

To what extent is Female Genital Mutilation considered a global issue? How effective has the response been?

Using France and its colonial past as an illustration, has there been adequate progress in the fight to eradicate Female Genital Mutilation, both in the West and developing countries?

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Abstract

This study considers the involvement of western countries (particularly European, ex-colonial powers) in the fight against Female Genital Mutilation (FGM), also the role of non-governmental organisations (NGOs) in tackling the practice in the countries where it originates. Using France as an example, qualitative research was carried out to identify the scope of ex-colonial independence treaties, subsequent legislation and links to human rights declarations. This sought to uncover any direct connection between the responsibilities identified and the two main aspects of present-day campaigns against FGM: legislation, and in-country work carried out by NGOs.

The outcome of this work indicates the following. First, recognition of the need for action, also the initiation of the battle against FGM were extremely slow – with many decades passing before identifiably coherent, harmonised and effective initiatives were launched. Secondly, in spite of much wider understanding of the cruelty and inhumanity of this indefensible ritual, and in spite of more recent activity and campaigns, there is no reassurance at all that the practice will be stamped out successfully in the near future. Thirdly, there is no identifiable link between the stated or implicit social welfare and human rights considerations that can be assumed as part of the independence treaties and agreements on the one hand, and the need for co-ordinated efforts at governmental level to tackle FGM on the other. This suggests that over a protracted period of time, western governments have fallen substantially short in their responsibilities and, as a consequence, vast numbers of girls across the globe have suffered and continue to suffer unnecessarily.

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List of Abbreviations and Glossary

CFA	Franc des Colonies Française d’Afrique (Franc of the French Colonies in Africa)
EU	European Union
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
Grassroots	An approach at community or practical level
NGO	Non-Governmental Organisations
ODA	Official Development Assistance
L’OIF	L’Organisation Internationale de la Francophonie (International Francophonie Organisation)
Treetops	A high level, overarching approach
UN	United Nations
WHO	World Health Organisation

Introduction

The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as 'the partial or total removal of external female genitalia or other injury to the female genital organs'; the practice is most commonly carried out on young girls somewhere between infancy and adolescence (WHO 2020). The process of FGM has no medical benefits and can lead to major side effects such as severe bleeding, problems with urination, cysts and infections as well as added complications in childbirth (WHO 2020). Moreover, psychological problems like post-traumatic stress disorder and low self-esteem are common later in life (WHO 2020).

Despite an overall decline in the prevalence of FGM in recent decades, there are still annually more than 3 million girls who are at risk across the globe (UNICEF n.d.) and 'current progress is insufficient to keep up with increasing population growth' and if this trend continues, the number of girls and women who undergo some sort of FGM will rise significantly over the next 15 years (UNICEF n.d.). FGM practices are mostly concentrated to Africa (WHO 2020), yet it can be argued that this issue remains a global one (Toubia 1993: 6). Although FGM does not typically affect people in the West, due to immigration waves there are now several diasporas of African communities in the West who continue to carry out this practice. Despite legislation being put in place, these communities continue to elude the law (WHO 2020).

It is evident, therefore, that there is no clear solution to the total eradication of FGM. It is on these grounds that this research paper will examine the reasons why the total, global, eradication of FGM has still not been achieved. By extension, and through the study of France and its colonial past by way of illustration, this paper will

consider whether or not former colonial powers should take, and should have taken, more responsibility in helping their former colonies in the fight against FGM.

Chapter 1 Literature Review

1.1 FGM as a Global Issue

Firstly, we must examine FGM as being a global issue. A 2008 Interagency Statement, an expansion of the 1997 Joint Statement signed by the World Health Organisation, the United Nations Children's Fund and the United Nations Population Fund. This new, 2008 statement is signed by a wider group of United Nations (UN) agencies and is based on new evidence and lessons which have been learnt over the past decade, during the time since the first statement was issued. The 2008 Interagency Statement stresses that actions and interventions must be multisectoral and community-led and that efforts towards the eradication of all FGM practices must come from multiple sides, different levels and must involve various sectors. The statement concludes with a 'global goal' being set up by the UN to end the practice, declaring that 'positive social change at community, national and international levels could lead to FGM being abandoned within a generation' (World Health Organisation 2008).

Secondly, following on from WHO's Interagency Statement (2008), we examine Boddy's essay 'Gender Crusades' (Boddy 2007: 46) found in the book of texts 'Transcultural Bodies: Female Genital Cutting in Global Context' (Hernlund and Shell-Duncan 2007). This essay focuses on the misunderstandings and falsities which surround the debate on FGM. Boddy aims to draw out and recognise some of these subtleties whilst addressing the lack of understanding that both Western and African women have of the practice of FGM. Boddy explains that neither group, on the one hand Western feminists, health practitioners and the media, with African women on the other, is 'internally monolithic in background or belief' (Boddy 2007:

46). Boddy concludes by arguing that 'only when scientists, scholars, and advocates fully embrace these understandings [of the local community] might Western engagement with the practices do less harm than good' (Boddy 2007: 66).

