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**Dolor y Angustia: Creative Practice and Arts-Based Advocacy and Activism**

**María Guadalupe López Davila**

**Abstract:** This practice to press article discusses how arts-based advocacy and activism can be used to raise awareness about human rights violations. Inspired by the work of my mother, Dr. Morella Davilla, a physician of obstetrics and gynecology in Venezuela, and the arts-based activist work of London-based artist, Aida Silvestri, my arts-based advocacy and activism work, *Dolor y Angustia* [Pain and Anguish], illustrates the creative process of a visual representation of Female Genital Mutilation, one of the most oppressive and horrific acts enforced upon women and girls.

**Keywords:** arts-based advocacy and activism, Female Genital Mutilation, Venezuela, women and girls

In their article, “Doing Feminism and Communities of Practice in Australian Art”, Rachel Haynes and Courtney Pedersen analyze the “powerful relationship between feminism and socially-engaged art practice.” The authors note that this type of creative practice is “demonstrated by a recent resurgence of this creative activity” (15). Such creative practice, according to Lara Martin Lengel, Meriem Mechehoud, and Victoria Newsom, “can communicate revolutionary agendas, convey hope and enthusiasm among demonstrators, garner support from domestic and international audiences, and break down polarising social,

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cultural, political, religious, gendered, ethnic, and national barriers” (238). The authors argue for an aesthetically-centered activism “rooted in empathy with an understanding that differing local lived experience may still result in shared global affective resonance about the various forms and enactments of oppression and exploitation” (245).

It is with these ideas in mind that I embarked upon my first arts-based advocacy and activist endeavor, a visual representation of one of the most oppressive and horrific acts enforced upon women and girls. Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons.\(^1\) The practice is mostly done in African and some Middle Eastern countries, and it’s carried out by traditional circumcisers. In many settings, health care providers perform FGM due to the belief that the procedure is safer when medicalized. However, this practice, in any setting, is not safe, ethical, or human. The World Health Organization as well as other non-profit organizations strongly urge health care providers and individuals not to perform FGM.

The UK organization, No FGM, notes, “FGM is informed by complex ideas of cultural identity, tradition and often religious misconceptions—neither the Bible nor the Koran endorses the practice—and can have fatal consequences and result in complications during childbirth, infertility, infections and the loss of sexual pleasure in women subjected to cutting 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.

Even though FGM is internationally condemned as a violation of the human rights of girls and women, it is forced upon as many as 200 million women and girls around the world, primarily in sub-Saharan African countries situated south of the Saharan desert, Indonesia, and some areas of the Middle East and North Africa (Jiménez-Ruiz, Martínez, and Carpenito). Particularly devastating to me, as a Venezuelan national citizen, FGM also occurs among certain ethnic groups of Latin America (Scott). The reports, “Latin America is not a region where FGM is heavily practiced. In general, countries in the region do not have special laws on FGM but do have general laws on bodily harm and mutilation. FGM is however, traditionally practiced among the indigenous Embera people in the three countries they inhabit: Colombia, Panama, and Ecuador” (Global Forum on Law, Justice and Development). In addition to all of aforementioned nations and regions, due to increased forced and voluntary migration, there are
cases in western nations including Canada (Koukoui), Europe (Baillot et al.), the United Kingdom (Proudman), the United States (Mather and Feldman-Jacobs). Because of migration, FGM is recognized as a severe global problem (Jiménez-Ruiz et al.). UNICEF argues:

“Female genital mutilation (FGM) is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG target 5.3, which aims to eliminate the practice by 2030” (2).

UNICEF (United Nations International Children’s Emergency Fund, now called United Nations Children’s Fund) and UNFPA (United Nations Fund for Population Activities, now called United Nations Population Fund) have formed the Global Programme to End Female Genital Mutilation. The two international organizations have proposed four key strategies for action: First, UNICEF and UNFPA aim to, first: “Support countries to establish an enabling environment for the elimination of FGM in line with human rights standards.” The second strategy for action is to “Empower girls and women to exercise and express their rights”. Third is to “Improve access to services for girls and women for prevention, protection and care.” Finally, the organizations aim to “Support countries to generate evidence and data for policymaking and programme improvement” (22).

A Critical Need for Awareness

There are numerous organizations and individuals who have raised awareness for this atrocity and whose activism has lead to national governments and policy makers to make FGM illegal in 60 countries (Rakhetsi and Xaba). Unfortunately, there are no laws or legal provisions against FGM in Latin America (Equality Now). The lack of laws and protections has increased my commitment to doing what I can do to raise awareness about this problem and advocate for its elimination.

