PFII/2014/EGM
Original: English

UNITED NATIONS **NATIONS UNIES**

DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS
Division for Social Policy and Development
Secretariat of the Permanent Forum on Indigenous Issues

INTERNATIONAL EXPERT GROUP MEETING
Sexual Health and Reproductive Rights: Articles 21, 22(1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples

15-17 January, 2014, New York

Harmful Traditional Practices (Female Genital Mutilation and Early/Forced Marriages)

Paper submitted by:
Agnes Leina

International Expert Group Meeting
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Presented by Agnes Leina

Executive Director;
Il'laramatak Community Concerns

HISTORICAL BACKGROUND OF FGM.

From "female circumcision" to "female genital mutilation": when local practices become global issues.

What is traditionally referred to as "female circumcision" actually covers a wide range of cultural practices, aiming at modifying voluntarily the external genitalia of women (the vulva) for non-therapeutic motives. It is practiced in many Sub Saharan African countries, from the West to the East Coast, but also in some European or North-American countries, as an effect of migration (and some cases have also been reported in Asia, and Latin America). Prevalence rates vary greatly according to geographical location, but national boundaries are not as important as other factors such as: education, socioeconomic classes, ethnic identity, etc. [1]

Despite International and National efforts, treaties/conventions and legislations to stop female circumcision, the practice seems to continue unabated. Under the scrutiny of missionaries and colonial administration, the practice started to be questioned, sometimes quite violently. Then, in the early 1970s and 1980s, pioneer anti -circumcision crusaders identified the practice as a "*mutilation*". By using the word "mutilation", activists (mainly feminists) intended to break away from the wrong analogy (between female and male circumcision) maintained by previous terminology; and at the same time, they introduced the idea that the practice should be eradicated.

This new terminology accompanied the emergence of an International anti-FGM discourse and activism, disseminated through International Conferences, academic works, media coverage as well as support (and incentive) for similar campaigns in Africa...

Yet, as those multi - facetted western interventions on the issue grew in visibility; they have also rapidly been criticized. Both African (as well as some western) scholars and activists started to denounce the "excessive, essentializing and paternalistic" (Shell-Duncan and Hernlund, 2000: 2) tone of the international fight.

As a result, the debate over "FGM" itself, as well as over relevant solutions to promote the abandonment and/ or regulation of the practice, became polarized along cultural or Universalist lines. The FGM issue even epitomises the Universalist *versus* cultural relativist intractable debate (Brems, 1997); and has even been used so as to illustrate the neo-colonial hegemony of the West through the imposition of modern ideologies, such as (western) feminism(s) (Nnaemeka, 2005).

One side effect of such a globalization of the controversy is that in Africa, anti-FGM activists – regardless of their effective transnational connections- are commonly referred to as "feminists", "westernized", in other words: "non Africans". Any engagement in the FGM issue (either through academic and/ or activism) from Africans necessarily raises the question of *ownership*. Who owns the *right* (correct) interpretation of FGM; and who owns the *right*

[1] Such disaggregated datas are available mainly through the DHS. Indeed, since 1989, the Demographic and Health Survey (DHS), include questions over "FGC". Conducted in quite a good number of african countries (with the support of the US Aid), these datas are most of the time the only elements available to measure the preavalence of the practice at national levels. For an overview, see: P.Stanley Yoder, N.Abderrahim and A.Zhuzhuni, *Female Genital Cutting in the Demographic and Health Surveys: a critical and comparative analysis*, DHS, Comparative Report, ORC Macro, Maryland, September 2004.

(legitimacy) to interpret it? It is therefore in order, to think in terms of "appropriation" which is the dynamics process through which ownership could be (re)claimed.

Articulating questions of identity, location, voice and agency, the FGM issue (and subsequent anti FGM policies) can help us renew our understanding of the process of globalization of ideas and discourses, and its impact in policy-making in Africa.
Indeed, developing countries are usually only presented as places for the transfer of models or policies formulated and imposed by international institutions and discourses.[2] Therefore, studying policy-making in Africa would even be of limited interest (in political science), as it is generally assumed that this process is externally-driven and oriented.

Another interesting perspective in the case of FGM is that, developing countries may also be spaces for reflective policies. Note that "reflective policy" suggests that policy-making stems from "reflection", i.e. an intellectual activity which articulates cognitive and normative views and translate them into prescriptions for action.[3]

Frame analysis as a theoretical background.

At a theoretical point of view, it is proposed to analyse the impact of the globalization of the FGM issue in the making of anti-FGM policies in Sub Saharan Africa, through a *frame analysis.*
Frames are "symbolic interpretive tools" (Triandafyllidou and Fotiou, 1998), made up of cognitive and normative elements whose combination helps understand a given situation. Frames can never be objective: the interpretation of the social reality they produce is actually one of the many possible interpretations of the social reality. Depending on the observers, the *same* situation can be understood through a large number of frames, which may even be contradictory.

