

ANALYZING GLOBAL COMMUNICATION:
IMPLICIT OPPRESSION WITHIN THE WORLD HEALTH ORGANIZATION'S WEBPAGE
ON FEMALE GENITAL CUTTING

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ABSTRACT

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This thesis analyzes the language of the World Health Organization's (WHO) "Fact Sheet" on Female Genital Cutting (FGC). Because the Fact Sheet establishes FGC as a practice that must be stopped across the globe, the WHO's audience is wide and far-reaching, including countries where FGC occurs, national and transnational organizations who may work to reduce instances of FGC, and the local populations who actually experience the procedure. By using cultural research, technical communications research, and rhetorical analysis, this research suggests that the language of the webpage primarily empowers national and transnational organizations, thus limiting the agency of local populations (the men and women living in areas where FGC frequently occurs). Further, the disconnect between the document and the local populations may be a reason for the lack of progress being made in the WHO's efforts to end FGC worldwide.

CHAPTER ONE: INTRODUCTION

In examining current trends of research and scholarship within technical communication, I have grown increasingly interested in work that examines how power dynamics play out within global communications. As a result, I decided to focus my research on the role of the technical communicator in articulating meaning and shaping discourse. Specifically, I want to research how the language within documents impacts reality, and what technical communicators can learn from such an approach. In this context, I am using the word “power” to refer primarily to agency: the ability to effect change within one’s reality, the potential to be heard, and the extent of influence one has in any situation. When I apply this concept to my research, I am going to explore how the specific language within global communication documents functions in relation to power. In particular, I want to consider how the language within global communication documents shape power dynamics in society. How could the language of a document create *new* existing power dynamics, or even perhaps, *challenge* existing power structures? These critical questions regarding technical writing and others similar to them have been examined throughout technical communication scholarship for several years (Longo, 2000; Slack, Miller & Doak, 1993; Thralls & Blyler, 1993, 2000).

Miller (1979) was one of the first technical communicators to challenge the notion that technical writing is objective. She challenged an objective understanding of technical writing to argue against the positivist assumption that meaning and truth is a singular, absolute concept. The implications of Miller’s research called for contemporary professional communications to move beyond this objective perspective and to critically acknowledge how language within technical documents significantly impacts the surrounding discourse and associated

communities. Because technical communication is rooted in the humanities, and because technical writing impacts such a vast array of audiences, the failure of the discipline to acknowledge the subjective, humanistic nature of technical communication was both limiting and harmful. I intend for my inclusion of other's scholarship and my own analysis to provide explicit examples of this dynamic.

Technical communication is a vast concept. Technical writing occurs within memos and emails, operating procedures and standardizations, and websites and electronic communication. Because there is such a wide and far-reaching array of technical writing in our world, this idea of objectivity is crucial. If technical communicators create texts thinking that their work is objective, then they are creating texts in such a way that ignores the actual power of their work. Theories associated with technical and professional communication has explored and expanded upon Miller's ideas, directly addressing this urgent issue. For example, Slack, Miller, and Doak (1993) claimed that technical writers have *authorial power*, that is, technical writers do not communicate a truth or mediate a discourse, rather they *create* a perception of reality that impacts and shapes the world around us.

As a result, a truth or fact can be conveyed in such a way that shapes the meaning of that fact – in a way that articulates what that fact means. While technical writers frequently communicate scientific and mechanical facts, the language chosen has the potential to influence reality and shape discourse. This claim is supported by Palczewski, Ice, and Firth's (2012) description of linguistic relativity. They argued that “the structure of a language influences the way people perceive the world” (Palczewski et al., 2012, p. 37). Essentially, the theory implies that language shapes reality. (And I provide tangible evidence to support this claim through my work in this project.) Further, because of this authorial power, technical communicators must be

held responsible for their content and consider who the work is written for, what is communicated, *and* how well the message is delivered. When applying this perspective to my research, the case can be made that global technical documents do not simply present information to the world. Instead, it may be possible to claim that they shape and create meaning within global contexts. As a result, social groups and cultures all around the world would be impacted by such documents.

The examination of the connection between technical documents and social groups is an ongoing concept within technical communication. Research within the field of cultural studies has analyzed technical documents as a social act rather than an individual communication. Instead of considering technical writing as an individual, objective process, these theories insist that the work of the technical communicator impacts power, agency, and the creation of meaning within social and cultural groups. Thralls and Blyler (2002) are two of the prominent advocates for this approach. They supported a critical analysis of technical writing to reveal the ways in which technical documents impact our world. For example, meaning is not articulated individually, but through social discourse. In addition, because texts are formed by groups, there are certain systems of power and ideologies that are supported or challenged when technical documents are created. If technical writers wish to take responsibility for the authorial power that they possess, then an understanding of this dynamic is essential. Throughout my work, I will frequently cite Thralls and Blyler (2002) as well as similar texts examining cultural and social components of technical writing.

To create this analysis, I will rhetorically examine the World Health Organization's (WHO) website on Female Genital Cutting (FGC). This will be a critical analysis rooted within cultural studies that aims to reveal ways that the document does impact power and create

meaning. The webpage is titled “Female genital mutilation: Fact sheet” (WHO, 2017b) as a part of the WHO’s media centre which contains their news, features, and multimedia. For brevity within this research, I will refer to the web page as the “Fact Sheet.”

The Fact Sheet is the official document regarding the WHO’s views on FGC. Before discussing why I believe this text is important in relation to the subject of power dynamics in global communication, I want to provide a brief history of the WHO’s stance and the creation of the Fact Sheet.

On February 6, 1984, the Inter-African Committee on Traditional Practices (IAC) was formed in Dakar. This organization began working to declare FGC as a human rights violation and effectively ban the procedure worldwide. At the time, FGC was a “sensitive issue for discussion and there was a critical need for an African regional voice in an international campaign” to end FGC (IAC, 2016, para. 1). The IAC worked together with the European Network for the Prevention and Eradication of Harmful Traditional Practices and No Peace Without Justice (NPWJ) to raise international awareness to ban the “widespread and systematic human rights violation” (NPWJ, 2009) of FGC.

In 1997, the WHO, the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA) issued their first Joint Statement on Female Genital Mutilation. This document “described the implications of the practice for public health and human rights and declares support for its abandonment” (WHO, 2008, p. 3). And in December 2012, the UN General Assembly adopted a resolution to work globally to end the practice of FGC (WHO, 2016). In the years that followed, the efforts to eliminate FGC began to occur within regions where the practice frequently occurred (shown in Figures 1 and 2); however, the enforcement of this movement has been inconsistent globally since its initial enactment

(Eltahawy, 2015). And today, the Fact Sheet exists as the WHO's official document explaining these efforts. While FGC occurs globally, even in the United States in some instances, there are certain regions where it occurs more frequently. Below are two images that show this data.

Figure 1¹ is more recent (2016), but focuses mostly on Africa, so I have also included Figure 2 despite it being from 2011.

¹ This note was provided by UNICEF (2016) in reference to Figure 1:

In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Data for Indonesia refer to girls aged 0 to 11 years since prevalence data on FGM/C among girls and women aged 15 to 49 years is not available (para. 6).

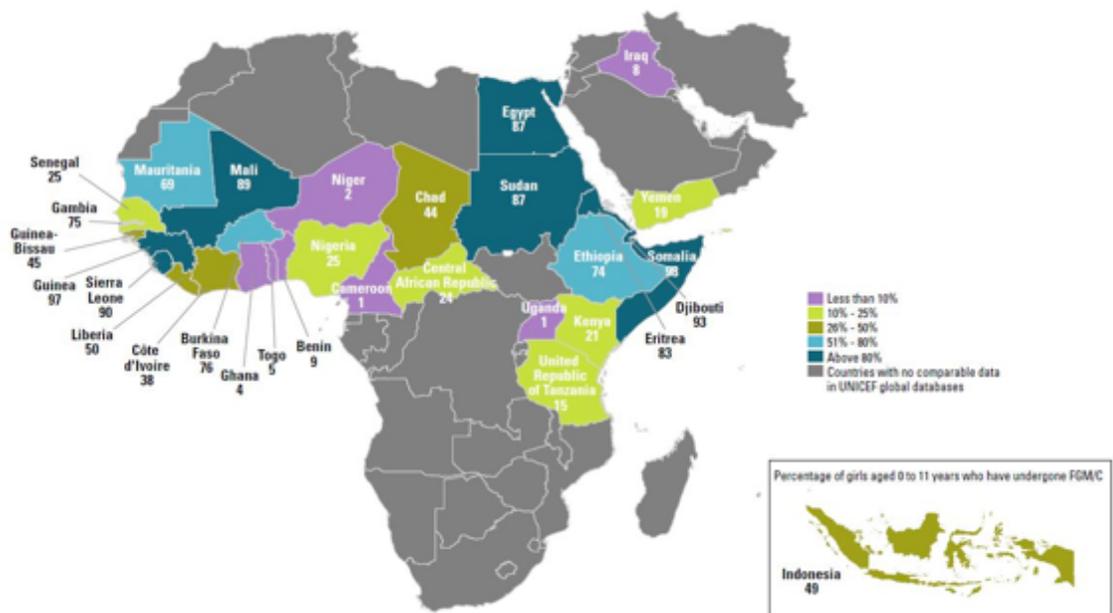


Figure 1. This image displays the prevalence of FGC across different countries. The data was collected between 2005 and 2015 by UNICEF (2016a).

