
The FGCS Paradox through the Lenses of Feminist Theories

a cura di

Nadire Betül Biyikoğlu

Female Genital Cosmetic Surgery (FGCS), an emerging Western practice comprising numerous procedures of surgical alteration of the vulvovaginal anatomy for cosmetic reasons, has been at the forefront of debate amongst feminist scholars in the context of international human rights. One of the criticisms has been through its comparison with [Female Genital Mutilation \(FGM\)](#), a practice widely criminalised and condemned via a number of national, regional, and international instruments while the former remains unaddressed. The paradox arises from the inconsistencies in the legal treatment of and rhetorics adopted towards these two practices: while FGM has been accepted as a human rights violation, FGCS escapes the attention of the same institutions.

This analysis aims to explore the FGCS paradox by presenting the main scholarly critiques in international human rights discourse from the perspectives of a variety of feminist theories, touching upon liberal, radical and post-colonial branches. I will present the phenomenon and its similarities to FGM, followed by some key scholarly arguments: the rhetoric of choice and agency through the lenses of liberal and radical feminist theories, the ‘us vs. them’ dichotomy revealed by post-colonial feminism, and, lastly, the question of consent.

Defining the Divide: FGM vs. FGCS

FGM is defined by the World Health Organization (WHO) as any procedure involving the “[partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons](#)”. This umbrella term is classified into four sub-categories according to their severity and the damage they cause to the female genitalia. The operations can be as severe as clitoridectomy, excision and infibulation (Type I, II and III), while the fourth category encompasses relatively less severe operations including any harmful procedure for non-medical purposes, from incising to piercing. However, in [WHO’s guideline](#) it is strictly emphasised that all types pose a series of health risks and cause both physical and psychological harm, with short- and long-term implications that undermine the health of women and girls across their lifespans. Moreover, the medicalisation of the practice is

strictly opposed and no medical justification for the practice, even when the procedure is performed in a sterile environment by a health care provider, is accepted as safe ([Sridhar et al., 2025](#); [UNFPA, 2018](#)).

FGM represents an extreme form of gender inequality that is deeply entrenched in every segment of society, and any practice consists of a form of gender-based discrimination resulting in the violation of the human rights of girls and women ([De Vido, 2015](#)). Accordingly, states are obliged “[to explicitly prohibit by law and adequately sanction or criminalize harmful practices](#)”, described as violations of human rights that put female and adolescent sexual and reproductive health rights at significant risk. On the other hand, FGCS describes a group of non-essential surgical modifications of the vulvovaginal anatomy designed to alter healthy female genitalia for perceived improvement in appearance, a wide range of procedures from labiaplasty to hymenoplasty ([ACOG, 2020](#)). These procedures do not arise from medical necessities such as clinically diagnosed female sexual dysfunction, pain with intercourse, reversing female genital cutting, or gender affirmation surgery. Since the evidence is restricted, the safety of these procedures has not been well documented, and there is a lack of information on their effectiveness; nevertheless, there is evidence of their rising popularity in Western countries (see [here](#); [here](#); and [here](#)). However, while FGM is widely criminalised and condemned in international and regional human rights treaties and consensus documents such as [CEDAW](#), [the Istanbul Convention](#) and [the Maputo Protocol](#), FGCS remain unaddressed and unregulated in the legislation directly, even though the practices fall under the above-mentioned WHO categories, and they share similarities.

In the case of both FGM and FGCS it might seem obvious that any intrusion of an underage girl’s body violates their human rights and should be prevented, since full and informed consent is not even a matter of discussion. However, scholarly criticism recognises that the distinction may become blurry in cases involving adult women who give their full and informed consent and here the inconsistency becomes apparent (see [De Vido, 2020](#); [Shahvisi, 2023](#); [Krivenko, 2015](#)). For instance, in [the complex case of re-infibulation](#), would the free and informed consent of a woman be accepted? Is the sole reason to consider FGM a violation based on the cultural element behind the practice? If that is the case, do we assume that FGCS are free of any cultural element?

In this context, there appears to be some inconsistency in considering FGM unlawful for adult women regardless of consent, while approaching FGCS as lawful on the grounds that it might respond to a mental health need ([Paakkanen, 2019](#)). For instance, [the UK law on hymenoplasty](#), a procedure illegal in the country as of 2022, is interesting in terms of its sole focus on the cultural aspect of the procedure. This recognition reinforces that cultural pressure invalidates an adult woman’s consent even in the case of a FGCS; however, it assumes other cosmetic procedures free of any cultural internalised pressure.

The Rhetoric of Choice vs. Patriarchal Oppression

Feminist scholars working on FGCS highlight the relationship between elective surgery and the concepts of choice and autonomy ([Rodrigues, 2012](#)). Liberal feminist theories emphasise a woman's freedom of choice and agency in deciding when to engage in a gender-based practice such as FGCS (see [Rasmussen, 2017](#) on [Nussbaum](#)). However, this view may be seen to entail a hierarchical approach and an assumption that while Western women are in control of their decisions, non-Western women lack any agency. On the other hand, radical feminist scholars view FGCS as an outcome of patriarchal oppression to control women's sexuality in a similar vein to FGM, legitimised, however, through Western patriarchal structures ([Rasmussen, 2017](#)). For instance, [Jeffreys \(2005\)](#) underlines that harmful practices in the West are usually justified as emanating from consumer "choice", "science", "medicine" or "fashion". Similarly, [Braun \(2009\)](#) examines how choice and agency appear in various guises in FGCS discourse in which the practice is justified, e.g. framing white/Western women as empowered, free and in control, in stark contrast to portrayals of "traditional" FGM, where the subject is assumed to be oppressed and universally victimised. [Shahvisi \(2023\)](#) compares the two sets of procedures in different geographies and finds an equivalent FGCS modification for each surgical procedure in FGM typology, countering the common objections made to treating the two practices separately.

