

**FEMALE GENITAL MUTILATION IN FRANCE AND THE UK: THE ROLE OF  
NON-GOVERNMENTAL ORGANIZATIONS IN POLICY FORMATION**

by

MARGERY ROSE PAZDOR  
B.A., B.Sc., Memorial University of Newfoundland, 2006

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## **Abstract**

By comparing female genital mutilation (FGM) policy between two European countries, this thesis will show how non-governmental organizations (NGOs) affect the policy-making process. Both France and the UK have large immigrant populations from countries traditionally practicing FGM, and became aware of its occurrence in Europe concurrently with increasing international feminist mobilization against the issue. Each country developed policies towards FGM, but these policies were very different between the two countries.

Both countries criminalized the practice, but France did so by conducting prosecutions of parents and traditional practitioners of FGM while the UK did so by enacting legislation that was never enforced. Examining the narrative of events leading to the different policy outcomes shows the extent to which NGOs influenced the outcome. NGOs are seen to have powerful influence via framing strategies, and through creating knowledge and expertise. It is found that their influence was contingent on chance events providing windows of opportunity for action.

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## List of Abbreviations

ASS	Anti-Slavery Society for the Protection of Human Rights (now Anti-Slavery International)
BMA	British Medical Association
BWHAFS	Black Women's Health and Family Support
CAMS	Commission pour l'Abolition des Mutilations Sexuelles
CEDAW	Convention for the Elimination of All Forms of Discrimination Against Women
DHSS	Department of Health and Social Services
GAMS	Groupe femmes pour l'Abolition des Mutilations Sexuelles
ECOSOC	United Nations Economic and Social Council
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FORWARD	Foundation for Women's Health Research and Development
IAC	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
ICRH	International Centre for Reproductive Health
LDIF	Ligue du Droit International des Femmes
MRG	Minority Rights Group
NGO	Non Governmental Organization
OHCHR	Office of the High Commission for Human Rights
PMI	Mother and Child Protection Clinics
RCOG	Royal College of Obstetricians and Gynecologists
RCM	Royal College of Midwives
RCN	Royal College of Nurses
UNAIDS	Joint United Nations program on HIV/AIDS
UNDP	United Nations Development Program
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	UN High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UK	United Kingdom
WAGFEI	Women's Action Group on Female Excision and Infibulation (Later FORWARD)
WIN	Women's International Network
WHO	World Health Organization

## Preface

I began this project with an interest in immigration, and the integration of immigrant communities in European countries. I was particularly interested in the heated debate about Islam, about the “Europeaness” of Islamic practices, and about concerns about radical Islamic groups within Europe. Beginning from a general curiosity about treatment of immigrant groups and immigration policy, I focused on the response to what I saw at the time as Islamic practices. The French headscarf debate would have been the classic example, but I was more drawn to other cultural practices: particularly honour killings, and female genital mutilation (FGM), sometimes called female circumcision. At the encouragement of my supervisor, I pursued FGM, both as a topic that had less written about it than headscarves, and as a more relativistic topic than honour killings. Little did I know that I would find myself at a nexus of intense debate. I became enmeshed in literature discussing multiculturalism, feminism, social movements, cultural relativism, cultural identity, diaspora identity, liberalism, human rights and much more. Each of these terms is contentious and independently represents a library of literature and I quickly felt overwhelmed.

I began with the idea that FGM was horrific, wrong, and as a practice should be annihilated at all costs. I remember feeling sick to my stomach the first time I read a graphic description of the ceremony of circumcision, and wondering if I was going to be able to continue pursuing this topic of research. As the months passed, reading the same passage caused me to sneer at its blatant

universalism, its lack of attention to cultural norms and the deliberately emotional language, used to provoke the very reaction that I had initially felt. I found I was intimately experiencing the pendulum between universalism and relativism described by Marie-Bénédicte Dembour when discussing the legal system in France: on the one hand denouncing FGM as against the fundamental principles of human rights and on the other questioning the validity of my understanding of the world.<sup>1</sup>

On a personal level, and I state it here merely to contextualize the writing that follows rather than to write an academic argument in support of my position, I have concluded that laws universally forbidding FGM deny capable adult women the right to decide to undergo a traditional cultural practice. I believe that if consenting women can choose to have their vaginas tattooed, pierced, and surgically altered for “cosmetic” reasons, then women from cultures that practice ritual female genital cutting should be able to choose to have it done as well. I also believe that the western world should reexamine its own mutilating practices, including male circumcision and plastic surgery, before condemning out of hand the practices of other cultures. That said, the issue of protecting children from pain and suffering is still one in which I firmly believe. Genital cutting, both of males and females, needlessly harms children, and I therefore group myself with those opposed. However, I do so hesitantly, for fear of imposing my own ideals

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<sup>1</sup> Marie-Bénédicte Dembour, “Following the movement of a pendulum: between universalism and relativism,” *Culture and Rights: Anthropological Perspectives*, Eds. Jane K. Cowan, Marie-Benedicte Dembour and Richard A. Wilson, Cambridge: Cambridge University Press, 2001: 56-79.

and cultural norms on another. I suppose that makes me a reluctant anti-GM campaigner. In general the idealist in me would prefer to live in a world where all members of a particular culture engage in self-reflection, examine their traditions and practices, evaluate whether they are harmful to a particular group, and perhaps then choose to adjust the tradition to lessen the harm done.

In the context of my research, I quickly became aware that different European countries had responded in very different ways to FGM being performed in their territories, on their citizens. I suppose I was curious which of these policies were more effective at prevention, though my primary research question was not which is more effective (a question nearly impossible to answer with empirical research) but rather *why* did different countries respond to virtually the same phenomenon in different ways? This is still, ultimately, what drives my work, though many of my other perceptions, as stated above, have changed.



## Acknowledgements

As with any academic journey, this would not have been possible without the help and support of many people. First and foremost, I am greatly indebted to my supervisor, Dr. Dietmar Schirmer. Aside from pointing me in useful directions conceptually and suggesting reformulations that greatly strengthened my argument, he was a pillar of support on many levels. For his patience with my often rambling incoherence, for his insights, his near constant availability to have a “quick” chat, for his openness and most especially for both believing in me, and for telling me so, I owe him immense gratitude.

My thanks also to my second committee member, Dr. Antje Ellermann. Her challenging comments at both early and late stages of this project and her knack for asking questions that completely altered my perception of the problem were greatly appreciated.

I came into the European Studies program with a background in Biochemistry and French Language and Literature – a far cry from policy analysis or gender studies. Ending up with this topic was a journey that was made possible by the open and supportive interdisciplinary atmosphere provided by Director Kurt Huebner and the staff at the Institute for European Studies.

The bulk of this thesis would not have been written without a standing study date with my friend and colleague Sara Hall. Hours spent in the Barber Centre provided much-needed routine and shared anguish provided inspiration and comfort when it all seemed overwhelming.

To my army of editors: thank you. Being critical of one’s own work is often the most difficult part of any writing project, and I would not have been capable of it without the help of many friends. A special thanks goes to Christian Stockman, whose thorough critique greatly improved my first draft.

A great debt is also due to my Vancouver family and especially to my Aunt Elaine, who took her role as on-location-surrogate mother quite seriously. They offered their home as a refuge and their kitchen as a place to find replenishment, both nutritionally and most especially mentally and spiritually, as my regular visits often turned into unofficial counseling sessions.

Last, but oh so very far from least, to my parents. Their unquestioning love and support in my erratic life’s progression, and the belief they instilled in me that I could do anything I put my mind to, these things allowed me to complete this work. For that I thank them.

Any errors and omissions are of course mine and mine alone.

## **Section One: Presenting the Problem and the Analytical Frame**

Female genital mutilation (FGM) is a cultural practice that is currently most widely practiced in Africa. Yet as immigrant populations in European countries from areas where FGM is traditionally practiced increase, concern about this “African” tradition being practiced on European soil increases as well. It might seem reasonable to expect that policy would not differ much between European countries. One might assume that FGM was simply illegal in Europe. While this is true, the details of its illegality vary greatly across European countries, as do other policies. Some countries have focused more on health aspects, developing specialized clinics to help women who have suffered FGM (UK); some have criminalized the practice by enacting legislation against it (UK, Sweden); while France prosecutes parents and individuals performing it. In the UK, the Netherlands and Italy, legalizing a modified form of the practice for doctors to perform has been suggested, but this has so far been vehemently opposed. The presence of one of these policies does not restrict the existence of others, and it is not unusual that there be some overlap. For example, the UK has both criminalized FGM and provided specialized health care clinics. This policy diversity is matched by the different foci of many different actors, including social movements and special interest groups. By comparing and contrasting France and the UK, this thesis will show that an important factor affecting these different policy responses is the interaction of non-governmental organizations (NGOs)

with state policy makers. It will further show that NGOs affect policy through framing, capitalizing on windows of opportunity, and by providing knowledge and expertise on the subject.

This thesis will begin by defining the practice of FGM and describing the ethical debates surrounding it. It will then introduce the theoretical framework used to analyze the effect of NGOs on policy makers in France and the UK. I will be using concepts of agenda-setting, framing, institutional opportunity structures and mobilizing structures. The second major section will give an overview of the international efforts to eradicate FGM, followed by a specific timeline and analysis of events in France and the UK. Finally, I will compare and contrast these two countries explicitly, showing how NGOs in each country affected the final outcome. I find that while NGOs cannot be held fully responsible for shaping the difference in FGM policy between the two countries, the process of agenda-setting via framing and recruiting allies did afford NGOs with choice opportunities to affect the policy making process.

## **Background to FGM**

Many terms have been used by scholars and activists when discussing the practice of cutting females' genitals. The term used by the World Health Organization (WHO), and many others, is female genital mutilation (FGM).<sup>2</sup> The

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<sup>2</sup> OCHR et al. *Eliminating Female Genital Mutilation: an interagency report*, (Geneva: World Health Organization, 2008). Other writers who use FGM include Fran Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females*, 3<sup>rd</sup> ed. (Lexington: Women's International

term circumcision is also widely used.<sup>3</sup> Some writers, including Hosken, contend that this second term should be avoided because of its reference to male circumcision, which they insist is a different and much less harmful procedure. Hosken even goes so far as to liken FGM to male castration, rather than circumcision.<sup>4</sup> On the other hand, mutilation is a term laden with negative connotations, and implies the intention to do damage. Many anthropologists contend that “mutilation” inaccurately characterizes the cultural practice and alienates the FGM practicing communities.<sup>5</sup> Other writers have used terms such as female genital cutting, female genital surgeries or operations, and female genital modification.<sup>6</sup> In the communities where practiced, a variety of terms may also be used. In the Sudan, the term used is the Arabic *Tahur*, which translates as ‘purification.’<sup>7</sup> It is also referred to as *sunna* which means ‘tradition’.<sup>8</sup> The more technical terms used include excision, clitoridectomy, and infibulation. Each of these terms refers to specific operations.

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Network News, 1982); Rosemarie Skaine, *Female Genital Mutilation: Legal, Cultural and Medical Issues* (London: McFarland & Company, Inc., 2005).

<sup>3</sup> For example, by Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* (Philadelphia: University of Pennsylvania Press, 2001).

<sup>4</sup> Hosken, 4.

<sup>5</sup> For example, Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* (Philadelphia: University of Pennsylvania Press, 2001).

<sup>6</sup> Elizabeth Heger Boyle prefers female genital cutting, whereas Isabelle Gunning and Pascale Allotey, Lenore Manderson and Sonia Grover use Female Genital Surgeries. *Female Genital Cutting: Cultural Conflict in the Global Community* (Baltimore: The Johns Hopkins University Press, 2002); “Arrogant Perception, World-travelling and Multicultural Feminism: The Case of Female Genital Surgeries,” *Columbia Human Rights Law Review* 23 (1991-92): 189; “The politics of female genital surgery in displaced communities,” *Critical Public Health* 11, no. 3 (2001): 189-201.

<sup>7</sup> Gruenbaum, *The Female Circumcision Controversy*, 4.

<sup>8</sup> Boyle, 24.

Throughout the course of writing this paper, I have struggled with which of these terms to use. In the end I use a variety, but I most often use FGM. I respect the reasons that many authors give for their use of the less offensive options, but in the context of my paper I felt that FGM was most appropriate. It is the term accepted by WHO, as well as by the groups analyzed in this paper. I am not entirely comfortable with the term, but I use it partially in deference to the NGOs that I have discussed in this paper and corresponded with throughout research. I am aware of its inadequacies, and intend no disrespect.

One of the difficulties in using a general term such as “female genital mutilation” or “cutting” is that it suggests a homogeneity that in practice does not exist. In fact, when discussing “FGM” in a generic way, we are referring to a wide variety of physical practices. The WHO defines FGM as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”<sup>9</sup> For the purposes of clarification, WHO has further classified FGM into four broad categories. Type I is defined as “partial or total removal of the clitoris and/or the prepuce (clitoridectomy).” Type II is defined as “partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).” Type III is defined as “narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora with or without the excision of the clitoris (infibulation).” The final category, type IV, is the catch-all for unclassified types of genital cutting. It is defined as “all other harmful

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<sup>9</sup> OCHR et al., 1.

procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.”<sup>10</sup> WHO estimates between 100 and 140 million women in the world have undergone the procedure, and about 3 million girls are at risk of having it done every year.<sup>11</sup>

Each of these types share certain health risks, including risk of infection, uncontrolled bleeding, shock, blood poisoning, retention of urine due to swelling, pain, and obstructions of the urethral opening.<sup>12</sup> These risks are multiplied if the surgery is done under non-sterile circumstances. Infibulation carries with it further potential risks, including retention of menstrual fluid, difficulty with intercourse, obstructed labour, and chronic urinary tract infections.<sup>13</sup> It is sometimes argued that many of these health effects could be avoided if the surgery were done under clean, professional circumstances. The trend to try to make the operation safer in this way is known as medicalization. There are two primary aspects to medicalization. The first is having a medically trained professional perform the surgery using sterile instruments, thus reducing the risk of infection and excessive bleeding. The second refers to proposals to modify the surgery. For example, in Sudan, full infibulation was discouraged by some nurses performing the surgery in favour of a modified, or ‘intermediate’ form of circumcision.<sup>14</sup> Proposals in Europe have included pricking or a slight incision as

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<sup>10</sup> OCHR et al., 24.

<sup>11</sup> OCHR et al., 1.

<sup>12</sup> Gruenbaum, *The Female Circumcision Controversy*, 5.

