Global and national framing dynamics for FGM policies. 
A comparison between Mali and Kenya.

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INTRODUCTION:

FGM in the globalization process. 
Female Genital Mutilation (FGM¹) is an ideal topic to study globalization processes (defined as the interaction of the global and the local), and more precisely the impact of global discourse on national policy-making and the participation of developing countries, known as peripheral international actors, to this global issue framing.

Indeed, FGM has been the object of international mobilizations since the 1970s and has been introduced (and maintained) on the international agenda. A new idea and global norm have emerged whose content is double: FGM is a problem and should be eradicated. National mobilizations have also flourished in many African countries and from the 1990s anti-FGM laws and policies have developed.

Besides, FGM campaigns take the form of a mere struggle to (re)define the meaning of the practice. The “war on terminologies”, confronting different activists, epitomizes this conflict².

¹ We use the term “FGM” because it appears to be the most common term (at least at the international level) to describe a range of practices involving the voluntary modification of external genitals of women.
The practice is referred to by different terms: “female circumcision” was for a long time the only term used, but when feminists get involved in the struggle, they condemn this naming which tends to assimilate the practice on woman with the one for man, though it is completely inaccurate (means and motives being quite different, if not opposite). They adopted the term “female genital mutilation” which gained some consensus, but was soon criticized by activists from African countries who reject the term “mutilation” belonging to war vocabulary. Then, a series of terms appeared, whose purpose was to be neutral, with medical vocabulary “clitoridectomy”, or “infibulation” but which do not take into account the variety of forms; female genital cutting or female cutting which had also been criticized by activist as a sign of institutionalization of the struggle at the expense of women. This conflict reflects the multidimensions the practice embodies. Indeed, FGM is first of all a cultural practice which physically and socially marks the will to control reproductive functions, while participating to the building of woman identity. Making it a “problem” (gap between what is and what should be) implies to change its meaning, in order to define it as an issue, on the grounds of health concerns, gender equality, or universal human rights, etc...FGM campaigns are fuelled with conflicts over norms, values, representations of sexuality or woman identity, of culture... Finally, FGM is an issue that touches on many of the complexities of power relations and reflects the unequal distribution of power in the international system. It deals with human rights (and women’s human rights) presented as universal but often felt as western-based concepts, with gender inequality as a global goal; and thus requires that state regulates what is associated with the private sphere. It challenges the national sovereignty of countries where FGM is practiced and raise the issue of post-colonial imperialism.

In this communication, we propose to explore the question of countries’ capacity to adopt relevant (national) frames for anti FGM policymaking in a context of global consensus on anti FGM norms, ideas and policy receipts. It arouses two sets of intertwined questions:
First, how mainstream approaches of anti FGM policies are being constructed, transformed and diffused on the international level? What are the actors involved? What is the content in terms of norms, ideas and policy receipt?
Secondly, how does this mainstream approach feed (or not) national anti-FGM policymaking? Are developing countries able to develop alternative frames that would resonate at the local level; and under what conditions is it made possible?

*Ideas matter: cognitive and normative frames, and ideational transfer.*
The analytical framework employed here is rooted into a set of works in two fields of political science (international relations and public policy analysis) which consider that ideas matter. Since the 1980s, public policy analysis has indeed witnessed the development of an approach which emphasizes the influence of cognitive (how is the reality?) and normative (how it should be?) elements in shaping principles and practices for policymaking. It casts light on the role of social construction of knowledge and meaning in state action. Taking into account those variables may as well help explain change in policy process (P.Muller, 2005): how do frames change, and how do they change the political landscape? Various and numerous works present different answers to the two main questions at stake here:

- the question of the nature (and characteristics) of the frames, referred to either as: « paradigm » (P.Hall), « référentiel » (P.Muller), « belief system» (P.Sabatier), « narratives » (C.Radaelli; E.Roe), or « discourses » (Schmidt), etc… In this communication, we would use the general expression of **cognitive and normative frames** as : “coherent systems of normative and cognitive elements which define, in a given field, worldviews, mechanisms of identity formation, principles of action, as well as methodological prescriptions and practices for actors subscribing to the same frame” (Y.Surel, 2000, p 496), or simply frames.

- the question of the production and transformation of those frames, and the role of specific agents such as: «mediators » (P.Muller), « advocacy coalitions » and « policy brokers » (P.Sabatier), or « transcodceurs » (P.Lascoumes), etc… The idea is that numerous frames do coexist: public policy is the result of competitions between contending frames, mobilized by influential agents (individuals, groups). One dominant cognitive and normative frame will then be used as a guide for policymaking.

We propose to combine those questions with those emerging from the “ideational turn” in the study of international relations (Sikkink and Finnemore, 1998) which deal with the spread of norms and knowledge and their impact in international politics. How do global ideas influence national policymaking (B.Deacon, 2004)? Who helps circulate new ideas? Political transfer theory may be useful at that point. Dolowitz and Marsh defines it as “the process by which knowledge about how policies, administrative arrangements, institutions and ideas in one political setting (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political setting”(D and M, 2000, p5). This process is twofold: there is a “hard” form of transfer (institutional one), but also a “soft” part, or ideational transfer (D.Stone, 2004) dealing with norms and knowledge. Besides, the policy transfer metaphor implies a direct exchange between a donor and a recipient, which introduces the important question of transfer agents.
Generally, the literature has focused on state actors as transfer agents, but recent works pinpoint the role of non-state actors in the ideational transfer: “there can be transfer agents that are not based in or identified with either the importing or exporting jurisdiction but which facilitate the exchange between a number of polities” (D. Stone, 2004, p 549). Political transfer may as well be vertical, between states and international organizations, or non-state actors; and these agents may as well be some individuals, networks or organizations. Recently, an important literature linking collective action theories to international politics offer an interesting answer: transnational issue-based networks are important channels through which ideas circulate (Sikkink and Keck, 1998; Tarrow; Smith, Chatfield and Pagnucco).

In brief, cognitive and normative frames do shape policymaking process. Those frames are numerous but one emerges as dominant (for a while) and serves as guide for public policy. This conflict must also be understood in a global context, where new ideas, norms and policy receipts are formulated and diffused in the international system. Those frames do not float into the air: specific agents do formulate, transform, adapt, as well as transfer frames at different levels. Transnational advocacy networks seem to be among key ideational transfer agents.

Our communication aims at addressing the question of developing countries’ participation to those framing dynamics: either by participating to the formulation and/or diffusion of global frames; or by proposing alternative frames. We will explore the factors that may explain differences across countries.

Comparing two anti-FGM policies: Mali and Kenya.

Our work focus on two cases: Mali and Kenya. Our purpose here is not to identify some key features of national African anti-FGM policies, but rather to contrast two experiences of African states confronted to international framings of a local issue and concern. How do local conflicts over frames develop and are influenced by the global consensus? Who is involved in the national anti-FGM policymaking process? Do we observe differences in Mali and Kenya? How can we explain them? How may it help us further our reflection on the interactions between local and global politics in different contexts?

Mali and Kenya have been chosen because they present interesting contrasting features concerning the practice of FGM, its policy and their position in the international system.
Indeed, in Mali FGM is very rampant: 91.6%³ of women aged 15-49 are circumcised⁴ and only few ethnic groups do not practice (especially in the north). In Kenya, the prevalence is much lower (32.2%⁵) and highly concentrated on few ethnic groups (Somali, Maasai, Abagusii,…). The first efforts to eradicate the practice dated back to colonial period in Kenya: it created an important resistance and partially fuelled anti colonial movement and nationalism (L.Thomas, 2003). In 1982, the president D.A.Moi made a public statement condemning the practice, but it is only in 2001 that a formal legislation was passed (Children’s Act), criminalizing the practice in terms of violation of children’s rights. Since 1999, the question had been managed by the Ministry of Health, but has been recently transferred to the Gender’s Department (2005).