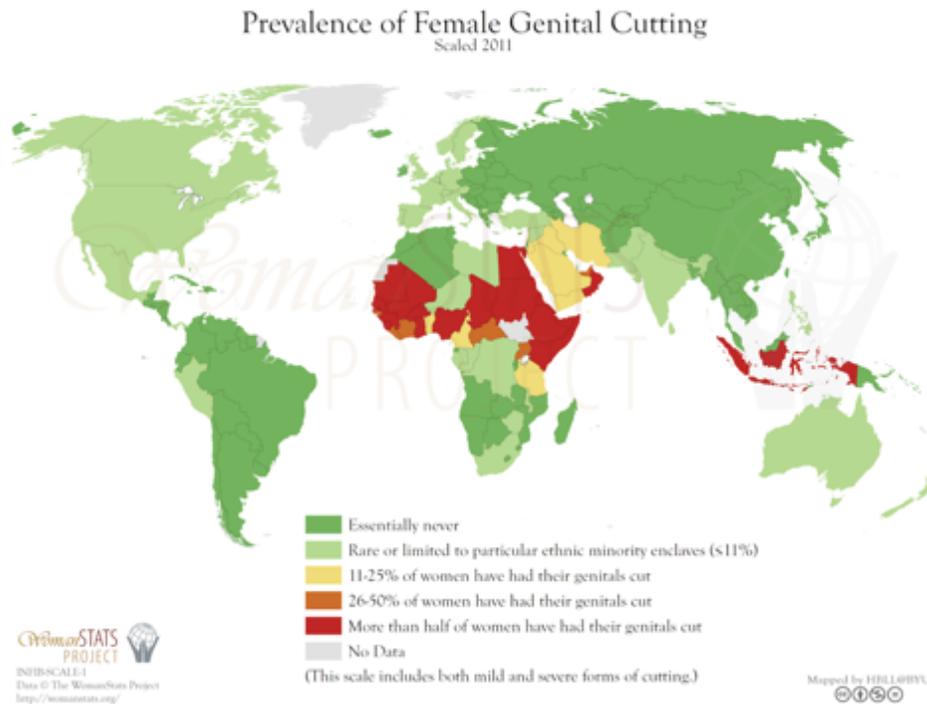


Figure 2. This image also displays the prevalence of FGC across different countries, though it accounts for a broader range of locations. Image obtained from Woman Stats Project (2011).

Both images show the far-reaching impact of FGC, and having a comprehensive understanding of this will be essential for creating a meaningful analysis.

When I first began looking at the Fact Sheet, nothing in particular stood out to me. It appeared to be an important document working to advocate an even more important movement. I didn't know much about FGC, but I knew enough to know that eliminating the practice sounded like a good idea. However, as I began to reflect and consider, I imagined that this document may reveal some very important findings regarding technical communication and power.

The web page itself is written by the WHO – a transnational organization, without an author, and its intention is to impact lives and nations across the globe. And because many of the countries where FGC occurs are second and third world nations, I wondered if analyzing this document may provide insight into the power relations between a global entity like the WHO and these lesser developed countries. In addition, the Fact Sheet is a perfect example of a global communication document: it is a web page of a global organization whose intention is to improve international health and is therefore layered, complex, and extremely significant in both global politics and human rights. The following section describes the central theories that I will use to conduct this analysis.

Theoretical Background

I will explore a variety of sources including: rhetorical theory, technical communication research, and cultural research by scholars who have lived in or spent a significant amount of time in areas where FGC is frequent. However, for the purposes of this section, I am only going to discuss the theories that I believe will be central to my analysis.

First, I will rely on Miller's (1979) theory about positivism and Slack, Miller, and Doak (1993) as a foundation for this project. These scholars all advocated and advanced the idea that

technical writing is not objective, but rather humanistic and rhetorical. In referring to the window-pane theory of language, Miller (1979) argued that technical writing is complicated – far more complicated than understanding it as a crystal-clear depiction of one single truth. Instead, these scholars claimed that technical communication presents a particular ideology. Slack, Miller, and Doak's (1993) notion of authorial power furthered this concept. Because technical writing is not objective and consists of humanistic components and rhetorical elements, meaning is not simply transmitted, but rather articulated. As a result, Slack, Miller, and Doak's (1993) assertion that technical communicators have authorial power is an extension of Miller's (1979) original claim. I will elaborate on both of these ideas in more detail later in my analysis.

The primary field that I am going to explore to analyze the Fact Sheet is cultural studies. As previously mentioned, cultural studies involves examining how technical documents shape and impact social and cultural groups. In Thralls and Blyler's (1993, 2002) writings on cultural studies, they suggested that because knowledge within technical documents impacts power dynamics in cultural context, professional communications have the potential to deny agency and disempower marginalized populations. In particular, cultural studies is concerned with ideology and power, leading technical communicators to ask questions such as:

- Whose ideology is communicated by this document?
- Whose ideology is left out in this document?
- Who are the dominant voices within the communication?
- Who does not have a voice in the writing?

While this research and theory provides a broad foundation for my analysis, feminist theory in technical communication provides a narrower focus within cultural studies.

While feminist theory exists wholly separate from both cultural studies and technical communication, scholars have fused them together in order to inform and expand existing research. Thralls and Blyler (2003) included the feminist perspective as one primary aspect of cultural studies when analyzing documents. And Lay (1991) called for a redefinition of technical communication to include this perspective. She claimed that a lack of value for the feminist perspective had contributed to the limiting and harmful image women have historically been subject to insofar as sexism, gender inequality, and the devaluation of their voices in the public sphere. In turn, redefining technical communication to include this perspective would enable technical writers to examine how scientific and technical discourse have influenced gender biases in society in an attempt to alter this dynamic in the future. Because the Fact Sheet is concerned with an issue involving women's bodies, the incorporation of feminist theory will be essential. In addition to feminist and technical communication theory, I will also utilize the theory of two rhetoricians to complement the technical and cultural research used in my analysis.

Foucauldian (1969) theory in the *Archeology of Knowledge* suggested that statements must not solely be considered for their immediate message, but also for how they relate to other statements; and, Foucault insists that the relations between the groups that the statement impacts must be examined. In addition, this rigorous perspective considers the connections between other, related technical, economic, social, or political statements that are being said or that have historically been raised. Essentially, all of these considerations must be held and examined simultaneously for a proper understanding of language. Without these components, implicit or unexamined issues of knowledge, power, and control may go unrealized; these issues exist in every discourse to some degree. Ultimately, it is not enough to simply consider that a text said something or some meaning was conveyed. Rather, we must consider historical and

contemporary connections, implicit and explicit meaning, and direct and indirect associations that naturally and obligatorily accompany any discourse and any use of language.²

I also intend to use Friere's (1970) theory from *Pedagogy of the Oppressed* where he examined the nature of liberation within oppressed groups. His primary claim was that true liberation only occurs when the oppressed population is directly included in the liberation process. That is, if the voice of the oppressed population does not lead their own liberation, those claiming to liberate recreate a version of oppression, however less violent, by failing to empower the people they intend to help.

Because I am analyzing a technical document in order to examine power dynamics within the specific language used, these concepts will be essential throughout my project. As I perform this analysis I may find that I use some theory more than others. While I will use works from other sources and ideas from other theories, I expect these concepts to be the basis for my work. The following section contains the research questions that I intend to consider.

Research Questions

Using the technical and rhetorical theory, as well as other cultural and historical writing about FGC, I will explore three crucial research questions:

1. What power dynamics are revealed through the language on the website?
2. Who has a voice on the website? Who does not have a voice on the website?

² While I only specifically reference *Archeology of Knowledge* in this research, both *History of Sexuality* (1976) and *Power/Knowledge* (1980) would be terrific complements to the inclusion of Foucault's theory in analyzing the WHO's website.

3. How can this analysis inform ongoing cultural studies within technical communication?

Methodology

I will perform a rhetorical analysis of the Fact Sheet using two separate approaches. First, I will analyze specific sentences and passages of the website. To do this, I will examine a significant amount of text from the document and analyze it using theory and research. Also, I will analyze the text in a linear fashion referring to the WHO's own organization.

The Fact Sheet is organized into seven sections, which are as follows:

- Key Facts
- Procedures
- No health benefits only harm
- Who is at risk?
- Cultural and social factors for performing FGM
- International Response
- WHO response

To begin I will first introduce and describe each category further, and after introducing the sections, I will then move through the document to rhetorically analyzing my selected lines throughout the document. This section will not contain any visual images of the website.

However, I have included the entire website as Appendix 1. While I will not have the time or opportunity to analyze every line of text, I will present and analyze the text that I believe to be the most relevant within each section.

After analyzing the website on this micro-level, textual analysis, I will move on to analyze the document on a macro-level. A portion of this macro analysis will focus on analyzing

the Fact Sheet as a digital document, incorporating components of digital literacy. I will also build upon previous findings from the textual analysis by analyzing the document as a comprehensive text. Also, I will include a pie chart that quantifies the document by section. This will allow me to see the proportion and distribution of information to further analyze the Fact Sheet. After completing the micro and macro examinations, I will reflect and discuss these conclusions while considering the role of this critical, social perspective within technical communication moving forward.

The micro-level analysis will be performed using theories associated with technical and professional communication, the rhetorical theory of Foucault (1969), and cultural theory. I will do the same for the macro-level analysis; however, I will also include theories associated with digital and critical literacy and the rhetorical theory of Freire (1970).

Given that the WHO has made tremendous strides for the eradication of FGC – the percentage of girls aged 15 to 19 who have experienced FGC has dropped from 51 percent in 1995 to 37 in 2015 (United Nations Children’s Fund, 2016a) – I will be careful in this writing to not assert that the WHO has been ineffective or malicious in these efforts. Instead, I intend to focus on analyzing the language on the Fact Sheet to examine power dynamics and agency.

Outline of Chapters

The remaining chapters of this thesis are outlined below. Sub-headings will be used within each chapter to further organize my content.

Chapter Two, “Analyzing The Language of The Fact Sheet,” contains all of my text-based, language analysis where I will examine the specific wording of the document. This portion will examine the categories outlined in my methodology using rhetorical, technical, and

cultural research. Through this section I will break down the document down word-for-word in order to examine connections between power and agency within the Fact Sheet.

Chapter Three, “The Fact Sheet as a Global Document”, presents the macro-level analysis of the Fact Sheet as well as a final discussion and conclusion. It is in this chapter that I will reflect and build upon the findings in Chapter Two and attempt to frame and provide context for these findings within a broader scope. In particular, I will consider how the document fails to account for cultural differences across its audience, and attempt to connect the implications of a global text that may implicitly oppresses the people it aims to help to the ongoing discourse within the discipline regarding the social and cultural effect of technical writing. Also, in this chapter I will include components of digital and critical literacy, emphasizing how the electronic nature of the text has implications that further amplify the results of my analysis. To conclude this final section, I will examine some limitations of my project and consider what these results and findings may imply or suggest regarding future studies of a similar nature.

CHAPTER TWO: ANALYZING THE LANGUAGE OF THE FACT SHEET

The WHO is an extension of the United Nations consisting of 194 member states headquartered in Geneva. All members of the UN can join the WHO simply by accepting its constitution. The WHO's Fact Sheet (2017b) is a part of their "Media Centre" that provides photos, videos, stories, facts, and other information for all of their current action on FGC.

The URL is: <http://www.who.int/mediacentre/factsheets/fs241/en/> and depending on browser and search settings used, the Fact Sheet is either the first hit or within the first few results when typing "FGM" into all major search engines.