<sup>13</sup> Comfort Momoh et al. “Female genital mutilation: analysis of the first twelve months of a southeast London specialist clinic,” *British Journal of Obstetrics and Gynaecology* 108 (2001): 186-191.

<sup>14</sup> Gruenbaum, *The Female Circumcision Controversy*, 184.

a replacement to excision.<sup>15</sup> The success of medicalization in reducing side effects is unknown, as is its influence in reducing prevalence of FGM.<sup>16</sup> In Europe, all proposals for medicalization have so far been rejected. Many reasons are given to avoid medicalization, including one line of argument that it legitimates the practice, thereby making it more difficult to eradicate.<sup>17</sup>

FGM varies not only by what is done, but also by the age at which it is performed, with the traditional age ranging from infancy to adulthood. It is sometimes seen as a rite of passage, ushering girls into womanhood. In these cases, male circumcision is also often done at the same time. It can also be done right before marriage, or after childbirth. In most cases, however, it is done sometime between infancy and age fifteen.<sup>18</sup> Most court cases in France concern infants on whom FGM was performed, while in the UK, recent studies report the average age of infibulation was around the age of six or seven.<sup>19</sup>

This heterogeneity of tradition makes developing policy towards FGM difficult, in part because it makes understanding the root causes of the practices more complicated, as different groups often have different reasons for circumcision. The origins of FGM are unclear, but evidence suggests it was practiced in ancient Egypt, and it may have originated there.<sup>20</sup> The term infibulation comes from comes from Latin and it is known that Ancient Romans

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<sup>15</sup> Els Leye, et al., "Health Care in Europe for Women with Genital Mutilation," *Health Care for Women International* 27 (2006): 367.

<sup>16</sup> Efua Dorkenoo, *Cutting the Rose*, London: Minority Rights Publications, 1994) 9.

<sup>17</sup> Leye et al., "Health Care in Europe," 368.

<sup>18</sup> WHO, Female Genital Mutilation, Fact Sheet No. 241, (Geneva: World Health Organization, 2000).

<sup>19</sup> Momoh et al, 188.

<sup>20</sup> Skaine, *Female Genital Mutilation*, 16

fastened a clasp of *fibula* through the genitals of slaves to prevent intercourse.<sup>21</sup> Another historical example of FGM are the Victorian British, who often practiced clitoridectomy as a cure for emotional disorders and mental diseases.<sup>22</sup> Some contemporary reasons given for FGM include beliefs about health benefits, that an uncircumcised woman won't be able to conceive, or give birth; beliefs about sexual preferences, that a man prefers an infibulated woman; beliefs about beauty, that it is right and natural to be circumcised; acceptance into the community, that only unclean people are uncircumcised; marriageability (and future security), that an uncircumcised woman will not be accepted by the men in the community as a potential wife; identification, to distinguish from other ethnic groups; as a rite of passage into adulthood, or into a secret society;<sup>23</sup> and beliefs that it is required for religious reasons.<sup>24</sup> Understanding of and beliefs about FGM can vary greatly across groups, and there is rarely only one identifiable reason. As with many cultural practices, reasons for circumcising are deeply embedded into the cultural psyche of a group.<sup>25</sup>

The exposure to different cultural groups that comes with international migration may also challenge many of these beliefs. As Sara Johnsdotter

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<sup>21</sup> Skaine, *Female Genital Mutilation*, 9.

<sup>22</sup> Morayo Atoki, "Should Female Circumcision Continue to be Banned?" *Feminist Legal Studies* 3, no. 2 (1995): 229.

<sup>23</sup> Fuambai Ahmadu, "Rites and wrongs: An insider/outsider reflects on power and excision," in *Female "circumcision" in Africa: Culture, controversy, and change*, eds. Ylva Hernlund and Bettina Shell-Duncan, (Boulder, CO: Lynne Rienner, 2000), 283-312.

<sup>24</sup> OCHR et al., 5-7.

<sup>25</sup> For two more specific examples, Fuambai Ahmadu, "Rites and wrongs," gives a complete description of the Kono circumcision ceremony, accepting young women into the powerful secret society of womanhood detailing many social influences. Likewise, Janice Boddy thoroughly analyzes infibulation in the Sudan, and what it means for the women involved in "Womb as Oasis: the symbolic context of pharonic circumcision in rural Northern Sudan" *American Ethnologist* 9 (1982): 682-698.



documents, Somalis in Sweden are reevaluating infibulation in the context of witnessing the shock of Swedish doctors, meeting uninfibulated Muslim Arabs, and coming to an understanding that FGM is not a religious requirement.<sup>26</sup> For many of Johnsdotter's respondents, the separation of religion and culture and recognizing infibulation as against Muslim values were important factors in deciding whether or not to have their daughters circumcised. These realizations occurred largely as a result of exposure to non-Somali culture.

In sum, there are very heterogeneous practices and beliefs surrounding FGM. This variety makes it difficult to address all FGM through any singular policy approach. The values underlying the practices and the risks involved need to be analyzed carefully to deal effectively with FGM. The next section will summarize some of the intense international debate about the origins of the practice, the reasons for its continuations, and the best way to go about eradicating it. It will also touch on the debate about who should or should not be intervening, and whether Westerners should even be concerned about the vaginas of women from other cultures. For the purposes of this paper, it is concluded that the rights of the child to avoid bodily harm supersede any group rights to protecting cultural traditions.

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<sup>26</sup> Sara Johnsdotter, "Persistence of Tradition or Reassessment of Cultural Practices in Exile? Discourses on Female Circumcision among and about Swedish Somalis," in *Transcultural Bodies: Female Genital Cutting in Global Context*, eds. Ylva Hernlund and Bettina Shell-Duncan (London: Rutgers University Press, 2007), 107-134. Johnsdotter urges, however, that these findings be interpreted with caution, and shouldn't be generalized beyond the Swedish Somali example.

## The FGM debate

The topic of female genital mutilation is one that inspires a passionate response from many audiences. From an outsider's perspective it is often seen as a horrific and unforgivable tradition, impossible to justify or understand, and one that should be stamped out at any cost. Early colonial powers in many of the African countries where it is practiced often outlawed it, or tried to impose its eradication. For example, in Sudan, the British colonial government prohibited infibulation in 1946.<sup>27</sup> The prohibition, rather than stopping FGM, instead resulted in women rushing to get their daughters infibulated before it was illegal. Furthermore, when a case against two women was brought to trial in 1946, it resulted in anti-colonial protests and fueled a nationalist movement.<sup>28</sup> The fact that FGM is still practiced in these areas (estimates recently placed prevalence of infibulation in Sudan at 90%) is a testament to this policy's failure.<sup>29</sup>

FGM returned to international attention as a result of feminist activism, which presented FGM as an intolerable patriarchal practice, meant to suppress and control women by removing their ability to enjoy sexual pleasure. Writers such as Fran Hosken and Alice Walker were unequivocal in their condemnation of the practice.<sup>30</sup> Hosken leaves no doubt as to her opinion on the source of the tradition and opens her 1982 report with the following: "sexual and genital

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<sup>27</sup> OCHR et al, 29.

<sup>28</sup> Boddy, "Body Politics," 16.

<sup>29</sup> OCHR et al., 29.

<sup>30</sup> Alice Walker and Pratibha Parmar, *Warrior Marks: female genital mutilation and the sexual blinding of women* (New York: Harcourt Brace, 1993).

mutilation of women and girls has been practiced in patriarchal societies for more than 2,000 years.”<sup>31</sup> Her book, on in a series of reports she published beginning in the 1970s, amasses data describing the details of the practice across the globe. It goes on to state that “what is reported in this book casts doubts on all the achievements for human rights, for human dignity, and for a better life that have been attained so far,”<sup>32</sup> and:

This report makes it clear that these operations are more than sexual assault, more than physical torture and abuse. They represent a systematic method of enslaving women and a deliberate attempt by men to subjugate women absolutely and life-long. These mutilations are used to physically control women’s bodies, reproduction and sexuality.<sup>33</sup>

Although her reports have been criticized both for their scientific integrity and the homogenizing assumptions inherent in their approach, they have been cited by many writers discussing FGM and Hosken’s boldly universalist stance has been echoed by writers and activists alike.<sup>34</sup> For many, including Hosken, the focus is on the global sisterhood of suffering and FGM is seen as another example of men suppressing women. Far from being universal, this view is not always appreciated, particularly by women from the cultures in question.

Chandra Mohanty specifically cites *The Hosken Report* as an example of the language used by many Western feminist writers as a form of discursive

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<sup>31</sup> Hosken, 2.

<sup>32</sup> Hosken, 2.

<sup>33</sup> Hosken, 15.

<sup>34</sup> See Obermeyer for a critique of research method and Boddy for one of universalism. Carla Maklouf Obermeyer, “Female Genital Surgeries: The Known, the Unknown and the Unknowable,” *Medical Anthropology Quarterly* 13, no.1 (1999): 79-106; “Gender Crusades: The Female Circumcision Controversy in Cultural Perspective,” in *Transcultural Bodies: Female Genital Cutting in Global Context*, eds. Ylva Hernlund and Bettina Shell-Duncan (London: Rutgers University Press, 2007), 46-65.

colonialism.<sup>35</sup> Susan Moller Okin and Azizah Al-Bibri powerfully illustrate the political charge animating this debate in the following exchange. Suggesting that group rights granted under multiculturalism might be bad for women when they protect oppressive practices such as polygamy, forced marriage, or female circumcision, Okin asks “is multiculturalism bad for women?”<sup>36</sup> In response Al-Bibri’s contends that social change could only be achieved from within, rather than from paternalistic westerners enforcing change from the outside and retorts, “Is western patriarchal feminism good for third world/minority women?”<sup>37</sup>

Even at the height of the feminist movement there were writers who offered a more neutral examination of the roots and cultural meanings of circumcision. Feminist anthropologists such as Ellen Gruenbaum and Janice Boddy encountered FGM while studying the ethnic groups that practiced it, and sought to present the cultural context in which it was done from a more balanced perspective.<sup>38</sup> Their descriptions were of encountering women who saw a circumcised vagina as the only acceptable model, showcasing its beauty and cleanliness. Horrified, or amused, at the idea of an uncircumcised woman, the women presented by these anthropologists would defend the necessity of the

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<sup>35</sup> Chandra Mohanty, “Under Western Eyes: Feminist Scholarship and Colonial Discourses” in *Third World Women and the Politics of Feminism*, Eds. Chandra Talpade Mohanty, Ann Russo, Lourdes Torres (Bloomington, Indiana: Indiana University Press, 1991), 51-81.

<sup>36</sup> Susan Moller Okin, “Is Multiculturalism Bad for Women?” in *Is Multiculturalism Bad For Women?* eds. Joshua Cohen, Matthew Howard and Martha C. Nussbaum (Princeton: Princeton University Press, 1999), 7-26.

<sup>37</sup> Azizah Y. Al-Hibri, “Is Western Patriarchal Feminism Good for Third World/Minority Women?” in *Is Multiculturalism Bad For Women?* eds. Cohen, Howard and Nussbaum, 41-46.

<sup>38</sup> Ellen Gruenbaum, “Female Genital Cutting: Culture and Controversy,” in *Gender in Cross-Cultural Perspectives* 5<sup>th</sup> ed., eds. Caroline B. Brettell and Carolyn F. Sargent, (Upper Saddle River, New Jersey: Pearson Prentice Hall, 2009) 491-504.

practice. Far from supporting the practice, however, these writers emphasized the importance of understanding the root causes of the practice as a way of fighting against it. As Boddy put it, “I think I am safe in saying that none of us who has studied the practice in its context are so theoretically myopic or inhumane as to advocate its continuance.”<sup>39</sup> Another anthropologist giving an insider’s perspective on FGM, but also staunchly defending the right of the women from practicing cultures to decide for themselves whether or not to continue the practice is Fuumbai Ahmadu. Ahmadu details the meaning of excision to the Kono ethnic group in Sierra Leone, and argues that most FGM studies have “more to do with deeply imbedded Western cultural assumptions regarding women’s bodies and their sexuality than with disputable health effects of genital operations on African women.”<sup>40</sup> For example, many writers emphasize the sexual side effects of the procedure, suggesting that damage done to the clitoris would render orgasm impossible.<sup>41</sup> Others, including Ahmadu, challenge this view by arguing that while the clitoris may play a role sexual pleasure, its necessity is highly questionable and there is little evidence that FGM is directly associated with sexual dysfunction.<sup>42</sup> Any discussion of FGM cannot avoid

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<sup>39</sup> Janice Boddy, “Body Politics,” 16.

<sup>40</sup> Fuumbai Ahmadu, “Rites and wrongs,” 184.

<sup>41</sup> Hosken, for example. Also Daniel Gordon, “Female Circumcision and Genital Operations in Egypt and Sudan: A Dilemma for Medical Anthropology,” *Medical Anthropology Quarterly* 5 no. 1 (March 1991): 3-14.

<sup>42</sup> For example, this view is taken by Mansura Dopico and Fuumbai Ahmadu, in direct contrast to Fran Hosken who is unambiguous that without a clitoris, female orgasm is impossible. Mansara Dopico, “Infibulation and the Orgasm Puzzle: Sexual Experiences of Infibulated Women in Rural Eritrea and Melbourne, Australia,” in Transcultural Bodies: Female Genital Cutting in Global Context, eds. Ylva Hernlund and Bettina Shell-Duncan (London: Rutgers University Press, 2007), 224-247; Fuumbai Ahmadu, “Ain’t I a Woman Too?”: Challenging Myths of Sexual Dysfunction in Circumcised Women,” in *Transcultural Bodies*, eds. Hernlund Shell-Duncan, 278-310.

sexuality, but the social construction of both sexuality and gender is often disregarded.

Most writers also tend to disregard similarities to male circumcision, often denouncing the term female circumcision because of the inevitable comparison between the two surgeries. These writers claim that male circumcision is much less damaging, often likening FGM (and specifically clitoridectomy) with cutting off the penis entirely.<sup>43</sup> On the other hand, some writers draw compelling comparisons between the views towards the “barbaric practice” of the “immigrant other” of the 1990s, and the “barbaric practice” of the “Jewish other” of the nineteenth century. For example, Gilman quotes at length the attitudes of liberal writers of the 18<sup>th</sup> and 19<sup>th</sup> centuries towards male genital mutilation, comparing them to contemporary attitudes towards female genital mutilation.<sup>44</sup>

Medical anthropologists and medical professionals have added to the FGM discussion by detailing and debating the medical side effects FGM. Regrettably, there continues to be a lack of reliable data, not only regarding medical side effects, but also the prevalence of the practice itself.<sup>45</sup> The FGM literature is full of philosophical discussions and advice on how to eradicate the practice, but there is scant empirical evidence regarding the prevalence of the

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<sup>43</sup> This would include Fran Hosken, Efua Dorkenoo, and others.