Complementary to the above pieces of literature, Toubia's book 'Female Genital Mutilation: A Call for Global Action' (1993) also emphasises the need for action on a global level in order for the necessary goals to be accomplished. Toubia states that 'global action would reunite local knowledge and sensibility with international technical and financial resources to create a multitude of programs' (Toubia 1993: 43)

1.2 National Action

Burkina Faso is one of the countries with the highest prevalence of FGM with over 75% of women between the ages of 15 and 49 having been affected (28 Too Many 2010). In 2016, Burkina Faso's Constitutional Commission drew up a new Constitution where violence against women and girls, harmful practices and FGM were explicitly prohibited (28 Too Many 2018). 28 Too Many, a registered UK-based charity, acknowledges that Burkina Faso has enforced its anti-FGM law more thoroughly than most other African countries (28 Too Many 2018). One approach Burkina Faso's government has found to be particularly effective is the use of mobile community courts. This involves law enforcement being taken directly to practising communities; this has proved to be a highly successful method of raising awareness about the law and involving all members of the community in the sentencing process of FGM cases (28 Too Many 2018).

By extension, a research study carried out by Inungul and Tou in 2013 explores the factors associated with FGM in Burkina Faso; this was done by identifying whether prevalence of FGM had changed over time and by then identifying the factors which could have affected this change (Inungul and Tou 2013). Overall, it was found that prevalence of women undergoing FGM had decreased significantly across the country (INSD 2003: 204), however the number of those at risk of FGM remains high for a number of reasons. Inungul and Tou (2013) have argued that one of these reasons for this is due to the recent involvement of medical professionals.

'Medicalisation', as it has come to be known, and the recent involvement of medical personnel in FGM practices marks a significant change to a ritual typically dominated by traditional practitioners (Inungul and Tou 2013). Shell Duncan (2001) argues that, although medicalisation is likely to decrease the negative health impacts of FGM, it is also likely to delay long-term solutions for the abandonment of FGM. It is for this reason that a number of respected health institutions, such as WHO, condemn the medicalisation of FGM (WHO 2020).

Furthermore, Karmaker et al explore the factors associated with FGM and their implications on policy making in Burkina Faso (Karmaker et al 2011). Similar to Inungul and Tou's study, Karmaker et al found that younger women are less likely to undergo FGM and are less willing to have their daughters undergo FGM as well. The study also found that the risk of undergoing FGM in Burkina Faso varied greatly depending on the region one came from and the ethnic group one was a part of (Karmaker et al 2011: 7). A regional difference could suggest spatial variation whereas an ethnical difference could be indicative of 'an association of place of residence with FGM practice as a proxy for social norms' (Karmaker et al 2011: 7).

With regards to policy practice, and whilst considering religion as a factor, it is suggested that policies which actively encourage religious leaders to engage with the cause and speak out against FGM practices would prove most beneficial (Karmaker et al 2011: 8).

In addition to stressing the need for global action, Toubia also highlights the importance of cultural sensitivity and explains that efforts made to eradicate FGM must be 'empathic [to the local community], not alienating' (Toubia 1993:43). This holds such importance for Toubia as, in past efforts, facts and messages on difficult subjects such as FGM can often be lost if the 'language of the superiority' [perhaps the colonial language] is used (Toubia 1993: 43). Toubia, therefore, outlines recommended actions to be taken, ones which involve groups and organisations on international, national and community level (Toubia 1993).

Comparable to Toubia's argument (Toubia 1993), Tostan International focus their efforts to eradicate FGM, and other similar harmful practices, on the importance of cultural sensitivity. Tostan International run community-led programmes which are human rights-based, respectful and sustainable (Tostan 2020.). Tostan International have taken action by creating Community Empowerment Programmes where a trained facilitator, who is fluent in the local language and is of the same ethnic group as community members, gets assigned to lead the programme (Tostan 2020). The purpose of these programmes is to educate and share knowledge on difficult topics like FGM so that community members can become informed and use their knowledge as a 'catalyst for positive change' (Tostan 2020).

1.3 Colonial History

In his article 'How Development Assistance from France and the United Kingdom Has evolved: Fifty Years on from Decolonisation'¹, Paquement assesses the complex changes that these two former colonial powers have gone through in the 50 years since their colonial rule, relating specifically to development assistance and the aid they provide to developing countries (Paquement 2010). The article explores the institutions which distribute aid, different strategies of aid and the economic factors affecting aid (Paquement 2010). Considering the irrefutable relation between development assistance and welfare, it is imperative that we take this assistance into account when deliberating a topic like FGM. Paquement stresses that, since decolonisation, both France and the UK have 'orientated their aid in priority towards former colonies'², with 90% of French aid going to African states and French overseas territories and departments (2010). One could therefore interpret that, with this substantial development assistance from France, African states have been able to progress significantly in the fight against FGM in the years since decolonisation.

Moreover, in 'France is forging new relations with its former colonies, but old habits die hard', Gibert expands on Paquement's article by reassessing the relations between France and its former colonies as most francophone African countries celebrate 55 years of independence (Gibert 2015). Gibert explains that despite the then president, François Hollande, announcing the end of Françafrique in 2012, interventions and relations 'reminiscent of many neocolonial French interventions' have since continued between the two nations (Gibert 2015). Gibert explicates that

¹ Le système d'aide au développement de la France et du Royaume-Uni : points de repère sur cinquante ans d'évolutions depuis la décolonisation

² Dirigent en priorité leur aide vers leurs anciennes colonies

there a number of factors outside of France's control, including the evolution of African foreign policies themselves, that make 'neo-colonial, exclusive bilateralism impossible nowadays' (Gibert 2015). If, as Gibert suggests, a number of international actors were to become interested in Africa and their affairs, more so than just France, this could be indicative of, with the added support, strong progression in the fight against FGM.

