that people who are blind, or unable to walk, can lead rich and meaningful lives; nonetheless, we would all deplore practices that deliberately disabled people in those respects, nor would we think that critics of those
practices are giving walking, or seeing, undue importance in human life. (Nussbaum, “Double Moral Standards?”)

While most people would agree that this is true, the permissible “exceptions” to capabilities and/or functionings that Nussbaum allows seem to cause contradictions in the application of her theory. Newborn infants, for example, do not have many of the capabilities on Nussbaum’s list (although they may have the capability for the capability, if adequately taken care of). Infants lack control over their own environment, lack property and choices, and have severely limited mobility. Their practical reason, imagination, and thought exists as capabilities only in their most limited and impoverished forms. Yet, despite these incapacities, most people consider infants to have existences of value commensurate to the dignity of human life.

Similarly, the terminally ill may lack the capability to “live to the end of a human life of normal length, not dying prematurely, etc.,” (Nussbaum 78), nor can they be said to have “bodily health” (Nussbaum 78); nevertheless, controversy over euthanasia remains because a good number of people still believe that the lives of the terminally ill are human, valuable, and those persons reserve their human dignity, despite their medical conditions. These and many other cases demonstrate that while the capabilities on Nussbaum’s list are things which are generally good to have, the absence of one or more of these capabilities does not actually make a person’s life inhuman, lacking in dignity, or not worth living as Nussbaum suggests. If this is true for those incapacities that human beings do not choose, it should be even more true for the incapacities that individuals do choose.

The capabilities of “bodily integrity” and “senses, imagination, and thought” include “having opportunities for sexual satisfaction and for choice in matters of reproduction” and
“being able to have pleasurable experiences and to avoid non-necessary pain” (Nussbaum 78), and Nussbaum claims that female circumcision deprives women of each of these capabilities. It may be true that, for women who are coerced into circumcisions or for those women who experience serious complications from circumcision, these capabilities may certainly be diminished; but for women whose sexuality and sense of womanhood is intricately tied to the practice of circumcision, the pain associated with the practice may be considered “necessary,” much like the pain associated with natural childbirth, and the inability to obtain a circumcision could be seen as being deprived of “choice in matters of reproduction.” Furthermore, as Boddy described in her article “Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan,” women who are denied the ability to obtain a circumcision may suffer consequences in terms of their self-image, their sexuality, their ability to secure a mate, and their ability to find pleasure in sexual acts. Nussbaum should note that pleasure, even sexual pleasure, is not limited to clitoral orgasm or vaginal penetration; therefore, Nussbaum’s tendency to characterize circumcised women as unable to experience pleasure or sexual satisfaction limits and demeans women’s actual experiences and the personal and cultural importance of and satisfaction derived from circumcision.

As for the capability of “affiliation” and the prerequisite of “having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others… and protections against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity, or national origin” (Nussbaum 78), consider again the embeddedness of this practice in the cultures of circumcising communities. It is often the case that uncircumcised women are viewed (as compared to their circumcised
peers) as children, as unready for adult life, as unfit for marriage, as aesthetically undesirable, or as religiously impure. In these communities, for women to have self-respect and a sense of dignity, circumcision may be essential. Furthermore, the inability to become circumcised (because, for instance, it is seen as a violation of the law) might be seen as discrimination on a number of grounds. Keeping in mind that Nussbaum claims that each of the capabilities is essential and cannot be traded, it would seem that, in the case of circumcision, its prohibition would necessitate trade-offs between some of the other capabilities and functions.

As mentioned in an earlier section, Nussbaum does acknowledge that in some special cases, an individual may wish to forfeit a specific capability or function, and in some cases, Nussbaum allows them the prerogative to do so. In her interview with Julian Baggini, published in *The Philosopher’s Magazine* (2000), Nussbaum reveals some thoughts very contrary to those presented in her previous discussions of the capabilities approach. For example, in *Women and Human Development*, Nussbaum wrote, “the practice of female genital mutilation…deprives individuals of the opportunity to choose sexual functioning (and indeed, of the opportunity to choose celibacy)” (Nussbaum 87), and in her reply to Yael Tamir’s article on clitoridectomy, Nussbaum enumerated at least eight objections to circumcision and wrote, “Female genital mutilation means the irreversible loss of the capability for a type of sexual functioning that many women value highly, at an age when one is far too young to know what value it has or does not have in one’s own life” (Nussbaum, “Double Moral Standards”). Contrastingly, in reply to Baggini’s question on the issue, Nussbaum said, “I am very tired of the incessant focus on female circumcision…It is a real problem, but it should not eclipse other problems that threaten the life and health of
many more women all over the world…” (Baggini 2). Elsewhere in the interview with Baggini, Nussbaum is quoted as saying,

   Bodily integrity is another area where one might defend this approach: one might say that we want government to step in whenever a woman’s bodily integrity is violated…But I actually don’t agree. Hard though it may be to say what is consensual and voluntary here, I think that there can be genuine consensual relationships involving abuse, and that it is no business of the government to intervene in these. (Baggini 2)

This idea is quite shocking, especially in terms of Nussbaum’s other work. It seems like a double standard of her own to claim that abusive relationships are in some cases permissible, while female circumcision is in all cases objectionable. The maxim “volenti non fit injuria” comes to mind; however, Nussbaum’s concern cannot be reduced simply to an issue of consent. There are many questionable things that Nussbaum allows individuals to consent to, even if their consent could result in the forfeiture of a capability. Nussbaum told Baggini, “we don’t make boxing or mountain climbing illegal, although we know that they are great ways of losing one’s bodily integrity… any conduct that does no harm to non-consenting third parties should be permitted” (Baggini 2). Nevertheless, in her reply to Tamir, Nussbaum wrote:

   In Togo, adult female literacy is 32.9% (52% that of men), in the Sudan 30.6% (56% that of men), in Côte d’Ivoire 26.1% (56%), in Burkina Faso 8% (29%). These statistics suggest limits to the notion of consent, even as applied to the mothers or relatives who perform the operation. To these limits we may add those imposed by economic and political powerlessness, intimidation, and malnutrition. (Nussbaum, “Double Moral Standards?”)

This statement leads one to wonder if there is anything to which Nussbaum finds poor or illiterate women fit to consent. Additionally (not to undermine the value of education), one wonders how much increased literacy would change women’s perspectives on this particular issue, especially given that it is a personal, cultural, and often religious choice, not an
academic one. I would wager that women in circumcising communities are more aware of possible negative complications of circumcision and many of the risks involved, even if they do not know the medical names for these conditions or how to spell them, than most Westerners who oppose the practice.

One then must consider if Nussbaum is opposed to consenting to something that could lead to the irrevocable loss of a capability or function. Nussbaum indicates in many cases that the capability alone is sufficient, while in others, Nussbaum argues that the functioning of the capability is what ought to be secured. What Nussbaum does not indicate is how to tell the difference, and if one, beginning with a capability, must always have it, or if it can be done with as one wishes once it is secured to that individual. For example, many things in life are valuable at one time, and not as valuable as others. Consider the concept of virginity. Virginity is a once in a life time possession: once one engages in sexual behavior, one can no longer ever be a virgin, yet most adults do not abstain from sex for their lifetimes to protect this condition (although some do). Especially in the case of female virginity, a lot of emphasis has been placed on the intactness of the hymen. Yet it seems highly unlikely that Nussbaum would consider the breaking of the hymen during (legal, adult, consensual) sexual activity to be a loss of bodily integrity or an unacceptable “violation” (furthermore, I would also wager that Nussbaum believes that average adults are capable of consenting to sexual activity regardless of their literacy).

Nevertheless, in Women and Human Development, Nussbaum wrote:

Again, it seems plausible for governments to ban female genital mutilation, even when practiced by adults without coercion: for, in addition to long-term health risks, the practice involves the removal of the capability for most sexual pleasure, although individuals should of course be free to choose not to have sexual pleasure if they prefer not to. (Nussbaum, 94)
Nussbaum’s argument here seems like a contradiction, so I would like to offer one further consideration. Even if it is the permanent removal of a capability that Nussbaum objects to (although her allowance of boxing, mountain climbing, and consensual abusive relationships would suggest this is not the case), female circumcision, in many cases, can no longer be objected to on these grounds. Recent biomedical developments have made female circumcision, much like tattoos, into something that no longer needs to be considered permanent. As a result of advances made by Dr. Pierre Foldes, a French urologist and surgeon who developed a surgical technique to “reverse” circumcisions and restore pleasurable sensation to the clitoris, women can now regain a sense of intactness and sexual function in cases where circumcisions were done unwillingly, or for women who are otherwise unhappy with their circumcisions. According to an article in Newsweek, these procedures are successful in “[reshaping] the anatomy and, in 80 percent of patients, [restoring] pleasurable sensation” (Newsweek). In many parts of Africa, humanitarian work is bringing these techniques to women who might not otherwise have access to them. For example, the United States based organization Clitoraid, recently opened what is being called a “pleasure hospital” in Burkina Faso, a genital reconstruction clinic that will offer free reversal surgeries to women who have unwillingly undergone circumcision. While the ability to obtain a reversal is not yet widespread, the fact that such a possibility exists should shed some skepticism on Nussbaum’s critique.
Final remarks

In this paper, I have attempted to provide some key insights and critiques of Martha Nussbaum theory of capabilities as it pertains to questions of preference, especially the preference (not) to participate in female circumcision. To facilitate the discussion, in the first half of this paper, I explored the practice of female circumcision in particular contexts. In the second half of this paper, I delved more deeply into Nussbaum’s arguments and found that Nussbaum’s arguments against the practice were in many ways contradictory. In this case, I did not find sufficient reason why the practice of female circumcision should be viewed as an unacceptable preference, at least for adults, although further research would be prudent. In addition to this discussion, I have also created a case study which highlights a practical application of some of these debates. The case study, included in the appendix of this paper, is available for viewing on the Iowa State University Bioethics Program website. The case study discusses the practice of female circumcision in terms of Kenyan law and culture. The case study was designed for upper-class high school students or college students, to be conducted in an interactive setting. Further debate on the issue of human rights and female circumcision will most assuredly be forthcoming from a variety of other scholars, but I hope to have engaged this material convincingly and provided some original insights on the topic.
In the West, bodies are the most widely used yet most strongly devalued form of currency in circulation. Bodies can be bought, sold, traded, and exchanged; they can be invested in and they can be squandered. They can be the object or the cause of greed, lust, envy, pride, gluttony, sloth, and malice. And it is not only the usual suspects—television, film, magazines, advertisements, newspaper headlines, pornography—that deal in bodies. The type of body a person has can affect her social and personal relationships, her job prospects, her salary, her treatment by strangers and members of the same or opposite sex, the type of medical care she receives, the opportunities she has, and the success or failure of many of her endeavors. It is an unfortunate reality that “people whose bodies don’t match dominant images of what is defined as normal suffer immense discrimination, especially on the basis of skin color, weight, looks, age, or disability” (Disch 141).

For those who fail to live up to society’s high beauty expectations—and, admittedly, that’s most of us—the consequences are more than superficial. The fundamental paradox of the beauty ideal is that it tells women that, with diet and exercise, the right products, accessories, and medical procedures, and a little bit of self-control, just about anyone can become “beautiful.” Susan Bordo calls this the ideology of “cultural plastic” (Bordo 335), a “construction of life as plastic possibility and weightless choice, undetermined by history, social location, or even individual biography” (Bordo 339). In reality, the “homogenizing
and normalizing images” (Bordo 339) that constitute the beauty standard reflect many of the least flattering aspects of Western culture: racism, (hetero)sexism, misogyny, ageism, and ableism. The fact that the “perfect [female] body” is uncharacteristically thin and white, with ample breasts and symmetrical features, means that very few women are ever close to “perfection.”

For both adults and young girls alike, the performance of femininity is complicated by these variables of human diversity. Further, the introduction of transformative technology has made working toward the ideal a precarious balancing act between theoretical possibilities (e.g. Eugenia Kaw has shown how Asian women can achieve the “Western” eyelid look through surgery) and actual circumstances (e.g. health risks, financial limitations, etc.). “Standard” beauty regimes, at least for the economically privileged, now frequently involve chemical peels and lighteners, invasive surgical procedures, the injection of lethal toxins or unusual chemical cocktails (e.g. Botox® or Restylane®), extreme exercise and nutritional habits, and the use of computer programs (e.g. Photoshop®) to improve one’s looks in photos and on film. Women who refuse to (or simply cannot) comply with the feminine, white, heterosexual beauty ideal are, according to Kathryn Morgan,

already becoming stigmatized as ‘unliberated,’ ‘not caring about their appearance’ (as sign of disturbed gender identity and low self-esteem according to various health-care professionals), as ‘refusing to be all that they could be’ or as ‘granola-heads.’ (Morgan 40)

For those women whose priority is the attainment of the cultural ideal, the road to achievement is anything but pretty. The ideal is extremely elite, difficult to attain, and frequently changes to protect its exclusivity. Try and buy as they might, most women just can’t seem reach it, no matter how easy it looks on TV.
Cosmetic plastic surgery, one of the most extreme approaches to beauty, is an “elective” form of mutilation that has received Western culture’s stamp of approval. Television programs such as “Dr. 90210” and “Extreme Makeover” glorify plastic surgery by exaggerating the benefits and de-emphasizing the risks, the pain and discomfort, the long recovery periods, and the serious, potential complications of these procedures. This type of media programming often graphically depicts surgeries, showing patients in their most exposed and vulnerable states, as if to say, “These procedures are not embarrassing or private. This is normal, it is what everyone is doing, and there is no shame in it.” Despite the fact that cosmetic procedures are medically unnecessary, and carry many serious health risks (infection, deformity, death, to name a few), many women describe these surgeries as “empowering,” “rewarding,” or as giving them a “sense of control” (Morgan 33). Morgan writes that women who undergo elective cosmetic procedures do, in a sense, “choose” to endorse a particular type of beauty, and therefore do garner “wide-spread approval” (Morgan 34) from likeminded individuals. The changes a person makes to her appearance, especially if those changes align with cultural values, can result in higher self-esteem and a greater sense of femininity, attractiveness, and “fitting in,” and could, therefore, be translated into greater social power (Morgan 34). In many ways, cultural approval does make individuals “feel good, attractive, versatile, fun” (Bordo 341).

In her book *The Beauty Myth: How Images of Beauty Are Used Against Women*, Naomi Wolf describes how, within Western culture, beauty, sexuality, and misogyny have become so entwined that they can no longer be easily separated. For women, beauty and sexuality are now synonymous (Wolf 136), and are defined in terms of what is sexually arousing for men. The result has been the evolution of what Wolf calls “beauty pornography”
and “beauty sadomasochism,” which together dominate the ways women perceive themselves and their relationships. The primary constituent of both beauty pornography and beauty sadomasochism is violence against women (by others, or against themselves), female submission to male authority, and conformity to patriarchal prescribed expressions of sexuality.

In the essay that follows, I will define the terms that will make this discussion easier to share. I will describe the cultural climate which has influenced the current circumstances, and will explore the relationships between beauty pornography and violence against ourselves, and beauty sadomasochism and the violence that is perpetrated against women by others. I will conclude with recommendations and possible solutions for remedying this situation.

**Terms**

I would like to begin by developing a working vocabulary to facilitate clarity in the discussion. Given the variety of meanings and expressions of the concepts of beauty, sexuality, and violence, it is integral to develop a precise definitions that can be used unambiguously to talk about these topics.

Firstly, when I discuss “pornography” I will be referring primarily (unless otherwise specified) to male heterosexual pornography, which Diana Russell defines as:

> material created for heterosexual males that combines sex and/or the exposure of genitals with the abuse or degradation of females in a manner that appears to endorse, condone or encourage such behavior. (Russell 3)

Within this context, “abusive” is understood as:
sexual conduct that ranges from derogatory, demeaning, contemptuous, or damaging to brutal, cruel, exploitative, painful, or violent. (Russell 3)

whereas “degrading” implies:

sexual conduct that is humiliating, insulting, disrespectful, for example, urinating or defecating on a woman, ejaculating in her face, treating her as sexually dirty or inferior, depicting her as slavishly taking orders from men and eager to engage in whatever sex acts a man wants, calling her insulting names while engaging in sex, such as bitch, cunt, nigger, whore. (Russell 3)

In most circumstances, Russell’s definitions are sufficient; however, Russell fails to include consideration for pornography of a particularly genre which is developed for heterosexual male audiences, where women are depicted as the aggressors and men are depicted as the subjects of abuse and/or degradation. I would argue that under Russell’s definitions of abuse and degradation, this genre of sexually explicit material also falls under the heading of pornography, and can be objected to on the same grounds as “traditional” male heterosexual pornography. By contrast, “erotica” will be defined as:

sexually suggestive or arousing material that is free of sexism, racism, and homophobia, and respectful of all human beings and animals portrayed…[and where] the requirement of nonsexism means that the following types of material qualify as pornography rather than erotica: sexually arousing images in which women are consistently shown naked while men are clothed or in which women’s genitals are displayed but not men’s; or in which men are always portrayed in the initiating, dominant role. (Russell 3)

To classify as erotica, then, the requirement is that if both men and women are depicted, there is an equal level of exposure, vulnerability, and respect between the two, and where animals or objects are depicted erotically (for example, a scene which includes horseback riding), the animal is treated in a non-abusive and non-degrading manner.

Wolf’s conception of “beauty pornography” will be used in the following sense:

Beauty pornography artificially links a commoditized ‘beauty’ directly and explicitly to sexuality (Wolf 11), and usually depicts a sexually aroused
woman in relation to the sale of a particular product. In beauty pornography, it is understood that beauty is sexuality (Wolf 136), and that beauty-sexuality has a particular tendency to make women violent toward themselves. (Wolf 142)

Beauty pornography usually utilizes the strategies of “sexual objectification,” that is,

the portrayal of human beings—usually women—as depersonalized sex things such as “tits, cunt, and ass,” not as multi-faceted human beings deserving equal rights with men. (Russell 6)

“Beauty Sadomasochism” exists in relation to beauty pornography and its primary message is:

women’s private submission to control is what makes her desirable to men (Wolf 133); beauty sadomasochism claims that women like to be forced and raped, and that sexual violence and rape are stylish, elegant, and beautiful. (Wolf 136)

Finally, “cosmetic plastic surgery,” or simply “plastic surgery,” will only refer to medical procedures which are elective and medically unnecessary, and which aim to modify or enhance the body for purely aesthetic purposes. Plastic surgery that is medically prudent (such as reconstructive surgery for burn victims, for instance) will not be considered within the is context of this paper.

The plastic cultural climate

On Tuesday, April 27, 2010, an on-air radio personality told Ames, IA listeners about a recent study conducted by Good Surgeon Guide, a cosmetic treatment review website based in the United Kingdom, whose eye-catching headline read “1 in 10 Women Embarrassed by Boyfriend’s Physical Appearance.” The Good Surgeon Guide reported that, based on a sample of 1,312 women, 83 percent of respondents find celebrities more attractive than their boyfriends—so much so that 39 percent of respondents said that they try to style their
boyfriends’ hair and wardrobes to resemble specific celebrities. The radio host appeared shocked by these findings and asked listeners if they thought it would be acceptable for men to style their girlfriends to look more like the celebrities they found attractive (the radio host suggested Megan Fox). The host indicated that he believed men would be in serious trouble with their partners if they so much as suggested these changes, much less if they actively tried to style their partners to meet celebrity standards.

What is ironic about this story is that each day women are ambushed by “suggestions” such as these about the “right” way to be feminine from the moment they wake up until the moment that they fall asleep. Unfortunately these suggestions have become so commonplace in Western society that they can often slip by under the radar of consciousness, and messages that a woman is not thin, beautiful, white, young, able, or sexual enough to meet societal standards show up, seemingly innocuously, on breakfast cereal boxes and grocery store shelves, in the workplace and at the gym, on television, or on the billboards women pass during a daily commute. In turn, women’s responses to these suggestions play a large role in constructing their self-image, self-esteem, and social acceptability. What’s more, these messages are trickling down to teenagers and even younger girls, so that now children’s peer-age celebrity role models are also striving to meet the ideal conceptions of femininity, beauty, and sexuality that have previously been the domain of women and older (i.e. 17, 18, and 19 year old) teens.

Consider the 2008 Time Magazine article titled “The Truth About Teen Girls: So you think they’re having sex too soon and it’s the media’s fault,” written by senior editorial staff member Belinda Luscombe. The article featured two page-length opposing photographs of young girls: the first with natural face, appearing to be about thirteen years old, the other with
heavy makeup and hairstyling, appearing to be at least sixteen and very aware of her blossoming sexuality. Luscombe aimed to shock readers by revealing that both photographs were of the same person, an eleven year old girl, and were taken the same day. Luscombe then tried to suggest that if adults viewing these pictures found the “sexy” version of the child sexy, then it was adults sexualizing children, not children sexualizing themselves with makeup, revealing clothing, and seductive postures. Luscombe then argued, “When tweens see a picture of [Miley] Cyrus with her back bare and her hair tousled, they don’t see her as postcoital. That’s an adult interpretation. Cyrus has made it abundantly clear that she hopes to remain a virgin until she’s married” (Luscombe 69). Cyrus (b. 1992), only fifteen when the picture Luscombe referred to was taken, received a serious backlash from parents and the media who reminded America that the Cyrus was still a Disney Channel child actress and role model for young girls, and no matter what she claimed about “hoping” to remain abstinent, that picture sent the opposite message.

Luscombe attempted to convince the audience that teenagers aren’t really tuned in to media messages about beauty, sex, and sexuality that surround them and that rather that’s something that voyeuristic adults have projected onto them. But then Cyrus’ risqué 2008 *Vanity Fair* photo shoot was eclipsed by a media frenzy concerning a number of Cyrus’ activities. In a matter of a few months, photos Cyrus took of herself stripping for her boyfriend in 2007 were leaked to the press, followed by Cyrus’ performance of a provocative pole dance atop an ice cream cart at the Teen Choice awards in August 2009, leaked video footage of Cyrus giving 44 year old film producer Adam Shankman a graphic lap dance.