The motivations for FGCS may range from psychological distress and genital anxieties related to the appearance of the genitalia, to aesthetic ideals such as a "tight receptacle for penile penetration" or "prepubescent looking genitals to conform to the standards set by pornography culture" which considers the female body "faulty" ([Braun, 2005](#)). However, Shahvisi highlights the similar "cultural" roots of FGM in some societies, such as "the belief that cut genitals confer 'normal' adult sexual identity...[and] are aesthetically pleasing" ([Shahvisi, 2023](#)). As Braun highlights, in Western contexts the discrepancy escalates with the liberal sexual rhetoric focusing on sexual pleasure, which constructs FGCS as a sexual interest of women rather than the patriarchal demands of heterosexual men on women's bodies and fails to challenge the bounds of normative heterosexuality.

Another concern worth mentioning is the unclear definition of normal or abnormal female genitalia ([Rodrigues, 2012](#)). Even though some may undergo an FGCS to 'correct' abnormal genitalia, medical authorities like [ACOG](#) underline that to define what constitutes abnormality is problematic, since size, shape, and colour vary considerably from woman to woman (see [Nurka, 2019](#) for an explanation of FGCS within the medical history of the vulva). This carries the risk of open-ended exploitation by the cosmetics industry and medical marketing (see [Tiefer, 2008](#)).

‘Us vs. Them’ Dichotomy

Post-colonial feminist theories (see [Lewis & Mills, 2003](#)) widen the discussion to encompass geopolitical contingencies, challenging the hegemonic knowledge that labels non-Western practices as harmful and questioning why the medicalized oppression emerging in the West is ignored. Scholars have criticised stereotypical portrayals that present non-Western women as dominated by a patriarchal tradition of a more acute nature, without investigating the cultural and historical particulars of constructed gender relations in specific regions, and the power and authority that women often hold. This creates a binary opposition between the “modern/rational West” and “native/traditional rest” (or “colonised others”) and naturalises and reaffirms Western cultural superiority ([Walley, 1997](#)).

The assumption of the free agency of a women undergoing FGCS—and the corresponding presentation of a women undergoing FGM as a mere victim—depicts the ‘non-Western woman’ as universally oppressed. As [Mohanty \(1988\)](#) argues, sustaining the notion of the superiority of the West fabricates a universal image of the so-called “third world woman”, through which the colonial discourse holds the power to define and maintain the ‘us vs. them’ dichotomy, and repeatedly confirms the legitimacy of the “Western man’s centrality”. Furthermore, scholars highlight the pattern of intersectional discrimination based on gender, race, and culture in cases of FGM (see [De Vido](#)), where state reactions against women belonging to minorities which practice it may be marginalising. Therefore, by excluding FGCS from the agenda, international human rights law risks perpetuating discriminatory attitudes and the alienation and racialisation of non-Western women by framing FGM as an exotic cultural practice of the “Other” and FGCS as an enlightened consumer choice (see [Krivenko, 2015](#), [De Vido, 2020](#)).

Question of Consent

One of the criticisms of this paradox concentrates on free and informed consent. If the consent capacities of adult women from different geographies are no different, would free and informed consent be enough to authorize the practice of FGM? While strongly agreeing that any form of violence against a young girl’s bodily integrity—regardless of the degree of physical and/or psychological harm—is a violation and must be eliminated by the state, [De Vido](#) draws attention to the importance of an adult woman’s autonomy when capable of expressing her free and informed consent without manipulation. Furthermore, she evokes the possibility of a woman consenting to both practices, accepting that her decisions are part of her tradition or a mere beauty standard imposed by her group and yet still willing to proceed. It is argued that the focus should be on the expression of autonomy, and a woman’s decision should be respected if she gives her genuine, non-coerced consent while being fully aware of the consequences of the practice ([Krivenko, 2015](#)).

The inconsistency in the consent framework seems to reflect how non-Western women are still categorised as homogeneous and archetypal victims ([Mohanty, 1988](#)), as if defined as legal minors who do not have the same consent capacity as Western women. To mirror this, [Tiefer \(2008\)](#) questions the consent capacity of a woman opting for a FGCS, suggesting that this consent might be “misinformed” due to ignorance of female genitals and the influence of the selective and enhanced visuals in pornography and the media. The FGCS paradox reiterates the lack of self-reflection within the international human rights regime and how the notion of harmful practices is still shaped by a dichotomy reflecting Western biases ([Mohanty, 1988](#)).

Conclusion

If human rights are universal, why is FGCS, a Western practice of increasing popularity, presented using a starkly different rhetoric than FGM, an undeniably extreme form of violence against women with which it shares many features? Unless women’s consent capacities vary in different geographies, can we assume FGCS as a practice completely free from cultural and patriarchal internalised pressures? Investigating the concepts of free choice, the ‘us vs. them’ dichotomy and consent, feminist scholars query the dualistic approach within human rights discourse and question whether the current regime perpetuates Western-centred colonial and patriarchal biases. Through a critical lens, they explore the possibility of moving towards a perspective free from intersectional discrimination and cultural hierarchies: one that addresses all female genital surgeries according to the degree of harm, grounded in informed and genuine consent and a case-by-case approach regardless of geographic privilege.

Nadire Betül Bıyıkoğlu, Ca’ Foscari University of Venice and student of the course in Gender and Sexuality, taught by Prof. Sara Dal Monico at Ca’ Foscari University of Venice, Spring 2026