Finally, an article entitled 'Engendering Redistribution, Recognition, and Representation: The Case of FGM in the UK and France' (2007), studies policies which have been designed and implemented in the UK and France to prevent FGM practices, whilst analysing how each government's policies have affected these types of practices (Guiné and Moreno Fuentes 2007: 477). Those communities who have been helped and supported by these policies are most commonly Africans who have migrated from former British or French colonies. This study concentrates on how each of these countries have integrated immigrant ethnic minorities into society, and whether this has helped or hindered the goal to eradicate FGM (Guiné and Moreno Fuentes 2007: 477).

Guiné and Moreno Fuentes (2007) have demonstrated the support Western thought and policymaking can offer to immigrant communities in the West. But what about those who are still living in Africa, in the former colonies themselves? What support are they being provided with? This brings us to the gap in our research.

It is clear to see from the works of Boddy (2007) and WHO (2020) that the fight against FGM should be a collective one, with efforts being made from all corners of

the world. Toubia (1993) and Tostan International (2020) have also shown us the importance of cultural sensitivity that the West must take into account when trying to aid the cause of FGM. Additionally, Paquement (2010) and Gibert (2015) have touched on France's neo-colonial relationships with their former colonies and how these have changed since decolonisation in the 1960s. Finally, Guiné and Moreno Fuentes' study (2007) demonstrates the potential benefits of Western intervention. It is, therefore, worth considering the extent to which the West holds responsibility in helping these less-developed countries. Further still, do former colonial powers hold extra responsibility in helping their former colonies in this fight? Do years of colonial rule mean that France now has a duty to collaborate with their former colonies and support their fight against FGM? This is one of the main thrusts of my dissertation.

Chapter 2 Methodology

Further to my review of the literature relevant to this topic, I have identified a gap in the research which justifies further investigation. This 'Methodology' chapter will demonstrate the context of the gap in question and lay out the stages that I have worked through in order to contribute to the discourse around FGM and to highlight a number of factors that may have had a direct impact on levels of success or failure in the fight against FGM. It will also explain the methods used, but firstly, will examine the reasons for choosing this topic.

2.1 Terminology and Justification of Methods

It is important to provide clarification on some of the terminology used. Throughout this research project, the term FGM has been used. However, in other pieces of literature, as shown in the literature review, the terms 'female circumcision' and 'FGC' (female genital cutting) have been used in the place of FGM. Although the term 'female circumcision' can still be found, its use is somewhat outdated. Using the word 'circumcision' potentially categorises the practice of FGM alongside that of male circumcision; this incorrectly gives the impression that FGM is a quasi-acceptable medical or religious procedure like male circumcision. This is completely inaccurate. The use of the term 'circumcision' plays down the severity of the issue and may have contributed, now and in the past, towards the practice being disregarded or obscured, and not being treated as the inhuman violation of human rights that it is. Alternatively, the term 'FGC' has been used; some communities wrongly consider this term to be truer to the practice itself and in many ways, it comes across as less aggressive than the term 'mutilation'. However, I and many others believe that the act of cutting off part of someone's body, inevitably without

their consent, can absolutely be defined as mutilation; the term 'cutting' does not adequately characterise the violation of the human body and of human rights which takes place when a girl is subjected to FGM.

Despite legislation which directly condemns FGM practices having existed since the 1990s, FGM remains a significant global issue in Africa, Asia and related diasporas worldwide; it is an issue and a controversy which is under-researched and underfunded and urgently requires wider attention and action than it currently attracts. It is important to examine why previous methods used to fight FGM have not been effective and what changes need to be made in the continuation of the fight. Additionally, it is important to question why former colonial powers, considering their wealth and their position on the world stage, have not intervened and taken more responsibility in helping their former colonies in the fight against FGM. It is, for this reason that I have chosen FGM as the main subject for this research project. It is vital that more awareness is raised around the topic in order for change to be driven on a global scale. Additionally, I intend that through this research project, I will be able to identify whether or not countries, international bodies and individuals in positions of authority really are taking responsibility for tackling such a devastating and widespread denial of women's rights.

Furthermore, having studied both French and International Relations, bringing together the francophone world and an issue of injustice and human rights such as FGM, suggested itself as an ideal way to conclude my undergraduate studies. Having graduated, I hope to work in the arena of humanitarian aid, ideally related to women's rights and empowerment. Being able to spend time working and

researching a topic as critical as FGM has opened my eyes to the work which is actually being done to address these types of issues, and also the organisations and volunteers who confront it. Unfortunately, for this research project, I was limited to 8,000 words so the content I was able to include was somewhat restricted. With a higher word count, I would have liked to have conducted a case study whereby I looked into one particular African country where FGM is perhaps most prevalent, for example Burkina Faso or Senegal. This would have enabled me, to examine their history, the changes which have been made in the context of FGM, either politically or socially, or both, and to assess which methods have been most effective. Additionally, my research was restricted to an extent by the lockdown measurements of the Covid-19 pandemic. If I had had the opportunity, I would have considered conducting primary research by talking directly to NGOs based in the UK and France and would have used that opportunity to set up meetings with them to discuss in further detail their work, their challenges their levels of success and failure.

2.2 Content

My first chapter will start by set out the context of decolonisation, at a time when most colonies gained their independence, by analysing the various treaties and agreements which were set in place between France and its colonies - my approach will be qualitative. This will show what the ideal relationship between a former colonial power and its former colonies was intended to be and what the situation should continue to be. Next, it is important to have an understanding of what is happening at an international level, before analysing the reality in both France and Africa. I will then explore the legislation and official documents which exist which

prohibit FGM practices on an international scale, before progressing on to examine both African and French legislation.