My family upbringing in Venezuela has directly impacted my commitment to advocacy against FGM. I grew up in a household where women’s health was discussed and talked about openly. My mother, Dr. Morella Davilla, has been a physician of obstetrics and gynecology (OB/GYN) in Venezuela for almost 40 years. Throughout her career, she has been heavily active in the education of women’s health not only for my sister and me, but for many young women in our community and other locations in Venezuela where access to education, birth control, and medical assistance is lacking.

My mother has consistently advocated women’s and girls’ autonomy and the power we have over our bodies. She has firmly believed in the power of knowledge and how through education we are able to make safe and good decisions that
will protect our bodies and overall health and wellbeing. Her commitment to women and girls is particularly important because there is a very high rate of teenage pregnancy in South America. Further, according to United Nations Population Fund (UNFPA) representative in the country, Jorge Gonzalez Caro (cited in Pereira), there is an “enormous scarcity of contraceptives in Venezuela” particularly among “low-income minors” who are “especially vulnerable upon starting sexual activity.” Lack of education, lack of access to health care, and a society that promotes machismo and violence the results are children giving birth to more children (Pereira).

Girls as young as twelve years old have been patients of my OB/GYN mother. She is committed to supporting them and helping them find their strength. I have discussed many women’s health care issues and, in preparation for my project, I talked to her about FGM. She explained to me that this practice does nothing to prevent pregnancy and on the contrary, it increases women’s probability of dangerous infections, urinary issues, cysts, and complications during labor. Her knowledge is consistent with that of the World Health Organization: “FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.”

Raising awareness is an important first step because, when it comes to media representation in Central and South America, women and girls’ rights do not receive adequate coverage. Often women and girls are ignored and marginalized. Media coverage around female issues lacks in numbers, and if they are represented they are often minimized or not properly explained. Female genital mutilation (FGM) is one of those many issues females fight against but does not count on the support and visibility of media channels, reporters, and specialists. The biggest problem here when not enough visibility is offered to a situation, that is causing the death of many young girls and taking away the right to their own bodies, is that we are creating a society that is ignorant of human rights, it is ignorant to other people’s pain and we are taking away humanization and empathy from ourselves.

Despite the seriousness of this health and human rights crisis, there is not enough visibility of it, especially reporting on the cases of FGM in Europe and North America. Media coverage of FGM in Europe, the Americas, and around the world must be improved. It was not until 2016-2017 that we saw slightly more coverage from news channels besides reports from health organizations. The feminist movement and fight against the patriarchy helped increase awareness of the topic all around the world. However, a lot of improvement and visibility needs to be shed on FGM, and government officials, health care providers, and members of the community need to keep demanding media coverage in a critical, devastating situation for the female population.
Praxis of Arts-Based Activism

Moved and was inspired by this topic and my urge to contribute to the discussion and the solution. I decided to create a painting that represents the pain of FGM for girls and women. As a young girl, learning about these horrifying practices turned on an alarm in me and engrained a commitment to bring visibility within my reach to this topic. Knowing that it would be impossible to experience the pain and trauma that a girl or woman would endure during and after FGM, I tried putting myself through the pain, despair, and anger other women and girls go through when they are mutilated.

I found a tremendous amount of inspiration from an art exhibition on FGM done by a London-based Artist, Aida Silvestri. Her exhibit, Unsterile Clinic, at the Autograph gallery in London, marked the 2nd anniversary of the Girl Summit, organised in 2014 by the government of the United Kingdom, in collaboration with the UK Department for International Development (DIFID), which is now, UNICEF, and the UK Home Office to support domestic and international efforts to end FGM globally within one generation. Renée Mussai, Curator, for the Unsterile Clinic exhibit at commented about Silvestri’s work:

“Silvestri skillfully operates in the contested terrains where art and advocacy meet, photography and human rights converse, courageously and creatively addressing an urgent and critical condition affecting women and girls globally.”

Image 1: Aida Silvestri’s Unsterile Clinic exhibition at Autograph gallery in London.
Born in 1978 in Eritrea, Silvestri studied photography at the University of Westminster and Kensington and Chelsea College in London (No FGM). Her arts-based activism is inspired by her own personal experience with FGM as a girl. Silvestri (cited in Boyd) discussed what compelled her to create the art:

“The initial intent for producing Unsterile Clinic was mainly to learn about this unspoken practice, a practice that nearly ended my life and possibly the life of my first child during labour and was about to complicate my second pregnancy.”