In Mali, the struggle is younger: the first campaign appears timidly in the late 1970s and early 1980s. In 1996, a National Committee for the Eradication of Traditional Practices has been created under the Ministry for the Promotion of Women, Children and the Family (MPFEF) and a National Plan of Action written. I has been partially implemented since 2002, when a National Programme against Excision (PNLE) was established under the same ministry. Though, no law has been passed so far: this original feature (as most of neighbouring countries have now their law, and international community pressures Mali for that⁶) is often justified by governments and civil society activists by the fact there is a “counter struggle” (led by Muslim conservatives). What’s more, Mali’s anti-FGM policy is framed in terms of health hazards, whereas global consensus is now for a more comprehensive approach in terms of human rights and gender. Kenya, on the contrary follows the global framing consensus with a law and a gender (though weak) approach.

Is it a sign of a Malian resistance to international framing transfer? Or rather a sign of disconnection with international “forums”⁷ (B.Jobert, 1994) materialized by transnational advocacy networks? In our communication, we will explore how Mali and Kenya are connected to those networks, and how it could help explain the nature of their participation to the international framing process surrounding anti FGM policies.

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³ Demographic and Health Survey, Mali, 2001.
⁴ We use the verb “circumcise” when describing the act of female genital cutting. Yet it does not intend to draw a parallel with male circumcision which is a different practice both in terms of motives and effects.
⁶ see for instance a conference held in February 2006 in Bamako organized by NPWJ (Italian INGO) asking for a law to be passed in Mali, with the support of regional governments officials.
⁷ Defined as spaces of informal discussion for cognitive and normative frames; as opposed to “arena”, defined as institutionalized scenes where negotiations for worldviews and practices take place. See: B.Jobert (1994) and : E.Fouilleux (2005).
What is the importance of ideational transfer in anti-FGM policymaking in Mali and Kenya? How does it work? Are local “alternative” framings possible and under what conditions?

To explore those questions, first we concentrate on the cognitive and normative process through which FGM has gained attention on the international agenda (Part I); and the impact this framing (s) has on Malian and Kenyan dynamics (Part II). Finally, we explore the nature of agents involved in those processes of framing, and concentrate on transnational advocacy networks as key elements (Part III).

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\section{I- FGM AS AN ISSUE: GLOBAL FRAMING DYNAMICS.}

Anti-FGM policies emerged in Africa in the 1990s while the issue was being set in the international agenda mainly as a health issue. Yet the issue remained high in the agenda up until now because it has been constantly reframed, as to fit into international highlighted priorities. This process of “framing” occurs in a context of competition for the definition of the practice, where contending frames also emerged and participate to the transformation of global frames over time.

\subsection{1. Genealogy of the international campaign against FGM.}

Five key moments structure the inclusion of FGM issue on the international agenda. It is a process which is not linear: there is some pause, some silence and several resurgences.

\subsubsection{a- The very beginnings: western interventions based on religious concerns (first controversy).}

The first efforts to eradicate the practice emanated from colonial and missionary powers in the early 1900s. They are based on religious grounds. For example, in Kenya in 1906, the Church of Scotland (Presbyterian) missionaries preached against FGM as “barbaric” and “indecent” (L. Thomas, 2003, p 22). First, they propose to perform the practice inside the missions, such as for men. They develop moral arguments, saying that initiation rites were too much “sexual”. Missionaries pressure Nairobi’s government to take action: in 1925, Nairobi
officials urge Local Native Councils (LNC) to consider restricting the practice. In 1925-1927, the Meru LNC passed some resolutions to regulate FGM. Protestant missionaries urge then officials in London to introduce a colonial ban on FGM as part of the new penal code in discussion. Female parliamentarians based in London also supported this ban on “maternalist” (i.e. reproductive) grounds. But as resistance gains momentum in the Central region, colonial powers refuse to take such a controversial ban. These efforts were finally crushed in the 1950s in the context of growing protest taking its roots into anti colonial movement and nationalism. Jomo Kenyatta, leader of independence, exalted the practice in the name of kikuyu nationalism “that spirit of collectivism and national solidarity which [Gikuyu] have been able to maintain from time immemorial” (J.Kenyatta, 1978, p 133). Circumcisers were considered as national heroine and during the Mau Mau rebellion, girls circumcise themselves to show their support to the cause.

Similar colonial and missionary effort can be witnessed for instance in Sudan (F.Hosken, 1983) but it never took the dramatic form ok Kenya.

Those early events, and the way local populations reacted, help understand the long period of silence of the international community up to the early 1980s.

b- 1970s: forerunners in a silent international context.

In the 1970s, forerunners emerge but efforts are still scattered. These are some individuals, feminists. Feminists (mainly westerners (but also some African women, as for example Awa Thiam) are the first to raise the question at the international level because they can activate their existing networks. Fran Hosken is one of them. After a travel to Kenya in early 1970s, she starts advocating for the eradication of the practice. She creates WIN News in 1975 in the United States, which is a feminist network whose purpose is to share information on abuses on women, and which focuses mainly on FGM.

Those forerunners’ main task is to urge international organizations to take a stand against FGM. For instance, E.Kraser (from the NGO “Terres des Hommes”) organizes a press conference on FGM in 1997, in Geneva, to coincide with World Health General Assembly. F.Hosken sends letters to WHO, UNICEF, US Aid and others organizations: all the answers she receives show that international organizations do not want to get involved on a potentially explosive issue. Their silence is motivated by a “cultural” frame of the issue.

For instance, WHO position during this period is characteristic. In 1958, the Commission for the statute of women asks the WHO to undertake a study on the prevalence of FGM. But in 1959, WHO states it is a cultural practice and that it is out of its mandate. In 1960, another
similar demand, formulated by the UN Economic and Social Council is rejected on the same grounds. Yet, WHO does know the question, as some of its negative consequences are timidly underlined in a study on sexual epidemiology presented in 1975, but no action are taken.

Yet, in the end of the 1970s, two events will help reframing the issue in more consensual terms.

First, in 1979, the WHO Bureau in Eastern Mediterranean organizes a seminar on traditional practices affecting the health of women and children. F. Hosken presents some of her findings, pinpointing the important prevalent rate of FGM in East Africa. For the first time, WHO bypasses the cultural frame of the issue, and firmly stands against the practice grounded on the health hazards. It also recommends that governments and international actors get involved in concerted action. These recommendations are diffused through World Health (WHO journal) in 1979. This new frame (health) makes it easier for other international organizations to get involved: this is the starting point for international mobilizations against the practice.

Secondly, in 1980, the International Conference on Women opens in Copenhagen. In the plenary session, the question is only mentioned by Sweden delegates. But, in the Forum of NGO, organized in parallel, a controversy emerged. In several workshops, some western feminists introduce the question of FGM (for example with R.Saurel from France or F.Hosken), with the support of some African women as well (A.Thiam from Senegal, Eddah Gachukia from Kenya, Mary B. Assad from Egypt)… But they face an important resistance from some other African women activists, and especially “Association des Femmes Africaines pour la Recherche et le Développement”(Senegal) who rejects the way the condemnation of the practice is framed, and propose another reading of the practice, linking FGM and poverty. “Conflict concerning who had the right to represent the issue within the global arena again revealed First World/Third World tensions among women” (N.Berkovitch and K.Brady, 1999, p 489).