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31 All information about these Miley Cyrus scandals can be found in report at TMZ.com, Celebrity Gossip, Entertainment and Celebrity News.
during production of *The Last Song* in mid-2009, and paparazzi capturing pictures of Cyrus’
new tattoos (one under the breast, and one on her earlobe) inked in December 2009 and May
2010. Most recently, controversy has arisen over photos snapped of Cyrus in June 2010
apparently having a “wardrobe malfunction” (which may or may not have exposed “too
much” of her genital area), and whether celebrity reporters who circulate these photos can be
charged with distribution of child pornography. Miley Cyrus will turn 18 on November 23,
2010.

The *Time* article, although it aims to expose the driving factors behind early teen
sexuality, obsession with appearance, and alarmingly early gender-normative behaviors,
misses the mark. Given Cyrus’ behavior, I don’t think it is only adults who are sexualizing
the pop star; in fact, many adults would prefer if Cyrus’ parents would prevent her from
sexualizing herself and allowing the music and film industry to put her in inappropriate
clothing and situations. Unfortunately for teens like Cyrus and her young fans, cultural
bombardment often results in internalization of societal standards of gender, beauty, and
sexuality, and many of these children that Luscombe tries to show as “oblivious” to these
messages are already beginning the ideological struggle that many of us face continually as
adults.

In the West, happiness has been increasingly equated with having and making
choices, and the market is seen as the primary provider of those choices. In a society built on
the notion of the “rugged individual” for whom “anything is possible,” making choices really
does give many people pleasure. For women in particular, technological advances (in
conjunction with big business) now provide the ultimate choice: whether to be as one is, or to
change one’s appearance drastically to match how they would like to be or see themselves.
The allure of starting over or becoming someone new is particularly seductive, especially if that “new” person promises to be younger looking, better dressed, more attractive, and more successful. As much as individuals are told to “be all that they can be” or that they can “be anything they want to be,” increasingly, what they are “choosing” to be is conformers to an exceedingly narrow and increasingly unattainable conception of femininity (Bordo 339). That is the problem with cultural plastic: in a world where nearly everything can be improved, changed, or transformed, only a few end results of this improvement are acceptable. Bordo tells us, “one cannot have any body that one wants—for not every body will do” (Bordo 339). Despite what many women say, not all fashions or beauty behaviors are comparable, and not all body types, styles, or ways of showing gender and sexuality are socially approved and legitimate.

Yet Kathy Davis argues in her book, Reshaping the Female Body: The Dilemma of Cosmetic Surgery, that these seductive tactics don’t simply turn women into “Stepford Wives” or “cultural dopes,” eager to mindlessly buy these products or engage in these practices. Davis asserts that there are real preferences, real contemplation and real assertiveness behind these women’s choices, despite the societal circumstances and institutions that influence them. Davis’ argument is that not only is there real agency behind women’s decisions to undergo cosmetic alteration, purchase certain products, or engage in certain beauty rituals, but also that these women feel real empowerment in making these choices. Furthermore, Davis says that these decisions are incredibly personal and pertain to issues of feminine identity—that is, taking control over one’s body to present it in a way more aligned with one’s self-image (or hopefully improved self-image, after surgery for example). While Davis’ focus is cosmetic surgery, it stands to reason that her arguments
apply to a broader array of appearance-motivated practices. As such, for many women, Davis claims, cosmetic alteration is an issue of justice, a way to end suffering and exercise one’s liberty. Davis’ take home message is that appearance is a complex and delicate issue related intimately to one’s sense of self, self-worth, and expression of femininity, and having (and exercising) the choice to change oneself is satisfying and empowering for women.

In Rose Weitz’ book, *Rapunzel’s Daughters: What Women’s Hair Tells Us About Women’s Lives*, and Sharlene Hesse-Biber’s book, *The Cult of Thinness*, there is additional evidence that women find these aspects of femininity gratifying and pleasurable. Weitz indicates that hair salons, for example, offer certain pleasures to individuals including: friendship with stylist and other salon-goers, affection, conversation, intimate contact and physical pleasure, social networking, compliments, “feeling good” about oneself, a “quality emotional experience,” etc. (Weitz, Chapter 7). Weitz indicates that beauty treatments can be especially important for older women whose opportunities for social and intimate are diminished (Weitz 199). By contrast, Hesse-Biber shows how even the destructive nature of an eating disorder can still give a sufferer some sense of “control and autonomy over… changes in her body and her life” (Hesse-Biber, 21).

Yet many still argue that the sense of control or autonomy derived from these choices is a false one, since a rational person would not autonomously develop a preference for an ideal that would only make her feel miserable and inadequate all the days of her life. B.F. Skinner (as discussed in Arrington), has put forth the argument that, in doing x, “we may think we are free… when in fact our act is completely controlled by factors in our environment and in our history of reinforcement” (Arrington 4), and these reinforcements come in many different packages. The Barbie® doll, made by the Mattel Corporation, has
been an icon of femininity in the United States (as well as abroad) for more than fifty years. The original Barbie was young, blonde, blue eyed, tiny waisted and large breasted. As Urla and Swedlund pointed out in “The Anthropometry of Barbie,” Barbie’s idealized and fetishized body proportions promote a body type that is extremely difficult (if not impossible) for women to attain, yet that has not discouraged its use as a model of the ideal woman. But whether it’s Barbie, or to some other ideal that women aspire, consumer culture promises they can achieve it with just a little help. Kim Kardashian’s endorsement of QuickTrim® weight-loss supplement promises users that with the help of this little pill, they, too, can have a sexy body with curves in all the right places, just like Kim. Jessica Simpson’s line of hair extensions promises to give women that expensive, “salon styled” look of glamour that has hitherto be exclusive to the stars. But that’s not all! With jeans from the Gap, women can have Sarah Jessica Parker’s legs; with L’Oreal, women can have Beyonce’s hair color; with Revlon cosmetics, women can achieve Jessica Biel’s look; with Virgin Mobil, women can be as popular as Christina Aguilera. Even marketing schemes like Dove’s “Real Beauty” campaign, or Jessica Simpson’s new reality show, “The Price of Beauty,” simultaneously reject and embrace hegemonic values, only further adding to the confusion. Rather than opening the door for the acceptance of multi-faceted and diverse conceptions of beauty and womanhood, these strategies only slightly expand the limits of approved femininity. While Mattel has made efforts to show its commitment to diversity, for example, Urla and Swedlund point out that the various “shades” of Barbie, with different “ethnic sounding” names still all promote her unrealistic proportions, her sexually and racially limited and normalized characteristics, and high-end designer brand name consumption.
Instead of demonstrating a commitment to diversity, these dolls betray Mattel’s first and foremost commitment to their profit margins.

In “The mass marketing of disordered eating and Eating Disorders: The social psychology of women, thinness, and culture,” Sharlene Hesse-Biber et al. provide several theories about how this “nexus of influence” works. Cultivation theory is based on exposure to media images, that is, women cultivate a preference for certain looks and products based on sheer exposure to advertisements. Gratification and uses theory is based on viewers personal attitude and predispositions toward media images, and shows how some women are more likely to internalize these images and strive to achieve them. Social comparison theory indicates that women often compare themselves to others, thus resulting in either a more positive or more negative self-image. Finally, objectification theory indicates that when individuals are represented as highly fragmented, sexualized parts, women (especially) also begin to view themselves that way, thus focusing in on “problem areas” or parts they like of their bodies. Taken together, these theories offer a comprehensive explanation of how the glitz and glamour of cultural messages (particularly in the media) romanticize beauty and try to seduce women into believing in “the beauty myth.”

Morgan argues that gender norms imposed on women by beauty culture, especially through what Naomi Wolf calls “beauty pornography” and “beauty sadomasochism,” are concerned with much more than women’s appearances. The emphasis placed on beauty, femininity, and the ideal body is also strongly reflective of the values of heterosexual and patriarchal institutions, both of which have a stake in defining and prescribing how women should look, act, and express themselves and their sexualities. Wolf writes, “beauty pornography and beauty sadomasochism arose to put the guilt, shame, and pain back into
women’s experience of sex” (Wolf 132). By defining women’s sexuality in terms of beauty, and defining beauty in terms of what arouses men, women’s needs and desires, indeed even their personhood, have been taken out of the equation. Wolf argues, “men grow up trained to eroticize images that teach them nothing about female desire…Both women and men, then, tend to eroticize only the woman’s body and the man’s desire” (Wolf 158). Women are encouraged to accept this redefinition as fact: “men have object relations, women are objects of those relations” (MacKinnon 476), so “a high rating as an art object is the most valuable tribute a woman can exact from her lover,” (Wolf 171) and this should be enough to satisfy her. What a woman wants becomes irrelevant. As MacKinnon writes, “the object is allowed to desire, if she desires to be an object” (MacKinnon 481).

**But wasn’t it always so?**

Emma Goldman, writing at the turn of the twentieth century, wrote that woman are increasingly driven to “sell themselves to men,” in marriage and in prostitution (a theme carried through from Victoria Woodhull’s 1873 essay on free love), by deplorable economic conditions and pervasive sexual inequality. Woodhull points out that the prevalent tendency is for women to submit to the desires of men, completely ignorant or repressive of their own desires and pleasure. She writes that under these conditions, “disease and sexual demoralization will surely follow” (Woodhull). Goldman draws a similar conclusion: The socioeconomic and cultural conditions which restrict women’s choices are the same conditions which encourage moral depravity. By keeping women subordinate to men in the home, in the workplace, and through social institutions, patriarchy provoked the sort of “moral depravity” in women that men of the time found unacceptable.
In 2010, this is still very much the case: the types of demoralization Woodhull and Goldman were concerned with were misogyny, sexual exploitation, unwanted pregnancies, ignorance about sexual and reproductive health, and emotional trauma. Goldman’s essay shows that, without financial resources, social support, or education, the only possession of any value that women had were their bodies. As a result, many women who were driven to exploit their bodies through the lucrative sex industries were victims, not creators, of “moral depravity” (Goldman 120). Goldman wrote, of the burgeoning sex industry:

> Although prostitution has existed in all ages, it was left to the nineteenth century to develop it into a gigantic social institution…in the competitive market, the growth and congestion of large cities, the insecurity and uncertainty of employment, has given prostitution an impetus never dreamed of at any period in human history. (Goldman, 121)

Today, prostitution continues to be a formidable social “ill.” In addition to “traditional” prostitution, women and men are selling their bodies in nightclubs, in front of cameras, and in many other paying venues. In these cases, “the terms pornography “model,” “porn actress,” or “star” are typically used to differentiate these photographed or filmed women from other prostitutes despite the fact that they, like all prostitutes, are paid for the exploitation of their bodies” (Russell 18). Even those who are not paid, per se, for the objectification and use of their bodies are asked to emulate the women objectified in the media. Especially on screen, the “ideal woman” is “isolated, glamorous, on display, sexualized… she falls in love with the main male protagonist and becomes his property, …her eroticism is subjected to the male star alone. By means of identification with him, through participation in his power, the spectator can indirectly possess her too” (Mulvey 300).
Beauty pornography and violence we do to ourselves

The case of female circumcision discussed in Chapter 3 sheds some interesting light on the violence we do to ourselves. When Yael Tamir asks, “Are parents who force their children to wear braces mutilating their children’s teeth or improving them? In most cases, the answer depends on one’s conception of beauty” (Tamir 2), she raises a serious and valid point. In the West, there is a tendency to characterize beauty practices and procedures as “self-improvement,” even though the initial outcome is, in many cases, damage: the destruction of healthy tissue, swelling, bruising, the abrasive removal of layers of skin, the application of toxic bleaching agents, and the breaking and resetting of bones.

When news reports emerged that a reality television celebrity, twenty-three year old Heidi Montag, had undergone ten cosmetic surgery procedures in one day (in addition to a number of surgeries she had in previous years), everyone had an opinion. Montag shocked viewers when, in an interview with ABC’s Nightline, she replied to the question about what young girls might think of her new breast size: “Triple D isn’t big enough” but her “main message is that beauty is really within…[but] I’m also in a different industry than they are… I have to do things that are gonna make me happy at the end of the day” (qtd. in Chang et al., “Heidi Montag”). Montag also told Nightline that she is already planning her next surgery—a breast enlargement—because she wants to have size “H for Heidi” (qtd. in Chang et al., “Heidi Montag”). In another interview with Billy Bush from Access Hollywood, Montag told the interviewer that even though it had been weeks since her surgeries, she still was very fragile, and could only open her mouth slightly, was not able to smile or sing, or to make

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certain facial expressions (Huffington Post, “Heidi Montag Tries to Move Her Face, Can’t”). Although most critics (including Montag’s mother) agreed that Montag had gone too far and had gotten too much work done, her plastic surgeon, Dr. Frank Ryan, told Nightline reporters, “I disagree that it is that much plastic surgery… These are little tweaks and things we did ... these were all kind of small things...”

One might be tempted to think that society’s general awareness about these disturbing trends is increasing and disapproval is following, but that may not necessarily be the case. Although many people find Montag’s transformation to be a shocking disfigurement, the rejection of her look is still in comparison to the same typical beauty ideal. It may be the case that Montag is criticized because she did too much too fast, and too publicly, shattering some of the myths that foster celebrity appeal. Rather, if she had undergone these changes more slowly, and to a slightly lesser degree, chances are the media would enjoy debating plastic surgery questions like “did she or didn’t she?” and end up on her side.

Indeed, Morgan argues that women who undergo elective cosmetic procedures do, in a sense, “choose” to endorse a particular type of beauty, and therefore do garner “widespread approval” (Morgan 34) from likeminded individuals. For example, Ashlee Simpson’s and Cameron Diaz’s rhinoplasties have been largely identified as “good plastic surgery,” as with Adrianne Curry’s breast enlargement, and Sharon Osbourne’s and Holly Madison’s numerous procedures (not all done at once). The changes a person makes to her appearance, especially if those changes align with cultural values, can result in higher self-esteem and a greater sense of femininity, attractiveness, and “fitting in,” and could, therefore, be translated into greater social power (Morgan 34). In many ways, cultural approval does make individuals “feel good, attractive, versatile, fun” (Bordo 341). But there is an insincerity in
this expression of choice. Susan Bordo aptly asks, “In telling her how to remedy this ‘defect’ is the [doctor, advertisement, text, etc.] not simply providing a cure (at a price, of course—they are selling something here, let’s not forget) for the very poison it has administered?” (Bordo 199).

MacKinnon argues that “women widely experience sexuality as a means to male approval” (MacKinnon 484), and beauty pornography (the idea of beauty as sexuality) influence the decisions of individuals to undergo elective cosmetic procedures. As pointed out earlier, however, these expensive and standardizing surgeries are not equally accessible to all. Socioeconomic status affects the ability of individuals to indulge in these “nips and tucks,” effectively forming a visible boundary between those who can afford to be “beautiful,” and those who cannot—and it is not the beautiful who are then stigmatized. In fact, many of the reasons cited by women who have undergone cosmetic surgeries: as a marker of class/status, control over genetics, a reward to oneself, hiding or erasure of some feature, greater employment or economic success, avoiding societal bias, and heterosexual competition for mates. With advertisements telling women that “‘surgical stretching, tucking, and sucking’ [should be understood] as ‘another fabulous [fashion] accessory’” (Bordo 336), class inequality is sewn into cosmetic procedures. These surgeries, as well as other beauty practices, are unequally the preoccupations of the privileged. While culture tells women that anyone can have “this body” with the right amount of effort, the reality is that only those with enough class, prestige, and economic resources can afford to have cosmetic surgery, personal trainers and masseurs, spa weekends, and haute couture.
Beauty sadomasochism and the violence perpetrated against us

In addition to the violence that women do (or dream of doing) to their own bodies, women also face considerable violence from the cultures in which they live. Naomi Wolf writes, “our culture treats tender sexuality as if it were deviant or depraved, while embracing violent or degrading sex as right and healthy” (Wolf 140). This is one of the necessary conditions of beauty sadomasochism. In “Selling Hot Pussy,” bell hooks examines how persistent sexism and objectification have been embedded in popular culture, and particularly how women internalize this discrimination and even, sometimes, embrace it. hooks writes that Tina Turner’s success with her constructed image as a “hot and highly sexed black woman” (hooks 115) was both precipitated and enforced by popular, patriarchal culture. In effect, women who embrace these notions of the sexually open and wild black women contribute reinforcement to their perpetuation. Even women, such as Aretha Franklin, who hooks’ identifies as “challenging black male sexism and female victimization while evoking notions of mutual care and support” are undermined and discredited by such a culture. Franklin’s contribution in this respect was devalued in later “biographical” depictions of her, which focused more on her weight and sexuality, than on her values. This devaluation is an all too common experience for women, especially women of color; therefore, hooks’ is particularly critical of women’s active embrace of the mode of sexuality that has been largely created for them as the “sole way to exert power” (hooks 116). Women, such as Tina Turner, who embrace this form of power and whose sexuality is constantly exploited, become, in effect, powerless.

Powerlessness is a persistent theme in patriarchal definitions of female sexuality. In “Beauty is the Beast: Psychological Effects of the Pursuit of the Perfect Female Body,”
Saltzberg and Chrisler write that beauty, as it is now (and has been in the past) conceived, is harmful to women. They argue, “high heels cause back pain and lead to a variety of podiatric disorders… Furthermore, fashion trends have increased women’s vulnerability in a variety of ways… High heels and tight skirts prevent women from running from danger” (Saltzberg and Chrisler 149). What is alarming about the authors’ findings are the implications: it is fashion, not predatory individuals, that is responsible for women’s violation. It is as if the authors had concluded that danger is inevitable, it is potential victims’ responsibility to consider their escape strategies as they get dressed for work. The implication is that saying no is not enough: women who wear high heels are asking for it.

Beauty sadomasochism helps promote these ideas. It tells men that the many distinctive features of women’s status as second class—the restriction and constraint and contortion, the servility and the display, the self-mutilation and requisite presentation of self as a beautiful thing, the enforced passivity, the humiliation—are the content of sex for women. (emphasis added, MacKinnon 1989, p.477)

and pornography helps to cement these ideas in the minds of men and women. Diana Russell provides evidence that, “Because the pleasure of ejaculation becomes associated with degrading depictions of women, the sexual pleasure serves as a particularly powerful reinforcer for the masturbator, who learns to be turned on by the degradation itself” (Russell 118). John Stoltenberg calls this “the big lie” about sex and masculinity. Pornography, he writes, “institutionalizes [and eroticizes] male supremacy the way segregation institutionalizes white supremacy” (Stoltenberg 69).

The influence of “the big lie” be seen both by the variety of ways individuals can enjoy pornographic content (on television, videos and DVDs, live performances, free internet databases, pay-per-view websites, and even mobile downloading), and by the increasing need
for sex addiction therapy and support. In fact, sex addiction has become so well known (and, some would say, so blasé) that many celebrities have “come out” as sex addicts\textsuperscript{34} and VH1 recently began airing a reality television program called “Sex Rehab with Dr. Drew.”

The role of pornography in the development of unhealthy (read: nonconsensual, physically or psychological harmful, etc.) relationships and expressions of sexuality has been hotly debated. Some experts argue, for example, that because the “viewing of pornography frequently culminates in orgasm, the lessons of pornography are learned much faster and more tenaciously than when they view nonpornographic media” (Russell 18). Dr. Doug Weiss, a well-known author and therapist, has found that pornography often plays a very large role in the development or continuation of sexual addition behaviors. Weiss contends:

Many sex addicts have great difficulty getting sober from this combination of behavior. The pornography with fantasy creates an unreal world that the sex addict visits throughout their adolescence and other developmental stages and creates an object relationship that conditions their emotional and sexual self to depend upon these objects and fantasies to meet their emotional and sexual needs hundreds of times before having sex with a real person. (Weiss, “FAQ’S: Sex Addiction”)

In this, and many other ways, pornography participates in the generation of ignorance about sexuality and the adult sex industry. It promotes the message that, when it comes to intercourse, “men have object relations, [and] women are objects of those relations” (MacKinnon 476). And the more people that buy into the deception that “real” or “good” sex is the kind of sex that is aggressive, forceful, or abstract and one-way (a man doing x to an “animal” or a “pair of tits” or a “piece of ass”), the more self-reinforcing the lie becomes. In fact, numerous studies\textsuperscript{1} have been conducted about the influence of pornography. For

\textsuperscript{34} According to popular media outlets, a number of celebrities (of both genders, of different ages, races, and sexual preferences, and across a broad spectrum of other traits) have been identified, or have identified themselves as sex addicts, including: Eric Benet, Russell Brand, Michael Douglas, David Duchovny, Penny Flame, Jesse James, Lindsay Lohan, Nicole Narain, Charlie Sheen, Amber Smith, Billy Bob Thornton, Kanye West, Amy Winehouse, and Tiger Woods.
instance, Malamuth, Haber, and Feshbach, in a 1980 study, found that “25 to 30% of male college students in the United States and Canada…would rape a woman if they could get away with it” (Russell 121), and in a study by Goodchilds and Zellman (1984), 50 percent of a sample of high school boys indicated that it is acceptable “for a guy to hold a girl down and force her to have sexual intercourse” if the boy feels that the girl has led him on or gotten him aroused, or even if she says she has changed her mind (Russell 121). Catharine MacKinnon provides additional evidence of the consequences of pornography in her work *Toward a Feminist Theory of the State* (1989), in which she cites testimony given by Dr. Edward Donnerstein, for *Public Hearings on Ordinances to Add Pornography as Discrimination Against Women* (1983) in Minneapolis, MN. Based on extensive research on pornography and aggression, Donnerstein testified that:

‘Normal’ men viewing pornography over time in laboratory settings become more aroused to scenes of rape than to scenes of explicit but not expressly violent sex, even if the woman is shown as hating it… ‘On the first day, when they see women being raped and aggressed against, it bothers them. By day five, it does not bother them at all, in fact, they enjoy it.’ (Mackinnon 483)

And recently, in 2006, Davis et al. conducted a study in which “A community sample of female social drinkers (N=134) read an eroticized rape depiction after completing an alcohol administration protocol. As predicted, intoxicated participants were less likely to label the depicted events as rape than their sober counterparts” (Davis et al.).