<sup>44</sup> Sander L. Gilman, “‘Barbaric’ Rituals?” in *Is Multiculturalism Bad For Women?*, eds. Joshua Cohen, Matthew Howard and Martha C. Nussbaum (Princeton: Princeton University Press, 1999), 53-58. Another writer calling for a more serious comparison of the two surgeries is Nancy Scheper-Hughes in “Virgin Territory: The Male Discovery of the Clitoris” *Medical Anthropology Quarterly* 5, no.1 (1991): 25-28.

<sup>45</sup> Obermeyer.

practice or the occurrence of negative side effects.<sup>46</sup>

Discussing the international debate as purely feminist neglects the perspective of practicing communities themselves. Debates about FGM happen in the countries where it is traditionally practiced, as well as within immigrant communities in host countries. As Gosselin points out, the debate on the legalization or criminalization of FGM is simultaneously a way for Malians to discuss westernization, the role of the state, Islamic revivalism, gender, class, and age.<sup>47</sup> It is therefore a mistake to classify the two sides of the debate as strictly relativist and universalist, or as Western women imposing their views on third world women. In truth, the debate is more complex. However, for the purposes of my paper, I have chosen to focus on the feminist movement as I see it affecting domestic policy in my two countries of interest.

### **FGM and policy analysis**

This thesis takes the form of a comparative case study, using the cases of FGM policy in France and the UK. Both countries were colonial powers and now have large populations of immigrants from countries where FGM is traditionally practiced. Each country also developed policies regarding FGM relatively early: France's earliest legal cases were in the late 1970s and the UK enacted the Female Circumcision Prohibition Act in 1985. Most other European countries only took action towards FGM occurring within their borders much later. For

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<sup>46</sup> Obermeyer, 79-106.

<sup>47</sup> Claudie Gosselin, "Feminism, anthropology and the politics of excision in Mali: global and local debates in a postcolonial world," *Anthropologica* 42, no.1 (2000): 43-60.

instance, with the exception of Sweden, other European countries that have enacted legislation against FGM all did so after 2000.

While both France and the UK took early action against FGM, they did so in very different ways. There are at least three ways that policy responses have differed, the details of which will be described in later sections. First, both countries criminalized FGM, but France prosecuted perpetrators and parents using existing legislation while the UK enacted specific legislation, which has never been enforced. The second way they differ is in procedures related to prevention. If a child is considered at risk in the UK and it is reported to the police, they refer the case to social services, which have the discretion whether or not to intervene.<sup>48</sup> In France, the case is referred to the police and the parents are brought before a magistrate to have the law explained to them, making it a legal proceeding from the beginning.<sup>49</sup> Third, specialized clinics have developed in the UK to address health issues specific to African women, and particularly the long-term and short-term side effects of FGM. No such specialized clinics exist in France.

Guiné and Fuentes have argued that these differences in FGM policy can be explained by differing citizenship regimes between the two countries.<sup>50</sup> They call Britain's model of citizenship ethnoreligious and ethnoracial and identify three

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<sup>48</sup> Els Leye and Jessika Deblonde, "A comparative Analysis of the different legal approaches towards female genital mutilation in the 15 EU Member States and the respective judicial outcomes Belgium, France, Spain, Sweden and the United Kingdom," ICRH Publications no. 8 (Ghent, Belgium: International Center for Reproductive Health, 2004), 29.

<sup>49</sup> Leye and Deblonde, 30.

<sup>50</sup> Anouk Guiné and Francisco Javier Moreno Fuentes, "Engendering Redistribution, Recognition and Representation: The Case of Female Genital Mutilation (FGM) in the United Kingdom and France," *Politics Society* 35 (2007): 477-519.



main traits that define British policy: official recognition of cultural diversity, equal opportunities policies, and antidiscrimination measures.<sup>51</sup> On the other extreme, they describe French citizenship as ethnocentric assimilation, supporting the republican ideal of France as a homogeneous nation. Following these models, they argue that anti-racism policies in Britain have clashed with women's rights, resulting in a lack of will among health and legal professionals to take on the issue. In France, they argue that the association of women's rights with secularism helped the French state take a stronger stance against FGM. This argument is compelling, but it fails to address the apparent contradiction of why the UK enacted FGM legislation. If policy makers were reluctant to take on the issue, as Guiné and Fuentes suggest, one would not expect the UK to be a leader in legislating against FGM.

Rather than consider FGM policies as a simple continuation of wider citizenship policy, I consider it a negotiation tied to larger social movements and especially the women's movement. I have chosen to examine the significance of NGOs in the development of FGM policy in the two European countries. In doing so, I follow Kastoryano's notion that a negotiation of rights takes place between organizations and states, which has great influence on policy formation.<sup>52</sup> Unlike in Kastoryano's case, however, FGM policy concerns not only community associations organized around ethnicity or nationality, but also human rights and women's rights organizations, and organizations that combine the two mandates.

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<sup>51</sup> Guiné and Fuentes, 485.

<sup>52</sup> Riva Kastoryano, *Negotiating Identities: states and immigrants in France and Germany* (Princeton: Princeton University Press, 2002).

I will examine several NGOs in each country. In the UK, the two most important NGOs that include FGM in their mandate are the Foundation for Women's health Research and Development (FORWARD) and the Black Women's Health and Family Support (BWHAFS). In France the two most important NGOs are *Commission pour l'Abolition des Mutilations Sexuelles* (CAMS) and *Groupe femmes pour l'Abolition des Mutilation Sexuelles* (GAMS). Each of these groups was founded in the 1980s explicitly to confront FGM, and each group has profoundly affected FGM policy in their respective countries. Significant differences do exist between the groups, however, which will be analyzed in greater detail in later sections. First, it is necessary to define several terms and concepts that I will be using in the subsequent analysis.

The first such term is NGO: what exactly is a non-governmental organization and why use this particular term over the many other options? The structure of the name itself indicates an organization independent from the government. As such, it might refer to organizations as varied as trade unions and civil rights groups, or social movements and bowling leagues. A more precise definition is given by the UN, which defines NGO as "a not-for-profit, voluntary citizens' group, which is organized on a local, national or international level to address issues in support of the public good."<sup>53</sup> Despite the improved specificity of this definition, NGO is still problematic in a number of ways.

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<sup>53</sup> United Nations, "NGOs and the United Nations Department of Public Information: Some Questions and Answers," (New York: Outreach Division, United Nations Department of Public Information, 2005) Available at <http://www.un.org/dpi/ngosection/brochure.htm> (accessed 30 March, 2009).

Emphasizing a dissociation with governments can be misleading when one considers that many groups labeled as NGOs are funded, at least in part, by governments. For example, both FORWARD and BWHAFS in the UK benefited from the FGM legislation introduced in that country by securing government funding to engage in public education campaigns. How does this funding dependency impact their status as “non” governmental? A second problem is the broadness of the term, which masks many differences and inequalities between groups. For example, NGOs may be international, national, regional, or community-based; they may be grassroots organizations, or semi-professional; they may be committed to social change, or to providing services, or both.<sup>54</sup> To apply one generic term to these potentially diverse groups can be as misleading as using FGM to describe a wide variety of actual practices.

A third problem is the alienating and pejorative association of the negative construction of the term, leading some to prefer a positive construction such as “civil society association.”<sup>55</sup> It has been suggested that the term NGO was constructed after World War II as a way to exclude certain organizations from political participation.<sup>56</sup> This problem may be avoided by using one of the many other terms that might be used to refer to such groups, including civil society associations, pressure groups, non-profit groups, social movements, or grassroots organizations. The groups that I study self-identify using a variety of

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<sup>54</sup> Mark B. Ginsburg, “NGOs: What’s In An Acronym?” *Current Issues in Comparative Education* 1, no. 1(1998): 29-34.

<sup>55</sup> Norbert Götz, “Reframing NGOs: The Identity of an International Relations Non-Starter,” *European Journal of International Relations* 12, no. 2 (2008): 231-258.

<sup>56</sup> Götz, 240.

terms, including human rights organization, grassroots organization, feminist organization, and one group which identifies as a non-governmental organization. Despite the problematic nature of the term, in this case I find it more helpful to consider the commonalities between the groups discussed rather than the differences. I will therefore continue to use NGO for three main reasons. First, while these problems may be significant in some cases, they will for the most part not affect the analysis conducted in this thesis. A second reason is that NGO is broad enough to include all of the groups I discuss: whereas some of these other terms, such as grassroots organization, only apply to some groups, NGO applies to all. A final reason for using this term is for the sake of consistency. It is used by much of the literature I have referred to, and particularly by Jutta Joachim, whose theoretical framework I rely on extensively.

Joachim applies both social movement and agenda-setting theory to the problem of studying NGOs at the UN. She combines a “garbage can” model of agenda setting with a three-part model of social movement theory. This combination will also be helpful to describe how NGOs affect FGM policy at a national level.<sup>57</sup> The garbage can model assumes that political agendas come about from the interaction of four independent streams: *problems*, *solutions*, *participants* and *choice opportunities*. Kingdon uses this model to explain how governments decide what subjects to address (how they set the agenda), and how they decide which alternatives for action are most appropriate respond to

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<sup>57</sup> Michael Cohen, James March and Johan P. Olsen, “A Garbage Can Model of Organizational Choice,” *Administrative Science Quarterly* 17: 1-25; John W. Kingdon, *Agendas, Alternatives and Public Policies*, 2<sup>nd</sup> ed. (New York: Harper Collins College Publishers, 1995).

those subjects.<sup>58</sup> This model emphasizes the dynamic nature of policy formation and agenda-setting, allowing a focus on the interaction between these different streams. In the case of French and British FGM policy, NGOs are *participants* that identify or frame *problems* and/or *solutions* in such a way as to seize *choice opportunities*. Choice opportunities are “changes in the political climate, political realignments, and earmarking events that create openings or a window for change to occur.”<sup>59</sup> In my case, choice opportunities result in *windows of opportunity* for NGOs to act. These *windows of opportunity* are often contingent on uncontrollable, chance events.

The three-part model of social movement theory consists of three factors grouped by McAdam, McCarthy and Zald as major analytic foci in social movement theory: *framing processes*, *political opportunity structures* and *mobilizing structures*. McAdam, McCarthy and Zald define framing processes as “the conscious strategic efforts by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action.”<sup>60</sup> This indicates that groups such as NGOs are “actively

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<sup>58</sup> Kingdon, 4.

<sup>59</sup> Jutta M. Joachim, *Agenda Setting, the UN, and NGOs: Gender Violence and Reproductive Rights* (Washington, D.C.: Georgetown University Press, 2007), 18.

<sup>60</sup> “Introduction: Opportunities, mobilizing structures, and framing processes – toward a synthetic, comparative perspective on social movements,” in *Comparative Perspectives on Social Movements: Political Opportunity Structures, Mobilizing Structures and Cultural Framing*, eds. Doug McAdam, John D. McCarthy, Mayer N. Zald (Cambridge: Cambridge University Press, 1996), 6. I use the definition given by McAdam, McCarthy and Zald, but the term originated with earlier writers such as Erving Goffman, *Frame Analysis: An Essay on the Organization of Experience* (New York: Harper Colophon, 1974); David A. Snow and Robert D. Benford, “Ideology, Frame Resonance, and Participant Mobilization,” *International Social Movement Research* 1: 197-218.

engaged in the construction of meaning.”<sup>61</sup> This meaning construction occurs through three different processes, as defined by Snow and Benford.<sup>62</sup> The first is *diagnostic framing*, which identifies something as a problem. For example, NGOs engage in *diagnostic framing* by identifying FGM as a problem in general, and recognizing it as a problem in European states in particular. The second type of framing is *prognostic framing*, which identifies solutions to a problem. For examples, proposed solutions might include education programs, and legislation. The third type of framing process is *motivational*. Motivational framing provides a reason for people to act on a particular issue, such as obligations to social justice, or human rights.<sup>63</sup> Human rights, women’s rights and protecting the rights of children are often employed by FGM activists to motivate action against the practice. Framing is a useful tool for *participants* (such as NGOs) to promote *problems* and *solutions* to be placed on the agenda.

The second important variable in analyzing NGOs is evaluating the available *political opportunity structure*. This term refers to “features of regimes and institutions (e.g., splits in the ruling class) that facilitate or inhibit a political actor’s collective action and to changes in those features.”<sup>64</sup> Political opportunity

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<sup>61</sup> Joachim, 19.

<sup>62</sup> Snow and Benford 1988.

<sup>63</sup> Joachim, 21.

<sup>64</sup> Charles Tilly and Sidney Tarrow, *Contentious Politics* (London: Paradigm Publishers, 2007), 49. While I use the definition given by these authors in this recent work, McAdam McCarthy and Zald attribute the concept’s development by such authors as Peter Eisinger, “The conditions of Protest behavior in America Cities,” *American Political Science Review* 67 (1972): 11-28; Charles Tilly, *From Mobilization to Revolution* (Englewood Cliffs: Prentice-Hall, 1978); Doug McAdam, *The political process and the development of black insurgency* (Chicago: University of Chicago press, 1982); and Sidney Tarrow, *Struggling to Reform: Social Movements and Policy Change During Cycles of Protest*, Western Societies Program Occasional Paper No. 15. (Ithaca: New York Center for International Studies, Cornell University, 1983)

structures refer to both positive and negative opportunities, or to both opportunities and threats. Two aspects of political opportunity structures prove important to my discussion. The first is *access to institutions*, what McAdam calls “relative openness or closure of the institutionalized political system.”<sup>65</sup> Another key determinant for the political opportunity structure is recruiting *influential allies*. Influential allies can include members of the political elite, as well as the media and other organizations such as the UN. *Political conflict* is also often a key component as both an enabling or constraining structure.<sup>66</sup>

The final analytical tool that the social movement literature will lend to this study is the importance of *mobilizing structures*. This term refers to the way that social movements, civil society groups, or NGOs take action. They are “those collective vehicles, informal as well as formal, through which people mobilize and engage in collective action.”<sup>67</sup> For Joachim, and in my case as well, two components prove vitally important here. Those are *organizational entrepreneurs* and *knowledge and expertise*. *Organizational entrepreneurs* are those committed and motivated individuals and organizations who facilitate collective action by taking on the initial costs of organization, are well-connected,

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<sup>65</sup> Doug McAdam, “Conceptual origins, current problems, future directions,” in *Comparative Perspectives on Social Movements: Political Opportunity Structures, Mobilizing Structures and Cultural Framing*, Eds. Doug McAdam, John D. McCarthy, Mayer N. Zald, (Cambridge: Cambridge University Press, 1996), 27.