With these two major events, occurs a major shift in international mobilizations against FGM: WHO statement encourages commitment of other UN agencies; the first approach of the issue by the 1970s forerunners, and especially feminist activists, is criticized: its language being perceived as aggressive and disrespectful of cultures. In the 1980s, the question is reframed as a health concern, reaching a first global consensus.

\[c-1980s: \text{second controversy and first campaign around “health”.}\]
In the 1980s, different international organizations, and especially UN agencies follow the WHO statement and also condemns the practice for its health consequences. For instance UNICEF: for a long period, they remained silent. For example, in 1979, Alistair Matherson, former UNICEF’s president, publishes an article in the London Observer: he justifies UNICEF’s inaction by the fact that the practice is culturally loaded and he criticized feminists stand against it. But, in 1980, during the Copenhagen Women Conference, UNICEF made a similar statement as WHO, condemning FGM. In 1984, the UN Commission on Human Rights settles a working group on traditional practices.

International organizations start making funds available for actions against FGM, which help consolidating the emerging mobilizations at different levels. The issue is framed in terms of health, using a medical vocabulary which makes the condemnation more “neutral”: the feminist or moralist approach of the beginnings and forerunners are left aside.

In the 1990s, tough, the medical approach finds its limits. This approach helped raising awareness in a moment where the practice was perceived in cultural frames. Focusing on health consequences of the practice, especially for delivery, made more people understand the harmful effects of it. But, some of the hazards have not been fully understood: as a result of those first health campaigns, parents start turning to health centres to perform the practice without any risks. In the end, the practice is maintained. This new trend of medicalization was already discussed in 1979 at Khartoum: some gynaecologists recommended medicalization instead of eradication of the practice, in order to reduce the health effects, leaving the social and cultural meaning of the practices untouched. In 1982, WHO officially stands against medicalization.

In 1994-1995, studies conducted in Egypt show a very high level of health personnel circumcising in hospitals (94% of girls have been circumcised by health personnel). This debate highlighted the contradictions among the international mobilizations against FGM concerning its very objectives: eradication, or reduction of health hazards? In 1995, a technical WHO working group (in Geneva) strongly condemns medicalization.

This debate makes the health frame less relevant and consensual.

d- Institutionalization and human rights.

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At the same time, in the mid-1990s, important UN international conferences deal with FGM and they introduce a more holistic approach, combining the health framing with one in terms of human rights.

In this new discourse, there is also a will to use “neutral” tools to condemn the practice: by using scientific language and medical surveys in the health frame; or legal provisions in the human rights frame.

In Vienna international conference on human rights, women’s rights are recognized as human rights. In the Final Declaration and Programme of Action (1993), it condemns the cultural framing of FGM: paragraph 10 (on sexual violence and gender bias) calls “for the eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism”. In the Declaration and Programme of Action of the Cairo Conference on population and development (1994), for the first time it characterizes FGM as “both a violation of basic rights and a major longlife risk for women’s health” (paragraph 7.35). In the Beijing Platform for Action (1995), FGM is included as an issue of women’s health but also violence against women whose definition includes FGM (paragraph 113). This is also the first time that the term “FGM” is introduced.

WHO also adopts this new frame in 1993: in a resolution (WHA 43.18) on maternal and infantile health and family planning, it states that: “harmful traditional practices such as female genital mutilation […] further restrict the attainment of the goals of health, development and human rights for all members of society”.

A joint declaration by WHO/UNFPA/UNICEF on FGM (1997), institutionalized the human rights frame: they want to “to tackle FGM/C as a violation of human rights, in addition to being a danger to women’s health”.

This new consensual frame helps mobilize new allies, especially among human rights based organizations. For instance, Amnesty International recognizes FGM as a violation of human rights in 1995.

This approach refers to international texts on women and human rights: it heavily advocates for national legislations against FGM in order to conform to international standards and national commitments (ratifications of CEDAW …). As a result, more and more legislations, with special provisions on FGM, appears in different countries, reaching a new large global consensus.

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e- Women international organizations and gender perspective rediscovered.
Some feminist activists as well as advocates of “gender and development” approach (which emerges in the 1990s (S.Balden and A.Goetz) start complaining about this institutionalization of the issue which led to “gender blind” mobilizations (J.Falquet, 2003). In parallel, the international women’s movement also shifts it global frame: from discrimination, and later development, women’s issues are now framed in terms of “gender based violence” (K.Sikkink and M.Keck, 1998). FGM issue is also reframed in those gender terms. This influence is materialized with the Beijing conference (FGM referred as “violence against women”). This new emerging discourse combines a human rights and a gender perspective.

Major international organizations have now included FGM in the overall goal of gender equality, as for instance UNFPA. UNESCO in 1993 and 1995, considers FGM as an issue of gender and education. Yet, most of the time, this frame is still at the level of discursive implications (in conference, in international texts…).

A global consensus on FGM issue has progressively emerged. The first difficulty was to bypass cultural dominant framings which resulted in resistance to intervention. FGM framed as an health issue mobilized a number of key actors in the international arena, including WHO, UNICEF, UNESCO, UNFPA as well as UN Commission on Human Rights. The issue has been set into the international agenda. Health frame actually helped raising awareness, and allowed international organizations to mobilize; but was proved to be incomplete. New information (about medicalization), new priority on the international agenda (human rights) and pressure from international non governmental women (or feminist) organizations progressively reframed the issue and maintained it on the agenda.

2. Contending frames and evolution of the global consensus.

The framing dynamics on FGM issue reveal six alternatively dominant cognitive and normative frames: moral, cultural, feminist, health, human rights, and gender (see Table 1).
Table 1: Global cognitive and normative frames for FGM issue.

<table>
<thead>
<tr>
<th>Frame</th>
<th>Cognitive and normative elements</th>
<th>Principles of action</th>
<th>Mobilized agents</th>
<th>Period of domination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral</td>
<td>FGM is as a “barbaric” practice, condemned by Christian religion.</td>
<td>Imposing behaviour change (interdictions)</td>
<td>Protestant missionaries in Kenya</td>
<td>Early campaigns against FGM</td>
</tr>
<tr>
<td>Cultural</td>
<td>FGM as a cultural tradition, with a static vision of culture. Cultural relativism</td>
<td>Silence, tolerance or resistance</td>
<td>Most of the international actors before 1980s; as well as defenders of the practice</td>
<td>Silent period (1950s-early 1980s)</td>
</tr>
<tr>
<td>Feminist</td>
<td>FGM reflects patriarchal powers; it deprives women of her sexual pleasure. It is a “mutilation”</td>
<td>Awareness raising campaigns, lobby for international commitment.</td>
<td>Western feminist movement, as well as some African women.</td>
<td>1970s-1980s</td>
</tr>
<tr>
<td>Health</td>
<td>FGM has important health consequences, especially for mothers.</td>
<td>Education of the public on the health hazards, and training of health personnel.</td>
<td>WHO and most international organizations. National African governments</td>
<td>1980s-early 1990s.</td>
</tr>
<tr>
<td>Human rights</td>
<td>FGM as a violation of universal human rights</td>
<td>Mediate behaviour change through legislation.</td>
<td>Human rights INGOs as well as international organizations.</td>
<td>mid-1990s-on</td>
</tr>
<tr>
<td>Gender</td>
<td>FGM as a sign of gender inequalities</td>
<td>Promote a global gender sensitive behaviour change</td>
<td>Gender activist and scholars, some feminists and INGOS and IOs</td>
<td>Late 1990s-on</td>
</tr>
</tbody>
</table>

What are the main characteristics of those frames and their dynamics?
First, a shift from one frame to another is never a brutal experience, it is a progressive process. At times, we may also observe frames overlapping each others: for instance when the health frame became less important, a global consensus was reached mixing up health and human rights frames, before the human right frame became dominant.

