



Female Genital Mutilation and Constructions of Masculinity in Twentieth Century Egypt

■ Amy J. Johnson* and Zachary D. Greene**

* Assistant Professor of History, Berry College

** Research Assistant, Berry College

Masculinity in Egypt has traditionally been in part a function of control of female sexuality; Female Genital Mutilation (FGM) is one instance of this. Likewise notions of femininity have served to encourage FGM among women, as the practice can be interpreted in part as removing or reducing a portion of the female anatomy that is popularly considered more properly male in terms of both structure and function; this has been considered a necessary precondition for marriage. In recent years, as anti-FGM educational campaigns have become more common in Egypt, anecdotal evidence indicates there has been some shifting of these ideas, as educated men sometimes show a preference for “uncircumcised” girls as marriage partners, believing that they will be more sexually responsive. Yet this too is tied to notions of femininity and masculinity – in this case, enlisting female sexuality in the service of male sexual pleasure and prowess. If FGM is to be combated effectively, social space for unmarried women must be created, anti-FGM campaigns must broaden the scope of their activities to include male audiences, and men must be educated about the biological and psychological components of sexuality.

FGM as an Essential Component of Masculine and Feminine Identity

Both sex and gender can influence an individual’s role in society. Sex is the biological identity that describes the presence of the X and Y-chromosomes during conception, resulting in the formation of a male, female, or intersex individual; an individual’s gender is based upon society’s expectations and treatment of an individual.¹ Gender is what creates the idea of masculinity and femininity as expectations to which males and females must adhere. These expectations are better defined as gender stereotypes – behavior considered the norm or ideal, which creates a shared gender identity.² Such stereotypes are defined as “socially shared beliefs that certain qualities can be assigned to individuals based on their membership in the female or male half of the human race.”³ Yet, the definition of what is masculine and what is feminine changes depending on cultural norms. Such constructs are best understood as ones that are in a constant state of flux within particular cultures, and all cultures develop their own patterns of gender construction.⁴

Nevertheless, the differences in gender that emerge across cultures often construct women and men as gender opposites – a man is what a woman is not, and a woman is what a man is not. Often, stereotypes define men as strong, aggressive, and intelligent, while labeling women

as weak, submissive, and ruled by emotion.⁵ One common manifestation of masculinity has historically been control of women; in the traditional view, "humanity is male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being."⁶ This control by men of women has taken many different forms in various cultures and across time periods, including attempts to control female sexuality.⁷ Yet at the same time, many of the practices that have evolved to support and demonstrate masculinity within a society also, by extension, support the society's notions of femininity. As one scholar has argued, "men often attempt to police the mobility and conduct of their sisters, daughters, companions and comrades, sometimes – quite often in fact – with the complicity of their mothers and other senior women."⁸ For women, as for men, upholding the expected roles of each gender is something that supports the social order and guarantees the individual a place within the society, whereas "violating sex roles [gender expectations] has the most negative consequences amongst those who believe that conformity to sex roles is important."⁹

In many African countries, including Egypt, FGM has historically been one means of enforcing control of women's sexuality, and hence of reinforcing traditional gender roles and expectations within society.¹⁰ In Egypt, women are seen as sexual beings, whose innate, intense sexuality must be controlled and regulated in order for society, and the family, which is seen as the basis of society, to function properly. Here, "according to dominant gender constructs, men and women each have a different part to play... women's inherent sexuality is believed to be constantly endangering the social harmony of society (by tempting men) and is, therefore, best controlled through women's modesty and their remaining as much as possible within the private sphere of the family."¹¹ FGM is part of this process, as it is believed to be crucial to proper socialization and behavioral norms.¹² Although there are many procedures that fall under the general category of FGM (e.g. clitoridectomy, excision, female circumcision, female genital cutting), in Egypt, the procedure generally entails removal of part or all of the clitoris and sometimes the labia minora as well, in the belief that circumcised women will not be sexually aggressive¹³.

Fatima Mernissi has argued that there are two contradictory yet coexisting conceptions of female sexuality in Islamic culture – what she refers to as the explicit theory of women's passive sexuality and the implicit theory of women's active sexuality. The passive sexuality theory holds that women are best, and perhaps solely, fulfilled in passive roles and in their submission to men. According to this view, men are and must be the sexual aggressors and women the passive recipients of their attentions. The key to a woman's femininity, according to this view,

is the experience of pleasure through suffering and subjugation – a masochistic view of pleasure that is deemed quintessentially female. According to the active sexuality theory, women naturally possess significant power through their sexual appetites and desires and through their attractiveness to men. Women therefore need to be controlled and their sexuality restrained so that men can fulfill their social and religious obligations without distraction – women and female sexuality must be restrained for the good of society.¹⁴ FGM conveniently fits both these theories of sexuality. In terms of the passive sexuality theory, in removing the anatomical locus of sexual pleasure, the practice confirms the woman's passive role in intercourse and the man's role as sexual aggressor. The procedure itself likewise causes physical pain and suffering, which this theory holds is actually a source of feminine pleasure. In terms of the active sexuality theory, FGM removes the anatomical source of sexual pleasure, which serves to control female sexuality, enabling men to go about their business without facing constant temptations by women or constant demands for sexual services from highly sexed women¹⁵.