In his essay “Pornography and Pride,” Van White, the first African American elected to the Minneapolis City Council, describes the negative effects pornography has had in his own community. Denouncing the pornography industry for its blatant objectification and violence toward women, White shows how this type of sexuality degrades everyone, not only the women depicted. White asserts, “As far as I know, the pornography industry reinvests
nothing in our society…Instead, it strips away people’s self-esteem” (White 106). White echoes Diana Russell’s criticisms of the findings of some researchers that claim pornography is a “harmless” means for men to “blow off steam” or engage in violent fantasies without harming anyone (Russell 10-11). Russell shows that the degradation and violence so often a part of pornography has a negative effect on men and women, causing them to “believe unusual sexual practices are more common than they really are” (Russell 6), to believe that “no means yes” (Russell 7), and it furthermore teaches people to “be turned on by the degradation itself” (Russell 18). As Russell also points out, often the violence and degradation depicted as “fantasy” or “an act,” is very real, and adult performers, especially women, are harmed (physically, psychologically, or otherwise) by such “pretending.”

**So how can we stop the violence?**

So what can be done by feminist theorists and activists to eradicate the pervasive harms of beauty pornography and beauty sadomasochism, and their prerequisite violence? I think Naomi Wolf’s characterization of the way women tend to develop attraction to men is right:

> When a woman looks at a man, she can physically dislike the idea of his height, his coloring, his shape. But after she has liked him and loved him, she would not want him to look any other way: For many women, the body appears to grow more beautiful and erotic as they grow to like the person in it. The actual body, the smell, the feel, the voice and movement, becomes charged with heat through the desirable person who animates it. (Wolf 174)

What is necessary is not only for men to start seeing women this way, but for women to start seeing themselves this way. Indeed, even as early as 1792, Mary Wollstonecraft recognized that women’s “first duty is to themselves as rational creatures” (Wollstonecraft 67), to
reassert control over themselves, to reanimate themselves with a passion that can distinguish them from “mere dolls” (Wollstonecraft 67).

Helene Cixous writes that Woman must find her voice, unbury it from deep within and awaken it from dormancy, and use it to reclaim “her goods, her pleasures, her organs, her immense bodily territories which have been kept under seal…” (Cixous 258). Perhaps the American government should provide a complimentary copy of *Our Bodies Ourselves* to all female constituents in retribution for past harms it has allowed our culture to perpetrate. While women are rediscovering their bodies, disentangling their sexuality from what culture says women’s bodies ought to look like and what they ought to respond with pleasure to, children should be having the opportunity educational programs that address their specific needs and concerns.

The institution of mandatory media literacy courses for children from elementary school through high school would also help improve individuals understanding of the mixed messages they are receiving; and, when children’s role models such as Miley Cyrus (her many controversies described previously) or Vanessa Hudgens (Disney’s *High School Musical* star who has had numerous nude photos emerge in the media on different occasions) begin to behave in ways that are incongruous with their positions as role models, then children’s media companies (such as Disney) should seriously evaluate whether their bottom line is more important than the thousands of children and parents who depend on them to produce positive children’s entertainment. Further, “Abstinence Only” programming should be replaced with lessons on safe, respectful, mutual and consensual sexual activity or abstinence. Health and sexual wellness courses should be sensitive to young people’s learning styles, and provide opportunities for students to ask questions and get answers
without being standing out among their peers (for example, a computer/internet based portion with a repeatable test—similar to a driving permit test—and a section to anonymously submit questions to be reviewed in class by a teacher or guest). These programs would be wise to draw on the wisdom of individuals such as John Stoltenberg (particularly in “How Men Have (a) Sex”).

That there is a such as thing as “being a man,” Stoltenberg argues, is “the big lie” that causes men to occupy themselves, at nearly all times, with trying to actualizing their sex. Stoltenberg writes, “sexualit does not have a gender, it creates a gender” (Stoltenberg 235). The big lie is socially perpetuated by cultural prescriptions that to “be a man,” persons with penises must “use their penises like weapons” (Stoltenberg 236), and have the kind of sex that makes them feel dominant, powerful, and important. Stoltenberg writes that, based on his own experiences, he knows that the big lie damages women, damages men, and damages sexuality itself. Instead of buying into the big lie, which tries to make men believe they are “sex machines and…women are mindless fuck tubes” (Stoltenberg 237), Stoltenberg offers the following pieces of advice:

1. consent is absolutely essential;
2. mutuality is absolutely essential; and
3. respect is absolutely essential.

In addition, to achieve these goals, Stoltenberg asks individuals to “stop being manipulated by lies propagated by the pornography industry” (Stoltenberg 238), stop using drugs and alcohol to “numb you through your sex life” (Stoltenberg 239), and to “choose now not to fixate on fucking” (Stoltenberg 239). Stoltenberg’s message is straightforward and powerful: culture is promulgating a lie, and that lie leads to violence and disrespect, not manhood.
Every person should be told, again and again until they’ve internalized it, that sex is not something you do to someone. Sex is not a one-way transitive verb, with a subject, you, and an object, the body you’re with. Sex that is mutual is not about doing and being done to; it’s about being-with and feeling-with. (Stoltenberg 237-238)

And the media should be compelled, much like other businesses and institutions, to participate in fair hiring practices and a sort of “affirmative action” that makes it possible for a full range of human beauty and diversity to be embraced, as much as possible, by television dramas and advertising agencies. Media sources need to deeply contemplate the messages they are sending when they use violence and degradation to sell products or make plotlines more interesting.

Furthermore, we need to “eroticize trust and consent” (Wolf 168); we have to do away with the notion that “tender sexuality [is] deviant or depraved, [and] violent or degrading sex as right and healthy” (Wolf 140). When we stop eroticizing violence, when we stop associating female sexuality with what men are being told to find sexy, and when we separate beauty from sexuality, we will finally be able to reverse these harmful and pathological inversions. We will be able to feel comfortable in our own skin. We will be able to view erotica that is “sexually suggestive and arousing…that is free of sexism, racism, and homophobia, and respectful of all human beings and animals portrayed” (Russell 3), and pornography will become a thing of the past.

Concluding remarks

As I have demonstrated, in Western culture, women and girls are being targeted by myths of beauty pornography and beauty sadomasochism that try to convince us that to be a
woman is to be beautiful in a way that is sexually arousing for men. Boys and men, in turn, are being taught to be aroused by overpowering women, and dehumanizing them through objectification and sexual behaviors that are violent and degrading. Media representations rely on these images to play into the insecurities of women and men who have been told they are not up to par. Movies, advertisements, music, and pornography act as coconspirators, each one supporting and reinforcing the delusions of the others. The result has been what Naomi calls “beauty pornography” and “beauty sadomasochism,” both of which create fears of inadequacy and provide encouragement to behave in certain ways to overcome those fears. Beauty pornography relies on being able to convince individuals to do violence to themselves, to nip, tuck, cut, life, slim, or increase some part of the body, in order to be desirable in a way that “counts.” Beauty sadomasochism tells women to let violence be done to them by others so that they can become desirable in a way that “counts.” As I have shown, research done on exposures to violence and violent pornography are reinforcing: men’s and women’s sexual arousal from violence or rape scenes increases with each exposure (Wolf 141). The result of the beauty myth, Wolf argues, is the suppression of female sexuality and a limitation of expressions of male sexuality to those that include dominance and some degree of violence.

In many aspects of life, blatant discrimination on the basis of appearance is a reality for men and women, although it is women who most frequently suffer the consequences. Even in arenas where appearance should not matter, beauty still plays a role. Wolf writes that a woman may not be respected, deemed beautiful or sexual if she looks too old, too young, too conservative, too provocative, too heavily made up, not made up enough, too manly, too womanly, too fat, too thin, or any other characteristic others find it appropriate to judge her
by; men, however, are rarely scrutinized in this way. In addition, the beauty myth also provides a basis for sexual harassment of women, where in almost all cases, the woman is found to have been “asking for it” by the way she looked, walked, spoke or dressed, or how men imagined her to be doing any of those things. The beauty myth, then, works with patriarchal vestiges to ensure that women, no matter how hard they work, can never quite get it right.

Although it may seem overwhelming, I hope to have demonstrated that possible solutions in sight. With further dialogue, and greater attention paid, perhaps these hypothetical solutions could soon become real changes.

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1 In the course of my research a question arose in my mind as to whether participants in human sexuality research are actually giving informed consent when they agree to take part in studies such as those where they are asked to watch violent pornographic materials. Let me clarify: For a study to be successful, participants can only be given a limited amount of information about the study or else researchers are at risk of compromising their findings (ie. if a person knew a study was measuring attitudes toward violent pornography, then simply knowing this could shape the respondent’s answers or reactions to certain stimuli, thus giving an inauthentic response). Given that the initial hypotheses of much of the research I mentioned hold that a number of negative or unfavorable outcomes are the result of the stimuli being shown to participants—that is, that viewing violence in pornography would decrease the viewer’s sensitivity to it, or increase their physiological response to it over a short time, etc.—it would seem irresponsible not to tell participants about these outcomes prior to their agreement to participate. However, as I’ve already said, informing participants of this possibility might skew the results so that they become unusable to the researchers. So are participants in these kinds of studies really giving informed consent?

Consider these results, independently found in numerous research studies, included in Diana Russell’s *Making Violence Sexy: Feminist Views on Pornography* (1993):

> pornography can transform a male who was not previously interested in the more abusive types of pornography, into one who is turned on by such material…[and] males who did not previously find rape sexually arousing, generate such fantasies after being exposed to a typical example of violent pornography…And men who have rape fantasies are more likely to act them out than men who do not. (Russell 135)

Further evidence shows that many individuals who view materials such as these dislike them “regardless of their physiological response to it” (Russell 17). If these findings are true (and the number of studies finding similar results suggest that they are), then it raises my concern about the welfare of the research participants considerably. Note that in most of these studies, the participants are not sexual deviants in any way, but rather are “average” men (and women) from colleges or the general public.

Now, imagine that you are someone who tends to participate occasionally in research studies at a local university or other facility. You participate in these studies for a variety of reasons: for spare cash, because of curiosity, to do your part, because you value research and education in general, etc. As a result, you have just been asked to participate in a study that will take what you consider to be a minimal commitment from you (ie.
you just have to show up for a few hours a week, and you don’t have to take any experimental drugs or do any exercises or keep any logs, etc.). You are told that during this study, you will be asked to view sexually explicit material and then answer a few questions. Pretend they have told you the purpose of the study is to evaluate people’s ability to engage in concentration and cognitive processing tasks (measured by filling out a questionnaire) after viewing sexually stimulating material. Does this sound like something you, as an open-minded adult, would consider? Me too.

You agree and during the course of three weeks, you are exposed to extremely violent or degrading pornographic materials, even materials showing brutal rapes or other reprehensible treatment of women by men. This is, for you, not the type of material you have ever been interested in, and initially you find it nauseating. But at the end of the research project, during the debriefing, you are told that the actual purpose of the study to measure average adults’ emotional and physiological responses to rape and violent media over time to confirm the result of a number of other studies. These other studies, you are told, show that people who are exposed to this sort of material for even a short time—perhaps even a shorter time than you were—have developed appetites for this sort of material, and greater propensities to act in more aggressive ways (such as depicted in the films), even if they reject the violence it endorses. In retrospect, do you feel like you’d made an informed decision to participate? Me neither.

So while I was unable to delve into this issue in the course of this thesis, I think it is still nevertheless worth mentioning and is, perhaps, a topic meriting further investigation.
CHAPTER 5
GENERALLY RECOGNIZED AS SAFE: CORPORATIONS, CONSUMERS, AND COSMETICS SAFETY

Consumers believe that “if it’s on the market, it can’t hurt me…” And this belief is sometimes wrong.

—Carol Lewis, “Clearing Up Cosmetic Confusion”

Standing before a display of cosmetics I feel like many other people feel about shoes, puppies, or candies – I want them, I need them, and I must have them now. Of course self-control and limited financial means prevent me from acting on most urges to make outrageous purchases (and the subsequent buyer’s remorse!), but the attraction is still strong. Cosmetics are seductive. They promise power, change, beauty, and an opportunity to showcase creativity and application expertise. Cosmetics can be transformative, a feature that multinational cosmetics corporations emphasize, and tend to be safer and cost just pennies compared with more invasive transformations (Botox® and elective cosmetic surgery, for example). What is not emphasized often, however, are the hidden dangers that lurk behind aisles and aisles of foundations, lipsticks, and other cosmetics.

As a child, I had heard the story of Buddy Ebsen, the actor who was originally cast to play the Tin Man in the MGM film production of The Wizard of Oz (1939). Unfortunately, Ebsen never got to play that role. Serious health complications deriving from the use of aluminum powder in his stage makeup caused Ebsen to be hospitalized and to forfeit the role to actor Jack Haley (IMDb). Ebsen eventually recovered, but he suffered life-long lung health issues from repeated inhalation of the aluminum dust (Cox 57). I started using makeup in my early preteen years, beginning with Bonne Bell Company’s line of flavored lip glosses. My older sister was devoted to Dr. Pepper flavored Lip Smacker®, and I was eager to
emulate her. I had long since forgotten the story of Buddy Ebsen and, in fact, thought very little about cosmetic safety. I equated my sister’s endorsement of Lip Smackers®, and the fact that each shiny tube of lip gloss stated in bold letters “WE DO NOT TEST ON ANIMALS,” with perfect safety, and even congratulated myself on buying from a company that behaved so ethically towards my furry friends. As my cosmetics preferences evolved, my concern for safety, and even for animal testing, faded even further away. My primary concerns became what color cosmetics I should buy and if my mother would actually let me wear them in public. I took for granted that cosmetics had changed considerably since 1939.

Cosmetics have been under scrutiny by feminists, academics, and activists for decades. They have raised numerous concerns over cosmetics’ and the cosmetics industry’s promotion of: patriarchal values (women are superficial, flawed, etc.); normalizing images (only a small number of socially approved appearances are promoted as acceptable); discrimination and racism (the beauty standard is “whiteness,” ableism, and heterosexuality), consumerism, and the use of dangerous chemicals. While I acknowledge that these issues are crucially important, it is not my intent to discuss the full implications of these issues in this paper. The numerous books and articles that have been, and continue to be, published on these topics show that a full evaluation of them is a never-ending project unto itself. In the literature review section of this paper, I have highlighted some of the primary concerns discussed by scholars and activists as they relate to my work, but I urge the reader to recognize that this discussion is only a miniscule representation of the body of work that currently exists (and which is outside the scope and parameters of this current project). My

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focus, rather, is the controversy over the classification of some common cosmetic ingredients as toxic by activists organizations such as the Environmental Working Group (EWG), the knowledge (or lack thereof) consumers have about these potential hazards, and the ease and availability of finding alternative cosmetic products that do not contain the ingredients under question. I posit that the wide availability of dangerous cosmetics, the ambiguous and often ambivalent responses of the FDA, cosmetics corporations, and other agencies towards safety concerns, and the lack of consumer awareness about these concerns is an issue of preference and ignorance.

Working from the perspective of a cosmetics consumer, I evaluate the ignorance that has hitherto prevented me from knowing about, understanding, and properly valuing health concerns related to particular cosmetic ingredients and products. I contrast these “gaps” in consumer knowledge with the forms of ignorance employed by cosmetic companies, advertising agencies, and regulatory committees. Using a first-hand, mixed quantitative/qualitative approach, I show how the cosmetics I currently use rate on the Skin Deep Cosmetic Safety Database (from here, simply “Skin Deep”), paying particular attention to the following ingredients: parabens, phthalates, formaldehyde, hydroquinone, and triclosan. Using online searches, in-store visits, and company websites to gain information on products, I generated a list of alternative products whose product labels do not include the aforementioned ingredients, and whose hazard ratings are less than or equal to 3 (on a scale of 10) on the Skin Deep database. Of these alternatives, I assessed the in-store availability, price, convenience, and ease of transitioning to these less hazardous products across three national chain stores. Recognizing the several limitations of this case study approach, I nevertheless find that this information sheds valuable light on the issues of ignorance,
cosmetics safety, the accessibility of health and product information, and for future research directions.

**Background**

According to research by the Kline Group, in 2004 the U.S. cosmetics and toiletries industries generated $32.2 billion dollars at the manufacturer level, with 62 percent of the industry controlled by ten major corporations. The Kline Group projected an annual average increase of 2.8 percent in industry sales in the five years following the report, with the primary impetus for growth coming from increased availability of skin care products targeted to men, specialty face and hair products, and cosmetic technological advances (Kline Group).

In the United States, and across the world, women and girls are the primary consumers and users of cosmetics and toiletries, contributing significantly to a global industry value of $290.9 billion in 2007 (Kirillov). The cosmetics industry draws customers from nearly all ages (from preteens to the elderly), and from nearly every race and socioeconomic status. In the United States and Europe, estimates put the average woman’s spending on cosmetics and toiletries between $200 and $5000 per year (Reisman). To put these numbers in perspective, consider if an average woman were to begin purchasing makeup at the age of eighteen, at an annual rate of $200 per year, and continued until her death,\(^{36}\) that woman would be a cosmetics consumer for approximately 62 years (more than 75 percent of her life), and would spend more than $12,400 on makeup and personal care products. Surveys conducted by the Environmental Working Group show that the average adult woman uses approximately 12 cosmetic products each day which can contain more

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\(^{36}\) Average life expectancy for women in the U.S. being 80.1 years, according to MSNBC Associated Press.
than 168 unique chemicals. Teenagers, the survey found, use even more makeup than adult women. Teenagers use, on average, approximately 17 cosmetics products containing more than 174 unique chemical ingredients (Sutton). Considering that many women begin using cosmetics in their early teens, it seems likely that many women will be regular cosmetics consumers for nearly 70 years of their lives.

The Environmental Working Group (EWG), founded in 1993, is an organization whose mission is to “use the power of public information to protect public health and the environment,” with a particular concern to “protect the most vulnerable segments of the human population—children, babies, and infants in the womb—from health problems attributed to a wide array of toxic contaminants” (Environmental Working Group, “About”). Among the toxic contaminants that raise concern, cosmetics ingredients are high on the EWG’s list. As a part of their effort to spread information and raise awareness, the EWG has established the Skin Deep Cosmetic Safety Database, a listing of more than 25,000 cosmetic products in categories including: makeup, skin, hair, eyes, nail, oral care, sun protection, and products aimed at infants and children. According to the website, several toxic ingredients are currently used in cosmetics and make many activists’ lists of top offenders. The EWG makes these determinations based, in part, on evidence from researchers, scientists, legal authorities, and other experts employed by the organization.

As part of its commitment to ongoing research, staff scientist Rebecca Sutton published a report in 2008 titled, “Teen Girls’ Body Burden of Hormone-Altering Cosmetics Chemicals.” The report, which included a research sample of twenty girls (between 14 and 19 years of age) from a variety of ethnic/racial backgrounds, living in 18 different cities in 8 U.S. states, aimed to determine the levels of hormone-altering chemicals present in the girls’
bodies. Providing extensive scientific research\(^{37}\) on the nature and effects of exposure to (and bodily accumulation of) several cosmetics ingredients (including parabens, triclosan, and phthalates), the report revealed that of the 20 participants, each tested positive for 10-15 of the 25 chemicals under investigation. The most ubiquitous of the chemicals studied, methylparaben and propylparaben, were found in all twenty of the participants. These parabens alone have been linked to allergies, skin irritation, estrogenic disruption of the hormone system (including premature puberty), reproductive health problems, and cancer.

One participant, Alex, upon receiving her results (she tested positive for 12 hormone-altering cosmetics chemicals), stated, “It’s frightening to learn about the many different kinds of toxic chemicals that can be found in my body. At the same time I would much rather be knowledgeable about my body’s chemical makeup than uninformed; in this case, ignorance is NOT bliss [sic]” (qtd. in Sutton).

**Cosmetics safety information and regulations**

The Federal Food and Drug Administration (FDA) became responsible for consumer safety in the United States in 1938 with the passage of the Federal Food, Drug, and Cosmetic Safety Act (FD&C). Under the Act, the FDA has the authority to: ban or restrict ingredients due to safety concerns; work with manufacturers to implement nationwide product recalls; mandate warning labels on products; inspect facilities that manufacture cosmetics; issue warning letters; seize illegal products; and prosecute violators (Ross 271). Given the FDA’s tremendous authority, I, like many people, believed that all products coming on to the market were given a seal of approval for safety by the administration. Unfortunately, this is not

\(^{37}\) The 26-page report included references to more than 170 scientific, academic, and legal resources.
always the case. While the FDA has the responsibility to regulate food and cosmetic ingredients, not all ingredients are treated equally. For food additives, the FDA has developed a regulation called “GRAS,” which stands for “generally recognized as safe,” for additives that have been at least somewhat rigorously tested. For cosmetic ingredients, however, GRAS need not apply. According to Gilbert Ross, editor of The American Council on Science and Health’s paper, “A Perspective on the Safety of Cosmetic Products: A Position Paper” (271):

The Federal government does not subject cosmetics to pre-market approval or require specific regulatory testing, such as that required for agricultural chemicals and pharmaceutical products. However, if a company fails to certify... the product must conspicuously have on its label: “Warning – The safety of this product has not been determined” (FDA 2005; 21 CFR 740.10). (In practice, such labels are generally only found on a product that has been challenged after it appeared on the market.)