Secondly, frames tend to be potentially dominant when they reach a certain degree of maturity. Consequently, a dominant frame is not necessarily a new one. To reach maturity, frames may have been progressively formulated and attracted more and more mobilizations of
different actors. Frames do evolve: inner frame dynamics may be revealed. For instance, is the “gender” frame a mature “feminist” frame?

Thirdly, when a dominant frame is decaying, either because of inner incoherence revealed (for instance with medicalization as a result of a health approach) or external attacks (as for the cultural frame), a new space is opened for another one, or for the reformulation of the decaying one. In other words, frames do not really disappear, but they become less dominant, time for them to be reshaped. For instance, the cultural framing is still present in the framing dynamic.

Finally, when we use the term “framing dynamics”, we underline the fact that frames are shaped mainly in contrast to each other. They cannot be really understood as isolated items, they gain their very meaning in interactions with others.

This last remark requires to make clear the fact that those dynamics are also influenced by contending frames, which do not belong to international mobilizations against the practice, but to mobilizations (implicitly or not) in favour of it.

What is the role of contending frames (pro-FGM frames)?
Frames dynamics also involve conflicts with contending frames of the issue. Indeed, the presentation of previous frame dynamics must not let us forget that even though there is a global consensus on a global new norm and idea (FGM is a problem and should be eradicated), contending (or alternative) norms and ideas are present. It is a key element to understand anti FGM frame (trans)formation.

Generally, those frames have been built against the prevailing anti-FGM ones. For example during the Copenhagen Conference (1980), two alternative framings of the issue emerged. The first one deconstructed the idea of FGM as being a “problem”. For instance, the Kenyan delegation in the conference denied the fact that FGM was still being practiced in the country during the NGO forum (F.Hosken, 1983): it used to be rampant, but now it’s declining and other issues more important should be addressed instead. Another frame had been developed in this conference: FGM is a consequence of poverty. As the previous frame, it denied the fact that FGM is an issue of importance, as it is presented as concentrating on marginalized portions of the population. Therefore, it should vanish with economic development. The idea is to implement some developmental programs at first. Those two frames have been mobilized during the 1980 women’s conference by a group of African feminists whose concern was economic development. These two frames, tightly linked, participated in the shift from “feminist” to “health” frame that we described earlier. Health frame eventually prevailed as it
prevented such direct confrontation between western oriented women’s movement and African oriented one, as revealed in those contending frames. Health frame helped creating a consensus among women on a global level against FGM (N.Berkovitch and K.Bradley, 1999). Another contending frame emerged and is sometimes actively mobilized\(^9\). It is based on religious and moral considerations, but quite different from the one we described as dominant among the protestant missionaries. Here, FGM is seen as a way to control women’s sexual drive. It is based on a negative vision of woman sexuality, perceived as potentially without limits. FGM is necessary to avoid vice. Religious arguments backed this stand, presenting for instance FGM as an Islamic obligation required by the Prophet. This alternative frame may hinderance the development of frames which are directly opposed (as the gender one), but allows neutral ones such as health, or human rights in a certain limit.

In brief, those contending frames participate to the inner and outside dynamics of anti-FGM framings, as it induces a learning process which helps reformulating old frames or creating new ones, or making prevail a more consensual one (S.Balden and A.Goetz, 1997).

Those frames do not float into the air: in the third section, we would study more precisely how those frames are being shaped and mobilized by groups of influent agents. But before that, it is now necessary to study frame dynamics translated at national level, comparing Mali and Kenya. How, and to what extent, will those global framings influence endogenous framing dynamics?

**II- FRAMING AND/OR REFRAMING IN MALI AND KENYA?**

How do FGM issue is being framed in Malian and Kenyan anti FGM policies? How different is it from the global framings and its dynamics (i.e. evolution)? Are frames evolving according to the same pattern as at the global level? Do they adapt global frames or produce alternative ones? Can we say it is a “framing” (i.e. relatively endogenous process that may create alternative frames) or rather a “reframing” process, (i.e. consisting in adapting existing frames at the global level)? Or both?

It is worth noting that anti-FGM mobilizations reveal proper histories in Mali and Kenya, leading to different framing dynamics of the issue.

\(^9\) see the Malian case in the next section for more details.
1. Malian dynamics: one dominant “health” frame.

In Mali, the prevailing frame is the health one. This domination takes its roots in the nature and the evolution of the national struggle against FGM in Mali.

The question of FGM is introduced for the first time in Mali in the final declaration of the Congress of Union of Women in West Africa (UFAO) in 1959, by African women belonging to the westernised elite. Then, in 1960, Awa Keita, the first woman parliamentarian, stands publicly against the practice and starts doing some sensitization with the Commission Sociale des Femmes de l’USRDA (women representation body of the ruling party). She introduces the idea of legislation against the practice. But those pioneer efforts are unsuccessful as she is accused of being westernized and unaware of the social realities of Malian women while she constantly addresses FGM as a women’s rights issue. Those efforts are crushed because of the lack of political opportunity for such a movement to develop, and the lack of legitimacy of those who defend this new idea.

In the 1970s and early 1980s, new attempts emerges from scholars (in 1978, first thesis on FGM by Aissata Diallo in anthropology), the first local organizations on FGM (COMAPRAT in 1985) and UNFM (women representation body of the ruling party). Those actions are not yet clearly oriented toward the eradication of the practice. They mainly try to raise awareness at the national level. Indeed, UNFM organizes in 1984 a series of seminars at the regional and national level, on “FGM, infanticide and early pregnancies”. This programme is part of a national concern on population growth, interpreted as strength for the nation (i.e. pro-birth policies) and based on reproductive concerns (FGM being a problem as it increases maternal mortality). But they encounter important resistances in certain regions where the practice is rampant (Sikasso, Koulikoro and Mopti). It adapts its discourse promoting medicalization and a practice made in early childhood.

It is worth noting that in the same period, the first trials open in France against Malian circumcisers in 1982. The most emblematic of them, Hawa Greou’s case (1999) has been largely covered by national newspapers and radio. They denounce a fight considered as being imported by Whites to destroy their culture. This would have long lasting effects in the mobilization against FGM which can only gain legitimacy by contrasting with western stands…Indeed, the direct effect of that is a period of silence from the mid-1980s. At the same time, Muslim conservators start campaigning against the practice, especially through Friday preaching, audio cassettes and broadcasting on the radio. They start developing a
religious justification for the practice, as an Islamic obligation\textsuperscript{10}. They directly threat leaders of the emerging anti-FGM movement. This “counter struggle” is still rampant in Mali: for instance in February 2006, the international day against FGM has been celebrating and a sub regional conference held in Bamako against FGM. In March, religious leaders gather in an informal meeting, as reported in the local newspaper, violently condemning the fight\textsuperscript{11}.