She conducted an in-depth investigation into the practice in 2015, which included interviewing and photographing women living in London (No FGM). During her investigation, Silvestri found:

“After comparing the stories of women from Mali, Gambia, Eritrea, Ethiopia, Sudan, Somalia, Kenya and Djibouti, I discovered that the majority of FGM cases in the United Kingdom are diagnosed during pregnancy or labour. The aim of this project is to raise awareness in the hope that women, young girls and children, who may not realise the severity or the kind of FGM type they have, are encouraged to attend early screening processes before an emergency occurs. I also hope that this project empowers medical staff to have the courage to speak openly, and the visual tools necessary, when examining women affected by FGM.”

Silvestri’s arts-based activism addresses “new and unique approaches of documentary photography.” Addressing “potent current issues of culture, ethnicity, identity, health and politics Silvestri utilizes mixed media photography and hand painting in her art” (Mussai). In her article, “Jarring Art Exhibit Confronts the Harsh Reality of Female Genital Mutilation,” Katie Dupere writes, “Unsterile Clinic confronts viewers with this issue using startling visuals to provoke a conversation. Each work features a woman’s portrait in black silhouette, with a
folded leather piece depicting a vulva stitched onto the mouth of the portrait—a nod to the forced silence around FGM. Each leather vulva, in distinct tones to resemble the participants’ skin color, reflects the particular type of FGM endured by the women depicted.” The use of leather patches situated over the mouths of the silhouettes illustrate precisely how their “bodies have been permanently—and irreversibly—altered” (de Silva). Silvestri (cited in de Silva) indicated, “I wanted to show what these women have lost and the complications that FGM brings. I chose leather because it’s also a piece of flesh that’s been cut.”

“Unbearable” and “excruciating” is how the women Silvestri interviewed for the exhibit describe the pain and torture they were forced to endure when they were children. Silvestri honors each of the woman in Unsterile Clinic as survivors of the worst form of gender-based violence.

Silvestri’s use of black, white, and red in her “sculptural photo-works” was the starting point of my inspiration started. I wanted to paint something that from the process to the finished product represented my feelings and ideas about FGM. For the painting I used acrylic paint, spray paint, and pen and pencil on canvas.

Painting the various layers on the canvas represented the transformation of an innocent girl before she was forced to have FGM. The first layer I painted was the background, which is black to create a contrast to the following layer. The second layer is a flower. Girlhood and womanhood is represented by a white rose in the center of the canvas. Painting the rose was beautiful process for me. When I completed painting the background and the flower the painting looked so good and I wanted to keep it that way. This connects with the idea of a young girl so beautiful and innocent not knowing or agreeing with what is going to happen to her next.

While the rose represents pureness and innocence of girlhood or womanhood, it also represents girls and women’s genitalia. The shape and folds are similar. The
process of FGM is illustrated in the next layer. In the middle of the flower, I added tiny crosses in a vertical line that represent stitches used in FGM. These stitches are small and subtle, but upon closer look (see Figure 5) they are evident.

In the following layer, I added the red color and the crosses that represent the blood, pain, and injury girls have to go through during and after FGM. I added splashes of red and white to represent the blood and suffering of FGM.

Many girls, particularly while very young, are forced to go through this procedure. I understand it is a cultural practice but the circumstances and the way it is done violates young girls’ and women’s rights and their agency over their own bodies. Many of these procedures are done without their consent or knowledge. FGM creates trauma and severe health risk for girls and women that last a lifetime.

**Conclusion**

While there is increasing attention to the horrors of FGM (see, for instance, Abdulcadir et al.; Global Forum on Law, Justice and Development; Johnson-Agbakwu et al.; Mkuwa et al.; Proudman), more laws, policies, and support are needed. It is my hope that *Dolor y Angustia* will help, in a humble way, to contribute to the global effort to eliminate FGM.
Notes

1. For an overview of the human rights abuse of FGM, see Proudman (14-16).

2. The UK Department for International Development (DIFID) has closed. It has been replaced by the UK Foreign, Commonwealth & Development Office (FCDO). For more on the office’s work supporting women, see FCDO’s Work and Opportunities for Women Programme, the new flagship programme funded by the FCDO, please see Women and Girls in Developing Countries, Guidance, Work and Opportunities for Women Programme.

Works Cited