The WHO defines their goal as striving to "build a better, healthier future for people all over the world" (WHO, 2017a, para. 1). As an international organization, their primary goal is to "direct and coordinate international health within the United Nations' system" (WHO, 2017a, para. 4) and they list their main areas of work as:

- Health Systems
- Promoting health through the life-course
- Noncommunicable diseases
- Communicable diseases
- Corporate services
- Preparedness, surveillance, and response

The WHO reaches a vast number of audiences because it is a transnational organization that communicates across the planet. Within their description, they state who they work with and what groups their message is directed towards. These groups include: "policy-makers, global health partners, civil society, academia, and the private sector" (WHO, 2017a, para. 2). In

addition, they state that they work with non-state actors, including “NGO’s, private sector entities, philanthropic foundations, and academic institutions” (WHO, 2017a, para. 2). Given this focus, these organizations may take guidance from the Fact Sheet or perhaps use information in their own communications.

I am particularly interested in considering how this document impacts the *local populations*³ within the nations that experience FGC. In using “local populations,” I am referring to the men and women who make up the areas where FGC occurs most frequently. However, I don’t intend this phrase to refer solely to leaders of these countries, government officials, and the groups intending to help the WHO’s efforts, but more so the people whose day-to-day lives are impacted by FGC. In fact, I intend to focus on this group, and I want to highlight this distinction to emphasize the women who have had the procedure performed on them, the women who could have or still might experience FGC, and the people who live side-by-side with them.

In addition, this research will ultimately be conducted for technical communicators. By analyzing the professional writing of this global document, I provide explicit examples and specific content that will contribute to research within technical communications and continue to explore cultural studies and the harmful limitations of considering technical writing as objective and impersonal. This distinction is the primary motivation for this thesis. My research questions all aim to address this audience and to determine whether local populations are addressed properly and included in voicing the discourse regarding reducing instances of FGC worldwide.

³ Throughout my thesis I will use this term – “local populations,” and the definition given here is the definition I will be referring to for each use of this phrase.

Through examining this document, I believe an analysis with relevant theory will lead me to claim that the WHO indirectly oppresses the local populations by overemphasizing the role of transnational organizations and therefore minimizing the contributions of these local populations within the global effort to end FGC.

Throughout this project, I will be applying theory to the document to assess the strength of this claim. I will then draw a conclusion from this analysis and consider what my findings can do to further ongoing cultural studies that examine power dynamics within professional communication documents. To begin I am going to explain the organization of the document.

Overview

As previously discussed, the Fact Sheet is organized into seven sections. I have listed the title of each section, and this time provided a brief description.

- Key Facts: Broad information that categorizes and describes FGC
- Procedures: Specific information regarding the 4 types of procedures for conducting FGC
- No health benefits only harm: Lists of complications that may result from the process
- Who is at risk?: A description of groups of people most likely to be effected by FGC
- Cultural and social factors for performing FGM: A list of cultural considerations regarding the nature of and occurrences of FGC
- International Response: A timeline of the WHO and UN's role in addressing FGC worldwide
- WHO response: An emphasis on what the WHO has done and exactly what their goals are moving forward

In this section, I analyze several excerpts of text from each section and discuss the meaning of these findings. I will examine the text sequentially throughout the document

beginning with the first section. However, before even beginning, I discovered compelling findings by simply applying theory to the title of the webpage and the title of each category.

Miller's (1979) claim that an objective view of technical writing is harmful and limiting provides a foundation to build this analysis. As discussed earlier, she argued that technical writers must move beyond viewing technical writing as objective and instead implement a humanistic perspective that views technical writing as rhetorical communication. Miller (1979) claimed, "Much of what we call technical writing occurs in the context of government and industry and embodies tacit commitments to bureaucratic hierarchies, corporate capitalism, and high technology" (p. 52). So, when we consider that this document is called a "Fact Sheet," (WHO, 2017b, p. 1)⁴ what does that imply? Primarily, it implies that the website will provide data and figures regarding FGC. However, the phrasing also has an absolute connotation. If this is the fact sheet for FGC, then everything in this document is absolutely correct. Without even reading into the document, I can observe how the phrasing alone is problematic. This website was created by the WHO. The WHO is a transnational organization working to increase health standards worldwide. This Fact Sheet is their official declaration of absolute truth regarding FGC. Although, do we get to hear from the local populations on the "facts" about FGC? Are the women who have experienced FGC, and the people who worked for years to build global awareness to the practice consulted to help determine these facts? Examining the titles of each section provides further insight into these concerns.

⁴ For each line of text taken from the Fact Sheet, I have included a citation that refers to the pagination of the PDF (Appendix 1) for reference.

The first section “Key Facts” (WHO, 2017b, p.1) acts in the same way as the title of the document. Who determined which facts were key? This language further establishes the idea that the WHO is the authoritative voice on notions of FGC. While the movement to end FGC worldwide is tremendously important and supported by the IAC and NPWJ, is it possible that the language used by the WHO to describe this situation does not seek to empower local voices? Does it fail to place the views and opinions of local populations at the forefront of this document? If so, it may be the case that the Fact Sheet empowers the voice of the WHO as the dominant voice in this discourse. In *Critical Power Tools*, Scott, Longo, and Wills (2007) claimed that “technical writing participates in a system of knowledge and power within our culture (conceived as institutional relationships extending beyond the walls of any one organization” (p.118). Given this idea, the Fact Sheet works within a system where international and transnational organizations function as creators of global knowledge with immense power to shape the world. This is an area I will focus on later in my analysis

Slack, Miller, and Doak (1993) emphasize this point when describing the technical communicator as an author. Building upon Miller’s (1979) humanistic rationale, they present two flawed understandings regarding the role of the technical communicator in order to present their idea that technical communicators create and shape meaning. Slack, Miller, and Doak (1993) describe the first of these as “transmission” as a process where “the conception of communication as the transportation of message” (p. 163) functions as the purpose. In this view, the technical communicator transmits an idea from an external sender to a receiver for the purposes of enacting a change in the intended audience. Transmission, they argue, gives the sender power over the receiver of the message. The second process they propose is “translation.” This process differs from the former in that the meaning is not simply transmitted from sender to

receiver, but rather negotiated between both groups. Slack, Miller, and Doak (1993) argue that neither transmission or translation truly account for the power of the technical communicator. Instead they claim that technical communicators “articulate” knowledge. In this sense, identity is culturally defined, definitions vary based on who defines them, and meaning is not simple or static. Therefore, meaning-makers are empowered with this task of articulating knowledge and shaping reality. In this view, the technical communicator herself has authorial power; technical writers are always involved in relations of power. Slack, Miller, and Doak (1993) stated that, “It is not just how well we communicate that matters. Who we work for and what we communicate matters” (p. 173). Despite these assertions, the notion that technical writing is neutral and objective persists within and outside of the discipline. Yet organizations frequently create communication to obscure information rather than present a clear truth (Miller, 1979). For this reason, Slack, Miller, and Doak (1993) emphasize the extreme importance of technical communicators realizing and embracing this authorial power. In their call-to-action, they claim:

It is impossible for technical communicators to take full responsibility for their work unless they understand their role from an articulation view. Likewise, it is impossible to recognize the real power of technical discourse without understanding its role in the articulation and rearticulation of meaning and power. This understanding would thus empower the discourse of technical communicators by recognizing their full authorial role. (p. 173)

And because the Fact Sheet uses the voice of the WHO as the articulator of knowledge, the document does not simply declare facts about FGC, but rather it supports and sustains a system of power where international organizations, such as the WHO, are sole authorities. Thus, the voice of the WHO is louder voices than the local populations the organization intends to help.

This is further exacerbated by the fact that current legislative dynamics (Citizens United) consider corporations as people. In that sense, corporations could be considered individuals. This implies that the voice of the WHO, an organization that can be legally considered as an individual, overpowers the voices of the actual individuals facing and experiencing the practice of FGC in their day-to-day lives.

“Procedures” (WHO, 2017b, p.2) and the subsequent section headings function in a similar fashion. The title is categorical and objective. This suggests methodical descriptions of various types of FGC, and again these procedures are being described by a singular perspective, leaving the reader unaware as to whether or not this is an actual woman who has experienced FGC in her life. Though the WHO’s writing attempts to be neutral and objective, though the articulation model explained by Slack, Miller, and Doak (1993) assert that technical discourse can never be truly neutral or objective. Because of this, the Fact Sheet itself is part of the organizational communication where the WHO articulates knowledge and effects reality. The language here is overwhelmingly unemotional. It is sterile, and this is the result of allowing a system to speak in place of people.

“No health benefits only harm” (WHO, 2017b, p.2) communicates the fact that FGC is a harmful act, but it does so without acknowledging the fact that FGC is a culturally established practice. And while it is true that an overwhelming majority of women have fought to end it, the practice of FGC is complex, layered issue. It is an issue that a simple, objective phrase cannot capture. Further, the wording of this section has a condescending tone. By not acknowledging cultural practices and simply focusing on how the *FGC equals bad* mindset, the WHO misses a chance to not just provide a voice for local populations, but to engage in a deliberative dialogue regarding the complex, historical and cultural connections regarding FGC.

The next section: “Who is at risk?” (WHO, 2017b, p.3) certainly aims to identify vulnerable populations, yet once more it quantifies and declares rather than empathizing or engaging. That is, it does not acknowledge the humanistic side – that these people “at risk” are living women and children who are working to end a long-standing cultural procedure, nor does it engage with the local populations by allowing them to express for themselves the areas where the most focus is needed. By presenting one anonymous perspective, the document presents information objectively and positively rather than seeking out and providing a forum for the voice of these people to be heard.

The fifth section is the first and only section emphasizing “cultural and social factors for performing FGC” (WHO, 2017b, p.3) While the inclusion of this is promising, the section itself is a bullet pointed list. Each “cultural and social factor” (WHO, 2017b, p.3) provided is just another point that the WHO autonomously declares due to the lack of author and lack of emphasis on incorporating local voices. I will examine this section in great focus as I analyze specific passages from each section. The two following sections: “International response” (WHO, 2017b, p.4) and “WHO response” (WHO, 2017b, p.5) are the final sections of the document, and both of these reinforce this idea that the WHO is the authoritative voice on this issue. While the section “International response” (WHO, 2017b, p.4) sounds as though it may mention local populations, further analysis in this section revealed it does not. And it is clearly observable that a section called “WHO response” (WHO, 2017b, p.5) does not aim to disturb or alter this narrative. Again, I will come back to these concepts in the analysis that follows.