In the 1990s, political opportunity is opened by two factors: first, on the national level, democratization process starting in 1991 introduces the right of free association. Many NGOs and associations are created. Though, it is just an epiphenomenon as members of these new associations were already activists against FGM in the 1980s. Secondly, the introduction of FGM on the international agenda creates new funds available. The institutionalization of anti FGM mobilization is made possible by a dominant discourse on mother’s health, a national priority in a country where maternal mortality is very high. In 1996, a National Committee against Traditional Practices is created, but is very weak. In the same year, the demographic and health survey (EDS II 1996) includes for the first time questions on FGM. The practice appears to be quite rampant in Mali with more than 94,6% of women aged 15-49 being circumcised. In 1999, the Committee is renewed and placed under the Ministry for the Promotion of Women, Children and the Family. Though, it still relies on a health frame, as shown in their slogans ("FGM is a harmful practice for the health of girls and women" “FGM is harmful for the health of the whole family”) and leaflets presenting in 4 pages only the health consequences. In the same year, the Ministry of Health launches, though in confidentiality and without any sanctions and implementation mechanisms, a circular against medicalization of the practice. In 2002, a law on health reproduction is passed and mentions FGM consequences whose treatment must be taken into account… The same year, a National Programme of Action is created, more active than the Committee and made more visible trough a communication strategy. A draft bill has also been introduced by government, after the president himself took a firm stand against FGM at the national television (June 2002): as it was the end of presidential and legislative mandate, the law should be passed by ordinance, but it failed to succeed as religious mass mobilizations prevented any move.

\textsuperscript{10} FGM is not mentioned in the Koran, but in the sunna, one hadith refers indirectly and imprecisely to it. Many scholars think that it is a “weak” hadith, not trustworthy. Note that FGM was present before Islamization was introduced in Africa.

Contending frames?

The issue of FGM is dominated by a framing in terms of “mother’s health” and “reproductive health”. This frame still prevails because it has created a large national consensus, bypassing the cultural framing which takes the form, in Mali, of a representation of the fight against FGM has originated in the West and imposed by paternalist concerns. A health frame, explicitly referring to national consensual priorities on maternal health mortality reduction, mobilizes large part of the society.

Yet, this domination does not mean that there are not any other contending frames. All the actors mobilized against FGM are not necessarily framing the issue in terms of health only. For instance, there is a group made of some women’s organizations, supported by a group of parliamentarians, which actively advocates for legislation against FGM. They organize seminars at the Parliament; they network and share experiences with activists in the sub region in countries where there is a law; they draft texts… They are also supported by international organizations (including INGO). Recently, a sub regional conference has been held in Bamako (21-22 February 2006) for the implementation of the Maputo Protocol\(^\text{12}\), where the Malian government has shown some resistances to legislation process. Indeed, the dominating health frame induces an educational approach against the practice: sensitization of the public in general and specific opinion leaders and health agents as well. But, this conference initiated a confrontation between two frames: the old health frame and the new human rights one.

In contrast, the gender frame developed at international level, is quite absent in Mali. Even though the question is managed by the Ministry for the Promotion of Women, Children and the Family, they concentrate on health and women as “mothers” rather than sexual being; neglecting the fact that FGM touches a sexual organ.

The prevailing frame is based on a conservative representation of gender roles: woman is socially valued in relations to her reproductive functions. And no key national actors dare addressing the question of the social construction of gender relations and roles embodied in the practice…

In brief, FGM issue has been framed in terms of health concerns, focusing on the mother. The first attempts were based on “feminist” concerns and they faced resistance. The health frame

\(^{12}\) Additional protocol to the Declaration on Human and People’s rights in Africa (African Union): in its 5th paragraph, states are bound to introduce and implement national legislation against FGM (july 2003).
prevails since the early 1980s, embodies in reproductive interests of the ruling party (pro birth policies), and anti FGM issue’s institutionalization followed the same path.

2. Kenyan dynamics: pluralistic frames.

In Kenya, the same evolution occurs: the first attempts framed the issue in religious or moral concerns, but faced high resistance. The issue is set on the agenda within a health frame, as in Mali. But then, contending frames were mobilized by important actors and help reshape the issue in terms of human rights and gender based violence.

The fight against FGM emerged violently in the pre independence period. Protestant missionaries supported by colonial government in Nairobi, lead a campaign against the practice in the Central Region, and especially the Meru district, tough it also has been diffused to other part of the country, such as the Western region. This period (1920s-1950s) is often referred to as the “FGM controversy”. It plays a key role in the emergence of anti colonial movement and emergence of nationalism. For instance, in 1920 the Kikuyu Central Association (KCA) is created by J.Kenyatta: FGM is an issue that helps raise the question of colonial interferences. It encourages people to leave their church and to found some independent ones. In *Facing Mount Kenya* (1930), J.Kenyatta idealizes female circumcision and makes it a sign of kikuyu identity. In the Meru District, the controversy carries on after 1930s while it faded elsewhere. In 1956, Njuri Ncheke (traditional council) condemns the practice. In the context of the Mau Mau rebellion (1952-1956), this decision cannot be implemented and create further resistances. In 1958, the colonial government cancels interdictions saying that they are “deeply rooted and acceptable customs” (National Plan for the Eradication of FGM, 1999-2019, p 13). Those first campaigns dramatically mark the fight against FGM in Kenya (and abroad).

From 1960 to 1980s, there is a huge period of silence. Even local women’s organizations, such as the National Council of Women in Kenya, do not raise the question13.

The question is reintroduced in 1982, when the president D.A.Moi makes a public statement (known as “presidential decree”) against the practice, framing the issue in rather moral and paternalist tone: “if I hear a person circumcising a girl in the district, he will be on fire”. He makes similar statements in 1986 and 1998. It leads to violent reactions: the Family Planning

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13 See for instance their denial during the Copenhagen conference (presented in the previous section).
Association of Kenya reports that massive circumcisions have occurred after the declarations. Thus it doesn’t help mobilizing other actors: the civil society remains silent. In 1982, the Director of Medical Services introduces a circular against the medicalization (the same year, the WHO takes a firm stand against it), but it has never been implemented. It’s only in the 1990s that the fight is really reintroduced as political opportunities are opened, as for the Malian case. The question of FGM is managed by the Ministry of Health (MOH) which presents a National Plan of Action, 1999-2019. though, it has never been implemented or even publicized. The Division of Reproductive Health is the structure in charge of the question. In the Reproductive Health Strategy (1997-2010), FGM is mentioned as a gender and reproductive health issue. It recommends that a national legislation is introduced. In the context of growing concerns (and funds) for HIV AIDS, FGM is also framed as a risk for HIV AIDS transmission. For instance, in 1996, a motion is introduced in Parliament for a bill against FGM: M.Mwaura (the defender) argues that a law is necessary against FGM as it increases the risk of HIV AIDS (by the sharing of circumcising tools).

In 2001, the Children’s Act is passed and implemented in 2002. It is a very dense text (493 pages) with 14 sections. FGM (referred to as “female circumcision”) is mentioned as a “harmful cultural practices” and punishments are introduced. The issue is there framed as a violation of children’s rights. But this text remains largely unknown, even among health personnel and administrative staff.

In the National Plan of Action for the Eradication of FGM, 1999-2019, gender has been largely mainstreamed. Gender has been set early in the agenda, in parallel with the Beijing conference. In all the major texts on gender, FGM is mentioned. In 2005, an interministerial steering committee on FGM has decided to transfer the question to the newly created (2002) Gender Department, under the Ministry Of Gender, Sports and Social Services (which replaces the Women’s Bureau created in 1975). This department is still poorly operational: is this transfer a way to bury the FGM issue? Or rather a sign of a gender framing of FGM issue?

The pluralistic framing of the issue can be illustrated by the contents of a leaflet (same material as for Mali, cf supra) presenting the National Focal Point on FGM, leaflet sponsored by the government and INGO: FGM is presented with its health consequences, the gender issue it raises, as well as the problem of culture and human rights.