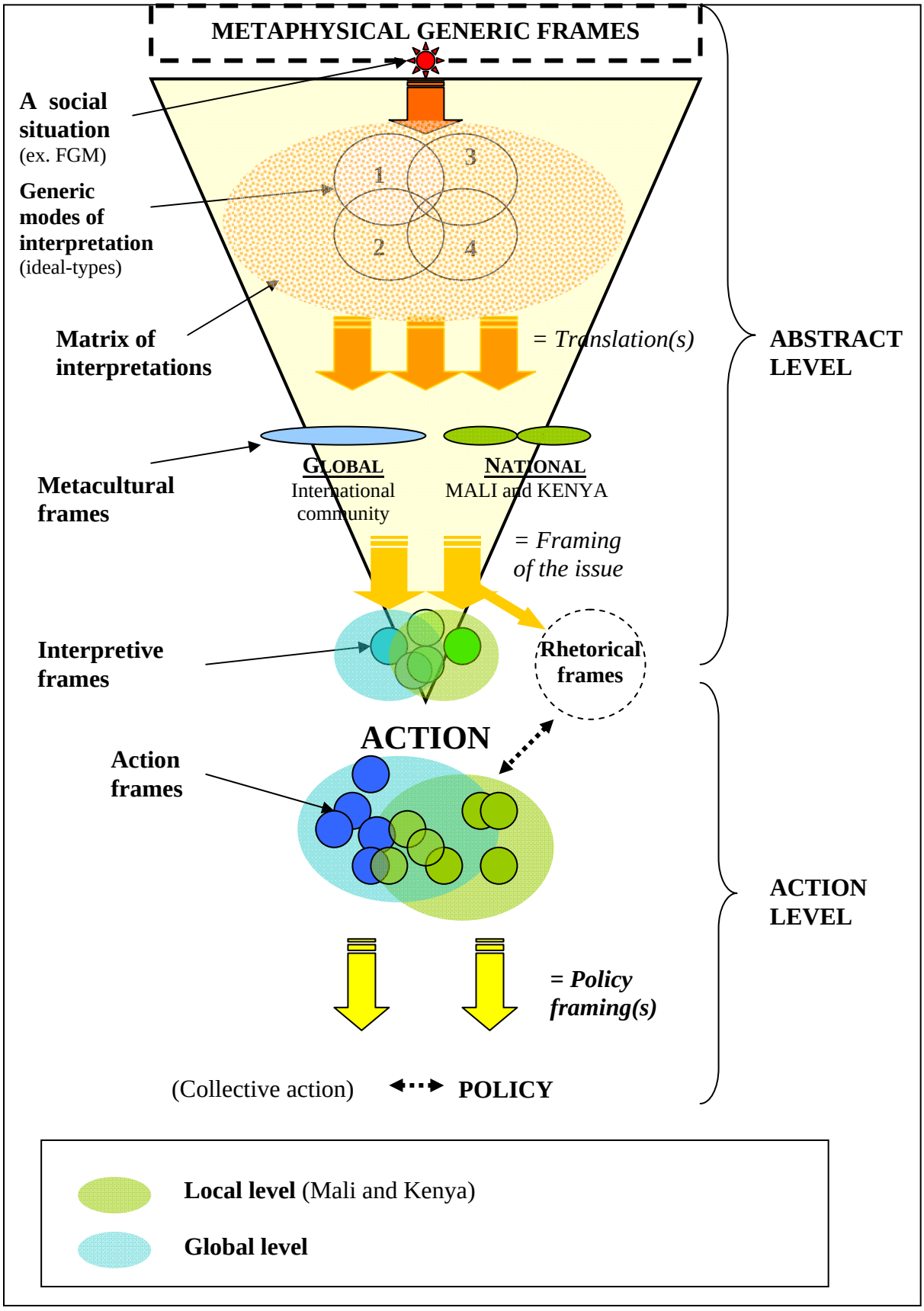
Frame analysis casts light on the (re) construction and negotiation of reality by a wide range of actors, through the use of what we would refer to as "policy frames". This approach reveals the reflective process in policy-making, and the leap from prescriptions to action. Indeed, "an issue can never exist in itself, but is always a matter of perceptions and representations" (Garraud, 1990: 22). In this perspective, policies appear to be the result of a negociation for meaning over the issue at stake. How do ideas (values, beliefs and perspectives) shape policy action?

Policy-making needs first to make sense of FGM as "an" issue, which requires "an operation of selectivity and organization" (Rein and Schon, 1994: 30) between different interpretations. But for the FGM issue, this process is so controversial that it appears to be the core dynamic in policy-making. Therefore, it deserves a central attention in our analysis.

We propose to present a quick overview of our theoretical framework in the following diagram.

[2] See for instance: J.W. Meyer, J. Boli, G. Thomas and O.F. Ramirez, 'World Society and the Nation State", *American Journal of Sociology*, vol. 103 (1), 1997, pp 144-181.
[3] This definition falls into the "cognitive approach" in political science, developed in policy analysis. In french political science, see for instance: A. Faure, G. Pollet et P. Warin (dir.), *La construction du sens dans les politiques publiques. Débats autour de la notion de référentiel*, L'Harmattan, Paris, 1995.

Diagram 1: Frame analysis applied to the study of the making of anti-FGM policies.



This diagram contains the main elements of our theoretical framework.

- First: the diagram confirms that policy is the product of the articulation of underlying ideas: policy-making combines words and action, through "frames". Disaggregating and exploring the frames involved in our specific policy, requires to differentiate between processes at the most *abstract* level down to *action* level; and to study interactions between the two, as illustrated in the diagram.

- Secondly: any given social situation is first understood – at the most abstract level- through a matrix of interpretations, made up of different "generic modes of interpretations". These are stemmed from metaphysical generic frames, made up of very abstract reasoning on core values and principles (justice, individual freedom...). Note that these two are "ideal-types", developed only for analytical purpose - i.e. they are "purely ideal concepts, from which reality can be measured, in order to clarify the empirical contents of some of its major elements; and can be compared." (Weber, 1965: 179)

- Third: this matrix can be empirically observed through its translations into specific interpretative frames. Such translations vary according to their *sifting* through "metacultural frames" (Rein and Schon, 1994), which are the general shared beliefs, values and perspectives familiar to a specific group and/ or society. In our case, we only differentiate between the international community (i.e. at the global level) on the one hand; and different national levels on the other (Mali and Kenya being our case studies at the national levels).

  This process of differentiated translations is what we call "framing of the issue". It occurs at the international, as well as the national levels, but (as the diagram illustrates), both processes are intertwined.

- Fourth: those interpretive frames are the basis for the formation of "action frames" which will guide either collective action or policy (or even individual action but it is out of scope here) around the given situation. In other words, action frames articulate and operationalize interpretations of the given situation into principles for action.
  We will study more closely "policy frames", which are policy-oriented type of action frames.

- Finally, the diagram also illustrates that in order (for us) to make sense of the interaction between different "frames", we must think in terms of "*framing(s)*"- represented by the orange arrows on the diagram- ; i.e. suggesting that the activity at stake has a process, and that frames are mobilized by specific actors; and it also highlights the fact that framing may be conflicting.

  Policy-making proceeds from policy- framing - i.e. the formation of "policy-frames" (Rein and Schon, 1994), which appears to be a conflicting process. Policy-frames are the result of minimum and unstable *compromise* between conflicting interpretive frames held by different parties to the controversy.

The de-construction of policy-making suggested in the diagram invites us to study framing dynamics compared at global and local level(s), and it will serve as a backdrop to understand

policy-making at national levels (Mali and Kenya). Therefore, the link between international framings of the issue of FGM and the emergence (and developement) of policy frames guiding anti-FGM policies in Mali and Kenya would be assessed.

First, we propose first to explore the "matrix of interpretation" of FGM as an issue (**1**) which would then be our analytical grid to assess both the making of FGM as an international cause (**2**) and the making of anti FGM policies in Mali and Kenya (**3**).

INTERPRETATIONS OF FGM AS AN ISSUE/PROBLEM.