Foucault’s archeological research (1969) is the primary rhetorical theory I am using to textually analyze this document. This Foucauldian stance emphasizes how when we analyze statements, we must be aware of the role that institutional forces play in producing language.

Further, Foucault (1969) suggests that statements must not solely be considered for their immediate message, but also for how they relates to other statements; and, he insists that the relations between the groups that the statement impacts must be examined. This rigorous perspective demands consideration of the connections between other, related technical, economic, social, or political statements that are being said or that have historically been raised.

In order to properly apply this theory, I will consider these complex, historical, cultural connections as I analyze the text. These ideas, in tandem with Miller (1979) and Longo (2000), further emphasize the notion that the WHO's objective, declarative naming and section titles must be examined beyond simple conveyance of knowledge; they must be critically analyzed for their role in supporting existing power dynamics and for their failure to provide a voice to local populations.

Limitations of an Objective Perspective

I did not have to move beyond the first line of the document to apply these theories to the text: "Female Genital Mutilation (FGM) includes procedures that intentionally cause injury to the female genital organs for non-medical reasons" (WHO, 2017b, p.1) On the most basic level of naming, simply referring to the procedure as "female genital *mutilation*" (WHO, 2017b, p.1) implies that whoever has had this done to them has been mutilated. According to the OED (2016), mutilation is "the act or process of disabling or maiming a person by wounding a limb or organ," and, "the action of making something, esp. a book or text, imperfect by destruction of one or more of its parts" (para. 1). Because of its effect on language and power, this statement must be examined beyond its literal meaning to account for how it impacts people who have experienced FGC. By using FGM instead of FGC, the implication is that any woman who has

been circumcised is mutilated.⁵ The fatality implied here is not one that can be overcome: according to the WHO, any woman who has been cut is permanently maimed without respite. Therefore, the first line of the WHO's web page automatically implies that any woman who has had their genitals cut is permanently maimed. And while women who have experienced FGC are not books or parts, the use of this word, by default, implies an inferiority or imperfection.⁶ In

⁵ Gruenbaum claimed that use of the phrase genital mutilation “contributes to the intensity of rejection of the practitioners along with the practices and implies intentional harm or unthinking obedience to irrational traditions” (1996, p. 315). For her, this reaffirms perceptions of these cultures as “barbaric, backward, or child abusers” (1996, 314), thus judging these cultures and discouraging any attempt to understand the long-standing cultural practice.

⁶ In “Global strategy to stop health-care providers from performing genital mutilation” (WHO, 2010) the WHO acknowledges the problematic nature of using the phrase “FGM.” They defend their position claiming that by using “mutilation,” the language “emphasizes the gravity of the act” and acknowledge that while some UN agencies use “cutting” in its place due to “the importance of using non-judgmental terminology [however]... both terms emphasize the fact that the practice is a violation of girls and women’s human rights” (WHO, 2010, p. v). Their awareness to the sensitivity of naming demonstrates some self-reflection; however, this caveat is not displayed on the Fact Sheet, and the document is solely listed as a related link on the webpage. Perhaps it would be appropriate for the WHO to carry this sentiment throughout their website, not just in select sections. In addition, there has been extensive dialogue on these terms (cutting/mutilation) throughout the discourse on this topic, and several scholars and writers close to the issue have in fact deemed “mutilation” an acceptable way to describe the procedure.

addition to implying women are maimed, the language in this section fails to consider the humanistic component of women who have experienced FGC due to the lack of emotionality and lack of personal experience. Therefore, the idea that technical documents convey an absolute and objective reality is not only flawed, but also draconian and potentially oppressive. Miller's claims that technical writing should be humanistic suggest that while lines such as, "The procedure has no health benefits" and "FGM is mostly carried out on young girls" (WHO, 2017b, p.1) describe the situation, the WHO does not speak to the humanity of these women. However, a shift towards a more rhetorical, humanistic approach to technical writing would allow technical writers to empower the voice of women within this document.

Support for this shift can be further observed in Rutter's (1991) "History, Rhetoric, and Humanism." He also expanded upon Miller's rationale by considering technical communicators as rhetoricians, arguing that because "technical communicators actively create versions of reality" as opposed to simply presenting the absolute reality, "then technical communication must be fundamentally rhetorical: it builds a case that reality is one way and not some other" (p. 28). Rutter's claims support the notion that the objective language of the Fact Sheet creates an objective perception of a very humanistic reality where the WHO is functioning as a rhetorician who shapes reality. This can be observed by examining the last paragraph of the first section.

The paragraph reads:

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation

to the rights of children. The practice also violates a person's rights to health, security, and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. (WHO, 2017b, p.1)

Although many women do feel this way about FGC, the lack of emphasis on the actual claims of these women make it such that the WHO is defining reality themselves rather than allowing the local populations to do so. Further, it fails to account for the cultural complexities that shape and create the conversation surrounding FGC. Some of the research I have found directly addresses this concern, though I am waiting to examine this idea until the Fact Sheet's section on social and cultural factors, and continuing to proceed through the sheet linearly.

The "Procedures" section contains definitions for the four types of FGC: clitoridectomy, excision, infibulation, and "all other harmful procedures" (WHO, 2017b, p.2) While the WHO is productive in describing and explaining the various procedures, their focus on defining and observing fails to make an important connection. In Lay's (1991) "Feminist Theory and Redefinition," she claimed technical communication must be altered so that "women are subjects or sources of knowledge, rather than objects of study as Other or Woman, feminists empower women and change definitions of reality" (p. 150). Lay's critique applies to the Procedures section here as well. For instance, when the website describes Type 4 as "all other harmful procedures to the female genitalia for non-medical purposes," (WHO, 2017b, p.2) this provides information, yet the language is solely concerned with facts and data; it does not speak of the actual women who experienced FGC, and it does not speak of their personal experiences. A

description of excision, for example, is explained in detail⁷, yet again it is not clear if this website was written by a woman who has experienced this, and it is not clear if a woman is directly explaining the procedure. Therefore, the document functions in the exact way Lay critiqued: the procedure is an object of study, described through technical writing, and it does not empower a woman to become a source of knowledge in order to empower herself and define reality on her terms.

Lay's (1991) assertion that technical communication must be redefined to examine gender bias within documents enables me to critique this portion of the Fact Sheet further. Applying this theory to the document reveals that the language of the website, while addressing a serious gender-related issue, does not place the voices of the women experiencing FGC at the forefront of the document. Instead, an anonymous, unnamed author describes the situation without providing a space for female voices to emerge and without accounting for humanistic perspectives of FGC. The Fact Sheet's anonymity conceals the nature of the author, so even if she were a survivor of FGC, the audience remains unaware. The WHO's attempt to educate the world to the harms of FGC, and that people should know that "FGM has no health benefits, and it harms girls and women in many ways" (WHO, 2017b, p.2) is certainly important; however, this language does not provide a space for the female voice to lead the discussion on this issue. The failure of transnational organizations to empower women in their efforts has been directly addressed by other female scholars.

⁷ Rather than relay this graphic procedure word-for-word, I'm simply referring to it broadly. In Appendix 1, page 2, all four of the WHO's descriptions can be viewed.

Eltahawy (2015), an award winning American-Egyptian columnist and international public speaker argued that global help to end FGC would continue in its partial-effectiveness unless more women were empowered in a way that their voices are heard on both a local and national forum. Her book *Headscarves and Hymens: Why The Middle East Needs a Sexual Revolution* (2015) aimed to tell the stories of women across the Middle East. Eltahawy claimed that empowering local voices was essential to combat the oppressive, patriarchal systems that prevent them from being heard. She argued that this emphasis would increase the effectiveness of the WHO's efforts to end female circumcision. Eltahawy (2015) referenced an incident in 1994 where CNN aired a global video of female circumcision occurring in Egypt immediately after an interview of then-president Hosni Mubarak declared that the procedure was not occurring in Egypt. That video "exposed a horror that by 1994 had claimed at least 90 percent of ever-married Egyptian women between the ages of fifteen and forty-nine" (p. 122). However, most Egyptians spent more time questioning the validity of the numbers⁸ than addressing the issue. And even though FGC is banned across the world, efforts to curb female circumcision have not been wholly successful. Procedures are still performed across Egypt, and sometimes performed by medical practitioners (Eltahawy, 2015).

Without condemning the international movement to aid Africa, Eltahawy (2015) reiterates the fact that the only way more change will occur is if the people who actually experience living in areas where FGC frequently occurs have the opportunity and courage to

⁸ In 2008 a national healthy study in Egypt reported the numbers dropped to about 74 percent of girls aged 15-17 (Eltahawy, 2015, p. 122). However, she also noted that "the genital mutilation of three-quarters of girls is still horrific" (2015, p. 122).

speak and be heard. While the WHO effectively lists immediate complications as “severe pain; excessive bleeding; genital tissue swelling; fever; infections” (WHO, 2017b, p.2) and so on, there is still no forum of opportunity for the women in Africa (or the Middle East and parts of Asia) to tell their story. There is no anecdote or narrative. There is still just this foreign organization telling the world about a very personal, serious, devastating, and complex issue from a factual, objective perspective. Eltahawy (2015) said “sharing our stories is often the only way we get answers to things we’ve been too scared to ask” and praised the women who spoke and fought for reform in their communities and cultures because “they have refused to be silent and have insisted that their own choices, their own narratives, matter” (p.138-9). Therefore, the WHO’s global declaration that:

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually. (And) more than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated (WHO, 2017b, p.2)

is indeed informative and significant, though it again fails to voice and share the narratives of these women.

The WHO continues saying that the far-reaching occurrences of FGC in these countries and declares that “FGM is therefore a global concern” (WHO, 2017b, p.3) Again, I do not disagree with the validity of this statement, rather, I question whether this approach is the most effective strategy to respond to the global efforts to end FGC. Given Eltahawy’s critique about the WHO and UN and Lay’s argument about valuing the feminine perspective when analyzing technical documents, I believe the Fact Sheet is severely misguided in its language.

Instead of solely descriptive, specific, and informative language, perhaps combining this approach with personal anecdotes, claims, or narratives from the local populations would more further the WHO's intended cause and produce a more effective document for the local populations where FGC is frequent. However, this approach is intentional on behalf of the WHO; this is how they function. Therefore, this critique is more significant than claiming the Fact Sheet is flawed. Instead, I must claim that the WHO's approach to global health is rooted in outdated, harmful, and limiting perceptions of objective positivism.