Contending frames?
Yet, even if the gender frame is still at the discursive point; it is also mobilized by a wide range of influential actors among which powerful national and international NGOs fighting against gender-based violence. Many organizations deal integrate FGM in their actions against forced marriages, early pregnancies or girl child education; combining a human rights and a gender approach. Women parliamentarians and ministers (among who Charity Ngilu, Ministry of Health, and Linah Jebii Kilimo, Ministry of Home Affairs) are also quite vocal in this framing.

It is difficult to isolate prevailing frames in Kenya, where all the global frames described seem to be influential at times. For instance, in 1982, the WHO condemns the medicalization of FGM, and the same year a circular is introduced in Kenya. Kenya appears to be prompt to respond to international framing dynamics: no frames are invisible in Kenya, though no one is prevailing. It makes the issue quite confidential, drowned in other priorities with which the issue has been framed: HIV AIDS, gender, education…

We may even wonder if we may talk about “contending” frames here, as they do not really oppose one prevailing approach, but are all mixed together. The consequence is that as frames are shaped in inside/outside interactions, it is possible that learning process does not occur in the Kenyan case, which would explain the extreme fluidity of those frames: they have not reached the stage of maturity we have described earlier.

3. Some points of comparison.

Brief summary of the two cases: convergent and divergent points.

In both cases, first framings did not resonate at the national level: (in Mali), feminist perspective and (in Kenya), moral concerns, led to resistance to pioneers attempts to eradicate the practice.

In both cases, the question was successfully reintroduced in the 1990s, while political opportunity was opened, through a consensual health framing of the issue.

But while in Mali this frames prevails up until now, in Kenya it has been mixed up with other important frames in terms of human rights and gender, mobilizing a large array of influential actors, from government’s officials to civil society organizations. Yet, the pluralistic framing in the Kenyan case actually blurs the issue and makes it difficult to address.

How can we explain these differences in framing?

How can we explain the variations in framings in the Kenyan case, which resembles those of the global dynamics we have described; and the health-only frame in the Malian case?
First, framings variations are made possible in Kenya with greater amplitude because FGM issue is not so contentious than in Mali. Kenya’s prevalence rate (32.2%, KDHS 2003) is one third of the Malian one (91.6% EDS III 2001). What’s more, the practice is concentrated in geographical areas and ethnic groups. Those first two elements make FGM a less controversial and dramatic issue.

Added to that, it is worth noting that part of Kenyan population doesn’t know the practice, or has abandoned it, as it is the case for the middle-class Christian kikuyu majority. The consequence is that the issue of FGM does not raise the question of legitimacy of any public intervention and regulation, as FGM is sometimes viewed as a “foreign” practice.

Whereas in Mali, the fact that one frame prevails over a long period may be explained by the existence of a conservative resistance, led by some Muslim organizations and a portion of the elite as a sign of identity affirmation. Public action requires consensus, and the health frame provides such support. Without this frame, FGM issue would raise too much conflict to be set on the agenda. Variation in framings is limited to inner dynamics (within the dominant health frame) and further variations are constrained by contending pro-FGM frames and the influential coalition who supports it.

This first answer reintroduces the fact that conflict over frames does take place at the national level and are highly dependant upon existing power relations and the way they structure themselves specifically for the issue. K.Sikkink and M.Keck (1998) explains the differences between the success of foot-binding campaigns in China and failure in anti-FGM campaigns in Kenya (both at the beginning of the century) with the key role of emerging (political) oppositions. In the Chinese case, this new movement embraces the idea of fight against FGM as culture was depicted as creating weaknesses of the nation. In the Kenyan case, the emerging opposition, represented by J.Kenyatta, on the contrary stresses the importance of culture as cement for identity. In the first case, the fact that an emerging and important political movement supports the issue made it successful in the end; on the contrary the fact that the emerging power elite resist the issue against FGM led to a failure.

But this first answer also pinpoints the importance of the nature of the frame and its resonance at the national level. “Frame resonance” describes the link between frames’s interpretive work and its ability to influence a broader public understanding. It depends upon inner frame coherence as well as its fit into existing political culture. FGM issue framed as a “maternal health” problem does “resonate” in a social background where woman’s social statute

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14 A concept introduced by D.Snow and R.Bedford, and developed by S.Tarrow.
depends on its reproductive functions and in a political context where some groups are violently opposed to another framing.

The second possible reason, that may explain the variations in framings, deals with the nature of ideational transfer agents; and the nature of their connection at national level in Mali and Kenya. We assume that strong connections with those ideational agents would result in greater permeability to global frame variations, as the Kenyan case illustrate.

To explore this question, we are going to focus on the agents of ideational transfer. In the first two sections, two categories of actors emerged: networks of different actors at different levels, and among them the importance of International NGOs. Some authors linking collective action to international relations have developed different concepts of networks concerning global issues. In the next section, we will explore the nature of ideational transfer agents, and will ask if they are actually embodied by those kinds of networks? And what is the impact for national framings of the issue?

III- IDEATIONAL TRANSFER AND TRANSNATIONAL ADVOCACY NETWORKS.

The frames that we describe in the previous sections do not float into the air. Who produces and transforms them? How are they diffused? It requires identifying ideational transfer agents. In this section, we will present two main ideas: first, transnational advocacy networks are important agents of ideational transfer. They act as “forums” for the negotiation of meaning. Secondly, Mali and Kenya are not integrated, associated or even linked to those transnational networks the same way, which, we assume, may help explain variations in framing dynamics.

1. Networks, non state actors, transnational relations and ideational transfer.

The presentation of anti FGM framing dynamics both at the global and local levels (Mali and Kenya), has left some important questions unanswered or partially answered: how new issue got into the international agenda? Who frame them? How are they disseminated? Why do some framing prevail on others?
As P.Haas puts it: “the ideas would be sterile without carriers, who function more or less as cognitive baggage handlers as well as gatekeepers governing the entry of new ideas into institutions” (P.Haas, 1992, p 27).

Three sets of answers must be combined: transfer agents take the form of networks, packed with a great number of non state actors, and built at the transnational level.

*Ideational transfer agents are organized in networks.*

Different works have revealed the role of networks as channels for political transfer. They are influenced by literature on networks at the domestic levels (interest groups, iron triangle, advocacy coalitions…) which states that: “small networks of policy specialists congregate to discuss specific issues, set agendas, and formulate policy alternatives outside the formal bureaucratic channels, and they also serve as brokers for admitting new ideas into decision-making circles of bureaucrats and elected officials” (P.Haas, 1992, p 31).

Thinking in terms of “networks” allows a more dynamic perspective of transfer, presenting it as the result of dense interactions between a variety of actors (states, international organizations and non state actors).

What bounds networks together is “a shared problem, on which there is an exchange of information, debate, disagreement, persuasion and a search for solutions and appropriate policy responses” (D.Stone, 2004, p 560). Though this is a definition a minima, defining “issue-based network”. An important point of discussion lies in the description of the “bound” of those issue networks. In epistemic communities (P.Haas, 1992), networks members share technical knowledge: “an epistemic community is a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue-area” (P.Haas, 1992, p 3). This definition excludes activist: epistemic communities are therefore more closed than advocacy coalitions whose members share ideas and values (P.Sabatier, 1999; M.Keck and K.Sikkink, 1998). They must also be distinguished from social movements which are based on a shared notion of social change (D.Della Porte, S.Tarrow, 2005; J.Smith, C.Chatfield and R.Pagnucco, 1997).

