

Transnational Mobilization against Female Circumcision

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The procedure commonly referred to as female circumcision is known to have been practiced since the fifth century B.C. The procedure is regularly practiced in 25 countries and by a majority of families in 14 countries, which are predominantly in Asia and Africa. Approximately two million girls each year are at risk of undergoing female circumcision. There are severe implications for the health and equality of women who undergo the procedure. Therefore, political entrepreneurs have been mobilizing against female circumcision since the early 1970s. International governmental organizations, non-governmental organizations and states have joined the movement over the last 30 years causing it to gain significant momentum and potential. This paper, after considering the practicing populations' justifications for female circumcision, makes recommendations for further action by the movement. It proposes that movement actors must get beyond the rhetoric surrounding female circumcision, and not take a patronizing approach to people who support the practice. Additionally, further efforts should be made to include activists in local populations and religious authority figures within the Islamic community in the transnational movement against female circumcision. This paper concludes that not until movement actors try to get inside the mindset of the supporters of female circumcision will they have significant success in eradicating the procedure.

Introduction

The procedure commonly referred to as female circumcision has been practiced since the fifth century B.C. (Kouba & Muasher, 1985). Female circumcision is practiced regularly in 25 countries and by a majority of families in 14 countries, which are predominantly in Asia and Africa (Boyle, 2002). In 1998, an estimated 136,797,440 women in Africa had been circumcised (Kissaakye, 2002). It is currently believed that two million girls each year are at risk of undergoing the procedure (Kissaakye, 2002). The issue is controversial on many levels. Those involved in the movement against female circumcision claim that the procedure inhibits a woman's right to equality, to life, and to health (Kissaakye, 2002). In order to acknowledge the broader implications of female circumcision and to unite the movement with other practices, such as domestic violence and rape, that have similar implications, the movement against female circumcision has recently become aligned with others who are working to eradicate violence against women (Keck & Sikkink, 1998). This movement was legitimized by the change in framework and as a result has become more inclusive of a larger number of groups, specifically African feminists.¹

There are questions of national sovereignty raised in discussions of transnational movements. The notion of sovereignty, at one time associated with the king and his connection to a higher being, has now become a nation-state's right to control its own economy and the social lives of its people without external influence (Boyle, 2002). In 1948, the Universal Declaration of Human Rights (UDHR) supported state sovereignty with the exception of human rights, which were narrowly defined at that time. The UDHR has been repeatedly reinterpreted since then. Female circumcision was not recognized as an international human rights issue from 1948 to beyond the 1975 First World Conference on Women. From the late 1970s until the mid 1990s, the mobilization against female circumcision had clearly

surfaced but was restricted to discourse surrounding the health implications of the practice (Boyle, 2002). Since the mid 1990s, gender equality has reached the global agenda through the impressive efforts of a transnational mobilization for women's universal rights (Rahman & Toubia, 2000).

This paper seeks to describe the politics of discourse both inside and outside of the movement, explain the rationales for female circumcision, analyze the structure of the transnational movement against female circumcision, and make structural and theoretical recommendations for further action against the practice.

The Politics of Discourse

Female circumcision is known by many names, each of which represents the same practice but generates varying responses.² Those against female circumcision generally refer to the procedure as 'female genital mutilation' (FGM).³ This phrase is meant to indicate that the practice is dissimilar to male circumcision and permanently scars the vagina. The word 'mutilation' also implies that the procedure, contrary to traditional justifications, destroys rather than corrects or purifies the vagina. The benefit of this phrase, as well as its acronym (FGM), is that it is widely understood among the actors in the transnational movement against female circumcision. This phrase is problematic, however, because it alienates the people who participate in and support the practice from the movement (Rahman & Toubia, 2000).

'Female genital cutting' is a more recent phrase used to describe the process. The phrase was meant to separate the procedure from male circumcision while maintaining a more neutral tone (Boyle, 2002). Though this could be seen as a benefit of the phrase, it is not always understood among African feminists. When attempting to share her research among other women's organizations, Elizabeth Boyle received a letter from the Women's International Network indicating that the phrase caused confusion.