So what exactly is the issue with Female Circumcision? Considering FGM as *problematic* is the most controversial element of the issue. A situation becomes problematic when a gap is revealed between what is, what could be and what should be (Padioleau, 1982: 25

There are four clearly identified generic modes of interpretations of FGM as an issue/problem, relying on a specific set of metaphysical principles and values. We will discuss the inner logic of each theoretical interpretive kit, while giving some examples of some of their (empirical) translations, at different levels- international and / or national(s).

1. The *cultural/ moral* generic frame.

Here, the theoretical interpretive kit is articulated around moral and/ or cultural values and principles, that can be used either to defend the practice, or to condemn it.
For instance, Jomo Kenyatta (leader of the fight for independence in Kenya), described *irua* (female circumcision ritual) as a core element of kikuyu's identity (Kenyatta, 1938). Circumcisers were considered almost as national heroines.

Other kinds of arguments in defence of the practice often refer to moral standards: FGM is presented as a requirement for woman's respectability, while protecting her from "depravity" and "promiscuity". Any other behaviour would be associated with vice.
Many religious arguments on FGM actually stem from such moral considerations. For instance, in Muslim societies that practice FGM, the practice is oftentimes considered as "*sunna*", meaning implicitly that it is a religious requirement. But the arguments developed are not religious ones (as no islamic texts directly mention FGM), but take roots on moral concerns about the regulation of the women's sexuality.

Other moral arguments have also been used to condemn the practice, especially with British Christian Missionaries in the early 1900s. In Kenya, some of them considered the ceremony of "female circumcision" as too much "sexual" and "barbaric" (Murray, 1976). Here again, the inner logic of those arguments are not so much religious as moral; and they are also based on a normative concept of civilization- with the European civilization being the standards for the developement of other cultures, as confirmed in the arguments developed in the 1930s female circumcision controversy in Kenya (Pedersen, 1991).[4]

But, cultural arguments can also be used to develop "culturally sensitive" approaches against FGM. Indeed, such strategies have been developed as a response to growing critics associating anti-FGM fight to imperialist enterprises. The "alternative rite of passage",

[4] For instance Grigg, the governor of Kenya (at that time), through the eradication of the pratice, wants to enlight the populations "just emerging from a state of barbarism." (Perdersen, 1991: 650)

introduced by *Mandeleo Ya Wanawake Organization* (MYWO) and PATH in Kenya, is one example: here, the physical dimension of the ritual is abandoned while the socio-cultural dimension ceremony in itself is reinforced.

Note that most of these arguments mobilize normative elements whose interpretations are quite numerous and controversial, and emotional. Many debates around FGM stem from the different translations of this generic frame.

2. The *health* generic frame.

> "A number of scholars and activists have come to the conclusion that the most reasonable angle from which to argue for the elimination of genital cutting is that of health" (Shell-Duncan and Hernlund, 2000: 30).

Here, the theoretical interpretive kit stems from an appraisal of individual well-being (mainly physical) through scientific knowledge.
Through this lens, FGM is considered mainly as a health issue, and a public health issue. What is at stake is on one hand the non-therapeutic purpose of the practice, and on the other hand the harm it can cause to the bodily integrity of the girl, the woman, the family and even the society as a whole.
Yet, arguments usually tend to focus on one specific element of this interpretive kit. For instance, for a long time, FGM was considered as an issue of maternal mortality (WHO, 1979). Indeed, the first epidemiological studies focused on consequences of FGM during delivery.[5] The dissemination of this new paradigm contributed to the development of biomedical discourses in the 1980s and early 1990s in Africa. In Mali, those arguments have been operationalized in anti-FGM campaigns through the use of photographs *showing* the consequences of the practice.
But, in the mid-1990s, other studies, especially the DHS (see footnote 1) highlighted the growing medicalization of the practice in some areas where the health-only campaigns against FGM have been implemented (Egypt, Kenya...). The health-only framing of FGM was reassessed at the international level, and many African Governments issued prohibition of this practice in national health facilities.
Those inner critics also made clear that despite the fact that those framings stem from so-called neutral generic frame (because of scientific knowledge), they actually rely on a particular conceptions of health, treatment etc... which are by no means universal (Heger Boyle, 2002). The same arguments (health risks) can actually be interpreted in a way that favors the regulation of the practice, rather than its eradication.

3. The *social* generic frame.

This interpretive kit considers FGM primarily as a social phenomenon. Many different interpretations sprung from this general approach, focusing on the nature of the construction of social relations through this practice (and vice-versa).
For instance, pioneer feminist discourses, in the early 1980s, viewed FGM as a "patriarchal institution" (Hosken, 1979 ; Auffret, 1983...) Many anthropologists (and some of them being feminists) argued that such presentation was somehow defectuous and over simplistic, as FGM is not simply a conspiracy of men against women (Abusharaf, 2000; Gruenbaum, 2000).

[5] For a complete review, see : WHO, *A systematic review of the health complications, including sequelae in childbirth*, Department of Women's Health and community health, WHO/FCH/WMH/00.2, Genève, 2000.

For instance, the practice actually also gives (some) women (some) power, and therefore its eradication would not automatically be synonymous of women's emancipation (Van Der Kwaak, 1992). Other elements have to be taken into account - especially class, age, education, ethnicity, religious background...(Gruenbaum, 2000). Those arguments can be used in support for a gradual elimination of the practice (for instance, through the promotion of the mildest form of the practice, or its medicalization), especially in areas where infibulation is the norm, like Sudan or Northern Kenya.
The American Sociologist Gerry Mackie developed an approach based on "Social Conventions": FGM determines access to marriage. Any campaign to abandon it must involve both young men and all the communities with marriageability potentials (Mackie, 1996). It has been implemented through "public declarations" in Senegal (with Tostan).[6] Others consider that FGM cannot be addressed independently from other oppressive practices, such as forced marriages; and without promoting the development of the girl-child (through education). This combined gender-approach is for instance widespread in Kenya, with girls rescue center- for girls escaping forced mariages and FGM: in those centres they have the chance to complete their studies.[7]

4. The *rights* generic frame.

This ultimate interpretive kit *relies on the ideal of justice*, while placing the *individual* as the *centre of the rights principle*.
In this perspective, FGM has been presented as a violation of universal human rights, or even as a crime which requires inclusion in the national penal codes. This generic frame raises two important secondary issues in the FGM controversy.