As Ross points out, cosmetic companies, unlike pharmaceutical and food companies, are allowed to self-regulate to a certain extent. The minimum requirement for cosmetic companies is a basic safety evaluation process of: hazard identification and information review; exposure assessment; and safety testing (Ross, 270). While Ross and his colleagues believe these measures are sufficient to ensure the safety of cosmetic products on the market, many others disagree. In an address to the FDA in June, 2008, EWG Vice President for Research Jane Houlihan, issued a statement that criticized the FDA for its lax requirements for cosmetic corporations. Houlihan asserted, “This complete absence of accountability to a responsible government agency has not served the American public well. Instead, it has created a culture of ignorance around personal care products, where far too little is known about ingredient safety, while the industry and the FDA steadfastly maintain that all products and their ingredients are safe” (qtd. in Ruzicic).
Among cosmetics ingredients whose safety is disputed, several stand out as particularly noteworthy: parabens, phthalates, formaldehyde, hydroquinone, and triclosan. Given the increased public awareness about these chemicals, the FDA created a number of web pages to address safety concerns. According to the FDA website, neither parabens nor phthalates should be considered a cause for concern when used in consumer products such as food, toys, or cosmetics; any controversy surrounding the other three chemicals is not mentioned in this context. Given that the FDA’s initial (and, until recently, only) assessment of either phthalates and parabens dated back to 1984, the Cosmetic Ingredient Review reassessed their position on phthalates in 2002, followed by a reassessment of parabens in 2004.

Concerning phthalates, the FDA states, “It’s not clear what effect, if any, phthalates have on health… Cosmetic Ingredient Review (CIR) reaffirmed its original conclusion (reached in 1985) that [phthalates] are safe as used in cosmetic products… FDA determined that there was insufficient evidence upon which to take regulatory action” (FDA, “Phthalates”). Regarding parabens, the FDA found that “after considering the margins of safety for exposure to women and infants, the Panel determined that there was no need to change its original conclusion that parabens are safe as used in cosmetics” (FDA, “Parabens”), including cosmetics containing paraben concentrations up to 25 percent.

Critics, however, challenge these rulings, arguing that the criteria used by the Cosmetic Ingredient Review in making its safety recommendations are insufficient. In their 2008 study, the EWG found that the CIR had evaluated only “11% of all ingredients in cosmetics, including many no longer in regular use” (Sutton). Additionally, EWG discovered that “the panel chooses criteria regarding sensitivity and irritation for 80% of its safety
recommendations, ignoring more serious health concerns such as cancer, birth defects, and hormone disruption, and as a result finds more than 99% of ingredients reviewed safe as used” (Sutton). These “more serious” concerns have prompted regulating agencies in the European Union (EU) and Canada to reevaluate their standards for cosmetic safety, and both have revised their regulations to prohibit or restrict the use of many of the most harmful chemical ingredients.

The repeat offenders

The most commonly disputed chemical ingredients on the cosmetics market are parabens, phthalates, formaldehyde, hydroquinone, and triclosan. The following information has been collected from a variety of sources, including the FDA, the Environmental Working Group, the Council Directive of the European Union regarding cosmetics, and the “Cosmetic Ingredient Hotlist” published by Health Canada.

Parabens – Parabens are artificial preservatives with are among “the most widely used preservatives in cosmetics products” (FDA, “Parabens”). The purpose of parabens in products is to hinder microbial growth. Cosmetics products often contain more than one type of paraben. The FDA currently finds parabens to be safe for general cosmetic use in concentrations up to 25 percent (FDA, “Parabens”). The FDA dismisses the link between parabens and breast cancer, stating that the research is not sufficient to prove causation. Contrasting evidence, however, has linked parabens to human endocrine disruption (including premature onset of puberty), skin irritation, allergic reaction, cancer, and reproductive health problems. Parabens in cosmetics products may combine with chlorinated tap water and produce a number of byproducts whose safety has not yet been established; for
example, laboratory tests have shown that these byproducts are harmful to aquatic environments, even at low levels (Sutton). The U.S. and Canada do not currently regulate the use of parabens in cosmetics; however, the EU has allowed parabens if companies meet certain usage restrictions.38

**Phthalates** – Phthalates are chemicals that are often used as plasticizers or solvents, and may be included in the combination of ingredients commonly listed as “Fragrance” on cosmetics products labels (FDA, “Phthalates”). Phthalates are considered toxic to the environment, and many forms of phthalates are regulated in drinking water and children’s toys. Current research shows that phthalates have been linked to a number of serious health problems including: birth defects; hormonal changes in baby boys; reduced sperm motility and concentration in adult men; increased damage to sperm DNA and hormonal changes in adult men; obesity and insulin resistance in men; thyroid irregularities in both men and women; asthma and skin allergies in children; liver damage; miscarriage; and infertility in females (Sutton). In the European Union, phthalates are banned from use in cosmetics products under Annex II of Council Directive 76/768/EEC of 27 July 1976 on the approximation of the laws of the Member States relating to cosmetic products. In Canada, one form of this chemical group, diethylhexyl phthalate (DEHP) is banned in cosmetics and children’s toys. In 2008, the Consumer Product Safety Improvement Act (CPSIA) was signed into law in the United States. The Act included a clause prohibiting the use of phthalates with concentrations greater than 0.1 percent in any children’s toy or child care article (Consumer

38 According to Annex VI of the Council Directive of the EU on the approximation of the laws of the Member States relating to cosmetic products, the following regulation is in effect: 4-Hydroxybenzoic acid and its salts and esters; 0.4 % (acid) for 1 ester; 0.8 % (acid) for mixtures of esters.
Product Safety Commission). In terms of cosmetic safety, however, no such regulations exist for phthalates.

**Formaldehyde** – Formaldehyde is a chemical preservative known in popular culture for its uses in preserving organic lab specimens and in embalming practices. Formaldehyde is a known allergen, a probable human carcinogen, immune system toxicant, and developmental and reproductive toxicant. Formaldehyde was assessed by the (US) Cosmetic Ingredient Review in 1984, resulting in a panel conclusion that there is insufficient data available to determine if products containing greater than 0.2 percent formaldehyde are safe. The FDA notes, however, that “the CIR was referring to cosmetic products applied to the skin, not nail products. The concentration of formaldehyde needed for nail hardening is higher than 0.2%, but formaldehyde is less likely to cause skin sensitization when shields are used to keep the hardener away from the skin” (FDA, “Nail Care Products). In both the European Union and Canada, there are restrictions on formaldehyde use in cosmetics. The regulations state that non-oral products must not contain more than 0.2 percent formaldehyde, while oral hygiene products must not contain more than 0.1 percent. Up to 5 percent formaldehyde is allowed for nail polish/enamel products. Formaldehyde is not approved for aerosol use. If any product contains greater than 0.05 percent formaldehyde, both Canada and the EU require the product to be labeled with the warning “contains formaldehyde” (Council Directive 76/768/EEC; Health Canada, “Hotlist”).

**Hydroquinone** – Hydroquinone is a chemical known to produce skin bleaching/lightening when applied topically. It is a photosensitizing agent, skin irritant/toxicant, and has been linked to ochronosis, neurotoxicity, cancer, developmental/reproductive toxicity, respiratory toxicity, immune system toxicity, and endocrine disruption. It has also been show
to be harmful to the environment and various forms of wildlife (EWG, “Hydroquinone”). Nevertheless, it is the position of the FDA that “hydroquinone should remain available as an OTC drug product” (FDA, “Hydroquinone”). In the European Union, hydroquinone is banned under Annex II of Council Directive 76/768/EEC, unless specified as an exception in Annex III, where special regulations are given for its use in hair coloring products. In Canada, hydroquinone is banned in cosmetics that are applied to the skin or mucous membranes (Health Canada, “Hotlist”).

**Triclosan** – Triclosan is an artificial antimicrobial agent typically used in liquid hand soaps, but can also be found in toothpaste, deodorant, acne treatments, and body washes. Triclosan is fat-soluble and can accumulate in the fat cells in the human body, building up to higher and higher concentrations over time. Byproducts and degraded forms of triclosan can be very toxic, especially to aquatic ecosystems, or may be carcinogenic (Sutton). Increased triclosan exposure, or triclosan accumulation in the body, has been linked to: liver toxicity; disruption of the thyroid and endocrine systems; developmental damage in children; cancer; and antibiotic resistance (Sutton). In Canada, the use of triclosan has become seriously regulated. The Health Canada Hotlist identifies several regulations pertaining to its use: “Triclosan is permitted at concentrations equal to or less than 0.03% in mouth-washes; permitted at concentrations equal to or less than 0.3% in other cosmetic products; the labels of oral cosmetics shall carry statements to the effect: ‘The product is not to be used by children under the age of 12.’ In the case of mouthwashes, the labels shall also carry a statement to the effect of ‘Avoid swallowing’” (Health Canada, “Hotlist”). In the United States and the EU, similar restrictions are not currently in effect. The FDA has, however, recently reported that “Triclosan is not currently known to be hazardous to humans. But
several scientific studies have come out since the last time FDA reviewed this ingredient that merit further review” (FDA, “Triclosan”).

Activism and awareness campaigns

In response to these concerns, organizations like EWG have banded together in the Campaign for Safe Cosmetics to encourage manufacturers to sign an agreement called the “Compact for Safe Cosmetics.” Signatories agree to phase out harmful ingredients and products and to design new products to adhere to the cosmetic safety standards of the European Union (which are more strenuous than the FD&C regulations in the United States). Under the coordination of the Breast Cancer Fund, the Campaign has become partners with prominent organizations including: the Alliance for a Healthy Tomorrow, Clean Water Action, the Massachusetts Breast Cancer Coalition, the Breast Cancer Fund, Commonweal, Environmental Working Group, Friends of the Earth, and Women’s Voices for the Earth. Additionally, there are over 100 endorsing organizations and more than 1,300 companies have become signatories to the Compact (Campaign for Safe Cosmetics, “All Compact Signers”). Coalitions such as these have come to be seen as necessary by many activists and health-conscious individuals because, as Misha Warbanski points out, “The average North American woman uses 10 or more personal care products every day. From toothpaste and soap to antiperspirant and moisturizer, personal care products are made from 10,500 chemical ingredients that are as much a part of our daily routine as sitting down to breakfast” (Warbanski 24).

While Ross and his colleagues from The American Council on Science and Health, as well as many cosmetic manufacturers, argue that the extent of exposure to this chemicals is
minimal and that serious side effects are possible only at very high exposure levels (levels not used in cosmetic products), Madeleine Bird, a researcher from the McGill University Centre for Research and Teaching on Women, says a “study on parabens...discovered that contents listed on a product’s label were different from the makeup of the product, which sometimes had much higher concentrations” (Warbanski 27). Others, such as the EWG, are concerned about bioaccumulation and the effects of long-term exposure over the course of a lifetime. Evidence suggests that the dangers of prolonged usage, even at low levels, could have serious consequences, not only for makeup and personal care product users, but also for their unborn children. Warbanski provides research that shows, “Scientists suspect the absorption of cosmetics through the skin could explain why young women in one study had 20 times the level of phthalates in their body compared to young men” (Warbanski 24-25).

Shanna Swan, the author of a study on phthalates published in 2005, “found that the development of the genitals of boys whose mothers had high levels of phthalates in their bodies was less complete compared to those exposed to lower levels … [and] may be contributing to increasing rates of male infertility and testicular cancer” (qtd. in Warbanski 25). Similarly, a 2004 study by Dr. Phillippa Darbre, showed a strong correlation between breast cancer and parabens. In the study, each of 20 samples from breast tumors contained high levels of parabens (qtd. in Warbanski 24).

The controversy over whether these ingredients can be proved causal (or contributing) to immune, endocrine, and reproductive system toxicity, developmental disabilities, allergies, and cancer, is still unresolved. Nevertheless, as with the recent increase in consumer demand for organic produce, consumers and activist organizations continue to call for cosmetic companies to develop newer paraben-free, phthalate-free, etc.,
alternatives, thus offering consumers a choice to avoid some of these purported dangers. Despite their increasing availability, however, finding cosmetics without these ingredients can still be a challenge. As Warbanski quoted, “I don’t want to go shopping for my body products, my cosmetics, with a chemical dictionary telling me this one’s okay, this one’s not. I want to be able to walk in and buy it off the shelf with the understanding that it’s safe” (Warbanski 27).

Case study

My contribution to the controversy involves my own “daily beauty routine” (Beausoleil 1994) and an evaluation of the Skin Deep toxicity rating of cosmetics I currently use. In my work, I evaluated the ease and availability of finding alternative cosmetic products that do not contain the ingredients under question. Using a first-hand, mixed quantitative/qualitative approach, I first researched the 38 personal care products I use on a daily basis (which includes shampoos, hair styling products, skin care products, moisturizers, etc., as well as tradition makeup cosmetics), paying particular attention to the EWG rating and the presence of the following ingredients: parabens, phthalates, formaldehyde, hydroquinone, and triclosan. In addition, I gathered information about where these products are sold, at what quantity they are typically sold, and for what price. From this initial research, I found that my cosmetics come primarily from three local stores: Walgreens, Walmart, and Target. I decided to use these stores as a reference since they, as national chains, are more broadly accessible to the general population than local or specialty stores. I also found that I tend to buy cosmetics that cost not more than $12.00, and across the 38
cosmetics, I buy from approximately 32 different brands. Combined, my current cosmetics have an average toxicity rating of 5.5.

The Skin Deep website classifies cosmetic ingredients into three groups: low (0-2), moderate (3-6), and high hazard (7-10). I decided to use the hazard rating 3 as the upper limit for my alternative product search. Using the Skin Deep database, I proceeded to look up similar products to the ones I currently use, but which have hazard ratings less than 3. I also made sure that alternative products, despite low hazard ratings, did not contain any of the five above listed ingredients. I cross-listed the alternative cosmetics with actual store availability (for Target, Walgreens, and Walmart) in person, online, and over the phone with sales representatives. I chose to exclude online availability because of the associated shipping costs and because internet access may be limited in some populations. I selected new, alternative products based on availability, price, convenience, and ease of transitioning.

Additionally, to compare price and quantity, some simple calculations were performed. For the products being compared, the lesser quantity was multiplied to the same amount as the greater quantity; this was also done to the price to reflect the value of equal amounts. After identifying safer alternative products, I found that, of the 32 brands, only 6 were made by companies that had signed the Compact for Safe Cosmetics. Those six were all representative of new, lower hazard rating products; not one company selling my current cosmetics had signed the Compact. Those manufactures from which I found alternatives that had agreed to the provisions of the compact were: Aromafloria Natural Products, Burt’s Bees, Inc., Dr. Bronner’s Magic Soaps, Giovanni Cosmetics Inc., Prestige Brands, and Yes to Carrots.
In my results, I found that buying one quantity each of my current cosmetics had cost me approximately $221.17. By contrast, if I were to replace each cosmetic I currently own (that has a hazard rating greater than 3) with their alternatives, the same quantity would cost me $446.65, resulting in a price difference of $225.38, or a 50% price increase for the same amount of products. Every lower hazard rated product cost more than my original with the exception of 4 products: Onyx Professional Nail Polish Remover, Almay Pure Blends Foundation, L’Oreal Bare Naturals Concealer, and Maybelline Define-a-Line Eyeliner. Additionally, I found no available alternatives (within the above defined search parameters) for the brand of shampoo and conditioner that I use for my curly hair, nor for the brand I use for color-treated hair, nor for my self-tanning moisturizer, my nail polish, or my mascara primer. Furthermore, the alternatives that I found for mascara, eyeliner, and eye shadow did not have the same qualities that I look for in my usual products (the previous were waterproof and smudge-proof, and made for 24-hour wear, while the new alternatives are not).

As Misha Warbanski points out, “Deciding which products are safest can be a time-consuming task. Designed to make those decisions easier, the Environmental Working Group’s Skin Deep report created a searchable database of personal care products and ingredients” (Warbanski 28). Although the Skin Deep website is an excellent resource, improvements could be made to the site to make it more complete and accessible. Skin Deep did not have information on all products that I currently use, although the site does give the option of generating a provisional report. A provisional report requires the user to look up cosmetics’ ingredients information (from the products themselves, or via web search) and enter these chemicals into the form, along with directions and warnings that appear on
product packaging. Furthermore, finding the actual concentrations of ingredients used in products for a provisional report is extremely difficult, if not impossible for an average consumer. As a result, the generation of a provisional report may give the user some information, but its accuracy is not verified. For approximately 5 percent of my current cosmetics, I had to generate a provisional report to determine hazard ratings. The entire process of product look up and report genesis took more than 40 hours. Given the time commitment, it is not difficult to see how the average consumer might be unable or unwilling to scrutinize cosmetics products (that she may have regarded as safe, simply by virtue of appearing on popular store shelves) for hidden dangers.

Additionally, during my research I found that cosmetic names and advertisements can often be misleading. Products labeled as “green, organic, eco-friendly, (all) natural, pure, mineral, non-toxic, paraben-free, safe, or healthy” often still contained toxic ingredients and generated high hazard scores. According to the FDA Consumer article, “Clearing Up Cosmetic Confusion” by Carol Lewis, the FDA tried to establish qualifying guidelines for labels claims such as “hypoallergenic” or “natural,” but the regulations were contested by major cosmetics companies who took the issue to court. Despite an initial victory, the FDA regulations for such labeling were overturned by the U.S. Court of Appeals. The lack of reliable labeling claims exacerbated research, provided confusion, and extended the amount of time I spent finding safer alternatives. Among the alternatives I did find, some listed “fragrance” as a product ingredient. This proved problematic since, as the FDA notes, “[labeling] regulations do not require the listing of the individual fragrance ingredients; therefore, the consumer will not be able to determine from the ingredient declaration if phthalates (or other substances) are present in a fragrance” (FDA, “Phthalates’). I attempted
to minimize the number of alternatives containing the generic ingredient “fragrance” but was unable to do so for each alternative product (given market limitations).

I found the FDA’s assertion that “The ingredient list on a cosmetic container is the only place where a consumer can readily find out the truth about what she is buying” (Lewis, “Confusion”) particularly troublesome, given that the FDA admits that the term “fragrance” is non-specific, and could include ingredients that a consumer is trying to avoid. Furthermore, the staff scientists who published the report on cosmetic chemical levels in teen girls found that the ingredients list on a particular product “does not document the presence of impurities – contaminants formed when a raw material is manufactured, or when it breaks down within a product – many of which are commonly found in cosmetics” (Sutton). In these cases, a product whose ingredients label meets the requirements of a conscientious shopper may still be hazardous. The trickery that cosmetics corporations and advertising agencies has found to circumvent the label-reading consumer is also disconcerting. The FDA warns consumers that although terms like “natural” or “paraben free” may have “considerable market value in promoting cosmetics products to consumers… dermatologists say they have very little medical meaning” (Lewis, “Confusion”). Cosmetics may even be labeled with claims such as “no synthetic parabens,” but this statement does not guarantee that a product does not contain parabens. Instead, the more likely meaning is that the company has used parabens derived from natural, not artificial, sources.

An increasingly common form of listing parabens on ingredients labels is to list the use of “Japanese Honeysuckle.” While this ingredient may sound natural and safe, the Organic Consumers Association states that, “The parabens present in their whole, natural state do not have the paraben concentration necessary to provide preservation. The real
problem at present is… a “honeysuckle” derived paraben that is concentrated and processed specifically for use as a preservative; further, isolated synthetic and natural parabens are bio-
identical, and we have no evidence to show that concentrated natural parabens are any less toxic than concentrated synthetic parabens” (Moriarty, “Greenwashing”). This data gap, combined with the industry’s active labeling deception (“Japanese Honeysuckle” and “fragrance” are examples), helps maintain consumer ignorance.

Further exacerbating the problem, some primary cosmetics companies manage a wide array of brand names and subsidiary companies that may have very different attitudes towards certain chemical ingredients. Estee Lauder, for examples, is behind many cosmetic brand names including Origins, Aveda, Bumble & Bumble, and MAC. The brand Orgins recently made a public commitment to create safer products, although other brands owned by the Estee Lauder company have not made known any intention to follow suit; and although Estee Lauder is publicly supporting Susan G. Kommen and the pink ribbon campaign for breast cancer, Estee Lauder company is simultaneously fighting against proposed legislation in California that “requires cosmetics companies to notify the state when they use chemicals linked to cancer and birth defects” (Campaign for Safe Cosmetics, “Ask Estee Lauder”).

My case study was limited by several factors, including my budget, my current location, and my own cosmetics preferences. Although I was surprised by the amount of money I spend on cosmetics products, in my research I found out that my own makeup consumption is actually very moderate compared to some estimates. For example, I do not buy high-end cosmetics brands, nor do I use salon services. Had I been someone who has her hair professionally cut and colored, legs, eyebrows, and upper lip professionally waxed, hands and feet manicured/pedicured, and face treated with expensive spa treatments (such as
facials and microderm abrasion), I would have easily found myself in the higher spending bracket that some studies report.

**Cosmetic preferences**

Given the dangers of cosmetics usage, the cost of switching to safer cosmetics, and the amount of time and energy required to keep up with cosmetics trends, why do women continue to buy? Part of the reason may be that we simply do not know the dangers. We may enjoy the feeling of creativity and attractiveness we get from putting on makeup, and may erroneously believe that our government regulates the market to prevent the sale of products that are bad for us. Part of the reason may also be that, as discussed in Chapters 3 and 4, there are often very real consequences associated with failure to perform basic behaviors of femininity that can affect a woman’s career, social life, and intimate relationships. Advertising, pornography, and other media both produce and reinforce stereotypes and culturally approved expressions of gender and sexuality. Even more than that, buying into these messages and appropriating them as our own, we begin to echo those themes in our attitudes towards ourselves and others.

Sandra Bartky, in her essay “Foucault, Femininity, and the Modernization of Patriarchal Power,” draws on Michel Foucault, a philosopher who produced influential scholarship on the role of discipline and punishment in society. Foucault theorized that modern organized society is the result of a shift in power displays and methods, from “monarchical punishment” to “disciplinary punishment.” Instead of brutal, public punishments (as were historically common, for example, under tyrants and monarchs) for criminals and rule breakers, individuals now police themselves in way that is very similar to
Jeremy Bentham’s idea of the panopticon. Just as in the panopticon, individuals believe their behaviors could be at any moment scrutinized and punished, so, too, individuals now behave in orderly, predictable ways to avoid punishment from an unseen scrutinizing eye. The way individuals currently discipline themselves is through the creation of “docile bodies.” According to Rose Weitz, docile bodies are “bodies that meet social expectations without complaint or resistance...by teaching individuals to accept those expectations as their own and to live as if they might be punished at any moment” (Weitz 76).