<sup>66</sup> Joachim, 23.

<sup>67</sup> Doug McAdam, John D. McCarthy, Mayer N. Zald, “Introduction: Opportunities, mobilizing structures, and framing processes – toward a synthetic, comparative perspective on social movements,” in *Comparative Perspectives on Social Movements*, Eds. Doug McAdam, John D. McCarthy, Mayer N. Zald, 3.

and have vision and charisma.<sup>68</sup> Finally, NGOs mobilize through sharing, and by gaining, *knowledge and expertise*. There are different types of knowledge that NGOs gather. First, NGOs can provide a certain amount of *scientific knowledge* about an issue to have their ideas gain acceptance.<sup>69</sup> For example, NGOs are actively involved in researching the prevalence of FGM in European countries. Scientific knowledge, which is considered to be objective and reproducible, contrasts greatly with *testimonial knowledge*, which NGOs also provide.<sup>70</sup> They also act as a source of testimonial first hand knowledge, both of victims of FGM, and of professionals such as nurses and doctors who have encountered FGM in Europe. A third type of knowledge possessed by NGOs is *procedural knowledge*. This knowledge implies an understanding of the institutions that NGOs target and can greatly impact the way NGOs campaign, and the relative success of this campaigning.<sup>71</sup>

A final factor influencing the eventual policy outcome in these cases is the idea of *contingency*. In both cases, certain key events proved to be necessary for establishing windows of opportunities that could be used by NGOs to promote their policy solutions. There is an element of chance to these contingent events that proves important. For example, while the form of institutional access was

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<sup>68</sup> Joachim, 33.

<sup>69</sup> Joachim, 36. Joachim cites Ernst B. Haas, *When Knowledge is Power: Three Models of Change in International Organizations* (Berkeley: University of California Press, 1990); Peter M. Haas, "Introduction: Epistemic Communities and International Policy Coordination" *International Organization* 46, no. 1 (1992): 1-36; and Margaret E. Keck and Kathryn Sikkink, *Activists beyond Borders: Advocacy Networks in International Politics* (Ithaca: Cornell University Press, 1998) for the importance of scientific knowledge.

<sup>70</sup> Joachim, 36.

<sup>71</sup> Joachim, 37; Kingdon.



important for NGOs to influence the nature of FGM prosecutions in France, a chance event was equally important, as it provided NGOs with precedent, thus strengthening their argument. In this way the window of opportunity available to the NGOs was contingent on a chance event.

The elements of the garbage can model and social movement theory as grouped and employed by Joachim will help elucidate the manor in which FGM policy is formed and the role of NGOs in this process. The contingency of chance events leading to windows of opportunity used by NGOs is an ongoing theme throughout. In addition, concepts of framing, political opportunity structures and mobilizing structures will help organize the discussion. This analysis stresses the apparent irrationality of the policy process.

## Section Two: Shaping FGM Policy

### FGM as an international issue

I will now briefly outline the international action that has been taken, and the international campaign against FGM. This is to contextualize what happened in France and the UK, as the women involved in those countries were often involved in international campaigning as well. While the focus of this paper is not how the international community affected policy in each of my two case countries, reference will be made to events, and understanding their occurrence will help to illuminate the later argument.<sup>72</sup>

European states were dealing with FGM well before the feminist movement revived interest in it in the 1970s; eradication efforts began during the colonial period. European colonial governments saw the practice as barbaric and attempted, rather half-heartedly for the most part, to dissuade the population from practice FGM by forbidding it. These early eradication efforts were focused on the barbarity of the practice, and motivated by ideas about human rights.<sup>73</sup> After World War II and in the post-colonial context, FGM was seen more as a topic to be dealt with by the local community rather than by foreign powers. Indeed, during the war of independence in Kenya, excision was an important topic, with

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<sup>72</sup> Boyle offers an interesting analysis of international influence on FGM policy.

<sup>73</sup> Anouk Guiné gives a thorough recounting of British efforts in Kenya and Sudan in “Multiculturalismes et droits des femmes: le cas de l’excision en Grande-Bretagne” (PhD Diss., Civilisation britannique, Université Clermont II, 2005); Janice Boddy has also recently published a book detailing the efforts of the British colonial government in Sudan, *Civilizing Women: British Crusades in Colonial Sudan* (Princeton: Princeton University Press, 2007).

some independence fighters claiming that the abolition of excision meant the destruction of social order and the complete “Europeanization” of Kenyan people.<sup>74</sup>

This atmosphere may have contributed to the UN’s initial reluctance to take on FGM as an issue. Early attempts to get the UN involved in the anti-FGM campaign were unsuccessful. WHO initially rejected requests to study FGM saying that it was a cultural and social issue, rather than a health issue, and therefore beyond its scope.<sup>75</sup> Feminist mobilization during the 1970’s, particularly the work of Fran Hosken and her organization, the Women’s International Network (WIN), is attributed to changing this attitude.<sup>76</sup> When the UN did get involved in eradication efforts in the late 1970s and 1980s, it did so under the rubric of FGM as a health concern, because this stance was less controversial than other options, such as human rights.<sup>77</sup> In 1979 the WHO organized a seminar on Traditional Practices Affecting the Health of Girls and Women, held in Khartoum, Sudan. This seminar discussed female circumcision, as well as child marriage. Throughout the 1980’s, international organizations such as WHO and UNICEF continued to treat FGM as a health issue, whereas women’s groups in Africa and in the West increasingly campaigned against FGM on the basis of women’s rights.<sup>78</sup> Boyle speculates that the UN wanted to avoid the controversy that feminist activists were facing over FGM. Because health issues were seen

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<sup>74</sup> Guiné, “Multiculturalismes et droits des femmes,” 75.

<sup>75</sup> It was proposed and rejected as early as 1959. Dorkenoo, 61.

<sup>76</sup> Boyle, 46.

<sup>77</sup> Boyle, 48.

<sup>78</sup> Guiné, “Multiculturalismes et droits des femmes,” 104.

as apolitical, placing FGM within a health framework allowed the UN to attempt avoid the controversy that feminist activists were enmeshed in, and also allowed them to avoid appearing to single out African countries.<sup>79</sup> This led increasingly to the medicalization of FGM, as opposed to its eradication.<sup>80</sup>

The UN Decade for Women brought more publicity to feminist campaigning, and caused feminist social movements and NGOs to become more organized and sophisticated in their methods of contention.<sup>81</sup> NGOs were also quicker to take on FGM than the UN. An example of this disparity in willingness to address the issue can be seen in 1980, when FGM was brought up in two contexts. First, it was mentioned at the second official UN Conference for Women in Copenhagen, but it was not discussed in great detail.<sup>82</sup> On the other hand, it was a topic of great importance at the Copenhagen Non-Governmental Organizations Forum, organized parallel to the 1980 UN conference. FGM proved to be a highly contentious issue at this forum for non-governmental organizations, with some African delegates walking out of a meeting in protest when it was brought up.<sup>83</sup> These delegates wanted the focus to be on clean water and food, not on their genitals.<sup>84</sup> They also resented the panel of 'experts' on the issue, which included western women who had never even lived in Africa. International efforts to eradicate FGM were seen by some as outside interference

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<sup>79</sup> Boyle, 48.

<sup>80</sup> Boyle, 55.

<sup>81</sup> Joachim.

<sup>82</sup> Dorkenoo, 61.

<sup>83</sup> Dorkenoo, 62.

<sup>84</sup> Dorkenoo, 62.

by colonial states.<sup>85</sup> Thus, by 1980, UN organizations were still hesitant to address FGM, whereas NGOs were more willing to address it, though also divided on how and if it should be presented.

There was a second wave of activism against FGM in the 1990s, which took place amid a wider discourse of women's rights as human rights, and violence against women as a violation of those rights.<sup>86</sup> In 1993 at the Vienna World Conference on Human Rights, FGM was classified as a form of violence against women. In addition, violence against women was acknowledged to fall under international human rights law.<sup>87</sup> FGM was also addressed by activists fighting for children's rights, and was included in the 1989 Convention for the Rights of the Child under a clause requesting that states take measures "with a view to abolishing traditional practices affecting women and children."<sup>88</sup> This widening of perspective has led to the inclusion of more groups and further legitimating of FGM as a topic. Several UN agencies are now involved in combating FGM. WHO was first to get involved, followed by UNICEF, but the most recent publication on FGM was written by ten different UN agencies.<sup>89</sup> The switch from the health frame to the rights frame allowed the inclusion of many

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<sup>85</sup> Dorkenoo, 62.

<sup>86</sup> Boyle, 52.

<sup>87</sup> Ylva Hernlund and Bettina Shell-Duncan, "Transcultural Positions: Negotiating Rights and Culture," in *Transcultural Bodies: Female Genital Cutting in Global Context*, eds. Ylva Hernlund and Bettina Shell-Duncan (London: Rutgers University Press, 2007), 30.

<sup>88</sup> Boyle, 57.

<sup>89</sup> These include the Office of the High Commission for Human Rights (OHCHR), the Joint UN Program on HIV/AIDS (UNAIDS), UN Development Program (UNDP), UN Economic Commission for Africa (UNECA), UN Educational, Scientific and Cultural Organization (UNESCO), UN Population Fund (UNFPA), UN High Commission for Refugees (UNHCR), UN Children's Fund (UNICEF), UN Development Fund for Women (UNIFEM), and WHO

more groups. It also allowed NGOs and the UN to fight against the trend of medicalization; FGM as a health issue might be addressed by medicalization, but FGM as a rights issue could not.<sup>90</sup>

The UN's actions and involvement is only one way that FGM has been made an international issue. International pressure has affected the policies of individual countries as well.<sup>91</sup> A compelling example is that of Egypt, where it is estimated that 97% of married women have undergone FGM.<sup>92</sup> Despite having signed the Convention for the Elimination of All Form of Discrimination against Women (CEDAW) in 1981, Egypt had not taken action against FGM.<sup>93</sup> This is hardly surprising since excision was widely practiced and an accepted tradition. Things changed, following an international conference held in Cairo in 1994. A CNN crew filmed the circumcision of a ten-year-old girl in Cairo at the same time the conference, causing international outrage. The show resulted in Egypt being mired in controversy, as the government crumbled to international pressure while religious leaders vehemently opposed any government prohibition of the practice.<sup>94</sup> At the same time, the CNN report inspired American senators to introduce a bill linking US foreign aid to anti-FGM policies in countries where it is known to be practiced.<sup>95</sup> The CNN report proved an important source of motivational framing for the international community.

The CNN report did much to raise awareness of FGM. So too did the

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<sup>90</sup> Boyle, 56.

<sup>91</sup> Boyle.

<sup>92</sup> Boyle, 2.

<sup>93</sup> Boyle, 2.

<sup>94</sup> Boyle, 3-5.

<sup>95</sup> Boyle, 3-5.

creative work of Pulitzer Prize winning author Alice Walker. Walker published a book in 1992, *Possessing the Secret Joy*, about a woman who suffers FGM. She also collaborated with filmmaker Pratibha Parmar to produce a documentary about it called *Warrior Marks: female genital mutilation and the sexual blinding of women*.<sup>96</sup> In the spirit of Fran Hosken's work, this film and its subsequent book, took an unrepentant universalist stance towards the "evils" of FGM.

As has already been suggested by the importance of WIN, international NGOs were actively involved in working to eradicate FGM long before governments became involved. The Anti-Slavery Society for Human Rights had worked for the abolition of FGM both in British colonies and in African countries post-independence since the early twentieth century. The NGO Working Group on Traditional Practices Affecting the Health of Women and Children was formed of international NGOs in Geneva in 1977. This group, working in cooperation with the Anti-Slavery Society, worked in Africa to determine how best to try to eradicate the practice.<sup>97</sup> This group hosted a seminar in 1984 on Traditional Practices Affecting the Health of Women and Children in Africa, which resulted in the formation of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC).<sup>98</sup> As of 1994 the IAC has consultative status at the UN Economic and Social Council (ECOSOC).<sup>99</sup> In these examples, NGOs served as *organizational entrepreneurs*, and had great influence in

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<sup>96</sup> *Possessing the Secret of Joy* (London: Vintage, 1991); *Warrior Marks: female genital mutilation and the sexual blinding of women* (New York: Harcourt Brace, 1993).

<sup>97</sup> Dorkenoo, 73.

<sup>98</sup> Dorkenoo, 73.

<sup>99</sup> Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, "About us: Status," <http://www.iac-ciaf.com/aboutus.htm> (accessed April 24, 2009).

agenda-setting.

Many other international conferences have been hosted discussing FGM, including two international conferences hosted by CAMS, one in Senegal in 1982 and one in France in 1988.<sup>100</sup> FGM was also an issue at the International Conference on Population and Development in Cairo in 1994.<sup>101</sup> For a more extensive analysis, Boyle presents a compelling argument explaining the success of the international anti-FGM movement as an example of the larger trend of the institutionalization of individual rights over collective organizations such as nations and families.<sup>102</sup> She further argues that organizations more connected to states by being state sponsored or by being connected to state sovereignty system are more deferential to local politics, while NGOs are more confrontational.<sup>103</sup>

This international context forms the background for what happened in both France and the UK, and later in other European countries. On the one hand, the international condemnation of FGM and the inclusion of women's rights as human rights by the UN acted as a legitimating factor for women's rights movements at the national and local level, and allowed human rights to be used as a framing motivation by these groups.<sup>104</sup> In addition, international pressure

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<sup>100</sup> Dorkenoo, 79.

<sup>101</sup> International Centre for Reproductive Health, "Mission," <http://www.icrh.org/mission> (accessed April 23, 2009).

<sup>102</sup> Boyle, 42.

<sup>103</sup> Boyle, 63. For more of a focus on the UN, Jutta Joachim also provides a thorough examination of the role of NGOs in agenda setting at the UN on the issues of gender violence and reproductive rights.

<sup>104</sup> Joachim makes the point that the international acceptance was a legitimating force for local and national NGOs in a more general sense, referring to women's rights, not to FGM.



greatly affected some individual countries, as seen by the Egypt example. The next two sections will look more closely at how NGOs were involved in the development of domestic FGM policy in both France and the UK.