One of the main activities of those networks is framing. It implies a “conscious strategic effort by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action” (M.Keck and K.Sikkink, 1998 citing Mc Adam and McArthy, and Zald, p 3). Members network make an important interpretative work and shape cognitive and normative frames for an issue, with the strategic use of information shared among members. Thus they may help reframing international or domestic debates, changing
their terms, as well as the configuration of participants. Those networks are channels through which ideas circulate and new transformative and mobilizing ideas get their way into the decision making process. Framing is also a power (B.Deacon, 1997) which can compensate materially less powerful actors in the international system (T.Risse, 2000).

Non state actors prevail in those networks.

Most of the literature on political transfer focuses on official agencies (bureaucrats, politicians, and government experts), while international organizations and non state actors are also key agents. Non state actors may be very influential in agenda-setting when they are part of transnational advocacy organizations (M.Keck and K.Sikkink, 1998).

Non state actors are either NGOs or social movements, think tanks, foundations, university, trainings institutes, consultants… They have shown to be dominant in the “soft” part of policy transfer (the “hard” part being dominated by official state actors) where they manage to influence public opinion and policy agendas. They help making issue framed in such a way that it “resonates”, so that the public can understand and respond.

Among them, NGOs appear to play a key role. An important literature reports the considerable growth of NGOs. Though, this term is very confusing as there are as many definitions of NGOs as NGOs… In international law, NGOs does not have a meaning apart from the domestic ones, which are very diverse. Considering NGOs as domestic or international actors is sometimes a very difficult task.

They organize at a transnational level and create “forum” for the negotiation of meaning.

Many networks tend to operate at the transnational level.

Transnational relations were introduced in the 1970s (especially with: R.Kehoane and J.Nye, Transnational relations in world politics, 1979) in international relations’ studies as a stand against realism and state-centred analyses. T.Risse Kappen has renewed the approach in 1995. He defines transnational relations as “regular interactions across national boundaries when at least one actor is a non-state agent or does not operate on behalf of a national government or an international organization” (T.Risse-Kappen, 1995, p3). Two elements caracterized transnational relations: relations beyond national borders and participation of non states agents. Relations may be quite informal, but the most institutionalized form of transnational relations is international NGOs.

In the case of transnational networks, ideas circulate through conferences, journals, research, and collaboration across borders as well as informal contacts. Networks influence is
constrained by various conditions, and is varied: from agenda-setting or issue creation; to influence on discursive positions (states or international organizations); influence on institutional procedures; up to policy change and influence on state behaviour (M.Keck and K.Sikkink, 1998, p25).

Placing ideational transfer in the hands of transnational agents, organized in networks, has considerable implications for the understanding of interactions between donor and recipient agents. Framing is not the monopoly of powerful (western) actors who would transfer their worldview through different mechanisms. Instead, transnational advocacy networks are “valuable space for the negotiation of meanings” (M.Keck and K.Sikkink, 1998, p 215). Those networks can be described as “forums” (B.Jobert, 1994) which are site for debates and controversies in order to build a common language. Negotiation for framing is an important part of the political learning in those networks, which also takes the form of normative shifts. This approach renewed the hierarchical vision of political transfer. It opens spaces for developing countries, or at least some key actors (part of the transnational advocacy networks) to participate to ideational transfer. “Western human rights norms have indeed been the defining framework for many networks, but how norms are articulated is the transformed in the process of network activity” (M.Keck and K.Sikkik, 1998, p 211). Frame disputes that we have described earlier are key elements to understand the negotiation within networks. Yet three limits must be noted. First, transnational advocacy networks also reflect the distribution of power in the international system. It means that asymmetries of power also occur within the network making participation more relative. Secondly, are transnational advocacy networks opened? How can agents participate into them? Who are the members from developing countries?

In the last part of this communication, we will concentrate on one type of global issue networks as ideational transfer agents for FGM issue: transnational advocacy network (TAN). Indeed, mobilizations against FGM do indeed involve networks at different levels and with a variety of members which help framing the anti-FGM issue. Yet, those anti-FGM networks are neither based on a shared will for social change, nor on a shared technical knowledge (though some of them may be influential), but they organize rather “intermediate flexible actors” (B.Deacon, 2004 p 14) sharing some ideas and values concerning FGM issue.

2. TAN and variations in framing dynamics in Mali and Kenya.
The first step is to identify TAN: how are anti FGM mobilizations organized in networks? Who are they? What is their influence in framing? Do they conform to the definition of TAN? Then, we will try to identify key factors explaining the variations in framings dynamics between Mali and Kenya by exploring two hypothesis: domestic connections to TAN and “domestic structures” (T.Risse-Kappen, 1995).

TAN, anti-FGM mobilizations and framings.

Diverse networks, whose members are national, international and transnational; individuals or organizations; influence the anti FGM framing process at different times.

The first anti FGM coalitions emerges during colonial period: for instance, in Kenya in 1920s-1930s a coalition made of protestant missionaries, government officials and women parliamentarians in Great-Britain takes the lead in eradication efforts. In West Africa, in the 1950s, women also organize in networks and address FGM as for instance the Union of Women in West Africa (UFAO). But in both cases, those early coalition failed to introduce a frame which would “resonate”.

The most important networks which constantly address FGM, though they are not focused in the issue, are feminist networks. They have been very influential since the 1970s to raise awareness, as WIN (Women International Network) News illustrates.\textsuperscript{15} FGM issue benefited from their existing networks. Their influence is mainly channelled through active and visible participation into international conferences, among which Copenhagen and Beijing are the most important in terms of the feminist frame’s impact. They also organize through powerful INGOs such as RAINBO (Research Action Information Network for the Bodily Integrity of Women) or foundation such as the Forward Foundation for Women’s Health where research is also an important way of influencing anti-FGM global framings.

In 1977, a network of NGOs which have the consultative statute at the UN Economic and Social Council is created under the NGO Special Committee on the status of woman: NGO Working Group on FGM. It is a key agent for agenda-setting in the 1980s. Indeed, it leads an important lobbying activity during WHO Annual Assembly, UNICEF Board Meetings, sessions of the UN Commission on Human Rights and Commission for the Status of Women. And it has been successful: during the drafting of the UN Convention for the Children’ Rights, it advocates for the integration of article 24.3 concerning the protection from harmful practices affecting children’ health. The lobby towards UN Commission on Human Rights has

\textsuperscript{15} cf supra for details.
led to a resolution in 1984 which settle a Working Group of experts on FGM (including WHO, UNICEF and UNESCO). They first meet in 1985, and the first report is launched in 1986: as a result, the Commission issues a new resolution calling for legislation and policies against FGM. In 1991, a Special Reporter on FGM is nominated. In 1984, it also helps create (with the support of WHO, UNFPA and UNICEF) the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), which is now a powerful network.

More recently, lot of networks have been created, sometimes regrouping specific actors beyond borders: in 2001, the Donors Working Group on FGM meets for the first time. Participants are UN agencies, World Bank, government’s cooperation (GTZ, US Aid, UE...) and foundations. They monitor programmes and try to coordinate their aid. There is also a regional network of African parliamentarians who share experiences of legislation process. There is also transnational campaign which eventually creates network: as this is the case for the Stop FGM Campaign, launched from Italy in 2004, sponsored by AIDOS, NPWJ (both international NGOs based in Italy) and the EU, and supported by UNICEF. It focuses on 6 different countries in Africa where huge conferences are organized to encourage legislation and active policies. Emma Bonino, euro parliamentarian, is the leader of this network.