Drawing on Foucault’s ideas about self-policing and docile bodies, Bartky suggests that women are coerced by society to police themselves in many ways that men are not—that is, to become docile bodies in a particularly feminine way, a way that reinforces the patriarchal notion that women are inferior to men. Karin Martin, in her study of American preschools, found evidence that supports Bartky’s arguments. Martin found that children are socialized from birth to perform their genders very specific ways, and conformity to these rules is often rewarded, while disobedience to these expectations is (at least for little girls) often corrected or punished. For example, Martin found that little girls in preschool are more often complimented on their appearance, told to be quiet or to sit with their legs crossed, and are encouraged to play in ways that are less assertive or more “domestic” or feminine than little boys. Boys, on the contrary, are encouraged to be smart, assertive, and athletic, and are less frequently reprimanded for distracting behavior or fashion faux pas (since boys aren’t put in dresses, they rarely have need to lift up their skirts, adjust their tights, or sit in ways that are “unladylike”). As a result, Martin finds, “As these disciplinary practices operate in different contexts, some bodies become more docile than others” (Martin, 31), although
many of the teachers and parents enforcing these disciplines may not know that they are even doing it.

Bartky argues that female “docile bodies” are created through an emphasis on women’s appearances. In contemporary American society, for example, there are expectations that a woman will discipline herself in ways particular to her race or ethnicity, with hegemonic “whiteness” being valued above distinctively “ethnic” features. Isabel Guzman and Angharad Valdivia demonstrate, in the article “Brain, Brow, and Booty: Latina Iconicity in U.S. Popular Culture,” that for Latina and Chicana women, there is a dominant trope of “tropicalism” that stereotypes Hispanic culture by “bright colors, rhythm music, brown or olive skin…red seductive lips, bright seductive clothing, curvaceous hips and breasts, long brunette hair and extravagant jewelry” (Guzman and Valdivia 158). Compared with Caucasian women, this stereotype makes Hispanics out to be hyper-sexualized, exotic women who are distinctly “other” than white. Similarly misleading and harmful stereotypes abound for nearly every other race/ethnicity as well. Yet, while race/ethnicity does have a distinctive effect on the way women are expected to be feminine, all female bodies are subject to pressures to perform or endure an array of appearance-improving procedures, activities, products, and behaviors in order to become well-disciplined “docile” bodies. As I have demonstrated, these prerequisites of acceptable femininity are expensive, time consuming, and even dangerous. More disturbing that that, the regulations for women extend beyond physical appearance. Women are trained from childhood to take up less space then men (in body composition, while sitting with legs crossed, or even with a smaller stride), to be less assertive than men, and to engage in complex beauty routines that often involve medical intervention (Bartky 77).
Bartky argues that these beauty rituals, including cosmetic use, that women feel they “must” perform are the tools of a disciplined, panopticon-like patriarchy that keeps women in constant obsession over their appearances. This obsession can keep them too busy or too preoccupied to notice or question a social structure which would have them do so. As scholars like Roger Crisp have pointed out, pharmaceutical companies, cosmetic companies, fitness programs, advertising companies, and many other commercial areas capitalize on the insecurity they have helped to cement in women. As a result, while women are not “forced,” per se, to engage in these appearance-based disciplines; many “choose,” albeit under some amount of psychological coercion, to engage in these disciplines. But Robert Arrington disagrees, arguing

But most of the desires induced by advertising I fully accept, and hence most of these desires are autonomous. The most vivid demonstration of this is that I often return to purchase the same product over and over again, without regret or remorse. And when I don’t, it is more likely that the desire has just faded than that I have repudiated it. Hence, while advertising may violate my autonomy by leading me to act on desires which are not truly mine, this seems to be the exceptional case. (Arrington 7).

The problems with acceptance being the only requirement of autonomous preference have already been partially discussed. To this, then, I would just add that when I sleepwalk to the refrigerator to get something to eat, I may find that upon waking I have no objection to the desires which caused me to do so, nor do I carry any regret or remorse in the result (that I ate the food); nevertheless, I still feel that I have not acted fully autonomously because in formulating and acting on that preference, my participation was not necessarily voluntary. Similarly, if I determine that in the future I would not like to sleep-eat (perhaps for concern that I might accidentally eat a box of baking soda or a tin of cat food), yet I continue to sleep
walk and do not feel remorse or regret, then the mere fact that I’ve done it repeatedly does not prove that I’ve done it autonomously.

Consider a cosmetic product I used to buy frequently that was advertised with this description: “It’s all in the details…A mystical paradise of verdant green coconut groves swaying in the tropical breeze. Cleanses and gently exfoliates while rejuvenating your skin creating a healthy glow. Fortified with ‘skin-loving’ vitamins and nutrients” (Bath and Body Details, Coconut Coast Body Polish). The desires this advertising speaks to in me are manifold: I do desire to escape to a mystical paradise; I do desire to gaze upon aesthetically pleasing scenery and engage my senses in new experiences (the tropical breeze on my skin, for one); and I do want to cleanse, exfoliate, and rejuvenate my skin, and to have my skin “glow.” I also want to keep buying this product because it has a pleasing fragrance, reminding me of this paradise to which I’ve never been, and because when I use it, I think my skin becomes more soft and more pleasing to the touch. I accept these desires as reasonable and defensible. Does this mean they are more or less autonomous?

As I said, I have bought this product many times without regret or remorse. Yet, I recently discovered that it contains a number chemicals (with a hazard rating 9 on Skin Deep) that I prefer to avoid. I also found out that it is no longer being manufactured (I’m not sure if this is coincidental or not). Nevertheless, my desire for it has not faded, although I do regret exposing myself to such dangers. So when Walgreens was selling the remainder of their stock of this product for a discounted rate, I already knew it was detrimental to my health. Yet I had the strong desire to buy more of it (even more than I normally would), because I did not want to be without it. I was seduced by it. I wanted to keep feeling all of those desires that caused me to buy it in the first place.
So I debated stocking up on it, reasoning that since I had already exposed myself to it, the damage was already begun, and using it for a while into the future (until I could no longer find it on store shelves) was OK, because I wouldn’t be able to do it forever. But the desire to keep using this product is not something I find reasonable or defensible. In fact, I find it irrational. I had found evidence that instead of whisking me away to a tropical paradise where I would have the sexiest, smoothest skin of all the inhabitants, it was more likely to whisk me to the hospital, where I might become the cancer patient with the sexiest, smoothest skin in my wing. In my over-arching preference structure, this is actually something I strongly wish to avoid.

So why was this desire so persistent? If I discovered that I had an intestinal parasite that was causing me to lose weight because it was affecting my appetite and depriving me of vitamins and nutrients, even if I desired to lose weight quickly, I would not entertain the idea of keeping the parasite in my body for a little while longer until I reached my goal weight. I would treat it immediately, even though the idea of quick, effortless weight loss is a desire I’ve had for some years now. Similarly, if I discovered I’d been ingesting some slowly accumulating toxin from my morning coffee every day (and I truly love coffee), and the toxin was likely to cause cancer, reproductive abnormalities, multiple organ system damage, etc., I would not finish my morning cup and then resolve not to buy anymore coffee after my current supply was exhausted. I would stop immediately and throw away the remainder.

And if this is the case, why does my desire to feel sexy, clean, “glowing” and paradise bound trump my desire to be healthy and live? For me, I think perhaps that the cosmetic I have been talking about taps into an even deeper desire in me: my desire to be desirable, to have others want to love me and think positive things about me. While I
reflectively reject the idea that using a product in hopes to become beautiful and desired is a good reason to forfeit my health, yet from somewhere in my subconscious, I find myself echoing a preference that I know is not really my own: that on the deepest level, I would rather be wanted and desired and loved than be healthy, and I don’t believe I’m going to get there by throwing out my cosmetics and ceasing to “play the game” whose rules I know so well.

While this is not a justification, and it certainly doesn’t settle the debate, it may help to illuminate why cosmetics usage has not decreased among women, even given the other strides we may have made to smash arbitrary gender norms. It may be the case that until our conception of beauty changes, cosmetics will continue to be the go-to products for self-improvement, and the best we can work for is greater awareness among consumers about the dangers, greater demand for safer products, and perhaps for us to fight for our government to take a stronger interest in the health and safety of the 156 million or so women it governs.

**Recommendations and concluding remarks**

Misha Warbanski, in her article on cosmetic safety, cited Dr. Samuel Epstein, coauthor of *The Safe Shopper’s Bible*, and head of the Cancer Prevention Coalition. Epstein is quoted, “the labeling [for cosmetic ingredients] will be meaningless to anyone without a pharmacology degree” (qtd. in Warbanski 27), and for the most part, I agree. As mentioned, even when products are designated as “safe” or “natural,” etc., these labels can be misleading. Combined with deceptive advertising, product packaging, placement, and other factors, it can be extremely difficult to find true toxin-free alternatives. Even within brands,

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and from manufacturers that have signed the Compact, some products can be more toxic than others.

In my results, I found that my limited financial resources (as a graduate student in Iowa with considerable student loans) cause me to buy cosmetics that generally cost less than $12.00. The less expensive the cosmetic, however, the high hazard rating it tends to score. If I were to transition to all products with less than 3 hazard ratings, it would cost me $225.38 more than I currently spend. Given the high cost, it is unlikely that I will transition, despite purported health consequences or benefits. Also, considering the amount of time it took me to find product information, it seems unlikely that I will engage in this process when considering buying products developed in the future. The most likely change I can accommodate at this time, considering my time and financial limitations, is to opt for products that do not use parabens, phthalates, formaldehyde, hydroquinone, and triclosan, as identified on product labels. Nevertheless, some products do not list ingredients, or do not make knowledge of ingredients easily available, which might negatively influence this goal.

My final consideration has to do with frequency of purchasing and application. For products that I apply most frequently during the day (for example, I apply lip balm or lipstick more than 20 times per day), I will need to balance cost and safety more carefully. For products that I use infrequently (for example, I use nail polish remover 2-3 times per month), considerations of cost will be more important that considerations of safety.

My interest in the controversy over the classification of some common cosmetic ingredients as toxic, in the knowledge consumers have about these potential hazards, and the ease and availability of finding alternative cosmetic products that do not contain the ingredients under question has yielded several interesting results. Using a first-hand, mixed
quantitative/qualitative approach, showed how the cosmetics I currently use rate on the Skin Deep Cosmetic Safety Database, paying particular attention to the following ingredients: parabens, phthalates, formaldehyde, hydroquinone, and triclosan. I also search for alternatives of a lower toxicity score (if necessary) that exclude the listed ingredients, and assessed the availability, price, convenience, and ease of transitioning to these less hazardous products. As I hypothesized, safer cosmetics come in smaller quantities and greater prices than cosmetics with higher hazard ratings. To transition from my current cosmetics (budget: $221.17) to alternative cosmetics (budget: $446.65) is not feasible for me at this time. There are also some other drawbacks to the transition, including that the alternative products may not work as well or the same as products I currently rely on. In the future, I will pay attention to product labels (looking for the five ingredients identified in this paper) when available, and try to make some affordable changes for products I use most often.

I would like to recommend that, to make information about cosmetics more easily accessible, the Skin Deep Database include a feature such as “search by store,” and other variables, to cut down on time spent researching products. Adding suggestions or a notation such as “carried by X retailers,” next to product listing could also make it easier for consumers to avoid toxic cosmetics and find healthier alternatives. Although Skin Deep has an impressive number of cosmetic listings, it could also be considerably increased in breadth, either by staff or through nuances to the “provisional report” generator.

I also recommend that consumers take advantage of resources such as the Skin Deep database in order to avoid some of the most dangerous cosmetics on the market. I would like to see the FDA increase and continue research on cosmetics ingredients to gain a fuller understanding of potential hazards and human health consequences. Readers are encouraged
to use the templates that have been made available on websites such as the Campaign for Safe Cosmetics to send letters to cosmetics manufacturers and elected legislators asking for a change in cosmetics policy that reflects respect for and valuing of the consumer/constituent (respectively). Furthermore, I would like to see schools, when educating young students on issues related to the transitions of puberty, also discuss the dangers associated with some cosmetics so that from an early age, girls can become informed and responsible consumers.
CONCLUSION

The moment we begin to fear the opinions of others and hesitate to tell the truth that is in us, and from motives of policy are silent when we should speak, the divine floods of light and life no longer flow into our souls.

—Elizabeth Cady Stanton

Throughout this paper, it has been my aim to how an individual’s preferences and ignorance can be manipulated by other persons, corporations, and social institutions in ways that serve a variety of private interests. I have also shown what role we, often the victims of this manipulation, play in its creation and perpetuation, and the ways we can be complicit in enforcing a status quo that has serious consequences for human health, relationships, and wellbeing. I have made it my purpose to show that cultural ideas and circumstances built upon coercive or disingenuous preferences, intended or unintended ignorance, and the influence of major industries and institutions (the cosmetics, pornography, and plastic surgery industries, international organizations such as the United Nations and the Maputo Protocol, Western scholarship, etc.) can have disproportionate effects on women as opposed to men.

I have described and considered the case of female circumcision and evaluated Martha Nussbaum’s objections to the practice. I have presented Nussbaum’s “Capabilities Approach,” as a list of capabilities that surpasses relative desires or preferences, and that Nussbaum believes are held by every individual, and have considered arguments for and against circumcision. Although controversy over this practice continues to exist, I did not
find sufficient reason why female circumcision should be viewed as an unacceptable preference, at least for adults. Nevertheless, I believe that further research would be prudent.

In terms of beauty culture, I have found that a number of myths are currently being reinforced by society, including the idea that women’s appearances must conform to certain standards in order for them to be viewed (by men in particular, and society at large) as attractive, hirable, reliable, or otherwise valuable. When women fail to meet set beauty standards the consequences can be devastating for their self-images, personal relationships, expressions of sexuality, and quality of life. As such, industries such as cosmetics and plastic surgery have boomed, claiming to provide women with a “cure” to what these industries say “ails” them. The increasing popularity of drastic measures indicates that, instead of challenging the beauty ideal with strength and individuality, women are choosing to support it in ways that are expensive, time consuming, and even dangerous. In turn, the emphasis that adult women place on their appearance and their sexuality (which Naomi Wolf has argued have become conflated) helps to reinforce patriarchal structures, reward industries that promote these ideals, and influence impressionable young children. As a result, even teenage and younger girls are becoming obsessed with beauty and sex.

Western culture has also promoted ignorance about women’s sexuality by equating women’s desires as the fulfillment of men’s desires. Boys and men, in turn, are being taught to be aroused by overpowering women, and dehumanizing them through objectification and sexual behaviors that are violent and degrading. I have shown that research done on exposures to violence and violent pornography are reinforcing: men’s and women’s sexual arousal from violence or rape scenes increases with each exposure (Wolf 141). The result of the beauty myth, Wolf argues, is the suppression of female sexuality and a limitation of
expressions of male sexuality to those that include dominance and some degree of violence. Again, the seepage of these themes from pornographic media to television, advertisements, popular music, and other mediums that children readily have access to, has been detrimental to young boys and girls alike, who are growing up to condone violence, not believe that “no means no,” and rely on the “sexiness” or “power” of their bodies to achieve happiness and fulfillment.

In terms of “sexiness” and beauty, the cosmetics industry is one of the most accessible ways for consumers to “transform” themselves. In my case study, however, I found that the products that I use on a daily basis to make myself “beautiful” can be extremely dangerous. In fact, the cosmetics industry in the United States is considerably more dangerous for consumers than it is in Canada and the European Union, for example, where more stringent chemical regulations are in place. In the US, however, awareness that cosmetics carry hidden dangers is minimal, and finding information about those dangers can be both confusing and extremely time consuming; even more, finding safer cosmetics is difficult and more expensive than using some of the other products on the market.

In response to these topics, I have offered a number of suggestions, including that more research be done. Individuals need to be aware of the ignorance that our culture prefers to maintain, and find creative ways to raise awareness and challenge the status quo. With more information, more awareness, and more knowledge, I believe people will be less likely to be misled by deceptions promulgated by certain media and institutions. This, in turn, will help them to develop and refine their preferences in ways that reflect their respect for themselves, and for one another. I have grounded my arguments in a number of current examples from “pop culture” and other sources for one specific purpose: to show the very
real influence ignorance, and preferences developed out of ignorance, have on actual people, actual events, and actual beliefs. It is my hope that this thesis can be counted towards another real category: actual changes.
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Intern, Milwaukee Office of Governor Doyle, Marquette University, 2007
## APPENDIX A:
COSMETICS COMPARISONS BY HAZARD LEVEL/PRICE

<table>
<thead>
<tr>
<th>Product/Brand</th>
<th>Retailer</th>
<th>Quantity</th>
<th>Price</th>
<th>Hazard Level</th>
<th>Price Difference/Value</th>
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<td>Lip Care</td>
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<td>Nail Care</td>
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<td>Daily Makeup</td>
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- **Company**
- **Quantity**
- **Price**
- **Hazards**
- **Price Difference/Value**
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<th>Quantity</th>
<th>Cost</th>
<th>Comp Cost</th>
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<td>Crest Whitening Plus Scope Fluoride Anticavity Toothpaste, Minty Fresh</td>
<td>Procter &amp; Gamble</td>
<td>5</td>
<td>Walgreens</td>
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<td>$2.99</td>
<td>$2.99</td>
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<td>Colgate-Palmolive Company</td>
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<td>Walgreens</td>
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<td>$4.99</td>
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<td>Up &amp; Up Mouthwash Cool Peppermint</td>
<td>Target Corporation</td>
<td>3</td>
<td>Target</td>
<td>1 L</td>
<td>$2.79</td>
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<td>Walgreens</td>
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APPENDIX B:

FEMALE CIRCUMCISION AND KENYAN LAW:
A CASE STUDY

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Female circumcision is the practice of ceremonially altering the appearance of a young girl or woman’s vagina using various types of genital cutting. The extent of circumcision practiced varies by geographical region. The procedures range from minimally invasive (pricking, slicing, or removal of the clitoral hood) to extremely invasive (excision of the entire body of the clitoris and all or most of the protruding genitalia, and nearly complete occlusion of the vaginal opening [infibulation]).

Young girls and their families face a variety of traditional, social, religious, medical, and economic factors which influence the decision to obtain a circumcision. In recent times, controversy over the practice of female circumcision has led to denunciation and its rejection by many cultural groups and legal institutions. It remains, however, commonly practiced in Africa and parts of Asia where it is seen as a rite of passage and/or a religious obligation.

In 1989, the General Assembly of the United Nations adopted the Convention on the Rights of the Child. This convention, which was opened for signature, ratification, and accession to all member states, and obtained force in 1990, highlights the obligations that government bodies have to secure certain rights for minor children in their constituency.

The Republic of Kenya ratified the UN Convention on the Rights of the Child in 1990 and, in 2001, adopted their own legislation to fulfill those obligations. While the UN Convention does not expressly denounce female circumcision, the Kenyan Children Act of 2001 directly states in Section 14: Protection from Harmful Cultural Rites, etc:

No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

In the approximately ten years since its adoption, controversy has surrounded the Children Act. The act prohibits underage girls from obtaining a circumcision, but adult female circumcision is still permitted. Many communities, particularly those in rural areas, continue to practice circumcision on minors, despite or in ignorance of the new law, and penalties for underage circumcision vary widely in enforcement and severity.

Interested parties hold a multitude of positions on the topic of female circumcision, including those who support its criminalization and those who oppose it. There are also groups which find the Children Act insufficient or ineffective and propose a variety of alternatives.

For the purposes of this case study, you will imagine that, upon its tenth anniversary, the Children Act will come up for reevaluation by the judiciary. At that time, the judiciary will hear arguments from interested parties which express one of the following opinions:
1. The act, in its current form, is sufficient and should not be altered.
2. The act should be amended.
3. The act should be repealed and replaced.
4. The act should be repealed and not replaced.

**ACTIVITY**

You have been assigned by your instructor to one of the following interested parties. For the purpose of this case study, you should consider yourself an advocate and representative of the group to which you have been assigned. You should aim to adopt the perspective of that group in order to present its view in its strongest and most persuasive form. Since this is a role playing activity, it is important to stay in character *whether or not you agree with the position you are representing*.

In order to best represent your interest group, it may be helpful to browse the materials provided for all parties, not only yours. This will give you the opportunity to prepare yourself for possible objections and counter arguments which may be made during the presentations.

Each interest group will prepare a short (5-10 minute) presentation of their particular position. Students are asked to consider how their assigned group would respond to the above piece of legislation, and whether their interest group is likely to support it in its current form, suggest modifications to the bill, or move to dismiss the bill entirely. Students should make their group’s position clear within the context of the presentation.

The following are possible interest group positions:

1. The act, in its current form, is sufficient and should not be altered. Give support for this position.
2. The act should be amended. Suggest possible revisions.
3. The act should be repealed and replaced. Suggest other possibilities.
4. The act should be repealed and not replaced. Give support for this position.

Please keep in mind that you are not arguing for or against the practice of female circumcision. Rather, you are arguing for or against the Children Act, which bans the performance of circumcision on minors. Your primary concern is the adequacy and legitimacy of the act, not the practice itself.
ACTIVITY SCHEDULE

1. Read the background materials provided.

2. Read the materials provided for your interest group. Note: You are not required to read material from all of the different interest groups, only the group to which you have been assigned.

3. Get together with other members from your group to prepare your presentation. Discuss strategies for effectively presenting your groups position and countering questions or objections which may be raised by classmates from different interest groups. In preparing your presentation, you should pay attention to the mission or the aim of the interest group you represent. You should consider the way in which the current version of the Act might promote or thwart the interest group’s mission or broader objectives, and how (if possible) it could be improved.

4. After preparing their presentations, all groups will re-assemble. Each group will present its case to the other groups. Members of the audience will have a brief opportunity to pose questions or to raise objections after each presentation.