First, the concept of shared humanity underlying ***the notion of universalism (of rights),*** has been criticized for being ethnocentric and imperialist. FGM remains one of the main theoretical "knots" for this debate. But, at the international level, this generic frame has gained a lot of attention since the ***Vienna conference of 1993***. The recognition of women's rights as human rights in the ***UN Beijing Conference on women*** framed ***FGM as a "violence against women",*** supported by transnational women's networks (Keck and Sikkink, 1998). It has been partially domesticated for instance in the ***African Union, through the Maputo Protocol of 2003 (and especially its 5th article).***

Secondly, the inner logic of this generic frame comes in ***support to the prohibition of the practice.*** But at the same time, it raises the question of ***the law as a legitimate and relevant mechanism for social engineering.*** Some argue for instance that FGM would naturally vane with socio-economic development (Gruenbaum, 2000)- making prohibition by law *useless*; while other also consider that legislation banning the practice would cause more harm than good, as it can make the practice underground - ***considering prohibition by law counterproductive.*** Such debates over the opportunity for legislation is quite widespread in the FGM controversy, both in the pro and anti FGM camps.

[6] See for instance : TOSTAN, *Eclosion au Sénégal: pourquoi les populations abandonnent la pratique de l'excision ?*, Tostan, Janvier 1999, Dakar.
[7] With for instance the Tasaru Ntomonok Rescue Center, headed by the UN Person of the Year 2005 Agnes Pareyio. See for instance : "UN Honors Kenya Woman for Fight against 'Cut', Early Marriages", *The Standard* (Nairobi), October 14, 2005.

2. FGM AS AN INTERNATIONAL CAUSE.

> "A practice initially challenged as a moral shortfall has gradually been recast in discourses on women's health and empowerment and international human rights" (Shell-Duncan and Hernlund, 2000: 1).

The frame analysis has shaped the understanding that globalization of the issue of FGM follows a complex and unstable process of on-going construction and legitimation.

The colonial controversies- in Kenya in the 1930s (Thomas, 2001; Murray, 1976; Pedersen, 1991) and in Sudan in the 1940s (Gruenbaum, 1982) actually confronted conflicting interpretive frames stemming from the same generic modes of interpretation, i.e. the cultural/ moral one.
As we said, the normative elements contained in this generic frame tend to make the controversy inextricable. Local resistances to the prohibition of the practice actually paved the way for - and even participated to - the anti-colonial fight, which also put an end to the controversy.

The fiasco and the imperialist stigma associated with those early campaigns generated a long period of silence within the (nascent) international community. For instance, in 1959 the World Health Organization declared that female circumcision, as a cultural practice, was outside of its current mandate.[8] Other international organizations followed the same cautious position (Hosken, 1979), stemming from this initial generic cultural frame.

But, in the early 1970s, the practice is reintroduced in a different fashion. Some European and American feminists (activists and scholars) advocated for the eradication of what they refer to as a "*female genital* (or sexual) *mutilation*". This terminology has been popularized and disseminated by the report written by the american feminist, Fran Hosken, who is also one of the pionneer in international campaign against the practice, through the transnational network WIN News (Hosken, 1979). In 1980, a feature article in *Ms Magazine* (U.S.), written by another prominent american feminist Glorial Steinem denounced the "International Crime of Female *Mutilation*". FGM is interpreted as a symbol of universal male dominance. Those early feminist arguments take their roots in the second-wave feminism, influenced by the "(re)discovery of the clitoris"- for instance with the *Hite Report* (1976) which emphasises the role of the clitoris for sexual pleasure. This organ has became the very symbol of women's emancipation, through the control over their own body and sexuality.[9] Therefore, by interfering with the clitoris – and more generally with women's sexuality - western feminists made of FGM *the* very symbol of women's oppression (Hosken, 1979; Daly, 1978; Walker, 1992).
But, rapidly some of those assumptions started to be questionned by other scholars (anthropologists, and women scholars from the diaspora and/ or from the Third world). They denounced the essentialist, victimized and ethnocentric visions of the 'Other', underlying the dominant feminist discourses in international arenas.
Such tensions are visible during the UN Conference of Women in Copenhagen (1980). If the FGM issue was not part of the agenda of the official conference, many activities were

[8] In : *United Nations Yearbook*, Geneva, 1959.
[9] Some argue that the clitoris for the woman has the same function as the penis for the man. Two interpretations sprung from this perspective: first the equivalent of FGM is not so much "male circumcision" but penisectomy; and secondly, the clitoris may compete with the penis, and FGM can be interpreted as a way for the male to neutralize his potential rival, in other words, a way to control woman's sexuality.

organized in the NGO Forum by organizations and activists - mainly from the North, but not only - (Fran Hosken, Renée Saurel, Awa Thiam...) which advocated for the eradication of the practice framed in universalist feminist assumptions. But these activities created heated debates among many african participants. Marie Angelique Savane, from AFARD (Senegal) criticized the imperialist tone of the international campaign whose excessive focus on FGM reveals an "insensitive attitude towards a different culture [...] founded on the morals and culture of the Christian West" (Savane, 1979).[10]
The trauma of the Copenhagen conference revealed the arrogance of the pioneer feminist framing of the issue. In the following conference in Nairobi (1985), for instance, efforts were made so as to give alternative voices from African women (Cagatay, Grown and Santiago, 1986).

Those tensions cast light on the fact that this second framing (i.e. the pioneer feminist frame) also implicitly borrows some of its arguments from the cultural and moral generic frame of the issue. The debate had been eventually overcome only through a renewed frame, with no cultural or moral references, stemming from the health generic frame.

Indeed, in 1979, the World Health Organization (through its regional office) organized the first international conference on female circumcision, framed as a "harmful practice". The condamnation of the practice at the end of the conference had been justified by the presentation of the pionneer research establishing the link between the practice and maternal mortality (at delivery for instance). Offering a new and culturally-neutral formulation of the issue, the *"health compromise"* (Heger Boyle, 2002) is the factor which triggered international activism against the practice, in the 1980s and early 1990s.
However, the solution to reduce the health risks associated with the practice can also be interpreted in terms of medicalization. In 1979, this question had already been raised, and the participants disagreed quite openly. But the WHO regularly issued statement against medicalization. Yet, in the 1990s, many reports highlighted this new trend, for instance in Egypt (Egypt DHS 1994-5). The "health-compromise" has been put into question. In 1997, the WHO, with other UN agencies, issued a joint statement which symbolizes the reappraisal of the "health compromise" and the subsequent change in dominant framing of the issue of FGM: "Efforts to stop it [FGM] must therefore not be limited to the medical model of disease eradication but must be part of a multidisciplinary approach" (WHO, 1997).