Among these networks (whose list is not exhaustive), one transnational advocacy network is of particular interest: the IAC. Despite its regional statute, it has ties in national, regional and international levels. In 1984, in the inaugural conference, a call for national committees against FGM is launched. In the following years, national committees have been established in different African countries, as well as in Europe. Those groups have proved to be quite important in national mobilizations against FGM. For example in Mali: the COMAPRAT has helped socializing the pioneers of the fight in Mali, who have then created their own organizations which are now the leader in Malian mobilization. The IAC has championed anti-FGM work through regional conferences, educational effort, advocacy and research at the national, regional, international and community levels. It is chiefly the efforts of this network that has led to adoption of the term “FGM”\textsuperscript{16}. In February 2003, during its General Assembly, a national day for “Zero Tolerance on FGM” is launched and recognized by the UN General Assembly in October the same year. This day is celebrated mainly in western Africa: it aims at making efforts for the eradication visible and encouraging government’s commitment.

\textsuperscript{16} Declaration on the terminology FGM, 6\textsuperscript{th} IAC General Assembly, 4-7 April 2005, Bamako
Those TAN participate to the shaping of anti-FGM framings, both at international and national level through transfer. But other (classical) actors are also involved in this shaping: international organizations and states. Framing is the result of complex interactions: have TAN a key role in national framing dynamics?

*Mali and Kenya connections to TAN, and the role of “domestic structures”.*

What can explain variations in framing dynamics in Mali and Kenya?

We argue that (1) domestic connections with TAN may enhance ideation transfer and that (2) “domestic structures” do matter. We are going to explore those two hypotheses in Mali and Kenya.

- *1st hypothesis: domestic connections with TAN enhance ideational transfer.*

Kenya presents many factors creating a potential for a relatively high degree of connections with TAN. First, lot of INGOs are physically located in Kenya. Indeed, it is a stable state in the sub-region and many foreign country offices are actually in Nairobi. Secondly, Kenya frequently hosts international conference and seminars (the next World Social Forum in 1997 is in Nairobi; in 2004 it hosted an international conference on FGM) which allows direct contacts with regional and international actors, and sharing of information… Thirdly, the civil society sector is highly professionalized: NGOs personnel have generally a master’s degree or equivalent and experiences in many structures. They can easily move to international NGOs. Thus, the first hypothesis seems to be relevant: important connections with TAN may explain the permeability to global framing dynamics in Kenya.

On the other hand, Mali is somehow connected to TAN, despite lack of required resources (position and legitimacy in the international system, trained staff able to straddle): for example Mali is quite active in the IAC, a major TAN. Yet, connections with TAN do not favour permeability to global framing dynamics: the hypothesis is irrelevant here. Why?

First, Mali seems to be connected with specific TANs that are not very influential in global framing dynamics, but are rather dominant at the periphery of the international system, as for the IAC for instance. This IAC is a key actor but in the francophone area. Is there a divide between francophone leading TANs and anglophone ones, possibly more powerful into the international arena? This is a question that requires further research.

Secondly, domestic connections to TANs in Mali are channelled through individuals rather than organizations. The individuals involved in the process can hardly be described as national any more: they are pure product of the TANs, with lack of legitimacy at the national
level. This is the case for major women leaders in pioneer’s anti-FGM organizations whose connections with TANs have been turned into disconnection from domestic “resonance”.

Thirdly, this first hypothesis may be not sufficient.

- 2nd hypothesis: “domestic structures” can prevent, limit or make possible ideational transfer.

The second hypothesis is derived from T.Risse-Kappen’s concept of “domestic structures”. The author wonders what may explain transnational coalitions’ success or failure to change policy outcomes in specific issue-area. He argues that the impact on national policies is likely to vary according to: (1) “differences in domestic structures, i.e. normative and organizational arrangements which form the “state”, structure society and link the two in the polity” (T.Risse-Kappen, 1995, p 6); and (2) degree of international institutionalization of the issue. Yet, this second factor is irrelevant for us here, as it aims at comparing impact of transnational coalitions depending on the issue. In similar international context, as it is the case when we compare Mali and Kenya, the first factor prevails. What do domestic structures mean? "Domestic structures encompass the organizational apparatus of political and societal institutions, their routines, the decision-making rules and procedures incorporated in law and custom, as well as the values and norms embedded in the political structure” (T.Risse-Kappen, 1995, p 20). How do these elements influence impact? First, domestic structures provide (or not) availability of channels for transnational actors into the political system: when state is fragmented and civil society well organized, the coalitions are likely to have great impact. Secondly, impact requires also participation (or creation) of winning coalitions for policies change.

K.Sikkink (2005) adds that domestic structures also vary according to the issue at stake. For instance, she explains that anti-abortion campaign in Latin American have little impact “because of political and moral power and influence of the Catholic Church, domestic policy in Latin America have been closed to activism on the issue” (K.Sikkink, 2005, p160).

In the same vein, B.Deacon explains the pace and direction of social policy reform in eastern Europe, in a context of pressure from the international financial institutions for privatisation: by “the presence or absence of a leading national political actor in favour of neoliberal reform (B.Deacon, 1997, p 6), the degree of economic dependence and the density of networks between ministries of finances and experts of the World Bank. Those factors reintroduce the idea that institutional and political “make up” do matter as well.
In our case, what is at stake is indeed the degree of domestic openness regarding the specific issue-area, as reflected in the presence of (or possibility for creating) a winning coalition, i.e. having sufficient political actors in favour of policy change.

In Kenya, such a coalition is made available. Many political leaders do favour publicly the eradication of the practice and public regulation of it. There is no strong opposition for this coalition to be a “winning” one. This factor is neutral in the Kenyan case.

But in Mali, domestic political conflicts prevent such a coalition to exist and to be a “winning” one. Domestic structures are somehow closed on this specific issue, such as for abortion in Latin America: a powerful coalition prevents the question to be reframed: health frame creates a (fragile) consensus. Ideational transfer is constrained by domestic configuration of powers.

In brief, variations in framing dynamics depend on connections with TANs, but also on the very nature of this connection (What TANs ? Who is connected at the domestic level?); as well as “domestic structures” (opened or closed over the specific issue). The Kenyan important variations of framing is the result of important connections with TANs and opened domestic structures for the FGM issue. On the contrary, weak variations in Mali may be explained by domestic structures being rather closed on FGM issue, despite relative connections with TANs. In other words, connections with TANs alone, though important, cannot explain the variations in ideational transfer. Domestic structures do matter.

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CONCLUSION:
TANs and cognitive processes as a chance for developing countries to compete in negotiations for meanings?

In this communication, we have explored to what extent the competition of contending cognitive and normative frames, shaping anti-FGM policies, interact or react to global framing processes. We have demonstrated that ideational transfer leads to different framings of national policies in Mali and Kenya. Understanding those differences implies to focus on the nature of transfer agents. We have argued that transnational anti-FGM advocacy networks are key agents for the circulation of frames. Domestic connections to those TANs may be interpreted as opening space for local actors to have a voice in the negotiations for meanings.
Yet, cases study has revealed that participation with those TANs increases interactions at different level, but also permeability to global frames, as for Kenya. Yet non participation or incomplete one does not help producing alternative frames, but only resisting to global ones, as for Mali. However, policy change cannot be understood without references to “domestic structures”. If participation to TANs was being valued at the local political level, it could create some opportunities for developing countries. Indeed, at least one positive feature of participation with TANs is that members, and especially developing countries, may benefit from learning processes operating within those networks (acquiring experience and sharing information). As S.Page (2003) argues for developing countries participation to trade negotiations, it may progressively enhance their capacity to develop their position, i.e. alternative frames. The sharing of cognitive processes in the TANs is a point that requires further research in order to understand if it is a chance for developing countries to compete in negotiations for meanings.
REFERENCES:


PAGE, S. (2003), Developing countries: victims or participants? Their changing role in international negotiations, Overseas Development Institute, 2003, 13p.


