Book Review


This edited collection seeks to explain the ‘fundamental principles of FGM [female genital mutilation] within a cultural context and provide a practical approach to reducing mental and physical harm’ (Preface). It is, as the Introduction states, intended as a resource for professionals who might be confronted with cases of women and girls who have undergone or who are at risk of undergoing female genital mutilation. It is therefore directed at those ‘working in the healthcare professions, social services, teaching, child protection agencies, the police service, caseworkers involved with refugees and asylum seekers, children’s charities, non-governmental organisations (NGOs), policymakers and academics’ (p. 2).

It is undoubtedly a useful resource for people working in those fields and it may be of considerable interest to the academics who teach and train them. It is meant to offer practical advice and to set out recommendations. There are some references in some of the chapters to the more theoretical debates surrounding the potential for clashes between international human rights doctrine on one hand and religious and traditional cultural values on the other. There is also some discussion of the significance of gender and power. Indeed all these questions are alluded to in the Introduction. And Mohammad (p. 139) in particular, invokes power to cast some light on the reasons for women’s central role in perpetuating the practice of FGM; she suggests that for many women the only power they are in a position to wield is power within the domestic domain. This is a power they are reluctant to relinquish.

However the contributors do not set out to explore issues of this kind in depth. Nor do they construct arguments in support of their positions; much is taken as axiomatic. The starting point of all the contributors is that female genital mutilation is harmful, that it is prohibited by law, that it is contrary to human rights and that it should be eliminated. And of course it is true that the arguments have already been rehearsed elsewhere and that there are international instruments as well as domestic legislation in this country and elsewhere outlawing the practice.
The first few chapters of the book seek to describe and to contextualise FGM. The use of photographs contributes to this aim, although the depictions of scenes of life in Somalia are less successful to this end. The first chapter, written by Momoh, places FGM in its geographical context, gives statistics showing prevalence and provides a clear explanation of the three forms that FGM can take. It also gives a brief account of the reasons put forward for the practice. There are religious reasons, albeit founded in what several of the contributors explain is a misguided interpretation of Islam. Also, mothers who subject their daughters to FGM are said by Momoh to do so ‘from their perspective, as an act of love and for the noblest of reasons’ (p. 2): to ensure that their daughters are accepted within the community and are considered to be fit for marriage and childbearing. In chapter 2, Momoh asserts that FGM amounts to violence against women and that it contravenes various international instruments such as the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW 1981). In the third chapter Rymer and Momoh describe the physical and psychological effects of FGM. The authors leave the reader in no doubt that it can cause very severe harm, particularly if carried out in its most radical form, namely infibulation.

Several of the chapters are devoted to giving guidance to professionals. Rymer and Momoh offer advice to midwives in the UK caring for women from communities in which FGM is practised. Gordon’s chapter in turn formulates guidance and advice to help doctors and others working in NHS clinics. Toubia’s chapter is aimed at healthcare providers. Dunkley-Bent considers the role of midwives in alleviating the problems faced by pregnant asylum seekers who have undergone FGM. All the contributors prioritise effective communication as well as sensitivity to cultural norms and to the woman concerned. Professionals are advised to make sure that families are aware of the illegality of FGM to discourage them from allowing their daughters to undergo it. Readers are given advice on how to find out from women whether they have undergone the procedure and are exhorted to deal tactfully with women who have.

There are two chapters exploring the views of those in communities that support FGM. Ahmed’s chapter, although it would have benefited from more attentive editing, provides an interesting insight into the attitudes towards FGM among Somali women living in the UK. McCulloch’s chapter also focuses on the Somali community, although she does not explain how her sample was selected. Her work reveals contradictory attitudes to FGM and to community work among her respondents.

Two contributors focus on the law. Unfortunately neither, although they refer to both pieces of legislation, makes it sufficiently clear that the Female Genital Mutilation Act 2003 replaces the Prohibition of Female Circumcision Act 1985. Kwateng-Kluvitse cites various international human rights instruments and