In order to more effectively represent the people it aims to help and to more effectively enact change, the WHO must move beyond this understanding and instead craft personal, anecdotal writing that empowers local voices using the WHO as a medium. At present, the WHO is not a medium for these voices, but rather an authoritative organization providing itself a voice on issues of significant, global importance. The following section discusses cultural and social factors, and I am curious to see if the tone of the language shifts or becomes altered in any way to account for the voices of the local population.

Complex, Cultural Concerns

The WHO's cultural section begins by claiming, "The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities" (WHO, 2017b, p.3) and continues to share the reasons as to why this is true. On a surface-level reading, this is an encouraging inclusion. The first point on the list reads:

Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivators to perpetuate the practice. In

some communities, FGC is almost universally performed and unquestioned. (WHO, 2017b, p.3)

Gruenbaum (1996), an anthropologist who spent years living in Africa and the Middle East, emphasized the critical importance of culture within the practice of FGC. She also reiterates Eltahawy's (2015) point that people living in these regions often take issue with the way outside organizations take stances on these complex, cultural factors. Gruenbaum (1996) said:

When outsiders take strong positions on practices... they can appear to be ethnocentric or arrogant. Their posturing can seem to deliberately ignore salient issues of Third World poverty and health (such as centuries of economic exploitation and political interference)⁹ and place blame instead on the people themselves or their cultural maladaptation. (p. 340)

The lack of a local voice on the WHO website becomes even more problematic considering this assertion. Not only does the WHO fail to publish the accounts of local men and women to discuss the sensitive and dynamic cultural components of FGC, they also fail to address issues such as poverty and economic exploitation, which are arguably more serious than the issue of ending FGC. Gruenbaum (1996) continued, "Thus, for outsiders to target female circumcision as the social problem in need for the most urgent attention seems outrageous to many Arab women, since there are so many worse problems that wealthy countries have caused or... failed to help solve" (p. 341). The Fact Sheet does not talk about other ways that the WHO is aiming to help countries that frequently experience FGC. Are there other efforts? Does the WHO involve itself in helping these people obtain food and fresh water? While this research does not have the scope to explore exactly what other issues Gruenbaum (1996) is referring to, the document does not

⁹ Gruenbaum's clarification.

address this issue – an issue vocalized as one of importance by the local populations in these places.

In spite of other cultural factors included such as, “FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage” and “local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice” (WHO, 2017b, p.3), these claims and similar statements¹⁰ are the extent to which the WHO delves into this concern. The website does not present the cultural and social factors in order to emphasize the importance of regional and local efforts to combat FGC. Instead, cultural and social concerns are presented in a matter-of-fact fashion that posits the WHO as knowing there is a problem and sharing how they will fix it. Eltahawy’s (2015) assertion that personal narratives must be heard for more progress to be achieved applies here as well. Because the WHO objectively presents cultural factors without empowering those local voices, their section on cultural and social factors does not, as Lay (1991) claimed technical communication should, address issues of power or gender between the WHO and the women who have experienced FGC, instead it continues to declare and describe. As a result, The WHO dictates and shapes the reality of the situation. It is not the local populations who are valued or who speak, but rather it is the transnational organization speaking for them. Section 6 is the “International Response” (WHO, 2017b, p.4) section and I expect that this emphasis on transnational organizations to continues.

¹⁰ The WHO’s list of cultural and social factors contains has ten points listed in total, three of which are explicitly referenced in this section.

Before analyzing the text of this section, I want to refer back to Gruenbaum (1996). She claimed that “international efforts to ‘eradicate’ female circumcision (as if it were a disease)¹¹, though often couched in seemingly progressive feminist rhetoric, sound condescending to many African women” (p. 315). She went on to explain that the efforts to help are met with resistance and reluctance; therefore, when the WHO expressed that they are “building on work from previous decades... against the practice of FGM,” (WHO, 2017b, p.4) they fail to acknowledge the disconnect between local populations and international organizations. African women often perceive international aid, much of which is Western in origin, as cultural imperialism, that is: the imposing of a powerful nation’s culture onto a weaker nation (Gruenbaum, 1996). Rather than accept this help and influence with open arms, members of the local populations experiencing FGC often do not trust outsiders to help them fix their problems, however serious they might be. And because this language continues to emphasize the work of the WHO and UN, the Fact Sheet reinforces this dynamic and does nothing to win the trust of people living in these areas who may have extreme distrust for their organizations.

Olopade’s (2014) *The Bright Continent* also addressed the distrust and inefficiency of foreign and international aid among the African people. She suggested that it does not “make sense for development ‘solutions’ to be hatched from afar, and implemented by outsiders, or governments with no better authority than force of habit” (p. 66), thus further emphasizing the ineffectiveness of outsiders attempting to fix problems within Africa. In this way, the WHO’s support for “international monitoring bodies and resolutions to condemn the practice” (WHO, 2017b, p.4) of FGC fails to hatch a development solution within local regions by local people.

¹¹ Again, this parenthetical clarification is Gruenbaum’s writing.

This claim bolsters my assertion that the language of the Fact Sheet limits the agency of local populations is bolstered. In addition, the *absence* of language in this section can be revealing. Not only is the WHO placing extreme emphasis onto the work that they and other international organizations have done, but they do not mention or address the fact that both scholars and people living in Africa are calling for internal development to address African issues.

Olopade (2014) focused on what the people of Africa are doing for themselves. While global efforts to help improve quality of life in Africa “have spent decades examining the various ruts and bottlenecks in economic growth, it is rare to hear about what ordinary Africans are already doing to help themselves” (p.5). Olopade’s (2014) argument echoed that of Gruenbaum (1996) who emphasized the absolute necessity of looking to the actual people in Sudan and Egypt (for example) experiencing female circumcision to lead the fight to address the practice themselves (p. 342). Gruenbaum (1996) and Olopade (2014) primarily took issue with the fact that Western voices and the transnational voice has dominated the conversation, though perhaps it is more accurate to say that they take issue with the lack of attention given to the voices of African and Middle Eastern women.

Olopade (2014) critiqued the global aid efforts led by the UN, WHO, economists, philanthropists, and journalists for looking away from the actual people living and participating in Africa communities and instead focusing on “Africa’s formal organizations and its formal solutions” (2014, p. 6-8). Olopade’s (2014) comments did not aim to dismiss or ignore the problems in Africa, nor does she intend to imply that all aid or assistance is bad. Rather, she argued that in order to enact more effective change, movements should primarily aim to empower the actual people living in Africa instead of focusing on foreign entities providing aid. And it is in this same vein of critique that I aim to form my analysis on: I am not condemning

international aid all together, but rather I am claiming that the approach and specific actions have been misguided due to the misgivings I have outlined and discovered in this research so far.

More recently, Gruenbaum (2013) has noted that African Women movements around the world have taken advantage of adding “working against FGM” to their mission statements because it has escalated “as a hot topic” (p. 107) within activist discourses. Additionally, she claimed that “because this topic is invoked by dominant voices to justify imperialist superiority, scorn, and paternalism and because it is wielded to provoke so much anti-African and anti-Muslim disdain, it merits extreme caution in how it is handled by people from non-practicing societies” (p. 107). Gruenbaum (2013) reflected on the changes made between her 1996 publication and the global situation, noting that there had been a shift to include cultural and social components of international policies. However, she also acknowledged that “this caring, humanitarian ‘we’ reinforces a dominant, savior dynamic between the rest of the World and the societies in question” (2013, p. 113). Further, she raised concerns with the fact that local organizations aiming to help address women’s issues in Africa must loudly assert their dedication to ending female circumcision to increase their chances of obtaining grant money from UN agencies or European and North American aid organizations.

While the WHO’s section on international aid proceeds to describe the global movements and subsequent progress, it still does not account for any of these concerns. So, the Fact Sheet succeeds in providing a call-to-action to and declaring the victory that there have been “revised legal frameworks and growing political support to end FGC” (WHO, 2017b, p.4) worldwide, yet it does not provide a space for any other, persistent and growing concerns of the people it aims to help.

The WHO presented a timeline within this section outlining the international efforts to end FGC. It ranges from 2007: “UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice”¹² (WHO, 2017b, p.4) to May 2016:

The WHO in collaboration with the UNFPA-UNICEF joint programme on FGM launched the first evidence-based guidelines on the management of health complications from FGM. The guidelines were developed based on a systematic review of the best available evidence on health interventions for women living with FGM. (WHO, 2017b, p.5)

However, throughout this entire sequence there is no mention of the immense work done by the women who worked for years to get this issue recognized by the WHO and UN. There is no mention of either the Inter-African Committee on Traditional Practices (IAC) or No Peace Without Justice (NPWJ). This exclusion further exacerbates the issues I (and the female writers referenced above) have raised throughout this section so far. In addition to not providing a voice for local populations and empowering women to tell this story themselves, the WHO’s Fact Sheet only credits themselves and the UN for the global work in the efforts to end FGC. This same critique applies to the final section of the website: “WHO response” (WHO, 2017b, p.5)

The section prevents a three-point list describe what the “WHO efforts to eliminate female genital mutilation” have focused on. These include: “strengthening the health sector

¹² The use of “cutting” here is a specific reference to the actual programme referenced.

response... building evidence... (and) increasing advocacy”¹³ (WHO, 2017b, p.5). This content also emphasizes the transnational effort rather than the local. Additionally, throughout the entire website, there is only a single sentence that mentions the work that needs to be done *within* the countries that experience female circumcision. The WHO does not emphasize a focus on “increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation” (WHO, 2017b, p.5) until the last bullet point – the final text of the website. This conveys an extreme lack of emphasis on the work being done by local populations. Placing this sentence last and devoting such little space for it once again takes emphasis away from the humanistic and focuses on the objective. This is yet another example of the objectification that Lay (1991) and Miller (1979) referred to: the website does not present women as empowered humans, but rather numbers and data; the Fact Sheet continually focuses on objective descriptions and summative statements.

When analyzing the language of the “Fact Sheet,” we must also consider the historical relations between Europe and the Western world with Africa and the Middle East. Throughout human history, colonization and globalization have ravaged these areas. The exploitation of resources and labor have hindered economies and prohibited growth in these areas. As Foucault suggested, this discourse must be considered side-by-side with the current exchanges that are occurring. The WHO (2017b) is not taking a stance on the issues of poverty or the poor living conditions emphasized by Eltahawy (2015), Gruenbaum (1996; 2013), and Olopade (2014).