Fran Hosken sent this letter to notify Boyle that the correct phrase was female genital mutilation.⁴ Further, the phrase 'female genital surgery' was developed for similar reasons as 'female genital cutting'. In addition to its neutrality, it was intended to indicate that similar to cosmetic surgeries in the West, female circumcision is an unnecessary surgery performed and perpetuated as a result of gender inequality. This phrase is problematic because it is not widely recognized. It seems that coining the perfect term with which to describe the problems with the procedure, while not ostracizing the people who practice the procedure, and ensuring that everyone understands and agrees with the rhetoric is difficult and has yet to be accomplished.

People who practice or are in support of female circumcision have many different terms for the procedure depending upon the region or culture in which they live and the language they speak. *Tabur* is an Arabic word sometimes used to describe the procedure. *Tabur* is a variant of the word *tabara*, which means purification (Boyle, 2002). Female circumcision is also referred to as *sunna*,⁵ which means tradition (Boyle, 2002). It is evident that the discourse for the procedure varies according to the ideas that one associates with the action.

Throughout this paper, I will continue to use the phrase 'female circumcision' to represent the procedure. While the term circumcision is inherently problematic due to its application to male circumcision, it appears to be the only relatively neutral term that is recognized by both people who oppose and support the procedure. The actors within the movement now agree that the procedure is unlike male circumcision; it is harmful to a woman's health, and is suggestive of her inequality, thus the emphasis should be placed on how to communicate effectively with people who support the practice. For this reason, female circumcision is a justifiable term.

Background and Current Justifications

Medical Procedures and Implications

There are five levels of female circumcision: mild sunna, modified sunna, clitoridectomy/excision, infibulation/pharaonic circumcision, and introcision. Though each, with the possible exception of mild sunna, permanently damages the female sexual and/or reproductive organs, the different levels vary in the amount of damage caused to the woman, with mild sunna⁶ being the least extreme of the levels and infibulation⁷ being the most harmful (Kouba & Muasher, 1985). Introcision is the enlargement of the vaginal opening generally performed before intercourse or childbirth (Toubia, 1995).

There are varying health implications, depending upon the level of circumcision (Toubia, 1995). In some cases, women die from tetanus or blood poisoning due to equipment that is not sterilized or the dirt or animal excreta placed on the wound to stop the bleeding (Asefa, 1998). Other complications include: pain, urine and menstrual retention, hemorrhaging, fever, shock, urinary track infections, chronic pelvic infections, stones in the urethra

or bladder, fistulae between the bladder and the vagina or between the rectum and vagina, malformations, cysts, obstructed labor, painful intercourse, and (debatably) lack of orgasm (Rahman & Toubia, 2000). Rahman and Toubia (2000) describe a few psychological effects when they write, "Girls have reported disturbances in eating, sleep, mood, and cognition shortly after experiencing the procedure. Many girls and women experience fear, submission or inhibition and suppressed feelings of anger, bitterness or betrayal" (Rahman & Toubia, 2000, p. 9). The psychological effects of the procedure are little known, but clearly cause for concern.

The Procedure

Girls who live within a culture or region where female circumcision is prevalent are most often circumcised between the ages of four and twelve, though the range is between infancy and sixteen years old (Toubia, 1995). Most girls who undergo female circumcision are not informed of the specificities of the procedure, nor are they told about the consequences and health implications (Hosken, 1995). The majority of the practitioners are village midwives who generally use one of the following instruments: an unsterilized knife, a razor blade, scissors, a sharp stone, or a broken piece of glass (Kouba & Muasher, 1985). The practitioner is most often paid and holds a position of status in the village. Less often, among wealthier Africans who support female circumcision, the procedure takes place in a hospital with anesthesia and sterilized equipment (Kouba & Muasher, 1985). There is frequently a celebration that takes place after the procedure (Gruenbaum, 1982). The circumcised girl, however, does not participate in the celebration. Immediately after the procedure, the young girl's legs are tied together and she is bed ridden for an average of one week (Hosken, 1995).