Other framings of the issue had been developed in the international arena. The most important one is the right-based approach. Many UN conferences in the 1990s presented FGM as a violation of reproductive health (Cairo in 1994) or the women (Beijing in 1995) rights for instance. Symbolically, in 1993 - during the 46th World Health Assembly - and for the first time, the WHO declared that FGM was also a "violation of human rights". In those conferences, recommendations encouraged the implication of African Governments on the issue, possibly through national legislation (Beijing Platform of Action, 1995). Even though the exclusive focus on legislation has recently been put into question by international actors (Progress, 2006; UNICEF, 2005), it has remained an easy tool to assess national policies.
In the late 1990s and early 2000s, the first campaigns are being assessed. For instance, by identifying *What works and What Doesn't* (WHO, 1999), the WHO denounced an important gap in the current knowledge on FGM. Since then, many agencies - and among them

[10] M. A. Savane had already developed her thought in a academic review, few months ahead of the conference.This is where the quote comes from.

UNICEF, through the Innocenti Center in Italy[11]- have developped important operational research in their area of competence. As a result, renewed framings of the issue have emerged, in a pluralist manner: these are what we consider as *secondary frames*. For example, a renewed gender-approach to FGM eradication is now getting more and more attention. In the early 2000s, Amnesty International launched a campaign against FGM as a violence against women (Amnesty International, 2004), and UNICEF oriented its focus on the right of the girl-child. Many UN agencies try also to develop "culturally sensivitive" approachs to the practice: the UNFPA gives more voices to local "role model" for instance such as Warie Dirie (special ambassador). The medical approach is also renewed, through an increased emphasis on the management of the consequences, and some experimental reconstructive surgery's initiatives.
But none of those secondary frames actually dominate the international scene: current international campaigns are framed in a pluralist fashion, with different non-consolidated frames co existing, whose maturity are still in the making.

This brief overview of the framing of international campaigns against FGM reveals first that the globalization of the FGM issue is not an homogeneous process. The recent discussions to renew the 1997 Joint Statement epitomises the *processual and conflictual globalization of the FGM issue.* Different framings of the issue have been developed, some of them have been dominant for a time, before tensions or new information available, would in turn favour the emergence and dominance of another framing. Each frames contains a specific intepretation of FGM as an issue, related solutions for the abandonnement of the practice and prescriptions for policy action both at international and national levels, as well- these are *policy receipts*. Globalization of the FGM issue reflects a dynamic, yet "cacophonic", framing process. International action frames are the unstable result of interactions between different positions regarding the FGM issue. Such a process (we assume) also takes place at national levels. By studying the construction (and development) of anti-FGM policies in Mali and Kenya; we will manage to assess to what extent global framings dynamics influence - or not - the formation of (national) action frames in policy-making process.

3. THE MAKING OF ANTI-FGM POLICY FRAMES IN MALI AND KENYA.

Analysing globalization of ideas, the majority of authors consider that leverage in the international system determines the ability of one state to *opt out* of international reform the way it has been framed. [12] Applying this approach to our case study, we could conclude that african countries, usually at the margin of the international system, have no other options but to adopt international receipts for the eradication of FGM.
Yet, Mali and Kenya offer interesting sites for the study of the impact of the globalization on policy-making. This comparaison reveals important variations in the *framing* of policies, both in Mali and Kenya, and from global framings as well.
First, Kenya and Mali feature different resources in the international arena which could explain the potential greater capabilities for Kenya to shape rather than swallow international policy receipts. But this cannot explain fully how it comes that malian policies are not just a pale copy of international requirements.

[11] Recently, this center has produce two main operational research: UNICEF, *Female genital mutilation / cutting: a statistical exploration*, Unicef, produced by theUnited Nations (UN) Children's Fund (UNICEF), New York, 2006; *Changer une convention sociale néfaste. La pratique de l'excision/mutilation génitale féminine*, Centre de Recherche Innocenti, UNICEF, Florence, 2005.
[12] See for instance Martha Finnemore, *National Interest and International Society*, Cornell, Ithaca, 1996.

Therefore, additional factors (than international leverage) should be considered. E. Heger Boyle suggests that "local relevance of policies promoted by the international system is also likely to affect how policies are adopted and perceived [...]" (Heger Boyle, 2002: 100). We suggest here that "local relevance", in other words local (both in Mali and Kenya) resonance to global framings, is determined by the nature of the tensions between contending framings of the issue at national level on one hand; and we add also an important element to E. Heger Boyle's assumption: local framings' dynamics are also likely to be relevant spaces for the shaping of alternative interpretations of the issue. Local framings dynamics both explain variation between different national levels; and between local and global levels.

In this section, we propose to explore this assumption by disagregating and comparing closely malian and kenyan policy framings dynamics.

3.1. Policy framing dynamics compared in Mali and Kenya.

Note that here we cannot make details presentations of each case study; but we would rather directly compare the two of them. Policy framings dynamics compared in Mali and Kenya can be divided into three distinct phases.
Phase 1 and 2 present similar features, while phase 3 reveals major differences in anti-FGM policies.

3.1.1 Phase 1. Emergence of the controversy : non consolidated frames, limited number of participants, and first resistances.

For quite a long period of time, policies on FGM could not emerge in Mali and Kenya, as no compromise was reached (or was possible) among the few actors parties to the controversy, over the meaning of the issue at stake.

In Kenya, the controversy over FGM is much more older than in Mali, and in most of african countries. Indeed, the first campaigns against "female circumcision" developed in Central Kenya (where colonization started) in the colonial context. They opposed quite violently different actors (christian-religious and colonial officers on one side; and nationalist leaders and members of the kikuyu community on the other), holding contradictory views over FGM, all of them stemming from mutually incompatible cultural-moral framings of the issue: i.e. a"missionary" *vs* a "nationalist" framing of FGM as an issue.
After independance, the FGM issue became a "taboo", even for women's organizations which were reluctant to question the practice (Hosken, 1979). It is only in the early 1980s with the "presidential decrees" of D. A. Moi that the question had been re-introduced, through "modernization" arguments. The issue was framed in a paternalistic tone not so differently from the colonial entreprise... Those informal decree had largely been resented by the population : local NGOs reported massive circumcision as a response to the banning of the issue by the president.[13]

In Mali, the practice started to be questioned by "*évoluées*" (i.e. women who benefited from colonial education and who are now part of the national elite). Awa Keita, former midwife, and the first woman to be elelected in the National Assembly, publicly condemned FGM. But her discourse on women's rights did not resonate at that time, as she was not considered as able to represent the interests of malian women (Wing, 2002; Turrittin, 1998)

[13] Family Planning Association of Kenya (FPAK) : FPAK, *Focus Group Discussion on Female Circumcision in Nyambene District*, Nairobi, 1996.