### **French FGM policy: criminalization and prosecution**

The use of prosecutions to combat the FGM is the most notable, though not the only, aspect of French policy. This section will outline the development of this criminalization, paying particular attention to three cases, the Bobo Traoré case (1982-4), the Coulibaly/Keita case (1986), and the Richer case (1983). In doing so, I will establish the pivotal role of NGOs in this process. This section will also discuss the reaction of the health care sector to FGM in France. While France is known for its prosecutions, doctors were actually the first to respond to FGM in France. Finally, this section will analyze the importance of NGOs in both the criminalization of FGM, and in developing knowledge and expertise about the practice in France.

Doctors at Mother and Child Protection clinics (PMIs) were responsible for first bringing FGM to public attention in France. Founded after World War II with the mandate to decrease infant mortality, these clinics offer free prenatal care and care for children up to the age of six. Over the late 1970s and early 1980s, medical staff and counselors working at these clinics and at family planning centres were increasingly concerned about the cases of FGM they were seeing, particularly when infants were brought in suffering severe complications such as

hemorrhaging.<sup>105</sup> In 1981 pediatricians at PMIs proposed an education program about FGM, identifying it as a problem facing French medical practitioners.<sup>106</sup> These PMIs continue to be the primary site of interaction between health care providers and women with FGM. This results in a certain lack of consistency, as each PMI develops its own strategies for educating about FGM. For example, doctors at one PMI might choose to be fairly invasive, by requesting that parents sign a statement declaring that they won't have their children cut, or by conducting a genital examination of children they might consider at risk. On the other hand, others might limit action to providing pamphlets or putting a poster on the wall.<sup>107</sup> The familiarity of doctors at PMIs with FGM is likely to be correlated with which region of the country they work in, as some areas of France have much higher concentrations of immigrants from areas that practice FGM. This leads to residents of some areas receiving a different level and type of care than others.

Doctors and their clinics have not only been important in providing health care, or in being a site of prevention efforts. It was also doctors who first referred cases of FGM to the courts, initiating the process that led to France being the only European country to have prosecuted parents and traditional practitioners (“excisors”) in the courts. The first case to be tried in France was in November of 1979. In this case, the excisor received a one year suspended sentence for

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<sup>105</sup> Colette Gallard, “Education and debate: Female Genital Mutilation in France,” *British Medical Journal* 310 (1995): 1592-1593.

<sup>106</sup> Groupe pour l’Abolition des Mutilations Sexuelles, “Historique du GAMS,” <http://pagesperso-orange.fr/..associationgams/pages/historiq.html> (accessed 9 April 2009).

<sup>107</sup> Guiné and Fuentes, 503.

having performed an excision in June of 1978 on a three-year-old girl, who died as a result of the procedure.<sup>108</sup> This case was tried in a correctional tribunal, a lower court that lacks competence to hear more serious crimes.<sup>109</sup> Four years later another death occurred, this time of three-month-old Bobo Traoré. In this case, Bobo bled to death after an excision because her parents knew excision was illegal and were afraid to take her to the hospital.<sup>110</sup> When Bobo's case was brought before the correctional court the following year, a group of NGOs took it upon themselves to campaign that the case should be held before the higher *assise* court, which was competent to hear cases of mutilation. The initial charges were not mutilation and did not directly address the excision - her father was charged with "failure to render assistance to a person in danger." The groups campaigning to have the case heard on charges of mutilation were SOS Femmes (a part of the Ligue du Droit International des Femmes, LDIF, a feminist organization), Commission pour l'Abolition des Mutilations Sexuelles (CAMS), and Enfance et Partage.<sup>111</sup> These groups were directly involved in the trial by presenting themselves on the side of the prosecutor as *partie civile*. As Winter explains:

Under French law any individuals or organizations can associate themselves with the public prosecutor in criminal cases by declaring themselves *partie civile*. A separate lawyer represents the *partie civile* and has the right to present arguments in court. *Partie civile* is thus often if not

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<sup>108</sup> Marie-Bénédicte Dembour, "Following the movement of a pendulum: between universalism and relativism," in *Culture and Rights: Anthropological Perspectives*, eds. Jane K. Cowan, Marie-Benedicte Dembour and Richard A. Wilson (Cambridge: Cambridge University Press, 2001), 63.

<sup>109</sup> Bronwyn Winter, "Women, the Law and Cultural Relativism in France: the Case of Excision," *Signs* 19, no. 4 (1994): 838-974.

<sup>110</sup> Dembour, 62.

<sup>111</sup> Winter, 944.

always used as a means of bringing extra political pressure to bear in criminal courts, and feminist organizations have frequently had recourse to it.<sup>112</sup>

As a result, the correctional court declared itself incompetent to hear the case. After appeals by the parents, the case was finally referred to the *assise* court, a court competent to hear cases of more severity than the correctional tribunal. The case was finally heard in 1986 and the father was given a two years sentence.<sup>113</sup> Another important 1986 case was the Coulibaly/Keita case, which was brought against the parents of six daughters and their excisor. In this case again, the correctional tribunal accepted the argument of the *partie civile* (i.e. the NGOs) that the *assise* court was the competent court for the case. This confirmed what had been found in the Traoré case, with the difference that the Traoré case resulted in a death, whereas the Coulibaly girls were all still alive. The Coulibaly/Keita case was finally heard in 1991, and took place under the scrutiny of a media storm. The Bobo Traoré and Coulibaly/Keita cases marked a turning point for FGM cases, as every case afterwards (at least 33 between 1988 and 2007) was held in the *assise* court.<sup>114</sup>

Several things changed between the first case in 1978 and the 1986 cases, leading to the very different treatment of the cases by the courts. One such change was networking beginning in the late 1970s between concerned feminists and health care workers who were encountering FGM in their practices,

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<sup>112</sup> Winter, 945.

<sup>113</sup> Dembour, 63.

<sup>114</sup> Leye, Els, et al., "An analysis of the implementation of laws with regard to female genital mutilation in Europe," *Crime Law and Social Change* 47 (2007): 16.

which resulted in the formation of NGOs devoted to the eradication of FGM, and in the inclusion of eradicating FGM as an agenda item for NGOs with broader feminist agendas. These NGOs represented new actors with an interest in establishing FGM as a problem and finding solutions to that problem. This networking in France was happening at the same time as international campaigning had succeeded in convincing the WHO to host the conference on “Traditional Practices Affecting the Health of Girls and Women” in 1979, and international awareness about FGM was increasing. One organization that formed in France at this time was the Groupe Femmes pour l’Abolition des Mutilations Sexuelles (GAMS), founded in 1982 by a group of African and French women who had been working together since the 1970s to combat FGM in France.<sup>115</sup> GAMS became one of the most important groups working for FGM prevention.

The increase in international awareness had an affect on the way the media treated the criminal cases. Unlike during the 1978 case, which happened before international campaigns had raised awareness, and before domestic NGOs had formed with the intent of raising awareness to eradicate FGM, media attention to Bobo’s death was much more widespread, and the Coulibaly/Keita case took place in the midst of a veritable media storm. Winter cites several factors being responsible for this change. One factor is that the Coulibaly/Keita case was the first time that an excisor had been tried, and not just parents or mothers. Secondly, the sentences were much heavier than they had been

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<sup>115</sup> Marie-Hélène Franjour, email message to author, February 11, 2009.

previously. In addition, the case “became more of a political polemic than a trial” due to media interest, efforts of expert witnesses and arguments of the *partie civile*.<sup>116</sup>

Another important factor is one of contingency. Between Bobo’s death in 1982 and the trial against her father in 1984, another case was heard by French courts in 1983. The subject of this case was Danièle Richer, a white French woman from the Northwest of France who apparently lost her mind and cut her daughter’s genitals in a fit of dementia. She was tried before the highest criminal court in France, the Court of Final Appeal (*cour de cassation*), which declared what she had done mutilation, a more serious crime than those tried in correctional courts.<sup>117</sup> Up to this point, cases of FGM in France had not been tried as mutilation. NGOs were able to use the Richer case as precedent to request that later FGM cases be tried as mutilation as well, leading to trials in the *assise* court. Critically, the fact that a white woman’s actions were tried as mutilation whereas (black) immigrants’ actions were not, allowed French NGOs to argue that this constituted racism. Indeed, while some French NGOs were hesitant to engage in prosecutions, following the Richer case they feared losing credibility if divided on the issue, and were therefore united in arguing that the necessity of the French state to protect white children and black children

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<sup>116</sup> Winter, 946.

<sup>117</sup> Article 312 of the Penal Code, as translated by Winter states: “Whoever beats or otherwise voluntarily inflicts violence upon or assaults a child of under fifteen years of age, excluding minor violence, will be punished as follows: ... By imprisonment of between ten and twenty years if there has been mutilation, amputation, or deprivation of the use of a limb, blindness, loss of an eye or other permanent disability or unintentional death,” 943.

equally.<sup>118</sup> This was a pivotal argument for the groups.<sup>119</sup>

Hearing cases in the higher court was itself another point of contingency. Being open to the public, cases heard by the *assise* court are generally more sensationalist than cases heard in the lower court, which further contributed to the media attention paid to Bobo's case and to the Coulibaly/Keita case. Thus, the contingency of the timing the Richer case created an opportunity for NGOs to use the institutional access available to them (presenting as *partie civile*) to directly affect the outcome of the case. The feminist organization LDIF in particular acted as an organizational entrepreneur in this case. In addition, the feminist groups were helped and ultimately represented by a woman lawyer, Linda Weil-Curiel, whose procedural knowledge aided the way the groups approached the problem. Weil-Curiel has continued to represent feminist groups as *partie civile* in all further FGM cases in France.

Many different groups played a role in bringing FGM to public attention, and each responded with efforts at prevention, but three groups in particular proved important. These were CAMS, GAMS and LDIF. Contrary to the first two groups, which were founded explicitly to combat FGM in France, LDIF is a feminist organization that includes excision as one of many campaign items all seeking equality between the sexes. It was founded in 1983 and its first president was noted feminist writer Simone de Beauvoir.<sup>120</sup> LDIF acted as an organizational

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<sup>118</sup> Gallard, 2.

<sup>119</sup> Gallard, 2.

<sup>120</sup> La Ligue du Droit International des Femmes, "Edito," <http://www.ldif.asso.fr/> (accessed 4 April 2009).

entrepreneur by taking part in the Bobo Traoré case as *partie civile*. A second important group was CAMS, which became the group that came forward as *partie civile* at all cases after the Bobo Traoré case. CAMS, founded in 1980 by Senegalese author Awa Thiam, was explicitly focused on FGM from the beginning.<sup>121</sup> There are two chapters of CAMS, one in Senegal and one in France. The president of the French chapter is Linda Weil-Curiel, the lawyer who has represented NGOs as *partie civile* in the trials. CAMS has also become recognized as an expert internationally and has contributed to international and European research projects. LDIF and CAMS chose the route of criminalization and prosecution, whereas the third important group, GAMS, chose to focus on education and prevention. The choice of LDIF and CAMS to focus on criminalization of FGM vitally affected the course of French response to FGM. This effect was brought about through framing and, most importantly, by using procedural knowledge to gain access to institutions (i.e. The judicial system) and ultimately affect those institutions. On the other hand, GAMS worked to create and provide scientific knowledge by conducting research on the topic in France. Both CAMS and GAMS are acknowledged by international and European research groups as experts in the field and serve as key informants providers for European level research projects.

Conducting research and providing information is an important role, particularly given that one of the major barriers to effective policy making in

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<sup>121</sup> Thiam's 1978 book *La Parole aux Negresses* documents African women's opinions about their state of autonomy, including experiences relating to FGM. (Paris: Denoël-Gonthier, 1978).



European countries, including France, is a lack of information. For example, estimates in 1990 placed the French population of immigrants from Mali, Senegal and the Ivory Coast (where FGM is widely practiced) at 89,059.<sup>122</sup> Another estimate claims that 4,500 girls are at risk in France.<sup>123</sup> These estimates, however, must be used with caution. They are based on a series of assumptions that leave the uncertainty extremely high. Estimates about prevalence are based on information about FGM in countries of origin of immigrants. This is speculative on a number of levels. Firstly, establishing the number of residents of France with origins from a culture that traditionally practices FGM is difficult to determine. Census information is frequently incomplete regarding ethnicity and country of origin, and do not count illegal immigrants at all.<sup>124</sup> Basing an estimate on prevalence in the country of origin is also problematic as recent and reliable information is not always available. In addition, this method does not take into account the possibility that migrants might have reevaluated the practice of FGM based on their new surroundings.<sup>125</sup> This lack of knowledge about the practicing communities can be important; since different ethnic groups might practice FGM for different reasons, understanding the background of the immigrants in question

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<sup>122</sup> Els Leye and Jessika Deblonde. "A comparative Analysis of the different legal approaches towards female genital mutilation in the 15 EU Member States and the respective judicial outcomes Belgium, France, Spain, Sweden and the United Kingdom." ICRH Publications no. 8 (Ghent, Belgium: International Center for Reproductive Health, 2004). More recent numbers were unavailable for the 2004 report.

<sup>123</sup> Délégation Régionale aux Droits des Femmes, 1998 in Els Leye et al., "Health Care in Europe for Women with Genital Mutilation," *Health Care for Women International* 27 (2006): 365.

<sup>124</sup> Guiné and Fuentes, 482.

<sup>125</sup> Linda Morison et al., "How Experiences and Attitudes Relating to Female Circumcision Vary According to Age on Arrival in Britain: A Study Among Young Somalis in London," *Ethnicity and Health* 9, no. 1 (Feb. 2004): 75-100; Johnsdotter, "Persistence or Reassessment of Cultural Practices?"

can be helpful in devising intervention methods.

In summary, French NGOs profited from a type of institutional access called *partie civile*, and used that access to affect framing by criminalizing FGM and increasing the severity of prosecutions. Their success was contingent on the timing of the precedent-setting Richer case, on mobilization via networking between concerned groups and individuals, and on the procedural knowledge of the actors involved. A second important impact of NGOs is their establishment as experts and their role in increasing scientific knowledge about FGM.

### **British FGM policy: health care and reluctant criminalization**

British policy is also characterized by criminalization, but via legislation rather than prosecution. A second important characteristic is the development of specialized clinics to help women who have experienced FGM. This section will outline the development of the specific legislation enacted in Britain prohibiting FGM and will highlight the role of NGOs in the legislative process. It will also describe the specialized health clinics and the role of NGOs in their establishment and organization.