Justifications

In order to mobilize against the practice of female circumcision, movement actors must understand what they are mobilizing against. One must know the reasons given in support of female circumcision in order to effectively mobilize against the practice. Rahman and Toubia (2000) suggest that the justifications can be grouped into four categories: custom and tradition, women's sexuality, religion, and social pressure. I would suggest the following as the fifth and sixth categories: women's economic dependence on men and the importance placed on the institution of marriage within the cultures that female circumcision is practiced.

Many supporters of female circumcision contend that the procedure is a cultural tradition with which Westerners should not interfere. Women who are circumcised are viewed as more feminine; thus circumcision is believed to be a rite of passage into adulthood (Kissaakye, 2002). In an interview, Halima, a traditional Muslim Egyptian, woman advocates female circumcision for this reason

when she explains, “Excision is important for all women so there is no confusion between the sexes....I now have three daughters and of course they will be excised to make them into real women...No one wants girls who are like boys” (Hosken, 1995, p. 57). Notably, the notions of femininity are hegemonic and perpetuated by the women as well as the men in the cultures that support female circumcision. The matter is not as simple as men oppressing women.

Female circumcision is sometimes used as a method with which to control women’s sexuality and is inaccurately believed to increase their fertility (Gruenbaum, 1982). First, the procedure is thought to protect the virginity of the woman. Notably, the guaranteed virginity of the woman fetches a larger bride price for her father (Kissaakye, 2002). Halima describes the deflowering ceremony when she says, “My husband deflowered me with a finger wrapped in a handkerchief. The bloody handkerchief was then shown to all the relatives waiting outside our bed chamber, including all my brothers” (Hosken, 1995, p. 57). Next, it is believed that female circumcision helps to contain a woman’s sexual desire and thus prevents her from cheating on her husband (Kissaakye, 2002). Halima demonstrates her support of containing girls’ sexual desires when she claims, “Girls who are not excised are wild, they run around and are always excited....no one wants hypersexual girls” (Hosken, 1995, p. 57). Here again is evidence that the need to control women’s sexuality is internalized among the women in the culture. In addition, female circumcision is thought to increase a woman’s fertility. In communities that support female circumcision and emphasize the importance of lineage, it is clear that this particular belief is significant in perpetuating the practice.

Female circumcision is sometimes performed for religious reasons, most often among Islamic societies (Williams & Sobieszczyk, 1987). Many supporters of female circumcision believe that the procedure is an Islamic requirement and that Allah will not hear the prayers of women who are not circumcised (Kouba & Muasher, 1985). There is no such requirement indicated in the Koran but the Prophet Mohammed is argued to have suggested that people circumcise but not destroy the clitoris. Whether or not female circumcision is a requirement is a contested topic in the Islamic community (Boyle, 2002). Rahman and Toubia (2000) explain that “during the International Conference on Population and Reproductive Health in the Muslim World at Egypt’s Al Azhar University...it was agreed that female circumcision was the result of misunderstandings of Islamic provisions” (Rahman & Toubia, 2000, p. 6). Many argue that Islam is the most important factor perpetuating female circumcision (Williams & Sobieszczyk, 1987). Moreover, it is evident that the Islamic community could play a central role in the mobilization against female circumcision.

In cultures or regions in which female circumcision is prevalent, social norms perpetuate the practice. Within

these regions or cultures, the general thought is that uncircumcised female genitals are dirty or poisonous, and female circumcision is needed to purify the woman (Kissaakye, 2002). Even if this view is not internalized, many feel pressured to undergo or support the procedure so as not to be different. The following demonstrates the sense of shame experienced by the outsider:

While out herding, the girls would talk among themselves about their circumcisions and compare who had the smallest opening. Since she had not been infibulated yet, Anab always felt ashamed that she had nothing to show the others...One day she finally snapped and, taking a razor and string from her home, she went to an isolated spot where she tied a string around her clitoris and, pulling the string with the clitoris, tried to cut her clitoris with the other (Asefa, 1998, p. 98).