During the military regime of Moussa Traore (1968-1991), the women's organization affiliated to the party, UNFM, launched a pionneer campaign in the late 1970s and early 1980s. This information campaign targetted abortion, infanticide, early pregnancies and "excision" - which is the common terminology in Mali. "Those four themes have been chosen because they constitute four issues central to malian women and which hinders her well-being and its full integration into the development process".[14] Therefore the issue was put on the national agenda through a "women and developement" (WAD) framing which would be impossible to implement. Note that with this campaign, the one-party state wanted to promote its pro-natalist nationalist project, whose major component was the protection of the health of mothers-of-the-nation. Therefore, those early campaigns were not opposed to FGM *per se*, but to any obstacles to the reproduction of the nation. However, they faced stiff resistance in some parts of the country where the practice is universal. They had no choice but to re-assess their first objectives, and they eventually opted for the promotion of a gradual reform of the practice (modernization rather than eradication).

In both countries, this first phase is caracterized by a nebula of different interpretations of the practice, with very few (and sometimes quite polarized) parties to the nascent controversy and cultural resistances (through different forms).
But, in the late 1980s and early 1990s, there is a major change, with the consolidation (both at international level first, and then at national levels) of interpretations stemmed from the generic *health* frame.

3.1.2. Phase 2. Premises of anti-FGM policies, through the global "health compromise".

In Mali and Kenya, anti-FGM policies have been both made possible, and initiated with the issue being framed in health concerns. This is what we can refer to as the "health compromise", very similar to the one we described at the international level.
The former cultural resistances to the FGM issues vanished (temporarily), as this new compromise framed the issue with non-cultural references: anti-FGM policies could therefore be developed.

In Mali, the "health compromise" can be observed through the dominant framing of the issue in terms of "harmful practices" in the early 1990s. In 1996, the first *National Committee for the Eradication and Abandonment of Harmful Practices* (CNAEPN) was created and affiliated to the new Ministry for the Promotion of Women, Children and the Family. Both were the result of the first *National Strategy for the Promotion of Women* (1996-2001), which was an attempt to domesticate the Beijing Platerform of Action (1995). But the very choice of the term "harmful practices", and the mandate attached to the Committee clearly expressed a strategy to by-pass the dominant cultural framing of the issue, by presenting the health hazards attached to the practice. The use of photographs *showing* the consenquences participated to this consensual framing of the issue.

In Kenya, FGM were presented from an early stage as a component of health reproduction. This had been formally confirmed in the first *National Reproductive Health Strategy* (1997-2001). Consequently, the Ministry of Health – exclusively- was in charge of the issue. This reproductive health framing of the issue stems for the global "health compromise", but adapted to the national context, according to others issues prioritized

[14] Presentation of the UNFM project - MLI/78/PO during a national seminar '*Séminaire National à caractère sous-régional sur l'excision, l'avortement, les filles-mères et l'infanticide*, Final Report, Bamako, January 21-25, Bamako, 1985, UNFM/ FNUAP/ UNESCO

legitimized, and financed on the (national) health agenda, such as HIV Aids. For instance, the (defeated) 1996 parliamentaty motion intended to criminalize FGM because of the increasing risk for HIV infection.[15]

Note that the emergence of anti FGM policies in Mali and Kenya coincided with a climax of international attention of the issue in the international arena, and the formulation of clear demands towards african Governements for the developement of national policies. But the two countries did no respond simultaneously to those pressures. It is only in the mid-1990s that such policies sprung in Mali and Kenya. So when they eventually got involved, policy "entrepreneurs" framed their intervention with the "health compromise" not because it was the dominant global framing – as we said, the health compromise started to be questionned in the 1990s – but because it was (and still is) the only frame which could bridge the gap between contending framings of the issue stemming from cultural generic frames.
So the "health compromise" actually had been activated for the same reason at international and national levels, i.e. to overcome nascent resistances.

But this initial compromise did not participate to the insitutionnalization of anti-FGM policies. This complex (on-going) process reflect different patterns in the malian and kenyan contexts.

3.1.3. Phase 3. Different contents and forms of insitutionnalization of anti-FGM policy frames, according to different degree of tensions.

In Mali, the *National Plan of Action for the Elimination of FGM* (1999-2003) illustrates the long-term dominance of the "health compromise". It was drafted during the first national forum on FGM. Important debates emerged on the terminology and on legislation. However, a minimum compromise was reached among participants (both national officials, organizations of the civil society and international partners) around the health hazards of the practice. Medical research conducted in Mali were presented in the forum, establising the link between the practice and consequences for instance at delivery. The draft plan of action was the result of this consensual framing. For instance, the emphasis was put on sensitization (with health messages), on the training of midwives, on the advocacy with civil servants of the health ministry, on medical research...

It is important to notice that in the mid-1990s, the balance of power in the fight against FGM progressively changed. Indeed, in the same period, several trials in France condemned to jail malian female circumcisers operating in Paris. Among them, the trial against Awa Greoux (in 1999) created a lot of emotion and incomprehension in Mali. Some local media denounced what they consider as a "white crusade". At the very same time, some traditionnalists publicly started to criticize the fight going on in Mali against - what was considered as- a "cultural custom". They framed they arguments through religious (islamic) references, claiming that female circumcision is an islamic requirement. The emergence of the growing "counter-struggle" (or pro FGM camp) had considerable effect on the balance of power, and on the contents of the FGM controversy. Now, disagreements were not only over relevant solutions to the issue (legislation, regulation, education...), but also over the legitimacy of the fight in itself.
The 2002 (implicit) withdrawal of a draft bill against FGM, at the initiative of the President – Alpha Oumar Konaré- for fear of the opposition (real or dramatized) of religious leaders,

[15] "Motions: Law against female circumcision", Parliamentary Debates, *Kenya Gazettes*, Nov.13 1996.

well illustrates the polarization of the controversy. The Governement opted for a return to the "health compromise", which allow for minimum action. For instance, in 2002, a reproductive health law was enacted, and FGM were mentionned only through the management of complications (in health facilities).
Since 2004, the celebration of the 6th of February (i.e. the International Day for Zero Tolerance on FGM, decided by the CIAF in 2003) has been a good opportunity for the Governement (through ministries, and the First Lady) to display a "maternalist" framing of the issue. Indeed, FGM is now mainly presented as a risk for maternal mortality. The promotion of its abandonment must be understood as a way for the malian officials to protect women as mothers. This (now) dominant framing resonates quite well with tradionnalists representations of gender roles, and therefore has became the basis for a renewed minimum compromise, which made possible policy against FGM.
This cautious renwed dominant framing is also articulated to a resistance towards legislation. Such a stand can also be understood as a strategy to reach this minimum compromise. Indeed, religious organizations have made importante pressure so that the FGM issue is "contained", i.e. they asked for a low publicization of the issue. As a result, the national TV and radio channnel (O.R.T.M.) self-censored - until quite recently -any mediatization of the fight. Any official banning of the issue (or even rumours of it) cause religious resistances...