A large immigrant population, compounded in 1987 by an influx of Somali refugees from the civil war, forms the basis of British policy makers' concern about FGM. Over 60,000 women in the UK are probably affected by FGM, most

of whom probably come from Somalia, Kenya, Ethiopia and Egypt, but also from Sierra Leone, Tanzania, Ghana and Nigeria.<sup>126</sup>

One way British treatment of FGM differs from French treatment is that if there is a belief or suspicion that a child is at risk, it is the department of Social Services that is responsible for dealing with it in the UK, whereas in France such cases are reported to judicial authorities. On the other hand, and also in contrast to France, the UK was one of the first European countries (following only Sweden in 1982) to enact specific legislation forbidding FGM. The bill was called the Female Circumcision Prohibition Act, and it was passed through parliament in 1985. Despite more than twenty years of this law being on the books, however, not a single case has been prosecuted. Nevertheless, the UK modified and updated the law in 2004, changing its name to the Female Genital Mutilation Act, and removing some ambiguities in the text of the law. In particular, the 2004 law made it illegal for girls to be taken out of the UK to be circumcised, in addition to if it occurred in the UK. A third interesting aspect to British FGM policy is the development of specialized clinics called African Well Women's clinics, which offer services and support specifically to women who have been undergone FGM. In this section I will begin by outlining how NGOs were influential in bringing about the 1985 law forbidding FGM in the UK. I will then discuss their possible influence in the lack of enforcement of the law. Finally, I will present their role in the development of the African Well Women's clinics.

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<sup>126</sup> As with the French statistics, this number must be interpreted with caution. Leye and Deblonde, 24.

The series of events that led to the enactment of the Female Circumcision Prohibition Act elucidates one of the most important ways NGOs have affected FGM policy in Britain. This is explored in detail by Elise A. Sochart in her article “Agenda Setting, the Role of Groups and the Legislative Process: The Prohibition of Female Circumcision in Britain.” One of the first events which led to this Act was the publication by Minority Rights Group (MRG) in 1980 of a report on the practice entitled “Female Circumcision, Excision and Infibulation: the facts and proposals for change.” MRG used diagnostic framing in this report by identifying FGM as a problem in Britain. Writing and publishing the report resulted in a specialized NGO, the Women’s Action Group on Female Excision and Infibulation (WAGFEI), being founded under the auspices of MRG.<sup>127</sup> In conjunction with other groups such as the Anti-Slavery Society (ASS), WAGFEI (which later became FORWARD) began campaigning to raise awareness of FGM in Britain. The Anti-Slavery Society for the Protection of Human Rights (founded in Britain in 1839) had campaigned for the abolition of FGM when Sudan was still a British colony and had been working toward the eradication of the practice of female circumcision in Africa. As the issue began to emerge in Britain, the ASS considered that legislation to prohibit the practice in Britain would act as an example to the rest of the world.<sup>128</sup> A third group which lent its support to FGM legislation was the Josephine Butler Society. This society was founded in 1866

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<sup>127</sup> WAGFEI went on to become the Foundation for Women’s Health Research and Development (FORWARD) which remains the primary anti-FGM group in the UK, and continues to play an important role in information and prevention campaigns, development of medical facilities, and networking.

<sup>128</sup> Elise A. Sochart, “Agenda Setting, the Role of Groups and the Legislative Process: the Prohibition of Female Circumcision in Britain,” *Parliamentary Affairs* 41, no. 4 (1988): 509.

and was devoted to equality between the sexes. These NGOs were well-established, with the subsequent significant procedural knowledge of politics and framing strategies. Even WAGFEI/FORWARD, despite its late founding date compared to the other NGOs, exhibited considerable procedural knowledge due to its association with MRG. Both MRG and ASS had consultative status with the UN and were committed to eradicating FGM worldwide.

Following the publication of the MRG report, 1982 was a big year for agenda setting. In particular, two influential allies became important. The first was Lord Kennet, who, after reading the MRG report, offered in May to sponsor a bill in the House of Lords and subsequently worked closely with WAGFEI in developing the text of a bill. The media proved to be a second influential ally. In July the Bobo Traoré case in France was reported in *The Times*, sparking public outrage.<sup>129</sup> Another event that had a big impact was the highly publicized discovery of doctors in the UK performing the surgery for women coming from Africa in October 1982. The doctors saw the surgery as being cosmetic surgery and therefore similar to labia alterations they would do for British customers. It was reported that wealthy individuals, particularly from Nigeria, were choosing to travel to the UK to have the procedure done by a British-trained medical professional. A series of newspaper reports about this caused public outrage. The timing of the media reports at the same time as Lord Kennet showed interest in supporting a bill represents a point of contingency, as the public outrage and

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<sup>129</sup> Sochart, 510.

elite interest provided a window of opportunity for helped the NGOs promote their cause.

Another consequence of this media attention, as well as pressure from NGOs, was the statements released by several medical interest groups, including the Royal College of Obstetricians and Gynecologists (RCOG) and the British Medical Association (BMA), declaring FGM unethical. While NGOs had been calling on these medical organizations for more than eighteen months to issue such statements, it took the media attention of 1982 to make it happen.<sup>130</sup>

Deliberate use of the media to help raise awareness of the legislation also occurred. For example, Lord Kennet coordinated his bill proposal to be the day before a BBC production on female circumcision in Sudan, thereby using his bill announcement to promote the production, and using the production to reinforce his stance on the necessity of a bill. Kennet announced his bill on March 2, 1983, and the BBC show was the following day.<sup>131</sup> According to Sochart, this “set the climate of opinion, both inside and outside the Parliament, firmly in favour of legislation to make it an offense.”<sup>132</sup>

The back and forth story of opposition to and rewriting drafts of the bill is given by Sochart, but it is important to note the involvement of several groups. Kennet consulted with many groups in drafting and revising the bill, including the RCOG, the BMA, the Department of Health and Social Services (DHSS), the Royal College of Nurses (RCN), and the Royal College of Midwives (RCM). In

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<sup>130</sup> Sochart, 511.

<sup>131</sup> Sochart, 512.

<sup>132</sup> Sochart, 512.

addition to these professional organizations, NGOs including WAGFEI, ASS, and the Somali Women’s Association (a precursor to the Black Women’s Health and Family Support Group) were also consulted. The medical professional organizations were in a unique position of having veto power, after a long history of developing a “symbiotic” relationship with the DHSS.<sup>133</sup> This proved to be a problem as the RCOG and the DHSS were opposed to the original wording of the bill. They wanted to ensure that doctors could continue to perform genital cosmetic surgery. In the end the bill was reworded to suit their requests, resulting in the inclusion of the clause that surgery would be allowed for mental health reasons but not for reasons of “custom or ritual.”<sup>134</sup> This clause was highly controversial as many stakeholders saw it as racist. Kennet, the original supporter of the bill, was strongly opposed to this wording, as were many of his supporters initially. In the end, the bill passed with the custom or ritual clause, despite Kennet and others’ opposition.

One group opposed to the bill was the Black Women’s Health and Family Support Group (BWHAFS), then called the London Black Women’s Health Action Project. They opposed what they saw as overtly racist wording of the bill, which allowed FGM for mental health reasons, but not for “cultural or ritual” reasons. This group also argued that appropriate education and outreach programs should accompany any legislation.<sup>135</sup> While actively working for the abolition of FGM, this group was still vocally opposed to the proposed legislation

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<sup>133</sup> Sochart, 524.

<sup>134</sup> Sochart.

<sup>135</sup> Sochart, 521.

as worded, particularly without the accompanying education campaigns.

FORWARD also emphasized the importance of education campaigns. This led to the government offering funding to NGOs for these education campaigns. In this way the government passed responsibility for education to the NGOs instead of taking responsibility itself.

The BWHAFS was originally the Somali Women's Association. It was a grassroots organization devoted to helping immigrant women from ethnic minorities integrate into Britain. They were acutely sensitive to the many challenges that these women faced arriving in Britain, particularly challenges caused by marginalization and discrimination. They were also sensitive to the difficulties such women faced in accessing health care, critiquing the National Health System and stating that "Black women are a special needs group in health care, for reasons relating to economic disadvantage as well as to racism and ignorance within the NHS."<sup>136</sup> The BWHAFS saw itself as representing this community, and resented that the legislation had been debated with little to no contact or discussion with the community that would be affected.<sup>137</sup>

NGOs were divided on their support of the bill. WAGFEI/FORWARD chose to collaborate with Lord Kennet to draft the legislation, whereas BWHAFS chose to oppose the wording of the bill and its enactment without sufficient educational programs to support it. It has been suggested that this division

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<sup>136</sup> Guiné, 205.

<sup>137</sup> Guiné, 199.



contributed to the lack of enforcement of the law.<sup>138</sup> One possible reason for this division is WAGFEI's connection with MRG, a consultative NGO at the UN, gave it a different kind of procedural knowledge. They were also more focused on FGM as an international issue. MRG and ASS had been working to have FGM put on the international agenda, and WAGFEI shared that focus.<sup>139</sup> With that perspective, WAGFEI considered it more important for symbolic purposes for the UK to pass legislation than to oppose the legislation. In contrast, BWHAFS was originally organized to help and represent a particular ethnic community. As such, their primary concern was how the law would impact that community, rather than how it would impact the international community. Although BWHAFS went on to work at combating FGM in Somalia, at the time of the Female Circumcision Act, they were focused on protecting the interests of immigrant women within the UK.<sup>140</sup>

The bill passed in 1985, but in the 19 years between the original bill and its replacement in 2004, not a single case was even brought to trial, much less successfully prosecuted. This stands in stark contrast to the dozens of convictions in France over the same time period. Several factors may have contributed to this fact.<sup>141</sup> One obstacle to implementation of the law includes a

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<sup>138</sup> Guiné and Fuentes, 497.

<sup>139</sup> Guiné, 195.

<sup>140</sup> BWHAFS established the Barako Family Health and Education Centre in Somaliland in 1999. Black Women's Health and Family Support, "International Project – Barako Family Health and Education Centre: Background," <http://www.bwhafs.com/HTML/barako.html> (accessed April 21, 2009).

<sup>141</sup> Leye and Deblonde, 40.

lack of information about the extent of the potential problem.<sup>142</sup> As in France, information about the number of children who may be at risk is highly speculative, as are estimates about the number of people already affected. A second problem is a lack of understanding among affected communities about the law.<sup>143</sup> In many cases the information is not made available to the affected communities, and if it is, it may only be available in English. As already mentioned, NGOs are often given the task of educating the community, often without sufficient financial support.<sup>144</sup> In addition, it is believed that the various professionals such as legal professionals, health care, social services and teachers, have a lack of knowledge and understanding about both the law and the practice of FGM itself.

Some key informants also speculate that these professionals are “paralysed into inaction by a fear of being labeled ‘racist.’”<sup>145</sup> Many might not be comfortable reporting and attempting to prosecute something that is seen as a cultural practice belonging to a culture other than the dominant one in Britain. Some may not see punishing the family by labeling the parents criminals as the most appropriate response. It would appear that the discourse labeling this punishment as offensive, inappropriate, or indeed “racist” was much stronger in Britain than in France. This heightened concern with perceptions of racism may be partially explained by the race relations-focused British `citizenship models

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<sup>142</sup> Leye and Deblonde, 40.

<sup>143</sup> Leye and Deblonde, 40.

<sup>144</sup> Leye, Els, et al. “An analysis of the implementation of laws,” 23.

<sup>145</sup> Leye, Els, et al., “An analysis of the implementation of laws,” 24.

presented by Guiné and Fuentes and others.<sup>146</sup> However, it is not only Britain that has failed to enforce FGM legislation. Among all of the European countries to have enacted specific legislation against FGM (Sweden, Belgium, Denmark, Spain, Switzerland, UK) none have pursued prosecutions. Indeed, France remained the only country to have pursued prosecution until 1999, when there was a case in Italy; neither France nor Italy has specific legislation forbidding FGM.<sup>147</sup> I believe an important factor in explaining the different reactions between the two countries is that the UK did not have an event like France, which allowed NGOs to frame prosecution as the only option to *not* be racist, as opposed to being a racist choice of intervention. The ability of French NGOs to reframe the issue was contingent on that event. In Britain, NGOs were unable to succeed in this reframing. The opposition of BWFAS to the Female Circumcision Act based on its racist perspective also probably heightened the racial sensitivity of the bill.

In the case of the Female Circumcision Act, then, NGOs gained institutional access by recruiting an influential ally to propose the bill before Parliament. They also effectively used framing strategies both in recruiting allies, including the media, and in raising public awareness. The contingency of media reports airing at the same time as the bill proposal also helped to confirm parliamentary and public support for the bill. The bill's lack of implementation

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<sup>146</sup> Including Adrian Favell, *Philosophies of Integration: Immigration and the Idea of Citizenship in France and Britain*, 2<sup>nd</sup> ed (Basingstoke: Palgrave, 2001).

<sup>147</sup> Leye and Deblonde, 12.

was probably influenced by division among NGOs, but may also be due partly to wider attitudes about citizenship and racism.

NGOs continued to influence FGM policy after the enactment of the bill however. In particular, both BWHAFS and FORWARD continue to focus on FGM. Each of these groups have conducted research, and continued to advocate for women and girls threatened by or suffering from FGM in Britain. Each group was formed with a focus on health care, and was founded by health care professionals. The co-founder and director of FORWARD, Stella Efua Dorkenoo, first encountered FGM as a nurse in British clinics. She was horrified by the insensitive reaction of British doctors, as well as by medical consequences of the practices itself.<sup>148</sup> Likewise, the founder and director of BWHAFS, Shamis Dirir, was a health care worker who recognized that Black women in Britain were not receiving adequate care due to racism and cultural misunderstandings.<sup>149</sup> Since the late 1980s, BWHAFS advocated a holistic approach to FGM, helping women in all aspects of their lives in the UK, from language classes to immigration concerns.<sup>150</sup>

Each group believes in working with the communities involved on a grassroots level. They also each have an international focus, developing projects in African countries; this was not always the case, however. Whereas

FORWARD was founded with an aim to eradicate FGM worldwide, BWHAFS had

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<sup>148</sup> Dorkenoo, 2-3.

<sup>149</sup> Black Women's Health and Family Support, "The Organisation's Black Perspective," <http://www.bwhafs.com/HTML/black.html> (accessed May 4, 2009).