¹³ These are only the beginning parts of each point. Following each of these phrases are single, detailed sentences elaborating on all three claims.

The website focuses on one cultural area: FGC, but ignores other, fundamental cultural issues. The WHO is not asking to hear these voices or the voices of others who have lived in regions where female circumcision is occurring so frequently, and the WHO does not acknowledge those critiquing their organization for ignoring these other invasive, wide-ranging issues. Rather, they position themselves as the central solution. This narrative – a global and external organization fixing problems around the world – is significantly more problematic and harmful because of these historical connections between Africa and the Middle East with the western world. While I have discovered these insights by examining specific sections and passages, I will now transition into macro-level analysis to complement these findings.

CHAPTER THREE: MACRO ANALYSIS

Critical Literacy and the WHO's digital document

In this final chapter, I will respond to the findings from the textual analysis and examine the document from a holistic perspective. I am going to perform this final portion of the analysis in two segments. First, I am going to examine the Fact Sheet as a digital text and critique it using concepts of critical and rhetorical literacy. I am including this digital analysis because the Fact Sheet itself is a digital document and because of the increasing prevalence of digital literacy within technical communication. This prevalence has altered the way in which technical communications occur by expanding reach, synthesizing ideas, and increasing the speed of interaction. As a result, technical communication work has changed.

Following this digital analysis, I will conclude by reflecting on the previous sections in an effort to synthesize my findings and complete my analysis. By complementing the textual, digital, and cultural analysis with additional macro-level critique, I hope to observe the results of my analysis further and perhaps discover new insights into the nature of the Fact Sheet's role in the global efforts to transition away from practices of FGC.

Critical literacy revolves around the idea that digital texts reinforce agenda and ideology. Just as with the theory I previously included, this idea is rooted in the concept that technical writing is neither objective or neutral. Jones and Hafner (2012) defined a critical stance as one that "puts you in the position to interrogate the ideologies and agendas promoted in the texts that you encounter via digital media and by digital media" (p. 98). Just as technical writing is moving away from the positivist view that a text produced a singular, absolute reality, the same applies when considering new media. Jones and Hafner (2012) explained that critical literacy requires us

to learn as much as possible about how things work, including how language works to influence opinions and the way digital texts influence behavior and relationships. They also describe the digital revolution as not one of information, but rather one of relationships. Because communication has expanded so dramatically, the most profound change is the increased connectivity between individuals around the world. Therefore, it is this extreme reach and dynamic interaction that the internet provided that allows the Fact Sheet to reach such a vast array of audiences. Perhaps the WHO's insistence on solely presenting information is indicative of their failure to realize this truth – the fact that communicating information is not simply about transmitting data, but also about building connections and relationships.

The concept of critical literacy has also been explored in depth by Selber (2004) in his work *Multiliteracies for a Digital Age*. Selber (2004) argued that there is more to digital media than understanding functionality and effectively navigating interfaces (what he has described as functional literacy), and that we must take on both a critical and a rhetorical perspective. When describing critical literacy, Selber (2004) urged us to consider several questions including: “What is lost or gained? Who profits? Who is left behind and for what reasons? What is privileged in terms of literacy and capital? What political or cultural values are embedded in hardware and software? (p. 81). These questions are similar to those inspired by cultural studies and discussed by Thralls and Blyler (2003, 1993) and Longo (2000).

A key claim regarding Selber's (2004) concept is that consuming technology without conscious critique will prevent these questions from being answered. Applying this concept to the WHO implies that if we read the Fact Sheet without considering agency, power, and ideology, the powerful revelations my research has uncovered may go unrealized. In addition, we must consider the role of literacy in this dynamic. Selber (2004) provided a definition of literacy

from Friere and Macedo (1987) who argued that “a person is literate to the extent that he or she is able to use language for social and political construction” (p. 159). Many people living in the areas where FGC is frequent have limited, lesser, or no access to the internet. Therefore, if the Fact Sheet is primarily a digital document, what implications does that imply? This led me to consider several questions:

- Do local populations have consistent access to the internet to view the Fact Sheet?
- Are local populations able to understand what it is saying?¹⁴
- Because the language of the Fact Sheet takes away agency from the local population it intends to help, are local populations literate in the sense that their language can lead to social and political construction?
- Or, perhaps, would that only be true if the WHO provided a forum for their voices to be heard?

In addition to critical literacy, Selber (2004) emphasized the importance of incorporating *rhetorical* literacy as well. He claimed that when creating technology, we must not just mechanically churn our programs and content, but consider the rhetorical implications of each creation. This concept expands beyond digital texts to include software and all digital interfaces¹⁵; however, websites and digital writing are certainly included. Selber (2004) went on to describe writing as a form of social action and digital media as a component of social activism

¹⁴ The Fact Sheet is in fact available in Arabic, Chinese, English, Russian, and Spanish.

¹⁵ Selber (2004) also claimed that interface design “is a largely rhetorical activity, one that includes persuasion, deliberation, reflection, social action, and the ability to analyze metaphors” (p).

and social justice. The WHO's Fact Sheet aims to work towards social justice purpose by attempting to improve the health of women worldwide; however, my findings from Chapter Two suggest the misgivings of their approach have resulted in the disempowerment of local populations. Selber (2004) also emphasized the potential that digital media have in challenging (or supporting) existing systems of power/control. Selber (2004) said, "The technical exercise of power occurs when interface designers disregard the suggestions and insights of users" (p. 165). This concept can be applied directly to the Fact Sheet. As digital authors and creators of the web page, the WHO's lack of emphasis on local populations disregards the voice of the local populations, therefore failing to explicitly incorporate their insights. Even though the WHO is working for a social justice cause, the website's emphasis on the work of transnational organizations effectively takes power away from those people. In turn, the document supports existing power dynamics between western, transnational organizations and countries in Africa and the Middle East while failing to challenge the existing system of power between both parties. If the Fact Sheet focused on empowering local populations and providing a forum for local voices to lead the efforts to end FGC worldwide this would not be the case. However, as my work has demonstrated, the language fails to do so.

Another facet of considering rhetorical literacy is simply realizing that digital technologies are in fact rhetorical. Could it be that the WHO have over looked this crucial aspect of language and technology? If this were the case, then it is likely true that this disempowerment was not an intentional action, but rather a result of not understanding or realizing the significant rhetorical component of language. In describing computers as hypertextual media, Selber (2004) claimed that every space is ideological and every act or reading of a hypertext is fundamentally political, and because of this literacy must be redefined to account for the fact that language

shapes reality. In lieu of these changes, Selber (2004) argued that a new rhetorical understanding of digital media is required. This new understanding must account for the social power of digital media, realizing that digital language has an impact that extends far beyond communicating a single message as an absolute truth. Jones and Hafner (2012) supported this call for redefinition. Instead of considering literacy as a creation and sharing of information, they suggested it should be reframed as “a matter of all sorts of interpretation and social processes; relating to others... a way of relating to other people, showing who we are, and developing new ideas” (p. 7). Just as the digital revolution has become a relationship revolution, literacy too extends beyond transmission. The impact of literacy extends beyond cognitive and technical; literacy must be recognized for its social implications.

The nature and definition of literacy has been amplified by the changes brought on by the prominence of digital media. Selber (2004) described electronic rhetoric as an extending literacy rather than destroying it. However, this extension demands incorporating the critical, rhetorical perspective. And while digital literacy expands across many disciplines, it is these critical, rhetorical variables that led Selber (2004) to emphasize the extreme importance of English and the humanities in designing literary technologies and creating digital texts. In emphasizing the importance of a critical approach to digital technologies, Jones and Hafner (2012) claimed that the more we know about how language shapes the world in digital media, the better we will become at creating and examining digital text in such a way that fits “our own purposes and promote(s) our own agendas rather than the agendas of politicians, journalists, engineers, and corporations” (p. 111). Just as Slack, Miller, and Doak (1993) emphasized the importance of the authorial power of the technical writer, Selber (2004) and Jones and Hafner (2012) emphasized the role that critical and rhetorical literacies have in revealing what this authorial power implies

within the creation of digital texts and media. The work of these scholars cautioned against the consumption of electronic media without critique and the creation of digital texts without self-reflection. Slack, Miller, and Doak (1993) elaborated on this concept. They claimed:

It is impossible to recognize the real power of technical discourse without understanding its role in the articulation and rearticulation of meaning and power. This understanding would thus empower the discourse of technical communicators by recognizing their full authorial role. (p. 173)

This empowerment—our own empowerment as technical communicators, has the potential to, in turn, empower marginalized voices. Therefore, my claim that the Fact Sheet fails to empower the local populations it intends to help can also be a claim that the WHO either fails to (or has no desire to) embrace its own authorial power. Given this, it is important to recall how Slack, Miller, and Doak (1993) claimed that we have a *responsibility* because of this power. And when this responsibility is possessed by a transnational organization with tremendous clout and influence, working with groups and organizations across the globe, the importance of that responsibility is significantly amplified. This notion, bolstered by the fact that the Fact Sheet is a digital document with a tremendous reach, highlights the need to critique the WHO's language and consider the role of power and observe its articulation of meaning. Further, the discourse regarding critical and rhetorical literacy furthers the importance and the need for more analyses of this type to occur.

Examining Power in Global Communication

As I have dealt with and considered issues of oppression, agency, and empowerment, I have been constantly drawn back to the work of Paulo Friere. As perhaps the most renowned rhetorician who examined power in social discourse, his theory has been one of the motivating

factors throughout my research so far. And while I have not specifically used his theory yet, I can think of no one better to refer to when concluding this analysis.

In *Pedagogy of the Oppressed*, Friere (1970) explored and analyzed the nature of oppressors and the oppressed. He claimed that for true liberation to occur, the oppressed people must be heard and must work in union with the liberators to achieve that goal. If the liberators fail to listen and hear the oppressed, then the goal of agency and freedom can never truly occur. Friere (1970) took this idea a step further; not only can freedom never occur, but, if the liberators fail to allow the oppressed to use their own voices to break free from their oppressors, then the liberators are not liberators but instead cultural invaders.