In addition to the shame experienced by the young girl, parents are driven by the pressure of social norms to have their daughters circumcised. In communities where female circumcision is prevalent, choosing not to circumcise a daughter may result in the isolation of the family from their community (Rahman & Toubia, 2000).

Economic dependence and the importance placed on the institution of marriage are also central to the perpetuation of female circumcision (Sargent, 1991). In countries where female circumcision is performed, the societal importance placed on marriage and the economic dependence of women on men perpetuate the practice. Most men in these communities prefer that their wives be circumcised because the practice is regarded as a social norm and cultural tradition, believed to increase men’s sexual pleasure, and thought to control women’s sexuality (Rahman & Toubia, 2000). Therefore, to ready their daughters for marriage, parents adhere to and generally celebrate the process. Women in these communities often have no property rights, little education, and limited opportunity outside of marriage (Asefa, 1998). In most cases, when women become more economically independent, the emphasis on marriage is lessened.⁸ Therefore, the burden of female circumcision may also be alleviated with women’s economic independence.

Analysis of Transnational Mobilization

Female circumcision began gaining attention from Western feminists throughout the 1970s. As the movement against female circumcision included more actors and organizations, the momentum increased and national policies banning the procedure began to emerge. Throughout the remainder of this section, Margaret Keck’s and Kathryn Sikkink’s transnational advocacy model will be employed to examine and understand the potential of the international mobilization against female circumcision.

What Is Transnational Advocacy?

Transnational advocacy is the organization of various networks characterized by horizontal patterns of

communication and information exchange. Advocacy networks are unique because “they often involve individuals advocating policy changes that cannot be easily linked to a rationalist understanding of their ‘interests’” (Keck & Sikkink, 1998, p. 9). In short, activists advocate an idea, generally on the behalf of or for the well-being of others. Beginning in the second wave of feminism, Western feminists argued that female circumcision was a method with which to systematically oppress women and perpetuate patriarchy (Boyle, 2002). This is based on the premise that women and men should have equal rights and that there are certain universal human rights that should supersede cultural beliefs or norms. Notably, African feminists were also opposing female circumcision during this time but did not get the attention of international governmental organizations (IGOs) or non-governmental organizations (NGOs), much less of the state (Boyle, 2002).

Who Are the Actors Involved in Transnational Advocacy Networks?

The actors directly involved in transnational advocacy include political entrepreneurs, NGOs, IGOs, and states.⁹ The political entrepreneurs are individuals, located either inside or outside of the state, who advocate a policy by networking with others on behalf of that policy and invest their own resources while so doing (Kingdon, 1995). The political entrepreneurs who initially mobilized against female circumcision in the United States include: Fran Hosken, Mary Daly and Gloria Steinem (Boyle, 2002). These policy entrepreneurs framed the issue as a women’s rights concern. Fran Hosken, who coined the phrase ‘Female Genital Mutilation’, exemplifies the entrepreneurs’ thoughts regarding the issue and their use of extreme rhetoric when she claims that

men in Africa, whether illiterates or intellectuals, know very well that they derive power from castrations of women’s sexuality. It is a matter of political control. The fear of female sexuality is after all shared by men around the world (Boyle, 2002, p. 4).

Although not all actors in the movement subscribed to such beliefs, the policy entrepreneurs appeared radical in thought and rhetoric.

Next, there are several NGOs involved in the transnational movement against female circumcision. NGOs are, in theory, independent from the state and thus have more freedom than IGOs in constructing the mobilization framework (Boyle, 2002). Amnesty International, the Women’s International Network, Women’s Caucus of the African Studies Association, Les Femmes Voltaïques, International Planned Parenthood Federation, Inter-African Committee on Traditional Practices, and Research Action and Information Network for the Bodily Integrity of Women (RAINBO) are among the NGOs involved in the transnational movement against female circumcision.