5. After all presentations have been made, there will be time for students to discuss the activity and share their own personal positions and opinions.

INTEREST GROUPS

INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION (MYWO)

In Swahili, “Maendeleo Ya Wanawake” means “progress/liberation for women.” The Maendeleo Ya Wanawake Organization (MYWO), founded in 1952, is a non-profit voluntary women's organization with a mission to improve the quality of life of the rural communities, especially women and youth in Kenya. One of MYWO’s principle programs is “Advocacy Strategy for the Eradication of Female Genital Mutilation in Kenya.” As a grassroots organization comprised of Kenyan women, MYWO recognizes the cultural significance of female circumcision rites. While MYWO strongly denounces the mutilation of the bodies of any individual, especially young women and children, it aims to eradicate these practices in the most culturally sensitive way possible, in order to prevent loss of tradition or cultural identity. MYWA has been active in promoting an alternative form of circumcision, often called “Circumcision Through Words” which eliminates genital cutting from the ceremony. These alternatives have had some success.
Members of this interest group will argue for the strongest possible measures against female genital mutilation, both for girls and adult women. More information about MYWO can be found at: http://mywokenya.org/

INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES

In 2001, the Kenyan government adopted the Children Act, a piece of legislation that condemns the practice of female circumcision on minors. The government has received criticism, however, from anti-FGM activists who feel that the legislation is not strong enough in its punishment of offenders. Several Kenyan government Cabinet Ministers, including Beth Mugo, the Minister of Health, and Esther Murugi, the Minister of Gender and Children Affairs, have spoken in favor of the Children Act’s objectives, but have also urged some reforms. Yet dissent from circumcising constituents, disagreement in the legislative bodies, and general ambivalence toward the practice has, thus far, hindered any further legislation to either strengthen the Children Act, or implement another act to protect adult women (over the age of consent) from potential FGM threats.

Members of this group will argue that the Act is an excellent means for eradicating FGM, but only if local enforcement is strengthened, stronger criminal consequences are established, and violations are sought out and prosecuted. More information can be found at: http://www.gender.go.ke/ and http://www.statehousekenya.go.ke/government/health.htm

INTEREST GROUP 3: AFRICAN WOMEN ARE FREE TO CHOOSE (AWA-FC)

The AWA-FC is a recently (2009) formed organization of African women that supports and respects the rights and dignity of African women, as well as their freedom to choose whether or not to be circumcised, or circumcise their children. The most popular public statement by AWA-FC has been issued in response to an event in Sierra Leone whereby the Bondo Sodality of Women, an exclusive, circumcising community in Africa, was accused of kidnapping and publicly humiliating four Sierra Leonian journalists who were allegedly reporting on the practice of “female genital mutilation.” While the statement briefly addresses this event, the majority of it refers to Western scholarship about female circumcision and provides scholarly support in favor of circumcision rites for males and females.

Members of AWA-FC include:

- Fuambai Ahmadu, PhD, is a Sierra Leonean/American scholar who has devoted the past fifteen years to the research and study of the symbolic and cultural meanings of both female and male initiation practices in Africa. Dr. Ahmadu is an associate professor for the Department of Comparative Human Development, at University of
Chicago. As an adult, Dr. Ahmadu elected to travel to Africa to be circumcised as a part of her cultural heritage.

- Sunju Ahmadu is a Sierra Leone native and film student.
- Sia Finoh is the founder and president of Free Education for Africa, Inc. whose purpose is to help rebuild the educational system in African countries that have been devastated by armed conflict.

Members of this interest group will argue that prejudices against the practice of female circumcision, accompanied by Western notions of bodily integrity and female sexuality, have seriously harmed African women whose cultural, religious, and feminine identities are inalienably tied to the practice of female circumcision.

For more information, see:
http://www.thepatrioticvanguard.com/article.php3?id_article=3752 and
http://www.digitaljournal.com/print/article/266940

**INTEREST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION**

Students assigned to this interest party represent a multitude of individuals who are not organized or adequately represented by a single, cohesive institution or organization. For the purposes of this assignment, students will imagine themselves as a free association of diverse individuals including scholars, religious leaders, lobbyists, and private citizens. Whether or not members of this group support female circumcision practices, they realize that the practice is deeply embedded in culture, and eradication has very real personal, physical, socio-political, and religious implications, not all of which may be desirable.

Given the complex nature of the female circumcision question and the sensitivity required to discuss the issue with circumcising communities, members of this group promote alternative rites of passage, and may speak against circumcision; however, they also see criminalization of circumcision as a very dangerous option that has negative consequences for individuals, particularly young girls, as well as families and communities. Members of this group will argue that strict penalties for practicing female circumcision do more harm than good, by instilling fear in communities and requiring circumcisions to be done in secret, an often dangerous option, and particularly one which may cause continued violence, and even death.

For more information, see: http://www.digitaljournal.com/print/article/266940
INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION

Resource 1

October 24, 2009

FGM - Advocacy Strategy For The Eradication Of Female Genital Mutilation In Kenya

Maendeleo Ya Wanawake Organization (MYWO) has been implementing community education to accelerate the elimination of female circumcision as a barrier to women's rights, health and advancement. Female circumcision has negative consequences on the physical and psychological health of women. MYWO is addressing such gender-based issues that have negative reproductive health consequences.

In 1991, MYWO signed an agreement with the Population Crisis Committee (PCC) to carry out the survey on traditional practices that affect the health of the women and their children. MYWO carried out the research in four districts; Kisii, Meru, Narok and Samburu.

The study was specifically designed to:

- Collect data on three practices; female circumcision, child marriage and nutritional taboos that affect the health of the women and children in Kenya.
- Establish an information baseline on these traditional practices that affect the health of women in the selected areas.
- Identify topical areas to follow-up further in focus group (qualitative research) to assist in the design of an educational strategy/intervention.
- Provide data that can be used by policy makers in the areas of law, health and education as appropriate.

Campaign against FGM

The study found that 89.6% of the women in the four districts has undergone various types of circumcision. The operation is usually done on girls aged between 8-13 years but occasionally on older or younger girls. It is usually performed by traditional circumcisor in the village or bush using unsterilized instrument like razor blade or traditional knives. This study confirmed that FGM continues widely as it is perceived to be an important aspect of a girl’s social, moral and physical development, allowing passage from girlhood to womanhood, bestowing respectability on her and generally permits her to be a fully participating member of the society.

On the basis of these findings MYWO designed a package of suitable IEC interventions for each district. All activities planned for the initial phase of implementation were developed based on the findings of the MYWO research studies and included a variety of innovative community education and mobilization approaches. These include:
- community debates and discussions; school education; home visits; alternative rituals; modern and traditional media;
- the use of role models and peer education.

The project plan was developed by MYWO together with local branches of MYWO. It was designed to utilize and strengthen the existing MYWO structure as far as possible. Implementation of the project is carried out by MYWO project staff and volunteers who, with guidance from the headquarters, work with community change agents, schools, other non-governmental organizations (NGOs) and government ministries; such as Health and Education.

Each of the four districts has a project coordinator who works closely with the MYWO field worker, MYWO members, volunteers and community groups. A project manager, who coordinates the entire project, and a programme assistant manager are based at the MYWO head office.

The project plan includes activities which are implemented at national and district level. At the national level activities include:

- overall programme planning;
- networking;
- recruitment and training of district staff;
- curriculum and materials development;
- national awareness raising and advocacy seminars;
- national media outreach and advocacy;
- monitoring and supervision.

District activities focus on community mobilization and sensitization, such as:

- the organization of meetings with different social groups and include awareness campaigns in the districts;
- identification of community change agents;
- training of peers and volunteers;
- development of alternative rituals and practices.

These activities are undertaken by the district teams with guidance from the national MYWO/FORD Foundation team. The foundation has made financial contributions and technical support to the FGM eradication project as part of its efforts to promote women’s health.

Women and girls are the primary target groups and beneficiaries of the project. However, to enhance the effectiveness of the project, there is need to reach other equally influential subgroups such as opinion leaders, men, youth (both in school and out of school) as well as
circumcisors and medical practitioners (both modern and traditional). Target group segmentation is based on the specific situation of each district, including age and focus.

Achievements

The programme has expanded to four new districts; Nyambene, Tharaka Nithi, Muranga and Nandi districts. The overall goal of the project is to bring about behaviour change so as to eliminate FGM. The project has influenced many individuals, families, opinion leaders, organizations and institutions (the church, local administration, schools, the ministries of Health and education, the legal system, parliament, the media and MYWO itself) which all have great importance and influence in the society and have responded positively and joined in the activities that are being undertaken as illustrated by the following:

- In each district there are individuals and families who have said no to female circumcision. The foundation for change has been laid.
- FGM has been debated in parliament. The project has also stimulated debate on the issue from grassroots to national level.
- The project has also influenced media groups knowledge and perceptions on the issue of FGM and its coverage has increased during the years.
- Schools have embraced the project positively.
- Change agents have been able to sensitize other community members in various settings such as home visits, churches and women group meetings.
- People are seeking information about FGM as indicated by visits to project offices for information, demands for visits from the unsensitized areas, demand for return visits and enquiries from other countries, researchers and projects.

Alternative Rites Of Passage

MYWO has found an alternative rite of passage, where girls are put in a class of their own, secluded and thoroughly educated on matters relating to adulthood and maturity. When they are ready, the girls graduate and are considered adults. This solution has worked in the districts that FGM programme covers. This points to the fact that the problem can be tackled if society is thoroughly educated and sensitized on the subject. Once the society as a whole understands and accepts the problem and the benefits of available alternatives, no one will have to go through circumcision or Female Genital Mutilation (FGM).

The solution therefore lies in studying the communities, the roots of the ritual and proposing alternatives. From there thorough education and sensitization of the people can begin. Education and awareness campaigns and a patient respect and understanding of the community's customary beliefs are the only key to total eradication of the practice.

Areas of Operation: Kisii, Nyambene, Samburu, Meru, Tharaka Nithi, Meru South, Narok, Muranga and Nandi districts.
New York — A growing number of rural Kenyan families are turning to an alternative to the rite of female circumcision for their daughters.

The new rite is known as 'Ntanira na Mugambo' or 'Circumcision Through Words'. It uses a week-long program of counseling, capped by community celebration and affirmation, in place of the widely criticized practice also known as female genital mutilation (FGM). Next month, residents of some 13 villages in central Kenya will celebrate the fourth installment of this increasingly popular alternative rite of passage for young females.

The first Circumcision Through Words occurred in August 1996, when 30 families in the tiny village of Gatunga, not far from Mount Kenya, ushered their daughters through the new program. Some 50 families participated in the program in December followed by 70 families this past August.

Circumcision Through Words grows out of collaborations between rural families and the Kenyan national women's group, Maendeleo ya Wanawake Organization (MYWO), which is committed to ending FGM in Kenya.

It follows years of research and discussion with villagers by MYWO field workers with the close cooperation of the Program for Appropriate Technology in Health (PATH), a nonprofit, nongovernmental, international organization which seeks to improve the health of women and children. Headquartered in Seattle, PATH has served as technical facilitator for MYWO's FGM program, providing the methodologies and other inputs to help carry it forward.

FGM is practiced in about half of the rural districts of Kenya, part of a larger international population of more than 100 million women who are believed to be subject to varying forms of FGM across Africa and parts of western and southern Asia. FGM is generally grouped into three categories: incision, the cutting of the hood of the clitoris; excision, the cutting of the clitoris and all or part of the labia minora; and infibulation, the removal of the clitoris, the adjacent labia (majora and minora), and the sewing of the scraped sides of the vulva across the vagina, except for a small opening.
In rural areas, circumcision rites are usually carried out by traditional practitioners using crude instruments and little or no anesthetics. Urban dwellers and the more affluent are more likely to seek out professional health care providers.

While in some cultures the circumcised include infants a few days old, most of the affected girls are between the ages of 4 and 12, according to a statement announcing a UN joint plan of action against FGM.

The health consequences of FGM can range from serious to deadly. "Short-term complications include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue," according to the UN release. "Hemorrhage and infection can cause death. Long-term complications include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, urinary tract infection, infertility and childbirth complications."

Yet female circumcision encompasses more than the practice itself. It is often a deeply entrenched in the culture, wrapped in a complex shroud of assumptions, taboos, and beliefs that impact a woman's social status and personal identity.

Indeed, it seems the central defining achievement of Circumcision Through Words is not that it saves young women from the dangers of FGM but that it captures the cultural significance of female circumcision while doing away with the dangerous practice itself.

"People think of the traditions as themselves," said Leah Muuya of MYWO. "They see themselves in their traditions. They see they are being themselves because they have been able to fulfill some of the initiations," said Muuya in "Secret and Sacred," a MYWO-produced videotape, distributed by PATH, which explores the personal dangers and harmful social results of FGM. The tape explains that female circumcision has traditionally signaled when a young woman is ready for the responsibilities of adulthood.

In answer to that, Circumcision Through Words brings the young candidates together for a week of seclusion during which they learn traditional teachings about their coming roles as women, parents, and adults in the community, as well as more modern messages about personal health, reproductive issues, hygiene, communications skills, self-esteem, and dealing with peer pressure.

The week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community. Indeed, after witnessing the community's response to the first celebration, MYWO Chair Zipporah Kittony said she was "overjoyed" and believed it was a critical achievement in their efforts to eradicate FGM.

The original proponents of the new rite have since incorporated and are seeking support from international donors in order to continue and expand their efforts.
Indeed, it was such broad-based cooperation that led to the effort's creation in the first place. In addition to the initiative of the local population, the development of Circumcision Through Words is rooted in cooperation between the national women's group and PATH. Under MYWO's direction, the groups conducted surveys in 1990 and 1991 that examined the dimensions of FGM in four districts of central Kenya.

Funding came from several international donors including the Ford Foundation, the Moriah Fund, Population Action International (PAI)/Wallace Global Fund, Public Welfare Foundation, and Save the Children - Canada.

MYWO and PATH have also developed public awareness campaigns that spread information on the harmful effects of female genital mutilation. According to Dr. Asha Mohamud, a PATH Senior Program Officer focusing on FGM, the two organizations agree that information, education, and public discussion are more effective tools against FGM than direct, prohibitive action.

That became clear recently after Kenyan President Daniel arap Moi declared his intent to abolish the practice. "It led to a terrific backlash," she said, including circumcisions in the middle of the night and a rush to circumcise girls at a younger-than-usual age, in an effort to beat the ban.

Accompanying this Kenyan initiative is an international effort to increase global pressure on the issue. In April of this year, the World Health Organization, UNICEF, and the UN Population Fund announced a joint plan to significantly curb female genital mutilation over the next decade and completely eliminate the practice within three generations.

Many governments have outlawed the practice in their own territories, including the United States in September of last year, while they seek strategies to manage the problem. The U.S. Department of Health and Human Services is working through the Centers for Disease Control and the Immigration and Naturalization Service with a host of non-governmental organizations to develop the means to help thousands of African females at risk within its borders. However, such efforts are complicated by criticism from some within the African community who see such actions as racist and intrusions upon African cultural practices.

Efforts like Circumcision Through Words offer a promising approach to resolving this controversial issue, at least within practicing communities, said Dr. Mohamud, since there are many people who would like to end the practice yet are not able to face the social ostracism that would entail. Yet, despite the continuing successes of Circumcision Through Words, proponents of traditional circumcision are still numerous in these communities.

"You cannot change culture overnight," said Peter Kali, District Officer in the Gatunga area of Kenya, during the recent celebration.
INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION

Resource 3

December 5, 2008

BBC News: Girls flee circumcision in Kenya

At least 300 girls in south-western Kenya have fled from home and sought refuge in churches in a bid to escape forced female genital mutilation (FGM). The girls, some as young as nine, are at two rescue centres in rural Nyanza province, police told the BBC.

Female circumcision is banned in Kenya, but remains common in some areas where it is considered to be part of a girl's initiation into womanhood. The traditional ceremonies take place between November and December.

Security

The girls in Kuria District are now in the care of the two churches and Maendeleo Ya Wanawake, a women's organisation. Police are providing security at the centres to ensure that the girls are not forcibly removed or harassed.

Beatrice Robi, Maendeleo Ya Wanawake's district chairperson and a gender activist, says that at least 200 girls are undergoing circumcision in the district a day. She said she had found a seven-year-old girl who had just been circumcised.

"There are more girls who are still in their homes and they are undergoing it [circumcision], whether it is voluntarily or they are being forced," she told the BBC. She says her organisation along with the local churches and authorities have been trying to convince the community to stop the practice and rescuing girls from forced circumcision.

Paul Wanjama, the commanding officer in Kuria District, says girls in the region usually flee to the rescue centres until the season ends. He said that in some cases, parents encourage the girls to go to the rescue centres to avoid being circumcised. "There are some parents who are against that [FGM practice] but they get pressure from these traditional people," he told the BBC.

Legal action

Girls who undergo circumcision feel that they are ready for marriage and do not go back to school when the term begins in January leading to a high drop-out rate, Mrs Robi said. She appealed to other girls to seek refuge in the centres until the end of the traditional ceremonies and praised the local police for their support. Mr Wanjama says some cases of forced circumcision had been reported to the police and legal action has been taken.
The FGM operation involves the partial or total removal of the external genital organs. The UN World Health Organization (WHO) says it leads to bleeding, shock, infections and a higher rate of death for new-born babies.

In Africa, about three million girls are at risk of FGM each year, according to the UN.
INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES

Resource 1

December 21, 2007

KENYA: Female genital mutilation cases rise

Equality Now

[NAIROBI, 21 December 2007] - December is commonly known to be the season when a large number of genital mutilations of girls occur in Kenya. This year the numbers have been significantly higher than usual for a number of reasons: the focus on elections by the media and other institutions, reluctance of male political leaders to speak out against FGM and the negligence of Kenyan authorities to enforce the law.

Activists on the ground believe that parents are taking advantage of this situation to mutilate their daughters. Afraid that they may be circumcised when they return home during the holidays, hundreds of girls are fleeing to rescue centres from schools. As a result, the rescue centres have been filled to capacity.

International human rights organisation Equality Now condemns the sudden surge in mass mutilations and the failure of authorities to enforce the law and protect girls from the cutting. Partners of Equality Now’s Fund for Grassroots Activism to End FGM (FGM Fund) who are working in and around Marakwet district in Kenya have been overwhelmed with the cases they have received and have information that more girls are scheduled to be mutilated next week.

A significant problem faced by activists is transportation and their inability to reach the villages where the FGM is expected to occur.

Elaborating on the political situation and isolation faced by activists in Marakwet, Hellen Toroitich from Marakwet Girls and Women Project says, "The provincial administration is not saying anything and we have been left alone. The male political aspirants are not in a position to help for fear of losing votes."

Although Kenya passed a law prohibiting FGM in 2001, Kenyan authorities have been slow to implement the law. According to Ken Wafula from Centre for Human Rights and Democracy, "There is a need to train chiefs and their assistants and equip them with relevant legal knowledge and materials like the Children Act, which they don't have."

According to a 1996 study from WHO, the prevalence rate of FGM in Kenya is 50 per cent. While the practice seems to be decreasing in urban areas it continues to be a common occurrence in rural areas.
Jessica Neuwirth, President of Equality Now, said, "Authorities in Marakwet must take strong and immediate action against perpetrators and would-be perpetrators. They need to send parents and circumcisers a loud and clear message that such blatant disregard for the law will not be tolerated. Legal action is needed to ensure that those who have cut the girls are held accountable while those girls who have not yet been cut are effectively protected."

INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES

Resource 2
July 20, 2009

Alarm over FGM cases in private clinics

Catherine Karong'o

NAIROBI, Kenya Jul 20 - The government has raised concern over the rise in Female Genital Mutilation (FGM) being done in hospitals.

The Head of Family Health at the Ministry of Public health Dr Josephine Kibaru said on Monday that the practise was especially taking place in private clinics but also involved some government health facilities.

"In some places parents are arranging with health workers to go to their homes and do it there so that they don't go to the hospitals or anywhere where people will notice. So this health worker is like a consultant in the home," Dr Kibaru said.

"This is worse because it is making it look like it is a good thing and we are saying it is even worse than the quacks doing it out there," she added.

The 1998 Kenya Demographic Health Survey (KDHS) showed that 50 percent of all female genital cuts in Kisii and Nyamira districts which are notorious for the practise were done by trained doctors, nurses or midwives.

Thirty nine percent were conducted by a traditional circumciser and 11 percent by a traditional midwife. There are now fears that the figures could be much higher and the government is in the process of conducting another demographic survey.
Marakwet East MP Linah Jebii Kilimo said there was need to entrench FGM in the constitution to criminalise it and make it a human rights issue. "The Children's Act protects only up to the age of 18 then what happens after that?" the MP posed.

"We have had cases where women are circumcised when they are giving birth and there are some communities where if you die before being circumcised, they will cut you when you are dead. It's as though it's a crime not to be cut," she said.

Mrs Kilimo pointed out that educational campaigns had been left to Civil Society organisations which did not have the capacity to conduct continuous awareness.

"When NGOs go (to create awareness) its one day or a week. They hold community meetings then leave. We need somebody to live amongst these communities and tell them about the effects of Female Genital Mutilation," she said. "The government has not done much because you don't find government officers talking about it," she added.

UNICEF Regional Advisor - Child Protection, Margie De Monchy said continued practise of FGM was a continuous violation of the rights of a child. She observed that it had fatal consequences often causing deaths of the first babies born of women who had gone through the cut.

"Studies by the World Health Organisation in 2006 on FGM confirm that women who have been subjected to the practise are significantly more likely to experience difficulties during child birth that can even lead to death," she said.

Ms Monchy noted that this impeded on efforts to reduce maternal mortality. A World Health Organisation (WHO) representative Dr Joyce Laboso said the 2004 KDHS showed that 32 percent of women and young girls in Kenya still underwent FGM.