My second chapter will consider the reality of today's situation; it will assess what is actually being done on an international and national level to combat FGM and how this corresponds to the legislation seen in the first chapter – is what should be happening actually taking place? Are countries actually engaging with the international agreements and legislation identified in the previous chapter? The chapter will explore the NGOs which exist, and which are carrying out the groundwork aimed to combat FGM, the methods they use, the problems they have faced and the successes they have achieved. The chapter will close by investigating further the extent to which France as a nation is represented amongst these NGOs, whether France actually plays the active role in its former colonies' lives and affairs that treaties and relevant national constitutions allow. This is particularly relevant in the context of human rights it claims to play, especially with regard to cases of human rights, social justice and welfare – which of course encompasses FGM. What is France achieving? I will assess if this is positive or otherwise, how effective or not its methods are and whether France shows real commitment to the cause of FGM.

Having observed and examined the evidence in the earlier chapters, the final, conclusive chapter of this project will draw together the key points identified and the points of contention that have arisen as result of my research. The chapter will draw conclusions on the effectiveness of the fight against FGM, establishing whether enough is being done to tackle this violation of human rights. By extension, it will determine if France is living up to expectations as a former colonial power and

therefore whether or not it is appropriately helping its former colonies to overcome this cruel denial of women's rights.

Chapter 3 Independence and Legislation

This chapter will set the context for this research project by examining official documents and agreements which were set up between France and its colonies at the point of decolonisation; these include the Official Development Assistance (ODA), the CFA Franc Zone and the 'International Francophonie Organisation'³ (L'OIF). The effectiveness of these agreements and their legitimacy will be assessed. The legislation which exists in relation to the prohibition of FGM and similar harmful practices will be explored. First those on an international level will be considered, moving then to African legislation and finishing with that of Europe and France. This will show the progression of a variety of legislation, subsequently focusing in on France.

3.1 Agreements at the Point of Decolonisation

This paragraph explains the Official Development Assistance (ODA) agreements which were negotiated towards the end of decolonisation. Although predominantly aimed at promoting economic growth, the ODA also incorporates the development of human rights and welfare in developing countries, therefore encompassing concerns such as FGM (OECD 2020). Considering the self-evident, relationship between wealth and welfare, practices like FGM simply cannot be ignored in this context. At the point of decolonisation in the 1960s, France led independence negotiations and were able to get their colonies to sign cooperation agreements, or 'neo-colonial pacts' (Korkmaz 2019). It was clear from these agreements that they were not wholly in the interest of the colonies and France was not handing over total control; some

All translations herewith are the author's own.

³ L'Organisation Internationale de la Francophonie

have suggested they were a continued form of colonial control and exploitation. This point in history has been described as the 'beginning of French neo-colonial dominance' (Korkmaz 2019: 5). One example was the ODA, defined by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) as 'government aid that promotes and specifically targets the economic development and welfare of developing states' (OECD 2020). Despite the ODA's good intentions, its effectiveness is doubtful: many argue that the ODA is in fact an instrument of corruption. Corrupt leaders in developing states often use the aid loans for their own, personal benefit as opposed to that of their country's (Korkmaz 2019). Similarly, there is an argument for the ODA being an example of 'dead aid': dead aid is the concept that foreign aid to Africa, or elsewhere, only makes the continent poorer (Moyo 2009). In her book 'Dead Aid', Dambisa Moyo, a Zambian economist, describes how 'with aid's help, corruption fosters corruption, nations quickly descend into vicious cycles of aid' (Moyo 2009: 57). This 'vicious cycle' refers to provision of freely usable cash, this interferes with the rule of law, making foreign investment unattractive. Lack of investment then leads to fewer jobs and increased poverty; rising poverty is responded to with more aid, continuing the 'downward spiral of poverty' (Moyo 2009: 57). France is the sixth richest country in the world (World Population Review 2021) and its ODA is aimed primarily at its former colonies (The Guardian 2015), which are nevertheless some of the poorest countries in the world (DeMarco 2018) – this supports the 'dead aid' theory. Korkmaz (2019) points out that ODA is used as a means of pressuring developing states; aid only helps African countries get deeper into debt, meaning that they remain subject to the North. Therefore, this aid only affirms and continues struggles against poverty instead of actually improving the situation (Korkmaz 2019). This supports the

argument that this aid is yet another example of continued colonial control and exploitation.

Another fundamental aspect of these neo-colonial pacts is the 'Franc des Colonies Françaises d'Afrique' or CFA Franc Zone. Poverty must of course be tackled economically, before a serious impact can be made on welfare and human rights. The first Franc Zone was set up in 1939 with the purpose of ensuring financial stability of the zone's members (French Ministry of Foreign Affairs 2019). However, in 1945 a number of Franc Zones merged, creating a 'colonial monetary system'. The system continues today, even after these countries gained independence - it includes two countries which were never under French colonial control (Tadesse 2018). Some have argued that the CFA Franc Zone is essentially a currency union where France is at the centre and has ultimate veto power; states within the union rely on France for economic, political, technical and military support and in return, France exploits them (Tadesse 2018). Often dubbed the 'colonial tax' (Mbogo 2020), CFA Franc Zone members are obliged, inter alia, to deposit more than 80% of their foreign reserves into 'operations accounts' controlled by the French Treasury (Koutonin 2014). Members themselves do not know, nor are they told, how much of the pool of foreign reserves belongs to them, either individually or as a group (Koutonin 2014). France also only allows CFA members access to 15% of their funds in any given year, alternatively they have to 'borrow' their own money at commercial rates (Koutonin 2014). Furthermore, should any natural resources or raw materials be discovered in CFA member states, France must be given priority access. Likewise, members are obliged to ally only with France in the case of war or global crisis (Koutonin 2014).