In Kenya, the health framing of the issue has not remained so much dominant than in Mali. In comparison the first *National Plan of Action for the Eradication of FGM* (1999-2019) present a wide range of approaches against the practice, anticipating the current pluralist framing of the policy. Indeed, frame changes are quite fluid in Kenya, and many frames co exist, more or less adapted from global ones.
But for a long period of time, the "right" frame seems to be implicitly dominant, especially because of there were no other consolidated contending framings of the issue. By introducing the banning of the practice, the various "presidential decrees" (1982, 1988, 1998, 2001...) participated to this implicit dominance of a repressive approach towards FGM, which stems from a "right" generic frame. But those public declarations were not biding, and it is only in 2001 that the *Children's Bill* was enacted, prohibiting FGM on minors.
However this enactement is not synonymous of a consensus over the legislative option. Controversy around FGM actually focus on this question. Those tensions have nurtured heated debates in the Parliament: for instance, in 1996 with a motion against FGM which had been defeated; or more recently in 2006 in the discussion around the *Sexual Offences Bill*, whose first draft mentionned "forced" FGM and which had to be abandonned so that the bill could be passed. Arguments against the law are framed with cultural references, but also with social reasonings for instance emphasizing the social pressure adult women who are not circumcised can face in the community, and the subsequent counterproductive effect of a law.[16]
Anyway, as a result of those critics and/ or because of lack of capacity to impose one "frame", the *Children's Act* has not been implemented so far: even dissemination has not started...
Instead, anti-FGM policy actually rely on pluralist framings of the issue. The issue has been mainstreamed in consolidated –related policies: such as reproductive health, girl-child education (which is a priority for Mwai Kibaki since its election in 2002), or violence against women in general. The recent transfer (2005) of the responsability in the fight against FGM from the Ministry of Health to the (new) Ministry of Gender, Sports, Culture and Social Services, can be understood as a consequence of this pluralist framing where gender issues has became quite important.

[16] See for instance the 40th session of the CEDAW (july-august 2007), concerning the discussions around the 5th and 6th CEDAW report from Kenya.

Therefore, anti-FGM policy in Kenya rely on a rhetorical weak "right" frame, externally oriented- but more and more contested even from outside for lack of implementation- and pluralistic policy-frames, at the expense of coherence...

The variations in the institutionnalization of anti-FGM policies in the two countries may be the result of different resonance of the controversy at national level.
In Mali, the controversy is much more "heated" than in Kenya: tensions have developed along contradictory framings of the issue, and different actors hold at times very polarized positions. Conflicts are much more fluid in Kenya, and thererfore frame change can be observed.
Several factors can explain the important tensions in the controversy in Mali : first, the two countries face different FGM prevalence rates (91,6% in Mali as compared to 32,2% in Kenya); [17] then the dominance of christian religion (historically opposed to the practice) in Kenya, and of islam in Mali (with some ambiguous positions) cannot be underestimated ; and eventually, the different nature of international linkages (Kenya being one of the african state with the most important number of INGOs) can also explain the important frame change in Kenya as compared to Mali.
This last point re-opens our main questionning towards the implication of the globalization of the issue of FGM. How has it influenced policy framing in the two cases studied ?

3.2. Patterns of ownership : appropriation around the legislative *option*.

In both cases, if one global frame has been "localized" (i.e. health frame), the majority of other global frames - that we described earlier – have not resonated as such at national level in policy framing. Two factors can explain this weak resonance: first, as we said, secondary frames are not "consolidated" at the international level; and secondly, domestic tensions make them difficult to be consolidated at national levels. This is particularly true for any "gender" framing of the issue in Mali, assimilated to a "feminist- westernized" approach and thererefore becoming the target of pro FGM counter struggle... And, it is also true for the "right" frame in both cases. But here, the situation is quite different, as it is not just a question of lack of resonance, but of some kind of resistance.
Indeed, Mali and Kenya show **symbolic resistance to one global framing, i.e. the one stemmed from the generic *right* frame, promoting legislation at national levels.**

While comparing anti-FGM policies in developed countries and in african countries, Elizabeth Heger Boyle concludes: "Western countries have tended to pass formal laws, while african countries have been more likely to establish policy bureaucratically, through presidential or health minister decrees. By avoiding formal legislation, African countries have been better able to decouple local sentiment from their legal actions. The variation suggests that local concerns matter more in determining the formality of legal action to eradicate FGC than in the actual adoption of that policy goal" (Heger Boyle, 2002: 98).
Our case-studies deepen this assumption: in one of our cases, formal legislation has been enacted (Kenya) but not implemented at all; while in the other case, legislation has been opted out as a "non malian" approach to FGM eradication (Mali). Both cases present interesting ownership patterns, through symbolic means.

[17] Datas from the Demographic and Health Surveys (DHS): DHS Mali 2001 ; DHS Kenya 2003.

The french political scientist Jean Francois Bayart actually proposes a re-reading of the taken-for-granted *static* assumption that Africa may be a the "limbo" of the international system. Instead, he considers that dependance may as well be a mode of action. Thus, he has paved the way for the study of the *dynamic* relationships of Africa with the rest of the world. He introduced the notion of "strategies of extraversion" suggesting "the creation and the capture of a rent generated by dependency" (Bayart, 2000 : 222), and he built a "grammar of extraversion" featuring different patterns of active extraversion, from coercition up to appropriation and resistance.[18] He recognized that the last two patterns are quite mixed.
This is precisely what we have in our cases study, where ownership can be located in certain forms of symbolic resistance to global framings of the issue.