While the Fact Sheet is not a liberating force in the traditional sense, it is a product of the World Health Organization and a representation of their efforts to address FGC and ultimately end the practice. In that sense, the WHO's efforts can be considered an effort to help liberate local populations from experiencing FGC. While discussing the nature of liberation, Friere (1970) distinguished true liberation from false liberation based on whether or not the leaders of the liberating group are speaking with the people. For Friere (1970), speaking with the people does not simply mean interviewing, nor does it mean that their opinions are considered, speaking with, instead implies that the true voice of change is the voice of the oppressed, rather than an external organization speaking for them. This deliberative synthesis must be ongoing and valued above all else. If the liberating force fails to engage in open deliberation with the oppressed on a complete and comprehensive level, the efforts to liberate have failed. Friere (1970) argued that in this breakdown, liberators become false liberators; they become oppressors. He wrote, "Leaders who do not act dialogically, but insist on imposing their decisions, do not organize the people – they manipulate them. They do not liberate, nor are they liberated, they oppress" (p. 178). A

result of this false liberation may lead to certain qualities of life becoming more pleasant; however, the underlying cause of the original oppression can never be truly addressed. Without enabling the people to lead themselves, speak for themselves, and liberate themselves, their agency is impossible. A group of people cannot be free from oppression unless they break the chains of their oppressors themselves. Just as Olopade (2014) and Eltahawy (2015) described the limits of international help without personal, individual empowerment, Friere (1970) critiqued those who may liberate “for” a people rather than discover liberation “with” them. The central distinction here is whether or not the oppressed voices are acknowledged and amplified so that more people may hear them. Liberators are a vital component of this dynamic, though true liberation only occurs when the local voices lead the liberation themselves. Because the Fact Sheet does not allow local voices to lead the global movement, the WHO’s webpage does not truly liberate the local populations where FGC is commonly practiced. This conclusion suggests a specific action that the WHO could take: revising the document to feature the voice of the local populations may result in better relations and more effective action. This is an aspect I wish to pursue in future research – in lieu of my findings, what should the document look like?¹⁶

Analyzing the document so far has revealed that the language and style of the Fact Sheet does not place enough consideration on considering the populations the WHO intends to help. As a result, the WHO functions more “for” the local populations than they do “with” them. To

¹⁶ I believe the document should combine facts with video-narratives of the women in various local populations discussing their personal, ongoing efforts in the effort to eliminate FGC. I briefly address this on page 46. Considering how the website could empower local populations stands out to me as the most important consideration resulting from my research.

further my macro-analysis of the Fact Sheet, I quantified the document based on categories (Figure 3).

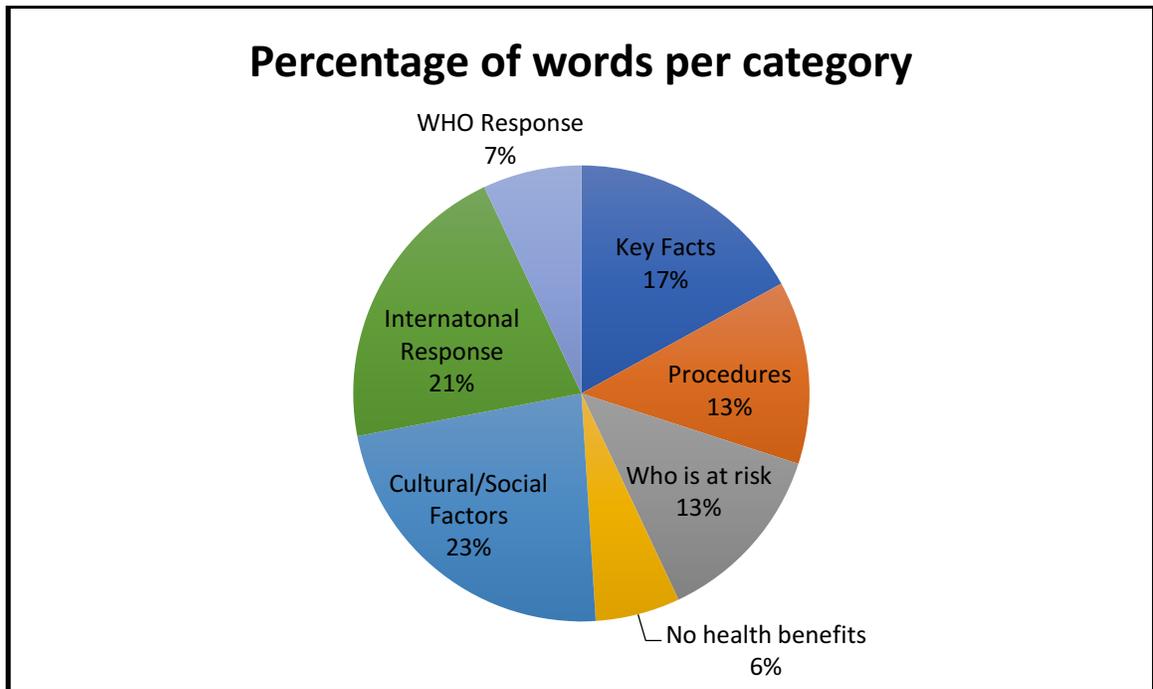


Figure 3. This figure shows a percentage breakdown of words per category from the Fact Sheet sections.

The first thing I noticed about this was that nearly half (43%) of the language on the site is devoted to objective data (Key Facts; Procedures; Who is at risk; and No health benefits). By defining and qualifying what exactly female circumcision is and how it has been occurring around the world, the WHO empowers its own voice in shaping this discussion. The anonymous Fact Sheet takes the role of speaking upon itself instead of positioning itself as Gruenbaum

(1996; 2003) and Olopade (2014) suggested – a space where the women who have experienced circumcision may speak.

While 21% of the text consists of “International Response,” (WHO, 2017b, p.4) most of the content in this section mentions work by transnational aid organizations including the WHO itself (in spite of the separate section for WHO Response) and the UN. As mentioned earlier, the beginning of the section states: “Building on work from previous decades, in 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA)” (WHO, 2017b, p. 4). However, the website fails to mention the work done by actual people in Africa and the Middle East to stand up and speak out (including the ICA and NPWJ). When combined with the “WHO Response” (WHO, 2017b, p.4) section, nearly a third of the website consists of describing the work done by both the WHO and the UN. This quantification particularly illuminates how the website disempowers women and local populations by emphasizing their own role within this global effort. Because the WHO primarily emphasizes international efforts, the agency of local populations to participate in the global effort to end FGC is minimized in favor of these global organizations. This minimization is particularly concerning when considered side-by-side with the facts that (1) many local populations distrust foreign aid and (2) the FGC issue is culturally complex and fundamentally integrated into various societies. Nearly a fourth (23%) of the text addresses cultural and social factors. Though, as discovered in Chapter Two, these factors are not conveyed in an effort to claim that local leaders must lead the efforts to abandon FGC, rather they are simply mentioned and moved past. These findings support my claim that the lack of emphasis on local voices implicitly oppresses the people that the WHO aims to help.

In addition to critiquing foreign aid for not properly involving local populations, Gruenbaum (1996, 2013) argued that women's health movements in Africa and the Middle East have been forced to tout their dedication to ending FGC in order to obtain aid. The WHO discredits local voices in the current discourse on female circumcision by not addressing concerns of Gruenbaum's and others with similar concerns. Given these variables and the others discussed, the WHO's website does not portray a liberation of women from societies that enforce female circumcision. While contributing to a good cause, the way in which the WHO crafts their language is inherently oppressive. It is not, as Friere (1970) described, dialogical cultural action where a system is transformed due to deliberative action.¹⁷ The WHO's language Fact Sheet is instead fundamentally limiting and implicitly oppressive by imposing its own voice and role as dominant and superior.

These findings may provide insight into some of the difficulties encountered by the global movement to end FGC. While this research does not imply a guarantee that instances of female circumcision would decrease more rapidly if both the language of the WHO and their approach to their efforts shifted, these results suggest it may be a good start. If the global efforts to end FGC were focused more on forming regional groups, empowering local leaders, and effectively listening to the people living in those areas, perhaps there would be more empowerment within the countries to end FGC worldwide. The language could focus on how the WHO was empowering women and local advocates instead of focusing on objective data and the work of transnational organizations. This would mean that the content would be less focused on

¹⁷ See Friere (1970, p. 179-183) for his section on "Cultural Synthesis" that described in depth his ideal process for deliberation between the oppressed and their liberators.

what the WHO and the UN have done, and instead highlight the work done by the people in the affected areas. It could even be a medium for the people of local populations to tell their stories. These possible solutions extend beyond the scope of my research. However, the implications of these findings may inform further research to suggest a shift in the WHO's approach to ending FGC.

Through analyzing the Fact Sheet, I demonstrated that the language of the website shapes both the discourse and the reality of the global response to and perception of FGC. Because the audience for this document is far reaching, the language does not simply present an established truth, or organize content and facts on female circumcision; the implications of the Fact Sheet shape the global discourse on the efforts to end FGC.

This critique does not aim to say that efforts to end FGC are harmful or that they should stop. However, I claim that the way in which the WHO is speaking for the people they are trying to help may be a serious impediment to their humanitarian efforts. At the very least, the Fact Sheet does not take advantage of the opportunity to enable silenced voices on a global platform, though at worst it may be a crucial reason for the lack of effectiveness in the global efforts to end FGC. In addition, incorporating a feminist perspective into the creation of this document may lead to a reformation of the language in both wording and content.

Another supplementary document, "Eliminating genital mutilation" (2008), acknowledges that "decades of prevention work undertaken by local communities, governments, and national and international organizations have contributed to a reduction in the prevalence of female genital mutilation in some areas" (p. 1). Other parts of this document refer to the efforts of local groups, although the majority of the language functions in a similar way as the Fact Sheet: focusing on objective data of a problem and how they are going to fix it.