Even after France was no longer an official colonial power, it retains interest in its former colonies and their affairs, the ODA and CFA agreements ostensibly implying that France intended to provide continuing help and support. Yet, and as will become evident in the following chapter, the fight against FGM does not support this contention.

Further to the ODA and CFA Franc Zones, the International Francophonie Organisation (L'OIF) is a body consisting of 88 nation states and governments; set up in 1970 in order to 'promote the French language'⁴ (L'OIF n.d.c). These 88 members comprise countries from across all five continents, many of whom are former French colonies (L'OIF 2019). The organisation intends its members to collaborate and share their experiences whilst focusing particularly on human rights, education and sustainable development (L'OIF n.d.b). L'OIF carry out programmes relating to subjects from the French language, cultural diversity and education to political affairs, sustainable development and gender equality in support of the global francophone community (L'OIF n.d.a). Towards the end of 2020, and following the Covid-19 pandemic, L'OIF initiated the 'Francophonie with Her'⁵ programme, designed to support women and girls in vulnerable situations living in countries who have been most affected by adverse socio-economic impacts (L'OIF 2020a). The programme chose 59 projects to support, deployed across 20 francophone countries to empower girls and women most affected by the Covid-19 pandemic; these include financing literacy for women in Haiti, supporting female engineers from rural villages

⁴ Promouvoir la langue française

⁵ La Francophonie avec Elles

in Madagascar and offering professional support and entrepreneurship development for women in Rwanda (L'OIF 2020c). However, despite FGM being a major human and women's rights issue and one that affects a number of francophone countries, it is not once mentioned amongst these 59 'Francophonie with Her' projects (L'OIF 2020c) and is only mentioned twice across the L'OIF website as a whole (L'OIF 2020b).

3.2 Legislation Prohibiting FGM

This section explores legislation relating to FGM and similar practices. It will investigate why, when FGM has been an issue for many decades, it was only first addressed in international legislation less than 30 years ago; and why it took even longer for FGM to be considered in European and African law. There are a number of legislative acts, declarations and statements which are interpreted as supporting the eradication of FGM dating back as far as the 1948 Universal Declaration of Human Rights (UN 1948). One example is the 1979 Convention on the Elimination of All Forms of Discrimination against Women (UN 1979) which aims to 'modify or abolish existing... customs and practices which constitute discrimination against women' (UN 1979) and the 1989 Convention on the Rights of the Child (UN 1989) which aims to take measures to abolish traditional practices 'prejudicial to the health of children' (UN 1989). However, it was not until 1993 and the enforcement of the World Medical Association (WMA) Statement on FGM that there was a direct mention of FGM in official documents (WMA 1993). Up until this point, it was only implied, indirectly, that these conventions and statements were applicable to FGM. From 1993 onwards, international declarations and reports on women's and children's rights started to tentatively address FGM itself. An example is the 1994

International Conference on Population and Development (ICPD) (UN 1994) which strongly advocates gender equality and women's empowerment, making five direct mentions of FGM whilst calling for its prohibition (WHO 1998). The 1994 ICPD also marked an international shift towards considering FGM a human rights issue as opposed to a health issue.

The first mention of FGM within African legislation occurred in the UN Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, better known as the Maputo Protocol (UN 2003). Before this protocol, there was no reference to the practice of FGM in African legislation, albeit there were a number of provisions in legislation which could be seen as applicable to FGM. One example is the 1985 Nairobi Forward-Looking Strategies for the Advancement of Women (UN) where Paragraph 148 calls to 'identify and reduce risk to women's health and to promote the positive health of women at all stages of life' and Paragraph 150 which states that 'health education should be geared towards changing those attitudes and values and actions that are discriminatory and detrimental to women's and girls' health' (UN 1985). In contrast, the Maputo Protocol's Article 5 directly calls for the 'prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation' (UN 2003). The Maputo Protocol was published in July 2003 (UN), almost exactly ten years after the publication of the WMA Statement on FGM (WMA 1993) when FGM was first mentioned in international legislation. This poses the question of why it took so long for legislation tackling FGM to come into force in Africa, especially considering FGM's prominence in Africa.

Plan, an international NGO, published a report in 2007 entitled 'Tradition and Rights: FGM in West Africa'⁶ based on the social and cultural determinants of FGM (Plan 2007). The report aims to understand the practice of FGM whilst considering the attitudes of the communities who defend the tradition (Plan 2007). It explores the underlying dynamics of FGM in West Africa which have obstructed the elimination of the practice via law enforcement and why African governments continue to fail to suppress the practice and punish the practitioners (Plan 2007). Some of these relate to social development issues such as literacy and poverty levels, which some high-level national education campaigns rarely impact. Alongside illiteracy, those living in rural areas, who do not speak the dominant colonial language, are unlikely to challenge traditional norms (Plan 2007). Likewise, the complex dynamics in West Africa are linked to politics; due to the sensitivity of the issue, politicians often risk losing their electorate if they publicly stand against FGM, or they may avoid the subject completely to avoid offence (Plan 2007). Plan outline in their foreword that they hope to 'raise awareness on the complexity of the issue'⁷ (Plan 2007) – legislation is unlikely to be effective unless informed by this level of groundwork and research.