3.2.1. Mali: legislation as a "non malian" option.

The malian governement has developed an anti FGM policies framed in maternalist concerns, and featuring an educative approach: it is the result of a consolidated framing of the issue based on a "local" compromise.
The educative approach supported by malian officials actually relies on an implicit rejection of a repressive approach, through legislation.
Such a symbolic resistance has been made visible, and confirmed, very recently during a *No Peace Without Justice* conference, held in Bamako, whose purpose was to initiate a legislative process in Mali. But the opening ceremony gave little hope for the realization of this objective, as both the First Lady and the Ministry for the Promotion of Women, Children and the Family, highlighted the importance of "voluntary behaviour change" which can only be reached through a "pedagogic approach", which is not only the best solution but also the only one relevant in regards of "the culture of our society, and our age-old culture". [19]
The legislative option is considered as a "non malian" tool for the eradication of FGM. This framing is coherent with the compromise that we described, while it gives greater legitimacy to the opposition to FGM, through a selective appropriation of global framings which would resonate at local level.
Yet, this resistance is only made possible and tenable if other signs of positive engagement of the Governement against the practice can be observed - internationally. Such engagement has been operationalized through the creation of the National Programme Against Excision (PNLE).
In the end, the shaping of local frames appears to be limited- though- to anti-FGM framings of the issue; i.e. the international community erected FGM as a problem, and this is no more questionable.

3.2.2. Kenya: one legislation, but no implementation.

In Kenya, on the one hand, the "presidential decrees" and the *Children's Act* are clearly a response to international pressure for the enactement of a legislation banning FGM, despite the absence of consensus at local level for this option.But we can identify two modes of appropriation through this decision.
First, in the contents of the legislation itself, it is interesting to notice that the *Children's Act* does not condemn the practice of "female circumcision" *per se*, but the potentially forced practice on girls - below 18 - who do not have the capacity to decide if they want to be cut or

[18] More precisely, J.F.Bayart identifies six patterns of action: coercion, trickery, flight, intermediation, appropriation and resistance (Bayart, 2000).
[19] Extracts from speeches at the opening ceremony of the S*ub regional conference for the elimination of FGM and the implementation of the Maputo Protocol* (NPWJ), 21-22 february 2006, Bamako (personnal notes).

not. This formulation suggests that “voluntary” circumcision is not prohibited under the law. In 2006, the provisions on FGM contained in the first draft of the *Sexual Offences Bill* also differentiated between “forced”- which is the term used- circumcision and regular one.
Secondly, appropriation takes also the form of reluctance towards implementation. The *Children’s Act* has been largely welcomed by the international community; but so far, no additionnal decisions have helped to implement it. Even dissemination has been weak, so that at district level, the administration does not even know the contents of the act... Here, appropriation takes the form of a dissociation between a rethorical framing of the issues, which comply with global receipts – but which is not operationalized ; and action frames *per se*, which are more pluralistic, but also less coherent.

With the passing of the FGM act in 2010, Kenya has become the latest African country to ban female genital mutilation, making it illegal to practice or procure it or take somebody abroad for cutting. The law even prohibits derogatory remarks about women who have not undergone FGM. Offenders may be jailed or fined or both.

Members of the Kenyan Women Parliamentary Association said it was a historic day. Linah Kilimo, its chairperson, said the move would improve school attendance. And Sophia Abdi Noor said:

> *“I have fought for 18 years to achieve this legislation. Today is independence day for women. Men got their independence in 1963 – but today women have achieved independence from the cruel hands of society.”*

Unicef congratulated Kenya. Its child protection specialist in Kenya, Zeinab Ahmed said:

> *“It is a great day for the girl child of Kenya. FGM is a serious violation of the rights of the child and of women. This bill gives an indication from government it is not just a cultural practice that can go on. The government has taken a bold step and will not tolerate any more violations. I applaud the work of Kewopa, the ministry of gender and the many other partners who have worked tirelessly to ensure that girls are protected from FGM.”*

Nobody imagines this means FGM will never take place again in Kenya, but making it illegal is a massive step towards changing attitudes and giving strength to those who oppose the practice. Kenya follows a number of African governments in outlawing the practice. According to the Pan African news agency, at the time of the African Union summit in June, which proposed prohibition of FGM, Benin, Ivory Coast, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Niger, Nigeria, Kenya, Central African Republic, Senegal, Chad, Tanzania, Togo and Uganda already had legislation against it.

But in nine countries (including some of those where it is illegal) it is still widely practised. In Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Mali, Sierra Leone, Somalia and Sudan, 85% of women undergo mutilation.

CONCLUSION

Note that by differentiating "abstract" and "action" levels in the formation of frames: on the one hand, we make visible the link between values, beliefs which are *translated* into prescriptions for action; and on the other, we grasped the fact that such translations are potentially different at national and international levels. Therefore, international and national campaigns against FGM appear to be nothing but the product of a specific articulation of the different elements of the "matrix of interpretations" (i.e. the abstract level of frame formation). Such a statement makes it clear that international campaigns and discourses on FGM are but "one(s)" of the multiple ways of framing the issue. Framing takes place at different levels.

Of course power relations in the international arena affect the production and selection of policy frames at national levels - for instance, our case study reveal that local framing is not completely free, as the "local" selection of policy frame is actually limited to anti-FGM framings. But, national policy framing confronts actors at national level: even though international actors and discourses are also closely involved in the national controversy, one must not underestimate the power relations within the local arena, in order to understand local/ global framings dynamics.

KEY RECCOMENDATIONS

Despite all the laws and legislations, the activism and campaigns against FGM and harmful traditional practices, this vice continues to take place either openly or in secret. Most African countries have used the rights based approach/framework as well as the health approach/framework to deal with the issue.

There are reports of the reduction of the practice but not complete stop to it.

1. We recommend for a review of the practice to establish what works and what does not work in relation to the four frameworks
2. There is need for a total review of all the international and national laws and legislations on FGM to establish why they have not worked at the national and international levels
3. An assessment and review of where are we now on the FGM thinking based on the four frameworks discussed
4. We recommend a thorough documentation of best practices in the abandonment of FGM among IPs that practice it
5. We recommend that we ask ourselves one very important question; "why does FGM persist to date?" in seeking to answer this question, we are trying to do a comparative analysis of the harm accrued through FGM and the cultural benefits thereof
6. We recommend an exploration of creative modalities of enforcement of the laws, conventions that emphasise abandonment based on a free choice and peoples initiatives
7. We believe in formal education as a long term emancipator of IP women from FGM, we therefore recommend for continued support of education among IP girls at all levels, and we urge UN agencies such as UNICEF to heighten formal education among IPs in Africa

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