Unlike NGOs, IGOs are inherently attached to nation-

states for their own existence thus their approaches are less radical than NGOs’ approaches (Boyle, 2002). IGOs central to the transnational movement against female circumcision include: World Health Organization (WHO), United Nations Children’s Fund (UNICEF), United Nations Development Fund for Women (UNIFEM), United Nations Development Program (UNDP), United Nations Economic Commission for Africa (UNECA) and United Nations Family Planning Association (UNFPA).

How Do Transnational Advocacy Networks Emerge?

Transnational advocacy networks emerge when communication channels between a group or faction and their government get blocked, political entrepreneurs believe that networking will further their cause, and conferences or other international gatherings for the purposes of information exchange create an avenue with which to strengthen the network (Keck & Sikkink, 1998). In the case of female circumcision, it seems that the transnational advocacy network was the result of political entrepreneurs and international conferences rather than from a communication blockage. While it is true that the communication channels between African feminists and their respective governments were blocked, Western feminists were not acting on behalf of their African counterparts. Rather, there appear to have been two parallel and separate movements (Boyle, 2002). While Western feminists began a movement in the 1970s, a grassroots movement emerged around the same time. Nor could one accurately argue that there was an explicit information blockage between the girls being circumcised and their governments.¹⁰ As previously stated, the idea that the female circumcision is necessary and beneficial is often internalized by those who live within the communities where it is practiced.¹¹

Western feminists believed that networking with NGOs and IGOs would help to raise international awareness and initiate international agreements and governmental policies against female circumcision (Keck & Sikkink, 1998). Their rhetoric may have been responsible for both their success and their downfall. On the one hand, the rhetoric was successful because it was shocking and gained international attention. On the other hand, the rhetoric employed was a failure because it did not immediately convince IGOs of the need to acknowledge the gender oppression associated with the procedure as problematic and under international jurisdiction (Boyle, 2002). It also initially turned African feminists away from the mainstream movement and arguably may have turned Islamic religious leaders and men away from becoming political entrepreneurs (Boyle, 2002). In the late 1970s, IGOs, such as the WHO, became involved with female circumcision as a health issue. Health issues, unlike equality issues, were viewed as apolitical and therefore not intruding on sovereign autonomy (Boyle, 2002). In the mid 1990s, female circumcision became recognized in the movement as a perpetuation of gender inequality where it was integrated into campaigns to eradicate violence

against women (Boyle, 2002).

When conferences were organized, international norms began to change and the transnational movement against female circumcision gained momentum (Boyle, 2002). From 1975 when the issue of female circumcision began to attract international attention to 1995 when cultural relativism was rejected in human rights issues at the UN Conference in Beijing, there has been a substantial shift in international norms. At the 1975 UN Conference in Mexico City, Western feminists introduced their concerns to the international arena. There, Western feminists were surprised to discover that their agenda items for the 'UN Decade for Women' did not reflect the interests of all the women present. Nijeholt, Swiebel and Vargas (1998) write, "It was a shock for American feminists to discover that they did not speak on behalf of all women, to be accused of imperialism and of dominating the conference" (Nijeholt, Swiebel & Vargas, 1998, p. 27). It is unclear whether or not the female circumcision debate was a central cause of this disconnect, however, there continued to be a North-South divide at the 1980 UN Mid-Decade Conference in Copenhagen over many issues, including female circumcision (Nijeholt, Swiebel, & Vargas, 1998). This divide was alleviated in the 1980s when movement actors, especially medical practitioners, began to suggest that female circumcision violated a woman's right to health (Boyle, 2002).

The transnational movement's medical view of female circumcision lasted until the 1993 UN Conference on Human Rights in Vienna, where female circumcision was reframed as a women's right to equality issue. Thompson (2002) explains that prior to this conference "the dominant construction of international human rights issue was silent on gender-specific violations, especially in the private or family realm" (Thompson, 2002, p. 102). Interestingly, the WHO, the United Nations Children's Fund (UNICEF), the United Nations Family Planning Association (UNFPA), and the United Nations Development Program (UNDP) issued a statement in 1995 which apologized for their treatment of female circumcision as merely a medical issue (Boyle, 2002). These organizations, which were once hesitant to address female circumcision as a gender equality issue, began to actively join the efforts thereof in the mid and late 1990s (Boyle, 2002).