Comparable with Africa, Europe only first made specific reference to the abolition of FGM in legislation in the early 2000s with the European Parliament Resolution on FGM (European Parliament 2001). This resolution condemns FGM as a violation of human rights, whilst calling on member states to 'regard any form of FGM as a specific crime', 'pursue, prosecute and punish any resident who has committed the

⁶ Tradition et droits : L'excision en Afrique de l'Ouest

⁷ Pouvoir expliquer la caractère complexe de la question

crime of FGM' and 'implement a preventative strategy of social action aimed at protecting minors without stigmatising immigrant communities' (European Parliament 2001). However, it is restricted to EU member states. This text, therefore, although rigorous and uncompromising, leads only to limited European action, not change on an international level or on those continents which are most vulnerable to FGM.

Correspondingly, in France's 'National Action Plan to Eradicate FGM'⁸ (République Française 2017), they target FGM in the French territories which are most affected by the practice. However, the 'territories'⁹ which are referred to, only include overseas departments, regions, communities and special territories which are considered official territory of the French Republic (European Parliament 2018), it excludes all other francophone countries. In spite of continuing formal relationships via, for example, the ODA and CFA, and the scope of L'OIF, and in spite of the welfare relevance of those agreements, France apparently fails to address this very serious human rights and health issue affecting its former colonies.

⁸ Plan National d'Action Visant à Éradiquer les Mutilations Sexuelles Féminines

⁹ Territoires

Chapter 4 The Contemporary Fight Against FGM

This chapter of the research project investigates today's situation with regards to the actual work being carried out to eradicate FGM. Firstly, the organisations and NGOs involved on the ground, the type of work that they carry out and some of the common issues faced will be considered. The chapter will secondly consider the NGOs who are working towards legislative change in the fight against FGM. The effectiveness of these two methods will be examined. Finally, the chapter will consider, which nations are behind these NGOs, specifically looking at France and the extent to which they are represented in this movement.

4.1 NGOs and In-country Operations

There are a considerable number of groups and organisations working towards the eradication of FGM, of which the vast majority are NGOs. An NGO is any organisation, typically non-profit, that works independently from the government; this work could be domestic or international (The Borgen Project 2016). In cases of human rights and injustice, as with the fight against FGM, responsibility tends to fall on NGOs as opposed to governments or nationally run organisations (The Borgen Project 2016). It is suggested that an increased number of NGOs is the natural result of a more globalised and technological world, one whose people are increasingly losing faith in their governments (Human Rights Careers n.d.).

The NGOs working towards the eradication of FGM range from small, nationally run organisations such as the Orchid Project, a UK-based charity founded in 2011 which partners with grassroots bodies across the globe to share knowledge and accelerate change (Orchid Project n.d.) to larger, international organisations such as Plan

International, a charity founded in 1937 which works to advance children's rights and equality for girls in more than 75 countries (Plan n.d.a). Others include the Desert Flower Foundation, a European charity founded in 2002 which aims to raise awareness on FGM to drive eradication of the practice (Desert Flower Foundation n.d.c); Equality Now, an international NGO founded in 1992 which 'advocates for a world where women and girls have control over their bodies and choices' (Equality Now n.d.b); and 28 Too Many, a charity registered in England and Wales and established in 2010 who envisage a world where 'every girl and woman is safe, healthy and lives free from FGM' (28 Too Many n.d.).

When going to developing countries to undertake work on the ground, there is a common range of issues which NGOs tend to face. The first, and perhaps the most difficult, of these is encountering defensiveness from the target communities. In her book 'FGM: A Call for Global Action' (1993), Nahid Toubia explains how, due to their deeply rooted beliefs, African women often become defensive and angry in response to Western challenges of FGM practices. Other problems faced include defensiveness from local men, when volunteers are engaging local young people in development programmes and human rights awareness.

These common themes faced by NGOs include the importance of community empowerment, the need to give a voice to the local people and protection of human rights. Tostan International's slogan is 'Dignity for All' and they believe that employing their Community Empowerment Programmes (CEPs) to 'develop and achieve their vision for the future' is the key to truly achieving dignity for all (Tostan n.d.a). These programmes are not intended to lecture African women and impose

Western views onto them, rather to encourage local communities to engage so they can reach their own decisions (Kristoff and WuDunn 2009). CEPs start when Tostan is invited to a village (they do not invite themselves) where they assign a trained facilitator who is fluent in the local language and is of the same ethnic group as the villagers. (Tostan n.d.c).

Furthermore, Tostan highlights the crucial importance of grassroots projects with local involvement, where the motivation for change comes from the community itself. These have been found to be far more effective than treetop efforts led by changes in legislation (Kristoff and WuDunn 2009). Additionally, Tostan have proven to be very successful in adapting their methods to fit the communities' local practices and customs. Tostan's founder, Molly Melching, explains how they have to be very careful not to antagonise the village men - they once did a segment on women's rights, but it only built opposition. Melching expands: 'Some of the men closed our centres, they were so angry. So, we sat down and changed the whole module and did 'people's rights' instead – democracy and people's rights (Kristoff and WuDunn 2009: 483). Another note-worthy feature of Tostan's work is that, although the NGO was founded by an American, their headquarters is based in Senegal and all five of their coordination offices are located in Africa with only supporting staff in the US (Tostan n.d.b). This is because Tostan believes their staff should be 'hired locally, based in the field, working directly with partner communities at the grassroots' (Tostan n.d.b).