<sup>150</sup> Black Women's Health and Family Support, "Background," <http://www.bwhafs.com/HTML/background.html> (accessed May 4, 2009).

a much more local focus, and has only recently started working internationally. This may partly explain the two groups opposing reactions to the 1985 bill. Sochart claims that FORWARD was a more experienced political actor, due to its affiliation with MRG and recognized that passing the bill was more important than sticking to principles about wording, whereas the newly founded and less experienced BWHAFS was more outspoken about the racist overtones to the wording of the bill. FORWARD was focused more on the law as a symbol internationally, while BWHAFS was more immediately concerned with the impact of the law on the local immigrant population. Another major difference between the two groups is that FORWARD conceptualizes FGM as a form of abuse, and BWHAFS refuses to consider it as such.<sup>151</sup> This oppositional framing of the issue is significant, as it has led FORWARD to promote (and achieve) the inclusion of FGM under child protection legislation.

Both groups advocated for the foundation of a specialized hospital in the UK, which resulted in the establishment of African Well Woman's Clinics. The first of these was established in Northwick Park Hospital in 1993 in Middlesex, and the second was established at Guy's and St. Thomas's Hospitals in 1997.<sup>152</sup> FORWARD actively collaborated with doctors at Northwick Park Hospital in the creation of this clinic.<sup>153</sup> These clinics are unique to the UK and represent the emphasis in the UK on health care for women suffering FGM, as opposed to the

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<sup>151</sup> FORWARD, "FORWARD's Achievements," <http://www.forwarduk.org.uk/about/achievements> (accessed May 4, 2009); BWHAFS, "The Holistic Approach," <http://www.bwhafs.com/HTML/approach.html> (accessed May 4, 2009).

<sup>152</sup> Leye, et al. "Health Care in Europe," 372.

<sup>153</sup> H. Gordon, H. Comerasamy and N.H. Morris, "Female Genital Mutilation: Experience in a West London clinic," *Journal of Obstetrics and Gynecology* 27, no. 4 (2007): 416-419.

emphasis in France on using prosecutions to combat FGM. In this case, NGOs offered effective prognostic framing of the issue as a problem that could be helped by the creation of these clinics.

Another way in which these groups continue to have a large impact is by being recognized by the international community as experts. For example, research reports done by the International Centre for Reproductive Health (ICRH) rely heavily on these groups for information and liaising. NGOs are thus key informants for providing scientific knowledge.

In summary, the UK example shows NGOs using prognostic framing and achieving access to institutions via influential allies in order to promote the criminalization of FGM. Once again, the importance of contingency was seen to influence framing and the recruitment of allies. In contrast to France, the criminalization of FGM was not through prosecutions, but through the creation of a law. In addition to effectively criminalizing the issue, NGOs engaged in framing FGM as a health issue and emphasizing the special health concerns of circumcised women resulted in the creation of specialized clinics. NGOs also contribute to scientific knowledge by undertaking and supporting FGM research, and are used by international researchers as experts.

## Section Three: The Importance of Contingency

The case studies show several different ways in which NGOs affected policy in each of the two countries. This final section examines to what degree NGOs caused the divergence in policy between the two countries. It will also seek to explore both the similarities and the differences in the methods by which NGOs affected policy. In the beginning I pointed out three ways that FGM policies differ in France and the UK: the criminalization via prosecution as opposed to legislation; the development of specialized clinics; and the role of Social Services in prevention efforts. The empirical analysis has shown how NGOs affected the first two of these differences. NGOs have affected criminalization and healthcare practices through framing and developing knowledge and expertise. In both cases they show the importance of chance events providing a window of opportunity for action.

Both countries criminalized FGM, but did so through different methods. In France, entrepreneurial NGOs used a form of institutional access to present their form of prognostic framing calling for the criminalization and legal prosecution of FGM. NGOs were able to argue that all genital cutting should be treated as mutilation, and prosecuted under a higher court thanks to the window of opportunity provided by the contingent event of the precedent-setting Richer case. This event also allowed French NGOs to use the idea of racism in the courts to their advantage. In contrast to the idea that to prosecute the parents of

a child who has undergone FGM would be a racist thing to do, French NGOs were able to argue the reverse: that to *not* prosecute parents would be. This powerfully reframed the issue in favour of those groups. In France, while NGOs chose to pursue different avenues, with GAMS focusing on prevention and education and CAMS focusing on criminalization and prosecution, each supported the others' approach. The way FGM was framed both by the media and by NGOs helped sensationalize the issue, as did the prosecution of cases as mutilation. The media emphasized the tragedy of the infants' deaths in France, contributing to the popularity of criminalizing FGM. Additionally, NGOs played a vital role by acting as *partie civile* in the courts. Ultimately, the success of their actions was contingent on seizing the window of opportunity presented by the chance event of the Richer case.

In the UK, NGOs used prognostic framing to achieve access to institutions via influential allies in order to promote the criminalization of FGM via legislation. Once again, the importance of contingency was seen to influence framing and the recruitment of allies. In this case, allies in the House of Lords, a coalition of human rights and women's rights NGOs, and media attention combined to allow the enactment of the Female Circumcision Prohibition Act. Diagnostic and prognostic framing done by NGOs were important for this case, as the MRG report first brought attention to it, and NGOs stressed the importance of legislation as a method of combating FGM. The framing of FGM as a problem in the UK and around that world that could be improved with legislation was the



triumph of NGOs. The media helped in this framing process by emphasizing the fact that it was legal to perform in the UK (as shown by British doctors performing it for African women) when it was illegal in African countries. This led to the criminalization of FGM in Britain via legislation, and not via prosecution. The bill was contingent on a number of factors including the active support of Lord Kennet and other political allies, the increased media attention paid to the issue, and the persistence of NGOs.

Critically, NGOs in Britain had conflicting and contradictory messages, as BWHAFS was loudly opposed to the law, heightening the racial sensitivity of the topic. Indeed, the law itself was seen to present a double standard, allowing white British women to surgically alter their genitals, but not black British women. The bill was directly discriminatory against a culture that was not British. The UK did not have an event like in France allowing NGOs to frame FGM in the opposite light. To the contrary, the fear of being seen as racist is a contributing factor to the fact that the UK law has never been enforced. This was probably heightened by the division in framing methods used by the different groups. Framing was important and without an event like the Richer case, fear of being seen as racist limited the enforcement of the 1885 law. In sum, the combined impact of division among of NGOs, and different framing strategies used by NGOs and the media led to different forms of criminalization of FGM in the two countries.

In addition to effectively criminalizing the issue, NGOs engaged in framing FGM as a health issue and emphasizing the special health concerns of circumcised women resulted in the creation of specialized clinics in the UK. This is a separate concern than the one addressed by criminalization. The latter seeks to protect girls at risk by providing deterrence for their parents to perform FGM. The focus on health concerns is aimed towards women who have already undergone FGM and helping with the subsequent side effects. Doctors in some parts of the UK were seeing an increasingly number of infibulated women, especially in maternity clinics. The problems of cultural misunderstandings as well as unfamiliarity with side effects associated with infibulation led to recognition of a need for improved training for healthcare workers. In addition, the doctors encountering these women and children in some cases went on to be activists and form NGOs, including the directors of FORWARD and BWHAFS. Each of these British NGOs supported the development of specialized clinics. They engaged in diagnostic and prognostic framing by showing that African women who had experienced FGM had a special set of medical concerns, and that these concerns were being inadequately met by the standard medical care. They did this by providing scientific knowledge, by participating in and arranging scientific studies to show the number of women living in the UK who were likely to have experienced FGM, and by conducting studies to show how dissatisfied these women were with their medical experiences. As a result, these medical clinics were established.

In both countries, NGOs contribute to scientific knowledge by undertaking and supporting FGM research, and are relied on by international researchers and policy makers as experts. They facilitate, produce and provide knowledge and expertise, which adds to the legitimacy of their claims. One way in which the expertise of NGOs has proved important at a European level is through research at the International Centre for Reproductive Health (ICRH). This centre was formed in response to the International Conference on Population and Development in Cairo in 1994.<sup>154</sup> It is based out of Ghent University in Belgium and conducts research on a variety of reproductive health care issues including HIV/AIDS, gender-based violence, family planning and contraception and cervical cancer. One of their areas of focus is female genital mutilation. Projects in this area take place in Europe as well as in African countries such as Sudan, Somalia and Burkina Faso, but they have conducted several other projects based on preventing FGM in Europe. Some of these projects have worked to evaluate the extent of the problem of FGM in Europe, whereas others have worked to evaluate the efficacy of policy in different countries.<sup>155</sup> NGOs play a key role in these projects and research. For example in their report “A comparative Analysis of the different legal approaches towards female genital mutilation in the 15 EU Member States and the respective judicial outcomes Belgium, France, Spain, Sweden and the United Kingdom,” authors Els Leye and Jessika Deblonde

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<sup>154</sup> International Centre for Reproductive Health, “Mission,” <http://www.icrh.org/mission> (accessed April 23, 2009).

<sup>155</sup> International Centre for Reproductive Health, “Female Genital Mutilation,” <http://www.icrh.org/projectcategories/female-genital-mutilation> (accessed April 23, 2009).

collaborated with CAMS in France and FORWARD in the UK to gather information. This is the rule rather than the exception for ICRH studies of FGM. In this way, French and British NGOs are used as experts to help increase scientific knowledge about FGM in Europe.

One of the ICRH's projects was to establish the European Network for Prevention of FGM. Several of the NGOs discussed here have played a key role in this network, including both CAMS and GAMS from France and FORWARD in the UK.<sup>156</sup> The idea for a network aimed at preventing FGM in diaspora communities was originally presented at the 1995 Beijing conference during the UN Decade for Women. It was again discussed during the fourth regional conference of the IAC in 1997, and again at the second conference on FGM in Göteborg in 1998.<sup>157</sup> The European Network for the Prevention of Female Genital Mutilation in Europe was officially started by the ICRH in 1999.<sup>158</sup> The objectives of this network were to network and share best practices, to harmonize legislation and guidelines, and to harmonize research efforts in Europe. The project was funded by EU Daphne funding, which is directed towards programs to combat violence against women and children. In their role as experts, NGOs'

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<sup>156</sup> European Network for the Prevention and Eradication of Harmful Traditional Practices, "Membres," [http://www.euronet-fgm.org/index.php?option=com\\_content&view=article&id=52&Itemid=62&lang=en](http://www.euronet-fgm.org/index.php?option=com_content&view=article&id=52&Itemid=62&lang=en) (accessed April 24, 2009).

<sup>157</sup> European Network for the Prevention and Eradication of Harmful Traditional Practices.

<sup>158</sup> European Network for the Prevention and Eradication of Harmful Traditional Practices, "Who are we?" [http://www.euronet-fgm.org/index.php?option=com\\_content&view=article&id=49&Itemid=69&lang=en](http://www.euronet-fgm.org/index.php?option=com_content&view=article&id=49&Itemid=69&lang=en) (accessed April 24, 2009).

importance has been underlined by the development of research projects supported by European funding.

Each of the groups I have discussed – CAMS, GAMS, FORWARD, BWHAFS – has made a difference to FGM policy. In doing so they acted as organizational entrepreneurs, they provided diagnostic, prognostic, and motivational framing, they seized windows of opportunity, they recruited and capitalized on influential allies such as the media, and they manipulated access to institutions. The result was a profound change, either in the treatment of FGM by the courts, in the enactment of legislation, or in the development of specialized clinics. In addition, the NGOs became experts providing and producing scientific knowledge, as well as using testimonial knowledge to motivate action.

These case studies do not go so far as to show definitively that NGOs are the single most important reason to explain the different policy outcomes in the two countries. However, they do contribute to our understanding of the development of these policies. Rather than seeing FGM as a straightforward result of citizenship policy and culture, examining the interaction of NGOs with the state allows for the inclusion of more variables, and particularly emphasizes the agency of the NGOs to capitalize on opportunity structures available to them, thereby exerting decisive influence on the policy making process. In conclusion, NGOs cannot be held fully responsible for shaping the difference in FGM policy between the two countries studied here. Rather, the process of agenda-setting via framing and recruiting allies afforded NGOs with choice opportunities to affect

the policy making process. Therefore, while they were not the only factor leading to the policy outcome, they did exert a large influence.

The following table summarizes the key variables and their respective roles in developing FGM policy in the two countries.

**Table 1. Important Variables in Determining FGM Policy in the UK and France**

Independent variables		Policy outcome	
		UK	FRANCE
<b>Events</b>	Windows of opportunity/chance events	Somewhat important: coordinating increased media attention with bill proposal	Very important: Richer case allowed reframing of prosecutions and increased media attention
	International conferences	Very important: put FGM on media agenda, provided motivational framing for NGOs	
<b>Structures</b>	Framing techniques	Very important: framing as a health concern leading to AWWCs	Very important: reframing prosecutions as the only non-racist choice, as opposed to a racist choice
	Judicial system	Not important	Very important: many prosecutions of FMG; <i>partie civile</i> allowed NGOs to argue their case in court
	Health and Social Services	Very important: clinics established, Social Services plays primary role intervening for prevention	Quite important: PMIs location of where FGM was first encountered.
<b>Actors</b>	NGOs	Split opinions over bill heightened racial sensitivity and made enforcement less likely; provided knowledge and expertise	Unified voice provided single frame for public perception of FGM; acted as <i>partie civile</i> ; provided knowledge and expertise
	Political elite allies	Very important: bill introduced by elite ally	Not important
	Media	Somewhat important	Somewhat important
	Healthcare workers	Very important: performed surgeries, causing public outrage; established specialized clinics; provided activists to NGOs`	Very important: referred cases of FGM to the courts; provided activists

*Table generated by author*

## **Conclusion**

This thesis has shown the importance of NGOs in influencing FGM policy in France and the UK. Further, it has shown how NGOs in both countries framed FGM as a problem, and how they arranged for their proposed solutions to be implemented. In each case, the narrative of policy development showed the importance of chance events, which were contingent for creating windows of opportunities allowing NGO participation. One such critical event was the Richer legal case in France, which allowed French NGOs to use attitudes about race to their advantage, and to argue that to not prosecute FGM would constitute racism. A similar event allowing such framing, or reframing, of the issue was not forthcoming in the UK, and indeed NGOs had conflicting messages regarding the criminalization of FGM. In that case, the division among NGOs exacerbated a fear of being labeled racist, which was a barrier to enforcement of FGM legislation.

Throughout the discussion, the benefits of analyzing policy as an interaction between several actors using a variety of tools and relying on many independent factors was evident. The policies in the two countries are not a simple extension of immigration policy or conceptions of citizenship as posited by Guiné and Fuentes. Rather, they were influenced by a variety of factors including international social movements and pressure from NGOs and the media. Specifically, NGOs affected policy using several tools. One of the most important



of these was framing strategies: NGOs framed FGM as a problem that could be dealt with through criminalization, via legislation in the UK and prosecution in France. In the UK, they also framed FGM as a health issue that could be addressed by the establishment of specialized clinics. Windows of opportunity for NGO action were often contingent on chance events, emphasizing the non-rational aspect to policy-making. In addition, NGOs proved extremely important in providing knowledge and expertise, both for state policy makers, and for international research and networks.