The focus of the female circumcision debate shifted with international norms. Movement actors strategically framed female circumcision as a form of violence against women in the 1990s because other forms of violence against women that occur in the *private* sphere were gaining attention from the international community. In short, as international norms shifted from the 1970s through the 1990s, largely as a result of the international conferences, the transnational movement against female circumcision gained momentum. Likewise, as the transnational movement against female circumcision gained momentum, international norms shifted.

How Do Transnational Advocacy Networks Work?

Transnational advocacy networks use information politics, symbolic politics, leverage politics and accountability politics to influence policy (Keck & Sikkink, 1998). Prior to 1976, not much was known about female circumcision outside of the regions where it was practiced. By using information politics, specifically by renaming and publicizing the details of the procedure, the political entrepreneurs captured international attention for the issue. In addition, international conferences have been useful arenas in which to share information. Specifically, the information shared by African grassroots organizations was viewed as pertinent to the success of the movement. Second, symbolic politics is also used as a tool to focus attention on the issue.¹² Many Western feminists argue that each female circumcision performed is a focusing event because it "is not just an act of violence. It is an initiation into life-long violence and abuse, including future genital mutilations" (Asefa, 1998, p. 99). The symbolic event is said to be the circumcision itself because it is the gateway to the inferior and unequal existence of women in society. Third, leverage politics include the ability for an organization to call on a stronger organization within the advocacy network, and also the ability to affect the media. For example, in 1998, a UNIFEM grant of \$768,000 was shared with two small NGOs, Program for Appropriate Technology and Health (PATH) and Maendeleo Ya Wanawake Organization (MYWO), to set up a program to empower women and eradicate female circumcision in three Kenyan regions (Boyle, 2002). Financial resources can be considered a form of leverage for smaller NGOs. Finally, accountability politics are central in the advocacy network to make a government accountable after it has "publicly committed itself to a principle" (Keck & Sikkink, 1998, p. 24). For example, if a government ratifies the Children's Rights Convention Treaty but has a high prevalence rate of female circumcision, IGOs, NGOs, and other states work together to put international pressure on the state that is not fulfilling its institutionalized promise.

How Are Transnational Advocacy Networks Effective?

Transnational advocacy networks affect change in many strategic ways (Keck & Sikkink, 1998). First, they have influence because they construct the issue. Potential actors in the movement against female circumcision were initially encouraged to join the movement by a few political entrepreneurs who brought the issue to the surface and constructed a universal rights framework to protect those at risk of female circumcision from bodily harm and provide them with the legal and social rights to equality (Keck & Sikkink, 1998). Second, political entrepreneurs, NGOs, and media campaigns work to change the discursive position of the states and international organization through conferences and treaties (Boyle, 2002; Keck & Sikkink, 1998). Third, the network has had some success in influencing institutional procedures by reshaping previous notions of sovereign autonomy. Institutional procedures of IGOs were

significantly altered when the framework shifted from a health model to a rights model. Fourth, the network has influence because it affects policy change. In addition to international treaties that ban female circumcision, many states have enacted policies that criminalize the practice (Rahman & Toubia, 2000). Finally, transnational advocacy networks have influence by changing state behavior. International pressure is placed on the state to act and become receptive to discourse. Interaction between the states where female circumcision is prevalent and the transnational advocacy network eventually merges ideas and action over time (Boyle, 2002).

Discussion and Recommendations

In order to successfully eradicate the practice of female circumcision, movement actors need to begin considering reasons for the practice, and thinking constructively about the tools they have as a transnational network to address these reasons. In doing so, the people who perpetuate and celebrate the practice must be thought of and treated as people who have their own subjective views and who want what is best for their daughters. Activists must also realize that even if female circumcision is a result of patriarchal oppression, it is a system that has been internalized by the majority of women and men who live in regions where it is practiced. Discourse which continuously blames men and denies the agency of women is counter-productive. Patronizing discourse in general is damaging to the movement's legitimacy as well. The following section examines specific recommendations which a transnational advocacy network can use to combat the justifications for and to alleviate the instances of female circumcision.