Similarly, The Girl Generation, a UK-funded NGO which aims to end FGM within a generation, focus their work on expanding and strengthening 'the Africa-led

movement' (The Girl Generation n.d.). The charity's 2015-2020 Strategic Plan underlines a number of gaps in current initiatives, such as the lack of 'coordination and a common identity for the movement at a global level' leading to the risk of Western voices dominating the FGM space and diminishing African voices. The Girl Generation targets these gaps through a 'truly African-led approach' by continuing to seek out guidance from African experts, orientating their work around the priorities of their focal countries and raising the profile of African voices to amplify positive change across the continent (The Girl Generation 2015). Relating back to the common challenges that NGOs often face when carrying out groundwork, it is clear that The Girl Generation is really targeting resistance from the local men and women. Additionally, The Girl Generation manage a Global Youth Network where they are affiliated with networks in Kenya, The Gambia, Nigeria and Sudan (The Girl Generation n.d.). In their plan, they point out that 70% of the African population are under the age of 30, and they will be the future parents, making decisions for their daughters, therefore youth engagement is essential to the success of the movement (The Girl Generation 2015).

The GAMS ('Group for the Abolition of Sexual Mutilations, forced marriages and all harmful practices against women and children'¹⁰) association is a French NGO which was created in 1982 through the joint efforts of both French and African women. This followed an influx of sub-Saharan African men and women to France in the late 1970s and publicity surrounding the deaths of immigrants' daughters who had been subjected to FGM after arrival in France. With headquarters in Paris and with

¹⁰ Groupe pour l'Abolition des Mutilations Sexuelles, des Mariages Forcés et autres pratiques traditionnelles néfastes à la santé des femmes et des enfants

numerous offices around the globe, GAMS aims to combat all forms of violence against women and girls and to promote the health of women and children from immigrant populations and immigrant backgrounds (GAMS n.d.b). The association works both on a national level, working with the commissions for human rights and gender equality, and on an international level, working with the inter-African Committee and Euronet FGM, of which GAMS is a cofounder (GAMS n.d.b).

The Hope Foundation for African Women (HFAW) is an international NGO based in Kenya, which works with rural communities to reduce gender inequalities (HFAW n.d.). HFAW was founded in 2011 when Grace Mose PHD attended a training course in Popular Education in Health by Educacion Popular En Salud (EPES), an NGO based in Santiago, Chile, that had been successfully helping communities since 1982 (HFAW n.d.). Grace was convinced that EPES' model could be replicated in Kenya to end harmful traditions like FGM, so she took six women from Kenya for popular education training in Chile who then began to use the model to end FGM among the Kisii community in Kenya (HFAW n.d.). Comparable to The Girl Generation's focus on an 'African-led movement' (The Girl Generation n.d.), HFAW firmly believes in the 'power of the often left out ordinary people at grassroots' to enable change and develop their strengths through 'participatory strategies and collective action' (HFAW n.d.). Unlike a number of other NGOs, HFAW is based solely in Africa, within those countries who are suffering, enforcing even further the notion of an 'Africa-led' movement (HFAW n.d.).

4.2 Legislative Initiatives

Equality Now is an international NGO fighting for a just world where women and girls have the same rights as men and boys (Equality Now n.d.d). Equality Now believes that social change starts with legislative change, as 'legal equality is the first step to gender equality' (Equality Now n.d.e). The NGO uses a combination of methods to try and achieve legal equality, these include encouraging governments to enforce laws which promote gender equality; holding governments accountable to human rights standards; advancing cases to court and inspiring others around the world to fight for gender equality (Equality Now n.d.a). They work towards the UN's Sustainable Development Goal 5.3 (UN n.d.) to end all harmful practices by 2030 (Equality Now n.d.c); they believe that the law can act as a deterrent whilst protecting vulnerable women and girls (Equality Now n.d.c).

Corresponding to Equality Now, the European charity 'Desert Flower Foundation' (DFF) also base a large part of their methods on the law and the need for legal action (DFF n.d.b). In their list of demands, the charity explains how FGM is actually prohibited in a majority of countries, and has been for a number of years, yet very little wide scale enforcement has taken place (DFF n.d.b). The DFF calls for 'Laws without Loopholes' and 'Strict Enforcement'; this focuses on mandatory offender prosecution where FGM is classified as a crime (DFF n.d.b). Moreover, the DFF call for the 'Effective Protection of Children', enabling intervention at the earliest stage possible, gynaecological examinations of girls at a young age and deprivation of parents' custody rights (DFF n.d.b).

Despite both Equality Now and the Desert Flower Foundation's emphasis on legislation and the need to enable social change, it is clear from the previous chapter that laws against FGM are already in place in most countries and have been for several decades. Yet, FGM remains a widespread issue – so is the law really the key to change? Moreover, as seen earlier in this chapter, Kristoff and WuDunn (2009) explain how, through Tostan's experience, they have found grassroots efforts where motivation comes from local communities themselves to be far more effective than treetop efforts led by changes in legislation.