"Medicalisation of FGM makes it look like it's an acceptable practise and we cannot allow it," she said.
INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES

Resource 3
September 8, 2009

Minister wants tougher anti FGM action

Bernard Momanyi

NAIROBI, September 8 - The war on Female Genital Mutilation and Cut (FGM/C) will not be won in Kenya unless the law is amended to impose stiffer penalties for offenders, a Cabinet Minister said Monday.

Gender and Children Affairs Minister Esther Murugi said there was urgent need to amend the Children’s Act and impose life imprisonment for offenders, including parents, relatives, and husbands.

Medical practitioners and traditional healers would also find themselves on the receiving end in the proposed amendment.

The Minister said the law had become the greatest impediment to the fight against FGM/C, arguing that it was ‘too lenient’ on offenders. “Maybe we need to jail a few offenders for life to send a strong message,” she said at a forum on anti-FGM/C in Nairobi.

Murugi tabled what she termed as ‘shocking statistics’ of a government study that was funded by the United Nations Population Fund (UNFPA) and Population Council on the prevalence rate amongst communities practicing the act in Kenya.

In the latest statistics, the Abagusii, Kuria, Maasai and Somalis are rated at 90 percent followed by Taita and Taveta at 62 percent.

The Kalenjin are rated at 48 percent, Embu (44) while Meru was 42 percent.

The 2007 report further indicated that some ethnic communities did not practice FGM/C, notably the Luo, Luhyia, Turkana and Teso which recorded a prevalence of one percent each.

“In Central Province, we used to think there was no more circumcision, but the rate has now gone up to 27 percent,” she said. “This is alarming, and we need an urgent solution to put this to a halt because our girls are being forced to undergo the cut.”

Murugi said her ministry was putting up a spirited campaign in the affected areas to sensitise people on the effects of the practice. She also accused the police of frustrating the war against FGM/C ‘because they do not respond in time to arrest offenders’.
“We have had situations where the police are called to rescue a girl undergoing the act and they say it is a domestic matter that do not need their attention. This is one of the frustrations my officers undergo at the ministry,” she said, citing a recent incident in Narok.

She added: “And that is why we need the law to be amended to make this act a serious criminal offence.”

Murugi said she would be taking up the issue with women who appear to support FGM/C with the influence of their husbands. “That is why I am telling women to stop doing things for the sake of doing things. They should look at the effects. It is time they realised that the FGM/C does not add any value to their lives,” she said.

A participant invited to speak at the forum caused laughter when she said ‘it was a criminal offence to pluck out that which was created by God.’ FGM/C is seen internationally as a violation of many women’s and children’s rights, such as health, to be free from gender discrimination, to life and to freedom from torture including the inherent dignity of a person.

It is practiced as a right of passage amongst girls aged between 12 and 17 years in many ethnic communities in Kenya. Section 14 of the Children’s ACT outlaws FGM/C, stating that; ‘no person shall subject a child to female circumcision, early marriage or other cultural rites, customs, or traditional practices that are likely to negatively affect children’s life, health, social welfare, dignity or physical or psychological development.’

This law has limitations in that it protects girls only up to the age of 17 years and does not protect women from being forcefully circumcised.

“By placing FGM/C within the Children’s Act, it is seen as a children’s issue rather than being of wider significance and therefore carries little weight,” Murugi protested.

The UNFPA-funded report also faults the Kenyan law for the increased prevalence in the country. “It is not a stand-alone law and the absence of FGM/C legislation in the Sexual Offences Act is a lost opportunity as it may be more effectively implemented within this framework,” it states.
INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES

Resource 4

August 13, 2009

FGM: Girls urged to sue their parents

NYERI, August 13 – Girls who have been forced to undergo Female Genital Mutilation (FGM) and early marriage should sue their parents for compensation, according to a magistrate in Nanyuki.

Hannah Ndung’u, Nanyuki’s acting senior principal magistrate, urged minors on Tuesday to make applications so that they can receive compensation from their parents.

Speaking during an alternative rite of passage event at the Al’Jijo primary school in Laikipia North district, Ndung’u expressed hope that penalties to be imposed against rogue parents would help eradicate the retrogressive practices.

But the lawsuits, she observed, should be filed before the girls attain 18 years of age.

Ndung’u noted that the penal code illegalises any violation of children’s rights, especially where their bodies would be harmed. Ndung’u said that a defence of child’s consent cannot be taken by the courts, since the Children’s Act considers children to be psychologically unable to make any decisive move on their future lives, particularly where their rights would be violated.

The magistrate said that the courts are ready to assist offended children, through awarding them compensations that would rebuild their dreams in life.

Every year, said the coordinator of Yiaku (minority community) Peoples Association (YPA) Jennifer Koinante, hundreds of girls are withdrawn from schools and married off after being cut.

Koinante said the retrogressive practice had rendered local women illiterate, since they do not go past primary school level.

Koinante, whose Association organised the event that saw 56 girls graduate through the alternative rite, said the training would now be reflected towards parents and boys, who remain a threat to the development of girls.

Parents, she said, force their daughters to take part the cut, while morans target the girls for sex after they are circumcised.
Kenya: Murugi Proposes Life Term for FGM Culprits

Fred Mukinda

Nairobi — People who practise female circumcision should be jailed for life, a Cabinet minister has proposed. The practice, according to Gender and Children Affairs minister Esther Murugi, was entrenched in all but four communities in Kenya and the prevalence was alarming.

Ms Murugi said previous attempts by the Government as well as local and international organisations bore little success, going by the number of incidents reported.

"Past interventions have been a drop in the ocean, going by the statistics. FGM must be seen as a violation of human rights," said the minister.

The highest figures were recorded among the Somali, Kisii, Kuria and Maasai communities. The prevalence rate in these communities averages 90 percent.

Others were Taita Taveta (62 percent), Kalenjin (48 percent), Embu (44 percent) and Meru (42 percent). The rate was lesser among the Kikuyu with 34 percent and Kamba at 37 percent.

The Luo, Luhya, Turkana and Teso communities do not practise FGM, according to the statistics.

The minister was launching the National FGM Coordinating Committee, a body empowered to provide a common guide for all those involved in the fight against the practice. She said the Government still supported other methods aimed at ending deep-rooted traditional beliefs that encouraged female circumcision.

The State and non-governmental organisations would continue campaigns to inform the public about the negative effects of the female cut, Ms Murugi said.

The Sexual Offences Act, the Children's Act, the National Commission on Gender and Development Act, the Affirmative Action Bill and the Domestic Violence Bill are some of legal measures aimed at curbing the vice.
Alternative rites of passage have also been organised for girls and traditional circumcisers educated on alternative means of earning income. "But we've noted a trend whereby parents are taking their daughters to be circumcised secretly in hospitals, thus frustrating our efforts," said Ms Murugi.

Monday's launch at a city hotel was attended by, among others, representatives of the United Nations Population Fund.
INTEREST GROUP 3: AFRICAN WOMEN ARE FREE TO CHOOSE (AWA-FC)

Resource 1

February 20, 2009

Statement by African Women Are Free to Choose (AWA-FC), Washington DC, USA

It is with great concern that we, members of the newly formed African Women Are Free to Choose movement, regard recent situations in Sierra Leone, immediately stemming from the press release issued on Feb 6th by the U.S. Embassy in Freetown.

We are concerned about recent accusations of the Sierra Leone Association of Journalists (SLAJ) made against an important and valued female institution in Sierra Leone, the Bondo sodality of women. Though we do not condone the use of violence or intimidation we are also deeply affected by the inflammatory impact of language such as Female Genital Mutilation (FGM). We declare categorically that this language is offensive, demeaning and an assault against our identities as women, our prerogatives to uphold our cultural definitions of womanhood including determining for ourselves what bodily integrity means to us African women from ethnic groups that practice female and male initiation as parallel and mutually constitutive processes in our societies.

We declare that thus far the representation of female circumcision (FC) - its social and ideological meaning in terms of gender and female sexuality and impact, if any, on reproductive health and psychosexual wellbeing has been over the last thirty years dominated by a small but vocal number of African women that make up the Inter-African Committee (IAC) with the enormous backing, if not outright instigation of powerful western feminist organizations and media personalities. Through aggressive use of the media to portray African women as passive and powerless victims of barbaric, patriarchal African societies, their efforts have succeeded in influencing and tainting the objectivity of such institutions as WHO and UNICEF, among other international organizations that have taken the lead role in promulgating anti-FGM policies and legislation worldwide.

Through political pressure from first world countries on whose aid they continue to depend as well as internal political expediency, several African countries have introduced anti-FGM legislation over against the full knowledge, participation and desires of the majority of affected women. This will not happen in Sierra Leone.

Thus far, the negative medical or health claims about various forms of FC have been disputed as grossly exaggerated by several independent medical researchers and practitioners. The claims that various forms of FC reduce or eliminate sexual desire and feeling in women have also been disproven by affected women themselves, the researchers who relentlessly question them and medical doctors who examine and treat them. We can provide ample references for anyone who is interested in any of this work.
That FC was designed by men to control women’s sexuality is a western feminist myth constructed in a disturbing dismissal of African gender models of male and female complementarity and of our own creativity, power and agency as adult women in the social world. The assertion that FC violates the rights of children falters in the face of WHO’s promotion of routine neonatal male circumcision (MC) to protect against HIV infection in Southern African. Incidentally, circumcised African women also have some of the lowest rates of HIV infection among women in the world, so why the double standard?

We remind the world that all what is being said today about FC - barbaric, dangerous, reduces sexual pleasure, parochial - has also been said about male circumcision by its detractors, usually and conveniently, by those who are themselves uncircumcised. Just as racist remarks were made and aggressive legislation to criminalize practitioners (sometimes with the threat of capital punishment) were introduced by host countries or cultural outsiders to abolish MC with the support of some prominent male Jewish insiders, so too such negative actions are taken against practitioners of FC with the zealous support of some cultural insiders. Just as the bulk of Jewish men resisted and openly defied these edicts so too do the bulk of circumcised African women daily and openly resist global eradication policies and continue to define and celebrate their heritage. Just as MC has not ended and is even now seen as desirable with health and aesthetic benefits, so too FC has not ended and is even desired and being repackaged as vaginal cosmetic surgeries or “designer vaginas” by affluent segments of the very population of western women that today condemn us as “barbaric”.

We recognize the legitimacy of claims of the minority of circumcised African women who view their experiences in a negative light. Like the minority of circumcised men who have organized anti-circumcision campaigns, they emphasize their experiences of unnecessary pain and suffering and see their genital surgeries as an attack on their gender identities. We have no problem with these women, just as their male counterparts, organizing to seek change or even referring to their experiences and their own bodies as mutilated. However, these women, like their male counterparts, must take their case to the bulk of others who are circumcised and convince them of their worldview through peaceful, democratic and lawful means. If, where and whenever they fail to convince the majority, the minority must respect the choices and freedom of the bulk of practitioners to positively define their own experiences and bodies. This is a key cornerstone of any modern liberal, democratic and plural society. While we respect and do not support the coercion of the minority to uphold a tradition they find offensive, we certainly will not allow the minority to impose their will and worldview on the majority of women who are circumcised and their prerogatives as parents to make this decision for their children, both male and female. The minority of uncircumcised women in Sierra Leone, as elsewhere in Africa, must have the freedom to remain uncircumcised if they so wish (and many do request circumcision); and, for those already circumcised who wish to abandon the practice, we advocate for and stand with the Government in protecting their rights to not circumcise their own children. This is true, non-coercive abandonment.

As a newly formed association, Free to Choose will not accept attempts to delegitimize the positive experiences of most circumcised women and any attempts to deny African women,
circumcised or not, our rights to self-determination. Further, most of us are not fooled by the substandard research evidence - anecdotal and those purporting to be objective science - to manipulate and coerce circumcised women into submission, that is, to give up a practice that is culturally meaningful to many African women. We question the appeal to a common sisterhood by our western feminist sisters who pretend they do not have a stake in seeing their own uncircumcised bodies as “normal”, “healthy”, and “whole” and therefore morally superior to our own supposedly “mutilated” African bodies.

Therefore, we call on restraint and respect on all sides. To the Soweis and Sokos of Bondo - you are mighty and need no other justification than that which we your daughters have just given you. No amount of western education and modernization can replace our ancestral rites and rights so we are with you. In that small place in Kenema you are showing the world that ours is not just about training women to be good wives and mothers (another myth constructed by our feminist critics and oft repeated from our own culturally ignorant western educated mouths) but that ours is a militant African feminist indigenous institution equipped with a hierarchy and election process that was set in place long before the very western feminist organizations that ridicule us now came into existence and won the right for their own women to vote in their male constructed and dominated social worlds. While our Bondo women warriors fought and died together with our Poro brothers in revolts against colonial injustices, where were our western feminist sisters who are today so interested in the intactness of our genitalia?

As we honor and carry on that militancy in our communal female spirit, let us seek ways to (re)educate our critics and to correct their misunderstandings and biases about female sexuality in particular and gender in general. We have ample intellectual, scientific and religiously grounded resources to do this. Let us also stand strong and united as our female ancestors have in the past against any attempts to allow the vilification of our own practices while our critics overlook or turn a blind eye to their own. Let us be united as African women to stand against any attempt to deny us our cultural rites and rights as adults equal to any other adult in the world whatever their religion, race, and country of origin. My sisters, mothers and grandmothers in Kenema, continue your peaceful protests, you are an exemplar to other so-called oppressed third world women who are portrayed as so passive and ignorant that they need western women to interpret their experiences and speak for them on the world scene. We stand with you in your resistance.

To SLAJ, while we support you in condemning any form of violence against journalists or any other civilians in Sierra Leone for that matter, we too are watching you. We will not allow the media in Sierra Leone to be hijacked and used to spread inflammatory language and messages in a country in which the bulk of women are members and strongly support Bondo. You do not need to use the term FGM, unless you state explicitly that the M refers to Modification and not Mutilation. You can use the term excision, which describes the procedure that can be associated with most women in the country. You can contact us and we will be happy to advise on culturally sensitive approaches. We can also provide you with lists of independent (i.e. non-activist) researchers and experts who are prepared to address any
issues you have concerning FC as it pertains to health, human rights, cultural meanings and so on. We support the free flow of information so that women can be informed on both sides. What we will not support and will expose is deliberate provocation by any member of the press of an international crisis to create a perception of Bondo as archaic, barbaric and unlawfully persecuting that very symbol of modernity, the innocent journalist in a truth-seeking mission to correct social injustice. If someone is itching to receive an international journalist of the year award and a free trip to the UN in New York, it will not be at the expense of our culture and our bodies.

To the U.S. Embassy, we recognize that you are following U.S. Policy. As Americans (some of us born, others naturalized) and permanent residents, we are proud of our great nation and commend your office. We are particularly thrilled that you represent the President of the United States, a man born to an African immigrant. Many of us are African immigrants or first generation African-Americans. We are also especially proud that the US President is of Kenyan descent, given the role of Jomo Kenyatta, the first President of Kenya and nationalist hero, who championed the practice of female circumcision among his ethnic group, the Kikuyu, in his stance against colonialism during the struggle for Kenyan independence from British rule. President Obama’s father was a Luo, as we are told, an ethnic group that does not practice either male or female circumcision whose members are sometimes persecuted by neighboring groups because of this as well as forcefully circumcised. Thus, this is perhaps an opportune moment for the US to lead the world in pausing for a moment to rethink the female (and male) circumcision controversy in global health policy: the homogenizing as well as hegemonic (and hypocritical) claims of western feminism over this issue; the cultural meanings FC and MC hold for the majority of practitioners and their right to self-determination; and importantly the internal ethnic politics of economically deprived African countries whose leaders often manipulate the female circumcision question, whether promoting or banning it, for political and economic expediency.

In the spirit of true diplomacy, we advise that the use of the term FGM is a slight to the very women you claim to support and speak for. Women in Sierra Leone do not form a homogenous group - most of us come from ethnic groups that practice female and male initiation, a section of the minority Krio who are descended from freed slaves do not. Most women support the continuation of FC and some are against it. We expect the US Ambassador, to show respect for all women of Sierra Leone and not use derogatory language that diminishes the majority of women over a minority. This would never happen in the United States where the public use of racist language can be viewed as an incitement to violence, and can be punishable by federal law. Prior to the civil rights movement, it was commonplace and uncontroversial for whites to refer to blacks by the n-word (and many blacks to refer to themselves as such, as some do today); the moral inferiority of blacks was not really in question. However, there is no doubt that the use of the n-word then (as it still does today) caused resentment and anger among many blacks. Similarly, the term FGM causes resentment and anger among circumcised women, even though the common perception of the day is that we are mutilated and hence morally inferior to so-called intact women.
In our local languages we too have vulgar terms for uncircumcised women, which is the marked category in our cultures. Even when used by circumcised women to refer to other circumcised women in a derogatory way it is an automatic provocation that spurs violence. In your proclamation against FGM you have given, albeit unwittingly, license to a minority group to use insulting language against the majority of women. If Bondo women were to respond by using their own vulgarities to refer to uncircumcised women there would be all out war among women in Sierra Leone eventually and inevitably - unknowingly or unintentionally triggered by the US Embassy. And, all Sierra Leoneans are tired of senseless war. Thus, we ask that the US Embassy and other western diplomats show due restraint and respect to all Sierra Leonean women, even as you, your NGOs and International Organizations advocate against our cultural practice.

To the Inter-African Committee (IAC) that has declared February 6 Zero-Tolerance to FGM Day, we do not know you, you have not made yourselves known to us, we have not elected you, you do not represent us and your organization has no legitimacy in the eyes of the masses of grassroots women across the sub-Saharan African belt. If the world does not know this, it will soon become evident. Though you insult (and support the imprisonment of) our traditional female leaders as financially benefiting from the modest sums of money and basic goods they receive from families of initiates, you do not tell us the amounts of your own salaries, consultancy fees and per diems in the burgeoning anti-FGM global industry in which some African sisters (and brothers) are now fighting to outdo one another for international recognition. It is your leaders and your members (how many, 10, 20, 50 women?) who will need to start looking for alternate sources of income other than the horrific lies and images you have packaged and sold a world too ready to believe the worst of Africans. We will continue to celebrate and uphold our initiation practices and we will challenge whatever global international process that has given you official status to decide what happens to our bodies over against our knowledge and what name others should call us over against our will.

Finally, to our main judges, mostly otherwise liberal-minded uncircumcised women: please understand that the global feminist movement to eradicate female circumcision in Africa (and anywhere else) masks what is in fact a global movement to standardize and universalize the white European female body as the cultural, psychic and moral ideal. To the extent that many African and other third world women do not practice female circumcision within their own ethnic groups then these women’s bodies conform to the “healthy”, “normal”, “beautiful” and “desirable” European prototype for all women. We ask that you not ignore the blatant racism which underlies the zealouslyness of western feminists in abolishing FC but not MC, in marking African women’s bodies and sexuality as mutilated, while remaining quiet on other forms of women’s bodily and even similar genital surgeries. Their agenda is not really about our bodies, circumcised or not; it is about justifying theirs and thus resolving the uncomfortable dissonance that the existence and support of female excision by subversive African women poses for western feminist imperialism.

We ask that you consider what is happening to the minds of some of our immigrant daughters in western countries as they watch the sensationalist media spectacles of young circumcised
African women who, in order to break into the modeling industry, accept invitations to publicly condemn their bodies as mutilated (as a couple of their infamous, albeit tragic predecessors did previously in bestselling tell-all books) on talk shows, reality TV, as well as magazine spreads where they exhibit their barely clothed bodies for the gaze and wonderment of the western world. We ask how different is the circulation and consumption of these images from that of South African “Hottentot” women paraded around Victorian circles; their photos eliciting feelings of sexual horror in a perturbing voyeurism engaged in by those (both European men and their wives) with the power to gaze as well as to define the “other”.

In that Victorian era, when white European women were defined as sexually repressed they projected their fears (in complicity with their husbands) onto African women who were viewed as sexually licentious and immoral. Today, to the extent that the descendants of these women view themselves as sexually liberated (calling attention to their external clitoris as the phallic symbol of theirs and so all women’s liberation and autonomy) they project their fears of past repression onto circumcised African women, who given their deliberate excision of the external clitoris, are conveniently marked as sexually repressed and passive. As circumcised women are already defined by white women and in comparison with them as mutilated, no one has bothered to ask what it is that circumcision symbolizes to African women. This would require a great leap of faith that Africans, not the least African women, have constructed, defined and continue to reproduce a meaningful social world, worthy of existence and defense, outside of dominant European socio-cultural and religious contexts and hence, moral control.

Thus, though we see that most of you are sincerely convinced of your concern about the health, sexuality and bodies of African women and girls, we suggest you remove first the plank in your own eyes: What are your own fears and concerns about your own bodies and how do these relate to your individual experiences of male oppression or violence in your lives as well as your societies’ historical experiences of patriarchy? What myths have your own cultures evolved about women’s sexuality including the relatively recent (re)discovery of the external clitoris as the supposed ultimate site of women’s pleasure and orgasm? How do you condone the routine circumcision of your sons, if this is the case in your own cultures, and react emotively to the idea of the circumcision of girls? Do you see no issue with the increasing popularity of Beverly Hills 90210 genital cosmetic surgeries among well-to-do western women, including clitoral and labia reductions, vaginal rejuvenation or tightening and even restoration of the hymen?

And, to our formidable opponents, the radical few western imperial feminists who arrogantly say that multiculturalism is bad for women (and really mean only Euroamerican culture is good for all women), we suggest that in your self-righteous determination to draw the line at FC you reveal more about your hidden racism and xenophobia than you allow the world and yourselves to see. Whatever the case, my sisters, while we will not interfere with your rights to promulgate your steadfast beliefs in the superiority of western gender norms, cultural and aesthetic practices and pretend as if they are the same for women the world over, we will not allow you to deny us what is truly our own: our African cultural rites and our rights to uphold
them. Your global power and financial resources, your attempts to divide and conquer us by handpicking, promoting and rewarding those of us who will do your dirty work on the ground in Africa, in the parliamentary and congressional halls of western countries and in secretive, exclusive UN meetings as well as your manipulation of the global media will never match our communal African feminist spirit of resistance, stretching from one end of the Sahara to the other, from the beginning of human history to this day.