First and most important, the movement actors must realize that people's loyalties are not to national policies (Gruenbaum, 1982). While it is necessary to bring states on board through treaties and policies, it is not sufficient. After states commit themselves to the movement against female circumcision, the movement must continue to focus on grassroots mobilization, including the provision of social support networks for the uncircumcised girls. It is at the local level that the most significant changes in attitude occur (Gruenbaum, 1982).

Second, the shift in the movement framework is useful to alleviate the antecedents of female circumcision. At a national level, states should be pressured to ensure that women have equal rights to citizenship. Such rights include but are not limited to the following: the right to own property, the right to employment, and the right to education. Further, local populations, political entrepreneurs, NGOs, IGOs, and states should work together to ensure that women have these guaranteed rights at a local level. This would potentially lessen women's burden of marriage for the purposes of economic stability or necessity.

Third, the movement must become more inclusive. A broader framework and acknowledgement of Western biases was a first step and resulted in the inclusion of many African feminists. Currently, the Islamic community

is central to the movement. Female circumcision is perpetuated by false notions of religious, mainly Islamic, requirements. Various Islamic authority figures have acknowledged that the practice occurs as a misreading of Islam. Islamic religious authorities could have a great impact if they were willing to educate local populations on Islamic and un-Islamic practices. In addition, the Islamic religious authorities could be instrumental in educating local populations about alternative rites of passage, and also in educating men about the dangers of female circumcision.

Finally, voices of effective mobilization strategies must come from local populations and resources should come from the movement organizations around the periphery. The actors who are familiar with the culture of a region are likely to know the justifications for female circumcision within the region and the methods most likely to address those justifications. Such actors should be central players in international conferences and resources should be allocated accordingly.¹³

Conclusion

In sum, this paper has described the transnational movement against female circumcision and, after considering the practicing populations' justifications for female circumcision, made recommendations for further action by the movement. Even though movement actors - including political entrepreneurs, NGOs, IGOs, and states - generally agree on the health and equality implications of female circumcision, they must avoid taking a patronizing approach to people who support the practice. In addition, further efforts should be made to find and include activists in local populations and religious authority figures in the Islamic community in the transnational movement against female circumcision. Only when movement actors get into the mindset of the supporters of female circumcision will the movement have significant success in eradicating the procedure.

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- ¹⁰ The sentiment among Western feminists during the 1970s was that it was obvious that women would not choose or condone the practice. Rather, the problem could be completely explained away as men attempting to dominate women.
- ¹¹ This is not by any means meant to justify the procedure. It is merely to say that the issue is not as hotly contested with the practicing communities as it is in the transnational movement.
- ¹² In his political process model, John Kingdon refers to this as a focusing event or an indicator.
- ¹³ These exchanges are central to the information sharing process discussed by Keck and Sikkink.

End Notes

- ¹ There were other, seemingly less cohesive and more localized movements occurring at the same time. Changing the movement frame helped to merge the movements.
- ² The broad practice of female circumcision is known by more than one name. This is not to deny the varying stages or levels of the procedure.
- ³ This term was coined by the founder of the Women's International Network, Fran Hosken.
- ⁴ Admittedly, Fran Hosken has her own agenda so I make the claim about the misunderstanding around the term 'female genital cutting' with modified hesitation.
- ⁵ Sunna is also a level of the procedure.
- ⁶ The mild sunna is the pricking of the prepuce of the clitoris with a sharp instrument.
- ⁷ Infibulation is the removal of the clitoris, the labia minora, and the inner walls of the labia majora. The raw edges of the vulva are then sutured together.
- ⁸ This is particularly true for Western society. It seems logical also that this could be true in communities that practice female circumcision because the bride price from the husband to the father would be less important.
- ⁹ This is not meant to indicate that those affected by policies are not considered in the process, but if they are not entrepreneurs they are not usually directly involved in the process.