4.3 French Participation in the Fight Against FGM

One could argue that France contributes effectively to the global fight against FGM on the grounds that they are well-represented in the official documents and legislation seen in the previous chapter, such as in UN declarations and the European Parliament Resolution. However, it is interesting to consider whether the same representation is true of the NGOs and grassroots work, as covered in this chapter. A number of NGOs have centres or offices in France, but does this mean that they represent France? The Desert Flower Foundation has an established centre in Paris where surgeries, treatments, workshops and educational programmes are offered (DFF n.d.a) but although based in France, this does not necessarily mean it is representative of a committed drive against FGM by the French government, and therefore representative of France as a nation.

In contrast, Plan International opened an office in France when France became a donor country in the 1990s (Plan n.d.b) in addition to the European Commission

being one of Plan's primary institutional donors, which, in part, represents France (Plan 2018).

Conversely, when taking into account welfare elements of the post-colonial agreements with ex-colonies, as outlined early in the previous chapter, it could be concluded that France has substantially failed to use the tools at its disposal to focus in on and address the epidemic of FGM in francophone African countries.

In addition to the range of examples provided in this chapter, it is clear that the majority of NGOs who are working towards the eradication of FGM are either international or UK-based. Within the scope of the research involved in this project, France does not appear to be represented any more than other countries or states, especially when considering its relations to francophone countries and the predominance of those countries on the African continent.

Conclusion

To conclude, I have assessed the size of the gap between what could be expected to have been achieved globally and nationally, especially by France, to eradicate FGM, also what has actually been achieved, again with a focus on France. I will investigate the role that France has played in this process and whether this was adequate, considering its colonial past. Finally, I will close by deciding whether or not this fight against FGM has been effective enough and whether I believe there to have been enough commitment made over the years towards the eradication of the practice.

In a limited way, FGM initially came to the attention of the public in the West alongside the first wave of contemporary feminism, back in the 1920s. This was when missionaries, parliamentarians, nurses, midwives and teachers started to publicly condemn FGM practices (Boddy 2007). Then, as we have seen in Chapter 3, it was many years later before the 1948 UN Declaration of Human Rights first indirectly prohibited FGM by outlawing torture and degrading treatment (WHO 1998) – although without overtly identifying FGM for what it was. It was not until several decades later, in the early 1990s, and the 1993 UN Declaration on Elimination of Violence Against Women that FGM was first directly made reference to in international legislation (WHO 1998).

All of these steps towards the eradication of FGM, were taken too late. FGM practices have existed for millennia (FGM National Clinical Group n.d.) and therefore the issue should have been recognised, awareness should have been raised and the challenge should have been brought into the public sphere far earlier than just the

beginning of the 20th century. It is inexcusable that, despite this knowledge, FGM did not become illegal in the UK until 1985 (GOV.UK 1985). It is yet more shocking that even after FGM was prohibited by law in the UK (to specifically address the risk to girls in the African and Asian diasporas), failures in welfare policy and related law enforcement meant that the first successful conviction did not occur until 2019 (GOV.UK 2019), only two years ago. Recognition of FGM as a global welfare and human rights issue was far too slow and consequently, tens of thousands of young girls have been unnecessarily subjected to this horrific practice.

Similarly, FGM practices were only first established as a crime in French law in 1983 (The Guardian 2014) making France equally responsible for this slow response. France is no different from the rest of the world in taking action against FGM far too late, denying girls and women in many parts of the world the protection which they could have received and which, from the point of view of human rights, they were entitled to. From the research undertaken in this project, and particularly considering its colonial history, it is evident that France has made no special effort to support and strengthen the fight to eradicate FGM. It is true that, in contrast to the UK, France is one of the only countries to have followed through with prosecutions and actually convicted a number of FGM offenders (DFF n.d.b) however this does not compensate for its years of inaction.

With regard to the work carried out by charities and other NGOs to combat FGM, it is very clear from my research that substantial progress in the campaign was not achieved until the 90s and 2000s. It is also clear that only in the past two decades

has the momentum of these activities started to educate the public effectively in the subject.

Additionally, there is no identifiable link between, on the one hand, former colonial powers, independence treaties and economic arrangements since independence and on the other, dedicated and effective action around welfare and human rights. Especially considering economic arrangements such as the ODA and CFA, which exist between France and their former colonies, my research indicated that the former colonial power appears to almost ignore the health, welfare and social issues of the populations. The interest France shows in financial opportunities in their former colonies does not appear to be reflected in their welfare and human rights concerns in these countries. There is little doubt that this shortfall can be linked to the slow progression of the fight against FGM acknowledged in the preceding paragraphs.

It is important to question why it took so long for the issue to be brought to the public's attention. An ideal initiative for potential future research would be: why, when countries, politicians and those in positions of authority have successfully addressed other global violations of freedoms, welfare and human rights (for example malaria, famine and malnutrition, landmines, torture, child welfare) has the issue of FGM been left behind for decades? Why has FGM not become embedded in the public's conscience in the same way? Was FGM ignored, and worse, concealed from collective recognition, because it is a sensitive subject, a subject that has been considered a taboo for far too long, a subject that specifically confronts a human rights challenge that relates to female genitalia and is therefore only about women?

This would indeed be a trivial excuse for failing to address such a critical and shocking issue.

Finally, although laudable efforts continue, some successes have been achieved, mostly from NGOs, and some legislative progress has been made, these changes are not significant enough in today's reality. Moreover, from the research undertaken, there is no apparent end in sight for FGM practices – therefore overall, efforts to target the complete eradication of FGM appear to have substantially failed, both in the West and in developing countries.

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