We cannot end without acknowledging the sincere efforts of those circumcised and uncircumcised women, insiders and outsiders, activists, scholars, medical researchers and so on who believe in the equality of individuals and cultures and have tempered their individual beliefs with a commitment to evidence-based interventions and research that do not prejudge or stigmatize individuals, entire groups and cultures. We will continue to work with the growing number of such individuals in advocating for rigorous design, implementation, analysis and dissemination of scientific studies that look at the reproductive and sexual health outcomes of both circumcised and uncircumcised women in a wide range of geographic contexts and SES levels. We will continue to respect the rights of NGOs and other entities to try and convince women to abandon these cultural practices as long as their methods are culturally sensitive and respectful.

We will, however, also insist on the rights of African women to continue their traditions if they so choose and will challenge and protest any unjust laws and policies that unfairly discriminate against them. We will step up to organize and sensitize affected girls and women to the full range of their human rights and not just the ones anti-FGM activists choose to share with them. Our new movement includes both circumcised and uncircumcised African women, those who are for and some who are against the continuation of FC as a personal and family decision. We believe that it is in such open and honest woman to woman dialogue and collaboration that we can come up with policies and interventions that protect the rights of minorities to dissent and the rights of the majority to rule as well as the dignity of the individual to choose what happens to her (or his) own body. This is not a subversive idea or a radical one, it is the principle of pro-choice and respect for privacy applied to African women; it is the same principle that supports a woman’s right to abortion, though critics view this as the killing (read: worse than mutilating) of an innocent child; it is the same principle that supports the right of a sixteen year old to opt for genital and bodily piercings, though others may see this as mutilating and repulsive; it is the same principle that invokes sympathy for gender confused individuals and supports their right to radical surgery to change their genitalia and gender.

As for those girls too young to give consent, we must accord to their parents the same rights we accord to the parents of boys in neonatal male circumcision and not discriminate on the basis of gender, religion, ethnicity or country of origin. We will work with willing stakeholders on all sides to determine appropriate ages of consent in varying socio-cultural contexts depending on how majority is determined for decision-making in other important life-crises or stages of development. None of this will be easy and western feminist opposition seems daunting, but from today we, African feminists, educated and illiterate, professionals and rural rice farmers, Christian, Muslim and followers of traditional religion,
take the important step to begin speaking up for ourselves in local, national and international contexts in support of our global rights.

The AWA-FC is announcing a press-conference on March 6th 2009, in the Washington DC Metropolitan area, specific time and location to be announced shortly.
INTEREST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION

Resource 1

Excerpts from *Female Circumcision: The Interplay Of Religion, Culture And Gender In Kenya* by Mary Wangila

In Kaptumo, Kenya (2003), “Leah Yatich, a class seven pupil of Kaptumo primary school, died at the hand of a traditional circumciser… The girl died from excessive bleeding… Leah’s parents could not take her to Kapsabet hospital because they risked arrest, since female circumcision was pronounced illegal in Kenya.” Nifa Chepkoech, the village circumciser, “was killed by people who stormed her home. She had become notorious for killing young girls during circumcision” (p. 1).

Wangila recalls reading several news reports similar to the following published by *Daily Nation*, a Kenyan newspaper, “A 13-year-old girl who was admitted to hospital after being circumcised died yesterday. The girl was taken to Tenwek mission hospital last week when she bled profusely after the operation. She was said to have been diabetic and was one of the six girls who underwent the rite secretly at Kamundugi village in Singiroi Division, Bomet District.”

Furthermore, young girls and women have reported to have secretly circumcised themselves or each other in defiance of the laws against female genital mutilation. Wangila writes, “Abandoning this practice was and is still equated with Europeanization and deculturation. This has led most Kenyans who claim to be patriotic to embrace this practice. Both the tension and the complexity of this issue are clearly articulated by Lynn Thomas, who explains that some girls ran to the bush and circumcised one another in defiance of the government’s ban of the practice and of their own parents, who feared breaking the law” (p.32).
Kenyan villagers have been shocked by the death of girl who bled to death after trying to perform female genital mutilation (FGM) on herself.

Pamela Kathambi did the procedure on her own because she was being teased by her friends for not being circumcised in the remote village of Irindi.

Her mother told the BBC that she had refused to allow her 15-year-old to undergo female circumcision last year. FGM is banned in Kenya, but remains common in some areas.

In some communities it is believed that circumcision will maintain a girl's honour and is part of a girl's initiation into womanhood.

Julia Kanuu said she found her daughter lying in her bed on Sunday, complaining of a stomachache and she had asked for some tea. It was only after the tea had been made that Pamela admitted what she had done to herself.

"She used to be called names by her age mates and friends - 'mukenye' - the name given to uncircumcised ladies," Mrs Kanuu said.

"I realized that girls who are not circumcised have gone ahead with education and are doing well in life so I didn't want her to be circumcised."

The BBC's Wanyama Chebusiri says scores of villagers were milling around the family's homestead discussing the issue in low tones a day after her burial on Wednesday.

"Pamela's death is a loss to the village because she was a very hard-working lady who would have studied and become someone in the future," one woman said.

A local chief in Meru district, central Kenya, said this was the first instance of self circumcision he had heard about and the government had stepped up its anti-FGM campaign.
INTEREST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION

Resource 3

February 2005

Female Genital Cutting Among the Somali of Kenya and Management of its Complications

Guyo W. Jaldesa, Ian Askew, Carolyne Njue, Monica Wanjiru

There appears to be an increasing interest among the Somali community [of Kenya] for medical staff to perform FGC, especially in Nairobi. Among the health workers, three of the 18 interviewed in North Eastern and 15 of the 26 from Nairobi reported having been approached to perform FGC, and most of them claimed to have been approached more than once. Awareness of the health complications is the main reason. This has been facilitated among those living in Nairobi through exposure to media messages and interactions with other cultures.

When the health providers were asked what they would do if they were requested to perform FGC, 12 out of the 18 in North Eastern and nine out of the 26 in Nairobi said that they would counsel the parents against it. However, three in North Eastern and five in Nairobi said that they would carry out the procedure or would refer the parents to a known practitioner. The remainder said they would either turn down the request or report the parents to the authorities.

Almost all of the health workers who reported having cut girls said that they used antibiotics and anti-tetanus injections and that the girls went home immediately after the procedure. The families paid about Kshs 500 (US$ 6.50). The service providers insisted, however, that they were not doing it for the money but to provide a safer service and to prevent medical complications.

There did not seem to be any significant difference in the way the community regarded girls cut by health staff and those cut by the traditional circumciser. This reinforces the observation that FGC is not a rite of passage requiring socially endorsed behaviors, including the use of traditional practitioners. What is important is that the girl is cut prior to puberty – by whom, how, and where are not as important.

Training of traditional birth attendants (TBA) to perform safe motherhood functions, both by NGOs and health ministry staff, seems to have contributed to increasing their role in medicalizing FGC in the Somali community. According to most health workers, even if they themselves refuse to perform FGC, the practice will continue through the TBAs, who are often the traditional practitioners as well. A TBA from Mandera said, “I was trained in 1979, I have certificate for TBA. … I saw it that there were trained health workers and TBAs who could use local anaesthesia, repair the tears and I was one of them. People liked my work
and I saw myself assisting people. As time went by I used this practice to supplement my income and it has remained so since then.” (FGC practitioner, Mandera)

When the traditional practitioners were asked where they got their medical supplies from, those in Nairobi said that they bought them from the local chemist with no difficulty. These supplies include lignocaine for local anesthesia, scissors, and antibiotics for infection prevention.

“Blades, scissors, everything that is used in the local hospital we buy in the chemist. Local anaesthesia for stopping bleeding, ampicillin if girl gets infection.” (Traditional practitioner, Nairobi)

They also said that they had learned how to give injections, and one practitioner from Nairobi reported learning how to use chromic catgut for stitching girls from her training as a TBA. She also used surgical spirits for cleansing the site, a substance not usually used to clean the genitalia.

Given that FGC is recognized as a violation of several internationally recognized human rights, was recently criminalized in Kenya, and that medical hospitals have a policy forbidding its staff from performing FGC, this study sought to document the Somali community’s perceptions of women’s and children’s rights in relation to FGC.

Some religious leaders interviewed… did not regard infibulation, or any form of FGC, to be a violation of the human rights of women and girls. Instead, it was felt that FGC is practiced for the benefit of the woman and the girl-child because “[T]he female body is like a house and a house needs to be decorated. The FGC is like making a door of a house look better. This is good for both the lady and the man who will marry her. The female body should be strong and resist the male genital penetration with ease.” (Female opinion leader, North Eastern)

Some respondents felt that the husband’s opinion about FGC was more important than the child’s or the mother’s, and that the wife had to follow her husband’s wishes. “The mother has other rights. When it comes to circumcision she can make a decision on when the child is supposed to be circumcised but a situation where she says [she] must not be circumcised without deciding with the father, I think that is unfair. That will lead to divorce.” (Male teacher, North Eastern)

Conflicting opinions suggest that… the majority of Somalis do not view FGC as a human rights violation, but as a service they render to their daughters.

The majority (84%) of health providers knew that FGC was illegal in Kenya, but only one third knew of the Children’s Act through which it has been criminalized. When asked about the National Plan of Action for the Elimination of FGC, only one-fifth of health providers had heard about it, and none of them knew the content, goals, or objectives. Only a few political and opinion leaders in both North Eastern Province and Nairobi knew that FGC was
illegal, having heard through the media, but none could remember ever reading an official
document about the law. None of the teachers interviewed, either from North Eastern or
Nairobi, had heard about the Children’s Act or any another law pertaining to FGC. Their
only source of information on FGC was from the NGOs active in their areas.

Traditional FGC practitioners continue performing FGC due to the monetary gains received
and in response to continued demand for their services. One practitioner said that she had
stopped after seeing the complications suffered by circumcised girls and women. Others said
that they would abandon the practice if they had an alternative sustainable source of income
and if the government enforced anti-FGC laws. “If the force or law enforcement comes, then
nobody will be willing to break the laws. If the government bans our profession, then we
have no choice, even if it is important culture.” (FGC practitioner, North Eastern)

Whether or not traditional FGC practitioners would abandon the practice if the law were
strongly enforced is not clear. There is strong sentiment that FGC is a cultural practice that
cannot be governed by civil legislation. Thus, while prosecuting FGC practitioners may
reduce their activity, it is unlikely to reduce community support for the practice. Given the
experience from other areas in Kenya, it may lead to increased demand for FGC from others,
such as medical staff.
INTEREST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION

Resource 4

March 2005

Razor's Edge: The Controversy of Female Genital Mutilation

IRIN

Significant factors influencing the outcome of female circumcision are the sanitary conditions in which the procedure is performed, and the competence of the person who performs it: most circumcisers are professionals with years of experience, but the tools and sanitary conditions of their trade are often rudimentary at best, with knife-like implements or razor blades used as the basic surgical instruments... Typically, the circumcision ceremony takes place once a year and all eligible girls within a community are cut on the same day, using the same instrument – without the benefit of sterilization between procedures – thus increasing the chances of infection, and the risk of exposure through such practices to HIV/AIDS. The health of the girl or woman undergoing the procedure, and her ability to heal and resist infection passed on by the procedure, is critical: if a woman is prone to infection, or has a poor immune system, she has a greater chance of becoming infected.

The secret nature of FGM poses a great threat to the health of girls and women who undergo it, and the secrecy surrounding the practice has increased significantly since the government ban. The practice is highly confidential, and outsiders are strictly prohibited from having any contact with the girls and women during and after the ceremony. Therefore, most of them have no access to a medical professional, should they need one during or after the procedure. The 40-day isolation that characterizes certain types of FGM, for example, means a woman might die of infection before she ever gets the chance to receive proper medical care.

For those girls who have serious complications following the ritual, parents’ fears about prosecution often cause them to wait too long to seek professional help; this, combined with the inaccessibility of medical facilities (because of distance, rough traveling conditions, or financial constraints), means that many girls’ deaths could have been prevented. When qualified medical personnel perform FGM in the sanitary conditions of a hospital, the risk of infection and death may be significantly reduced, but the long-term consequences may still remain.

Some immediate physical problems resulting from FGM [as it is traditionally performed] are:

1. Bleeding, sometimes leading to death
2. Post-operative shock
3. Damage to other organs, resulting from the lack of surgical expertise of the person performing the procedure, and the aggressive resistance of the patient when anaesthesia is not used
4. Infections, including tetanus and septicemia, through using unsterilized or poorly disinfected equipment
5. Urine/menstrual flow retention caused by swelling, inflammation, and occlusion of vaginal canal caused by scar tissue.
BACKGROUND INFORMATION

Resource 1: Terms

You may find the following words or abbreviations used within the resources:

Children Act, also referred to as:
- Cap. 586
- Act 8 of 2001
- Children’s Act

Female Circumcision, also referred to as:
- Female Genital Mutilation, (FGM)
- Female Genital Cutting, (FGC)
- FGM/C refers to both of the above terms
- Female cutting, (FC)
- Excision
- “the cut”, cutting, “the female cut”

Particular types of female circumcision may be referred to as

- Sunna/Modified Sunna – pricking, slitting, or removal of the prepuce of the clitoris; or, partial or total excision of the body of the clitoris
- Clitoridectomy/Excision – removal of part or all of the clitoris and part or all of the labia minora
- Infibulation/Pharaonic Circumcision – clitoridectomy and the excision of the labia minora and the inner layers of the labia majora; the remaining skin is sewn together in order to form a bridge of scar tissue over the vaginal opening, however total occlusion is prevented by means of some instrument

Kenya, Republic of Kenya

Male Circumcision, (MC)

United Nations, (UN)

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BACKGROUND INFORMATION

Resource 2: UN Convention on the Rights of the Child

http://www2.ohchr.org/english/law/crc.htm

*Note: The following document has been abridged. For the full text, please see the website.

CONVENTION ON THE RIGHTS OF THE CHILD

Adopted and opened for signature, ratification and accession
by the General Assembly of the United Nations
on November 20, 1989;
entered into force on September 2, 1990.

PREAMBLE

The States Parties to the present Convention,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child,

Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries,
Have agreed as follows:

ARTICLE 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

ARTICLE 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

ARTICLE 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

   a) For respect of the rights or reputations of others; or
   b) For the protection of national security or of public order, or of public health or morals.

ARTICLE 14

3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.
ARTICLE 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

ARTICLE 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

ARTICLE 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

ARTICLE 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

   a) Make primary education compulsory and available free to all;
   b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
   e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.
ARTICLE 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language.

ARTICLE 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

a) The inducement or coercion of a child to engage in any unlawful sexual activity;
b) The exploitative use of children in prostitution or other unlawful sexual practices;
c) The exploitative use of children in pornographic performances and materials.

ARTICLE 37

States Parties shall ensure that:

a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.

ARTICLE 44

1. States Parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have adopted which give effect to the rights recognized herein and on the progress made on the enjoyment of those rights

a) Within two years of the entry into force of the Convention for the State Party concerned;
b) Thereafter every five years.
BACKGROUND INFORMATION

Resource 3: Act No.8 of 2001 – Children Act, Kenya

http://www.kenyalaw.org/kenyalaw/klr_home/

*Note: The following document has been abridged. For the full text, please see the website.

CHILDREN ACT
No. 8 of 2001

adopted into law by the
Republic Of Kenya

PREAMBLE

An act of Parliament to make provision for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; to make provision for the administration of children's institutions; to give effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child and for connected purposes.

SECTION 2: INTERPRETATION

In this Act, unless the context otherwise requires the following definitions:

- "age" where actual age is not known means apparent age;
- "child" means any human being under the age of eighteen years;
- "child abuse" includes physical, sexual, psychological and mental injury;
- "child of tender years" means a child under the age of ten years;
- "early marriage" means marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation;
- "education" means the giving of intellectual, moral, spiritual instruction or other training to a child;
- "female circumcision" means the cutting and removal of part or all of the female genitalia and includes the practices of clitoridectomy, excision, infibulation or other practice involving the removal of part, or of the entire clitoris or labia minora of a female person;
- "guardian" in relation to a child includes any person who in the opinion of the court has charge or control of the child;
- "medical practitioner" means a person registered as a medical practitioner under the Medical Practitioners' and Dentists' Act;
• "parent" means the mother or father of a child and includes any person who is liable by law to maintain a child or is entitled to his custody;

SECTION 5: NON-DISCRIMINATION

No child shall be subjected to discrimination on the ground of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe, residence or local connection.

SECTION 8: RIGHT TO RELIGIOUS EDUCATION

(1) Every child shall have a right to religious education subject to appropriate parental guidance.

(2) The Minister shall make regulations giving effect to the rights of children from minority communities to give fulfillment to their culture and to practice their own language or religion.

SECTION 14: PROTECTION FROM HARMFUL CULTURAL RITES, ETC

No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

SECTION 22: ENFORCEMENT OF RIGHTS

(1) Subject to subsection (2), if any person alleges that any of the provisions of sections 4 to 19 (inclusive) has been, is being or is likely to be contravened in relation to a child, then without prejudice to any other action with respect to the same matter which is lawfully available, that person may apply to the High Court for redress on behalf of the child.

(2) The High Court shall hear and determine an application made by a person in pursuance of subsection (1) and may make such orders, issue such writs and give such directions as it may consider appropriate for the purpose of enforcing or securing the enforcement of any of the provisions of sections 4 to 19 (inclusive).

(3) The Chief Justice may make rules with respect to the practice and procedure of the High Court in relation to the jurisdiction and powers conferred on it or under this section including rules with respect to the time within which applications may be brought and references shall be made to the High Court.
SECTION 119: WHEN A CHILD IS IN NEED OF CARE AND PROTECTION

(1) For the purposes of this Act, a child is in need of care and protection –
(a) who has no parent or guardian, or has been abandoned by his parent or guardian, or is destitute; or
(b) who is found begging or receiving alms; or
(c) who has no parent or the parent has been imprisoned; or
(d) whose parents or guardian find difficulty in parenting; or
(e) whose parent or guardian does not, or is unable or unfit to exercise proper care and guardianship; or
(f) who is truant or is falling into bad associations; or
(g) who is prevented from receiving education; or
(h) who, being a female, is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health; or
(i) who is being kept in any premises which, in the opinion of a medical officer, are overcrowded, unsanitary or dangerous; or
(j) who is exposed to domestic violence; or
(k) who is pregnant; or
(l) who is terminally ill, or whose parent is terminally ill; or
(m) who is disabled and is being unlawfully confined or ill treated; or
(n) who has been sexually abused or is likely to be exposed to sexual abuse and exploitation including prostitution and pornography; or
(o) who is engaged in any work likely to harm his health, education, mental or moral development; or
(p) who is displaced as a consequence of war, civil disturbances or natural disasters; or
(q) who is exposed to any circumstances likely to interfere with his physical, mental and social development; or
(r) if any of the offences mentioned in the Third Schedule to this Act has been committed against him or if he is a member of the same household as a child against whom any such offence has been committed, or is a member of the same household as a person who has been convicted of such an offence against a child; or
(s) who is engaged in the use of, or trafficking of drugs or any other substance that may be declared harmful by the Minister responsible for health.
Q. In the case study, the Maendeleo Ya Wanawake Organization (MWYO) advocated a particular alternative to female circumcision. Describe what this alternative rite entails.

A. An ideal answer would identify the alternative rite, Circumcision through Words," and describe how MWYO promotes this ceremony as an alternative to (not an accompaniment to) traditional circumcision. This rite aims to capture the cultural significance of female circumcision while doing away with the dangerous practice itself. Circumcision Through Words brings the young candidates together for a week of seclusion during which they learn traditional teachings about their coming roles as women, parents, and adults in the community, as well as more modern messages about personal health, reproductive issues, hygiene, communications skills, self-esteem, and dealing with peer pressure. The week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community.

Q. Which activist group from the case study most closely resembles your position on female circumcision? Draw on arguments made the case study literature and presentations to support your answer.

Activist Groups:

Maendeleo Ya Wanawake (MYWO -- “progress/liberation for women”),
Kenyan Government Representatives,
African Women Are Free to Choose (AWA-FC), and
Individuals Opposed to Criminalization

A. See the case study to find brief outlines of these groups' positions.

Q. The activist group African Women Are Free to Choose (AWA-FC) defends the right of a parent to choose circumcision for his or her child, while the Kenyan Children Act of 2001 strictly prohibits parents from choosing circumcision for their minor (female) children. In your opinion, which position is stronger? Why?

Q. Drawing on materials presented in the case study, discuss why some individuals, who may or may not support the practice of female circumcision, would advocate against its criminalization.

A. Some possible answers include: The secrecy of a practice forced underground can be extremely dangerous: parents may fear bringing their child to a medical professional because of the risk of criminal prosecution, as a result a girl may suffer infection, blood loss, or death;
circumcision should be protected under the umbrella of religious freedom; criminalization breaks up families; uncircumcised girls may be humiliated, or be deemed unmarriageable, resulting in greater socio-economic disadvantages; etc.

*Note: In addition to presented case study materials, the article “Hands Off Clitoridectomy: What Our Revulsion Reveals About Ourselves,” by Yael Tamir (Boston Review, Nov 1996) may be a useful teaching tool. The following question refers to Tamir’s article.

Q. Yael Tamir, in her article "Hands Off Clitoridectomy: What Our Revulsion Reveals About Ourselves," gives several possible reasons why some individuals might object to female circumcision: that it is performed on minors, that it causes physical pain, that it fosters false consciousness, that it is irreversible, and that it deprives women of sexual pleasure, among other reasons. Choose one or two of the objections presented by Tamir, and drawing on the article, describe some of the strengths and weaknesses of that objection.

A. For example, Tamir writes that there is a right to sexual expression and pleasure, but also points out that not all individuals value sexual pleasure in the same way, and some people even choose a lifetime of deliberate celibacy.