Some of the wider issues considered in this thesis will not soon be resolved. Increased international migration will only further interaction between groups with differing cultural norms and expectations, and states will continue to be required to decide how to respond to these differences. This thesis has shown the important impact that NGOs can have on these state decisions. Furthermore, the recognition of women's rights and children's rights, and the supremacy and universal nature of human rights in general, will continue to be contested by both host and immigrant cultures, and NGOs will continue to play a role in both contesting, and reaffirming, these rights.

## Bibliography

- Al-Hibri, Azizah Y. "Is Western Patriarchal Feminism Good for Third World/Minority Women?" in *Is Multiculturalism Bad For Women?*, edited by Joshua Cohen, Matthew Howard and Martha C. Nussbaum, 41-46. Princeton: Princeton University Press, 1999.
- Ahmadu, Fuambai. "Ain't I a Woman Too?": Challenging Myths of Sexual Dysfunction in Circumcised Women." in *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Ylva Hernlund and Bettina Shell-Duncan, 278-310. London: Rutgers University Press, 2007.
- Ahmadu, Fuambai. "Rites and wrongs: An insider/outsider reflects on power and excision." in *Female "circumcision" in Africa: Culture, controversy, and change*, edited by Ylva Hernlund and Bettina Shell-Duncan, 283-312. Boulder, CO: Lynne Rienner, 2000.
- Allotey, Pascale, Lenore Manderson and Sonia Grover. "The politics of female genital surgery in displaced communities." *Critical Public Health* 11, no. 3 (2001): 189-201.
- Atoki, Morayo. "Should Female Circumcision Continue to be Banned?" *Feminist Legal Studies* 3, no. 2 (1995): 223-235.
- Black Women's Health and Family Support. "Background." <http://www.bwhafs.com/HTML/background.html> (accessed May 4, 2009).
- Black Women's Health and Family Support. "The Holistic Approach." <http://www.bwhafs.com/HTML/approach.html> (accessed May 4, 2009).
- Black Women's Health and Family Support. "International Project – Barako Family Health and Education Centre: Background." <http://www.bwhafs.com/HTML/barako.html> (accessed April 21, 2009).
- Boddy, Janice. "Body Politics: Continuing the Anti-Circumcision Crusade." *Medical Anthropology Quarterly* 5, no. 1 (1991): 15-17.
- Boddy, Janice. *Civilizing Women: British Crusades in Colonial Sudan*. Princeton: Princeton University Press, 2007.

- Boddy, Janice. "Gender Crusades: The Female Circumcision Controversy in Cultural Perspective." In *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Ylva Hernlund and Bettina Shell-Duncan, 46-65. London: Rutgers University Press, 2007.
- Boddy, Janice. "Womb as Oasis: the symbolic context of pharaonic circumcision In rural Northern Sudan." *American Ethnologist* 9 (1982): 682-698.
- Boyle, Elizabeth Heger. *Female Genital Cutting: Cultural Conflict in the Global Community*. Baltimore: The Johns Hopkins University Press, 2002.
- Castles, Stephen and Miller, Mark J. *The Age of Migration: International Population Movements in the Modern World*. 3<sup>rd</sup> ed. Basingstoke: Palgrave Macmillan, 2003.
- Cohen, Michael, James March and Johan P. Olsen. "A Garbage Can Model of Organizational Choice." *Administrative Science Quarterly* 17, no.1 (Mar. 1972): 1-25.
- Dopico, Mansura. "Infibulation and the Orgasm Puzzle: Sexual Experiences of Infibulated Women in Rural Eritrea and Melbourne, Australia." In *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Ylva Hernlund and Bettina Shell-Duncan, 224-247. London: Rutgers University Press, 2007.
- Dorkenoo, Efua. *Cutting the Rose*. London: Minority Rights Publications, 1994.
- European Network for the Prevention and Eradication of harmful Traditional Practices. "Who are we?" [http://www.euronet-fgm.org/index.php?option=com\\_content&view=article&id=49&Itemid=69&lang=en](http://www.euronet-fgm.org/index.php?option=com_content&view=article&id=49&Itemid=69&lang=en) (accessed April 23, 2009).
- European Network for the Prevention and Eradication of harmful Traditional Practices. "Membres." [http://www.euronet-fgm.org/index.php?option=com\\_content&view=article&id=52&Itemid=62&lang=en](http://www.euronet-fgm.org/index.php?option=com_content&view=article&id=52&Itemid=62&lang=en) (accessed April 24, 2009).
- Favell, Adrian. *Philosophies of Integration: Immigration and the Idea of Citizenship in France and Britain*. 2<sup>nd</sup> ed. Basingstoke: Palgrave, 2001.
- Gallard, Colette. "Education and Debate: Female Genital Mutilation in France." *British Medical Journal* 310 (1995): 1592-1593.

- Gilman, Sander L. "Barbaric' Rituals?" in *Is Multiculturalism Bad For Women?*, edited by Joshua Cohen, Matthew Howard and Martha C. Nussbaum, 53-58. Princeton: Princeton University Press, 1999.
- Ginsburg, Mark B. "NGOs: What's In An Acronym?" *Current Issues in Comparative Education* 1, no. 1(1998): 29-34.
- Goffman, Erving. *Frame Analysis: An Essay on the Organization of Experience*. New York: Harper Colophon, 1974.
- Gordon, Daniel. "Female Circumcision and Genital Operations in Egypt and Sudan: A Dilemma for Medical Anthropology." *Medical Anthropology Quarterly* 5 no.1 (March 1991): 3-14.
- Gordon, H., H. Comerasamy and N.H. Morris. "Female Genital Mutilation: Experience in a West London clinic." *Journal of Obstetrics and Gynecology* 27, o. 4 (2007): 416-419.
- Gosselin, Claudie. "Feminism, anthropology and the politics of excision in Mali: global and local debates in a postcolonial world." *Anthropologica* 42, no.1 (2000): 43-60.
- Götz, Norbert. "Reframing NGOs: The Identity of an International Relations Non-Starter." *European Journal of International Relations* 12, no.2 (2008): 231-258.
- Groupe pour l'Abolition des Mutilations Sexuelles. "Historique du GAMS." <http://pagesperso-orange.fr/~associationgams/pages/historiq.html> (accessed April 9, 2009).
- Gruenbaum, Ellen. *The Female Circumcision Controversy: And Anthropological Perspective*. Philadelphia: University of Pennsylvania Press, 2001.
- Gruenbaum, Ellen. "Female Genital Cutting: Culture and Controversy." in *Gender in Cross-Cultural Perspective* 5<sup>th</sup> ed., edited by Caroline B. Brettell and Carolyn F. Sargent, 491-504. Upper Saddle River, New Jersey: Pearson Prentice Hall, 2009.
- Guine, Anouk. "Multiculturalismes et droits des femmes: le cas de l'excision en Grande-Bretagne." PhD Diss., Civilisation britannique, Université Clermont II, 2005.

- Guiné, Anouk and Francisco Javier Moreno Fuentes. "Engendering Redistribution, Recognition and Representation: The Case of Female Genital Mutilation (FGM) in the United Kingdom and France." *Politics Society* 35 (2007): 477-519.
- Gunning, Isabelle. "Arrogant Perception, World-travelling and Multicultural Feminism: The Case of Female Genital Surgeries," *Columbia Human Rights Law Review* 23 (1991-92): 189-248.
- Ylva Hernlund and Bettina Shell-Duncan, eds. *Transcultural Bodies: Female Genital Cutting in Global Context*. London: Rutgers University Press, 2007.
- Hernlund, Ylva and Bettina Shell-Duncan. "Transcultural Positions: Negotiating Rights and Culture." in *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Ylva Hernlund and Bettina Shell-Duncan, 1-45. London: Rutgers University Press, 2007.
- Hosken, Fran. *The Hosken Report: Genital and Sexual Mutilation of Females*. 3<sup>rd</sup> ed. Lexington: Women's International Network News, 1982.
- Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. "About us: Status." <http://www.iac-ciaf.com/aboutus.htm> (accessed April 24, 2009).
- International Centre for Reproductive Health. "Mission." <http://www.icrh.org/mission> (accessed April 23, 2009).
- International Centre for Reproductive Health. "Female Genital Mutilation." <http://www.icrh.org/projectcategories/female-genital-mutilation> (accessed April 23, 2009).
- Joachim, Jutta M. *Agenda Setting, the UN, and NGOs: Gender Violence and Reproductive Rights*. Washington, D.C.: Georgetown University Press, 2007.
- Johnsdotter, Sara. "Persistence of Tradition or Reassessment of Cultural Practices in Exile? Discourses on Female Circumcision among and about Swedish Somalis." in *Transcultural Bodies: Female Genital Cutting in Global Context*, edited by Ylva Hernlund and Bettina Shell-Duncan, 107-134. London: Rutgers University Press, 2007.
- Kastoryano, Riva. *Negotiating Identities: states and immigrants in France and Germany*. Princeton: Princeton University Press, 2002.

- Kingdon, John W. *Agendas, Alternatives and Public Policies*. 2<sup>nd</sup> ed. New York: Harper Collins College Publishers, 1995.
- Leye, Els and Jessika Deblonde. "A comparative Analysis of the different legal approaches towards female genital mutilation in the 15 EU Member States and the respective judicial outcomes Belgium, France, Spain, Sweden and the United Kingdom." ICRH Publications no. 8. Ghent: International Center for Reproductive Health, 2004.
- Leye, Els, Jessika Deblonde, José García-Añón, Sara Johnsdotter, Adwoa Kwateng-Kluyvitse, Linda Weil-Curiel and Marleen Temmerman. "An analysis of the implementation of laws with regard to female genital mutilation in Europe." *Crime Law and Social Change* 47 (2007): 1-31.
- Leye, Els, Richard Powell, Gerda Nienhius, Patricia Claeys and Marlene Temmerman. "Health Care in Europe for Women with Genital Mutilation." *Health Care for Women International* 27 (2006): 362-378.
- La Ligue du Droit International des Femmes. "Edito." <http://www.ldif.asso.fr/> (accessed 4 April 2009).
- Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account." *American Sociological Review* 61, no.6 (1996): 999-1017.
- McAdam, Doug. "Conceptual origins, current problems, future directions." In *Comparative Perspectives on Social Movements: Political Opportunity Structures, Mobilizing Structures and Cultural Framing*, edited by Doug McAdam, John D. McCarthy, Mayer N. Zald, 23-40. Cambridge: Cambridge University Press, 1996.
- McAdam, Doug, John D. McCarthy, Mayer N. Zald, eds. *Comparative Perspectives on Social Movements: Political Opportunity Structures, Mobilizing Structures and Cultural Framing*. Cambridge: Cambridge University Press, 1996.
- McAdam, Doug, John D. McCarthy, Mayer N. Zald. "Introduction: Opportunities, mobilizing structures, and framing processes – toward a synthetic, comparative perspective on social movements." in *Comparative Perspectives on Social Movements: Political Opportunity Structures, Mobilizing Structures and Cultural Framing*. Edited by Doug McAdam, John D. McCarthy, Mayer N. Zald, 1-22. Cambridge: Cambridge University Press, 1996.

- Mohanty, Chandra Talpade. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." in *Third World Women and the Politics of Feminism*. Edited by Chandra Talpade Mohanty, Ann Russo, Lourdes Torres, 51-81. Bloomington, Indiana: Indiana University Press, 1991.
- Momoh, Comfort, Shamez Ladhani, Denise P. Lochrie and Janice Rymer. "Female genital mutilation: analysis of the first twelve months of a Southeast London specialist clinic." *British Journal of Obstetrics and Gynaecology* 108 (2001): 186-191.
- Morison, Linda A., Ahmed Dirir, Sada Elmi, Jama Warsame and Shamis Dirir. "How Experiences and Attitudes Relating to Female Circumcision Vary According to Age on Arrival in Britain: A Study Among Young Somalis in London." *Ethnicity and Health* 9, no. 1 (Feb. 2004): 75-100.
- Obermeyer, Carla Makhlouf. "Female Genital Surgeries: The Known, the Unknown and the Unknowable." *Medical Anthropology Quarterly* 13, no.1 (1999): 79-106.
- OCHR et al. *Eliminating Female Genital Mutilation: an interagency report*. Geneva: World Health Organization, 2008.
- Okin, Susan Moller. "Is Multiculturalism Bad for Women?" in *Is Multiculturalism Bad For Women?* Edited by Joshua Cohen, Matthew Howard and Martha C. Nussbaum, 7-26. Princeton: Princeton University Press, 1999.
- Scheper-Hughes, Nancy. "Virgin Territory: The Male Discovery of the Clitoris." *Medical Anthropology Quarterly* 5, no.1 (1991), 25-28.
- Skaine, Rosemarie. *Female Genital Mutilation: Legal, Cultural and Medical Issues*. London: McFarland & Company, Inc., 2005.
- Snow, David A. and Robert D. Benford. "Ideology, Frame Resonance, and Participant Mobilization." *International Social Movement Research* 1: 197-218.
- Sochart, Elise A. "Agenda Setting, the Role of Groups and the Legislative Process: the Prohibition of Female Circumcision in Britain." *Parliamentary Affairs* 41, no.4 (1988): 508-526.
- Thiam, Awa. *La Parole aux Negresses*. Paris: Denoël-Gonthier, 1978.
- Tilly, Charles and Sidney Tarrow. *Contentious Politics*. London: Paradigm Publishers, 2007.

United Nations. "NGOs and the United Nations Department of Public Information: Some Questions and Answers." New York: Outreach Division, United Nations Department of Public Information, 2005. Available at <http://www.un.org/dpi/ngosection/brochure.htm> (accessed March 30, 2009).

Walker, Alice. *Possessing the Secret of Joy*. London: Vintage, 1991.

Walker, Alice and Pratibha Parmar. *Warrior Marks: female genital mutilation and the sexual blinding of women*. New York: Harcourt Brace, 1993.

Winter, Bronwyn. "Women, the Law and Cultural Relativism in France: the Case of Excision." *Signs* 19, no.4 (1994): 838-974.

World Health Organization. *Female Genital Mutilation*. Fact Sheet No. 241, (Geneva: World Health Organization, 2000).