Additional research may focus on exploring the other documents on the WHO's website, or perhaps examining the specific documents in legislature or technical communications that occurred during actual WHO meetings on FGC. The display of the site may yield interesting results if analyzed as well. By presenting the information in a bland, black and white format, analyzing the Fact Sheet's visual rhetoric may also portray a harmful or limiting approach to ending FGC.¹⁸

Looking Ahead in Technical Communication

As Longo (2000) examined the relation between technical communication and the creation of knowledge, she asserted that because of technical writing's history in creating knowledge, and therefore in creating power, this exploration of power and knowledge most certainly falls within the discipline. She found, "Pedagogy based on social constructionist notions of consensus-based community discourse conventions works to reproduce systems of power and knowledge, not to critique or change them" (Longo, 2000, p. 9). Technical communication pedagogy must embrace tension and differences rather than simply accept and reproduce technical writing in order to actively critique power systems. Textbooks and websites should not just be considered books or documents that convey concepts, but also "cultural artifacts participating in knowledge/power systems" (Longo, 2000, p. 24). Longo (2000) described the social implications of technical communication as to "break openings in the wall of

¹⁸ This would be particularly illuminating if analyzed along side of the vivid, yellow, orange, and black design of the "International Campaign to Ban Female Genital Mutilation Worldwide" website (NPWJ, 2009) that features video clips of women speaking and large group photographs of people smiling together.

our power/knowledge system” via “the inclusion of humanistic, critical research [that] can help researchers understand the social implications of technical writing practice” (p. 167). Therefore, we may discover unrealized revelations regarding the role of technical communication in supporting or challenging traditionally accepted systems of power and knowledge by examining documents in all their forms from a critical perspective. Thralls and Blyler (2002) further supported this notion. They claimed that cultural studies as an ideology has been:

Committed to the idea that these practices and representations organize cultural power and knowledge, [and] cultural studies researchers typically focus on the relationships between the knowledge a society produces and the material conditions and ideological structures through which that knowledge is produced. (p. 185)

This research provided a practical approach for professional communication analysis to explore how the discourse surrounding a technical document may impact various groups of people involved. In particular, cultural studies works with marginalized groups, disempowered people, or those who have been oppressed with the goal of exploring what ideas and concepts are excluded from discourse and whose voices have been silenced throughout this process (Thralls and Blyler, 2002, p. 201). Cultural studies is both humanistic and rhetorical: it provides a specific theoretical lens for technical communication to examine how power and knowledge impact culture and society. Through a culmination of decades of progress, research, and deliberation, cultural studies extended and focused the contemporary theoretical discourse regarding the role of technical communication.

Examining the Fact Sheet through this critical, social lens has provided me with great insight into analyzing this Fact Sheet. In this final segment, I want to discuss how these trends have been present within the discipline for quite some time and emphasize that critical, cultural,

social examination and, analyses are becoming more frequent within technical communication research.

In “Disrupting the Past to Disrupt the Future: An Antenarrative of Technical Communication,” Jones, Moore, and Walton (2016) argued against the existing dominant narrative that “technical communication is most concerned with objective, apolitical, acultural practices, theories, and pedagogies” (p. 212). Instead, they posited that this is not the case by use of an antenarrative. That is, a narrative that “reinterprets the past to suggest – and enable – different possibilities for the future” (Jones et al., 2016, p. 212). To accomplish this, Jones et al. (2016) examined many, varied instances through technical communication history focusing on social issues and ideology including race, gender, and sexuality. Walton (2016) supports this, arguing that:

(my) call to make TPC (Technical and Professional Communication) embrace human rights and human dignity as the foundational concern for the field is not a dramatic change of course but rather a continuation of the trend in the field to be more aware, more action oriented, and more explicit in our connection to these concerns. (p. 12)

To support this assertion, Walton (2016) referenced the fact that scholars within the discipline have focused on ability differences, race and ethnicity, and gender since the early 90’s (specifically referencing Lay’s 1994 work on feminism and technical communication¹⁹), and she emphasized the increasing amount of discourse occurring within the last several years. For

¹⁹ To clarify, while I have only explicitly referenced Lay’s 1991 work, both address very similar issues.

example, in 2006, Scott and Longo's special issue in *Technical Communication Quarterly* focused on strategies within technical communication that would work against cultural imperialism to support human rights. And the 2007 publication of *Critical Power Tools* (Scott et. al) comprehensively argued for a rethinking of technical communication through the lens of cultural studies. Just as Lay (1991) emphasized the need to redefine the discipline in lieu of feminist studies, so too did Scott et. al (2007) argue for an emphasis on power and culture within technical writing. They described the purpose of their work in "recognizing technical texts as connected to broader cultural practices, as always-already ideological, and as enmeshed in forms of power" (Scott et. al, 2007, p. 5), and by doing so we must remember that texts are always political. The failure to realize or act on this notion is a failure to embrace the responsibility held by technical communicators because of authorial power in articulating meaning. In addition, Jones, Savage, and Yu (2014) encouraged more technical communication emphasis on intercultural and international work.²⁰ In the same way that Foucault (1969) encouraged us "to analyze more closely the role of our institutions and disciplines in producing discourse, knowledge, and power" (p. 80), we must absolutely do the same, whether creating writing of our own or analyzing the writing of another; this is an essential facet of technical communication and now is the time to embrace this approach.

In writing this analysis, I have aspired to, as Longo (2000) encouraged, break through the walls of power and structure presented within technical documents. This analysis was inspired by the various scholars and writers mentioned who paved the way for issues of agency and

²⁰ Scott et. al (2007) and Jones et. al were originally grouped together by Walton (2016) as references to support these claims.

empowerment within technical writing. Future analyses of the language within global communication documents in various contexts would certainly allow for a similar breakthrough. These findings further bolster the role of feminist theory in technical communication. Perhaps Lay's (1991) claim that there is a crucial need for technical communication to redefine itself to account for this perspective can best be expressed in the conclusion of her quintessential piece. She wrote:

As feminist theorists attack the last vestiges of scientific positivism within science and technology, technical communication must also let go of the ethos of the objective technical writer who simply transfers information and accept that writer's values, background, and gender influence the communication produced. (p. 156)

Nearly three decades later, this claim still holds true. I propose that even global organizations aiming to educate the world about important issues have an obligation to move beyond the understanding that simple transmission of facts will suffice. In fact, beneath these objective, supposedly neutral words lie agendas, ideologies, and systems of power. The evolution of technical writing must continue to be an interdisciplinary one, absolutely incorporating other theories and ideologies.

This evolution has the potential to only impact technical writing and English, but any person, organization, or society that interacts with texts or language, digital or physical. Selber (2004) was not alone in emphasizing how important it will be for English as a discipline to actively reshape literacy to account for critical and rhetorical analysis. Thralls and Blyler (2002) believed that situated analyses of power "provide knowledge that will empower researchers and teachers... (and) advance the way we think about and teach nonacademic writing... (enabling) students to envision specific means for effecting organizational and cultural change" (p. 202).

While I do not have the time or space in this work to delve into the importance of incorporating this ideology into the classroom, I can claim that the type of work I have done here, inspired by all of the people I have referenced in my research, should absolutely be further incorporated into the technical writing pedagogy today. Miller (1979) called for this change to occur years ago; Slack, Miller, and Doak (1993) emphasized the weight of responsibility that technical communicators have; and, Longo (2000), among others, have championed technical communicators as essential players in the creation and shaping of knowledge and meaning.

As technical communicators continue to shift beyond the objective perspective, our discipline will have the opportunity to assert itself at the forefront of critical analysis and further reveal harmful implications of language in social, cultural, and political spaces. Through this shift, perhaps we may continue to discover answers to some of the questions posed by Longo (2000): “What knowledge gets to be written? Who and what influences this? Is the language accessible for all or a select elite?” (p. 167). We will be able to learn from her work and the many writings that further the humanistic exploration of technical communication. We must remember to continue appreciating, acknowledging, and articulating that a humanistic technical writing does not simply present physical, factual, static truths, but that it articulates meaning and considers the emotional, spiritual, intuitive, and communal aspects of a situation. An awareness of these truths can potentially propel technical writing forward, allowing us as technical communicators to impact and shape social discourse in a way that empowers rather than dominates. Through these efforts, we may attempt to facilitate human agency, and perhaps amplify the voices of marginalized populations who are silenced by the power of political and social forces across the globe.

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Appendix 1

Media centre

Female genital mutilation

Fact sheet
Updated February 2017

Key facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated¹.
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized¹. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Procedures

Female genital mutilation is classified into 4 major types.

- **Type 1:** Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other

- infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
 - scar tissue and keloid;
 - sexual problems (pain during intercourse, decreased satisfaction, etc.);
 - increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
 - need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
 - psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);
 - health complications of female genital mutilation.

Health complications of female genital mutilation

Who is at risk?

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated ¹.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a

woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.

- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

International response

Building on work from previous decades, in 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA).

Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy.

Progress at international, national and sub-national levels includes:

- wider international involvement to stop FGM;
- international monitoring bodies and resolutions that condemn the practice;
- revised legal frameworks and growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries);
- the prevalence of FGM has decreased in most countries and an increasing number of women and men in practising communities support ending its practice.

Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly.

In 2007, UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice.

In 2008, WHO together with 9 other United Nations partners, issued a statement on the elimination of FGM to support increased advocacy for its abandonment, called: "Eliminating female genital mutilation: an interagency statement". This statement provided evidence collected over the previous decade about the practice of FGM.

In 2010, WHO published a "Global strategy to stop health care providers from performing female genital mutilation" in collaboration with other key UN agencies and international organizations.

In December 2012, the UN General Assembly adopted a resolution on the elimination of female genital mutilation.

Building on a previous report from 2013, in 2016 UNICEF launched an updated report documenting the prevalence of FGM in 30 countries, as well as beliefs, attitudes, trends, and programmatic and policy responses to the practice globally.

In May 2016, WHO in collaboration with the UNFPA-UNICEF joint programme on FGM launched the first evidence-based guidelines on the management of health complications from FGM. The guidelines were developed based on a systematic review of the best available evidence on health interventions for women living with FGM.

To ensure the effective implementation of the guidelines, WHO is developing tools for front-line health-care workers to improve knowledge, attitudes, and skills of health care providers in preventing and managing the complications of FGM.

WHO response

In 2008, the World Health Assembly passed resolution WHA61.16 on the elimination of FGM, emphasizing the need for concerted action in all sectors - health, education, finance, justice and women's affairs.

WHO efforts to eliminate female genital mutilation focus on:

- strengthening the health sector response: guidelines, tools, training and policy to ensure that health professionals can provide medical care and counselling to girls and women living with FGM;
- building evidence: generating knowledge about the causes and consequences of the practice, including why health care professionals carry out procedures, how to eliminate it, and how to care for those who have experienced FGM;
- increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.

¹ [Female Genital Mutilation/Cutting: A Global Concern](#)

UNICEF, New York, 2016.

For more information contact:

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Related links

- Female genital mutilation and other harmful practices
- Health risks of female genital mutilation (FGM)
- Global strategy to stop health-care providers from performing female genital mutilation
- Eliminating female genital mutilation. An interagency statement
- Female Genital Mutilation/Cutting: A Global Concern (UNICEF)

Infographics



[Infographics on female genital mutilation](#)