The physiological basis of these beliefs is open to question; indeed, many medical professionals and psychologists argue that even women who undergo forms of FGM more severe than those practiced in Egypt are quite capable of experiencing sexual desire and achieving orgasm.¹⁶ Others take the view that the absence or mutilation of the clitoris makes orgasm impossible to achieve, and the psychological effects of the procedure, coupled with real and potential medical complications achieve the end that the practice is designed to achieve – physical control of female sexuality.¹⁷ Nevertheless, the fact that in the popular imagination, it is the clitoris itself that causes women to be excessively focused on sex and sexual gratification and hence the removal or reduction of that organ is believed to "tame" a woman's sexuality is what is crucial in analyzing the practice.

Another reason FGM has been practiced is the belief that it cleanses, purifies, and beautifies the female genitals, thus making them appear more feminine. This belief stems from two sources: first, the understanding of sexual pleasure as a male prerogative and second, the understanding of the clitoris as a sort of small penis, an unnecessary and de-feminizing appendage that ought to be removed.¹⁸ The first of these beliefs is tied to a dualistic view of the sexual act itself; the male role in intercourse is to achieve pleasure, the female role is to receive the biological matter necessary for reproduction. Thus, "the most effective method of preserving a girl's chastity and of guaranteeing her fidelity after marriage, is purely and simply to amputate the organ capable of procuring her any erotic pleasure. Removing the clitoris, an organ

unnecessary for fertilization, also means reducing a woman to her primary function: motherhood."¹⁹ The second of these beliefs stems from cultural ideas about masculinity, femininity, and the body. In Egypt, there is a "belief in the presence of one sex of a characteristic of the other sex. In women, this presence is thought to take the form of the clitoris, hence the need to remove it. Disencumbered of this virilising appendage – the clitoris – the woman can now assume her true feminine nature and the capacity to bear children....It is only by undergoing excision that a girl becomes a complete, separate woman and is then ripe for marriage."²⁰

The social importance of marriage reinforces the practice of FGM in Egypt, according to many experts. In Egypt, as in many other Arab and African countries, women as a group have comparatively fewer opportunities than men for education and career; even those who do become educated and seek a career outside the home are faced with a dilemma. As Nahid Toubia has argued,

In Middle Eastern societies, the overwhelming majority of women (85% in some countries) are illiterate, and work opportunities outside the home are scarce. Women's work is restricted to the home, the family business, or land. Survival outside the family is physically impossible.... there is still no 'social space' to accommodate her if she remains unmarried. Hence, Arab women... can survive only within the institutions of marriage and the family – they have no other choice.²¹

Despite the centrality of FGM to gender identity in Egypt, and although FGM seems to have been practiced in Egypt to some extent for thousands of years,²² the public debate on the topic is a relatively recent development. The next section reviews anti-FGM campaigns in Egypt and their connection to gender construction.

FGM and Masculinity in 20th Century Egypt

In 1954, prominent activist Aziza Hussein was serving on the social committee of the UNGA, whose agenda included "unhealthy traditional practices." She did not know what this meant, and thought perhaps there were some types of extreme surgery occurring in Africa. However, she recalled, the members of the committee "did not come out openly to spell out what they meant. Apparently the problem [of FGM] had surfaced worldwide and had been camouflaged as usual."²³ Hussein related that she and many of her upper class, reform-minded colleagues were not aware of the problem, and in fact believed FGM to be illegal.²⁴ Hussein, speaking of her experiences in the 1950s, related her surprise,

[we were challenged] to produce the text of the law, but it was not to be found. Only a ministerial decree had been

passed assigning a committee to study female circumcision in Egypt and to give its recommendation. The terms of these recommendations were so ambiguous as to be shocking. The doctors, if they take any heed of it at all, can find an official backing for their performance of the superficial excision. Traditional midwives, it is true, are forbidden to perform surgical procedures including female circumcision but they continue to do it and nobody takes them to task. Moreover, the committee referred to divergent religious interpretations as regards degree of excision, leaving it largely to the discretion of the public.²⁵

Ministerial decree #74 of 1959 created a committee to study FGM and its consequences. The committee determined that only qualified medical doctors would be legally permitted to perform the procedure, that only the less severe forms of FGM should be allowed, that FGM would be banned in health units governed by the Ministry of Health as a first step towards eliminating FGM, that *dayas* (midwives) would not be allowed to perform any sort of surgery, including FGM, that FGM is harmful, and that Islamic legal authorities agreed that complete excision is contrary to Islamic law, though they differed regarding partial excision.²⁶ According to Hussein, the fact that the decree did not ban the practice outright appeared to contradict an older law banning unnecessary and unprofessional surgery.²⁷

In 1963, the Cairo Women's Club was asked by Mahmoud Karim, a prominent gynecologist and family planning activist, to include female circumcision in educational and research agendas. Hussein described the response of the CWC in 1994:

We refused outright; it would compound our problem, we said, to address two controversial issues at the same time. Furthermore, none of us could see any relationship between family planning and female genital mutilation.... Sexuality and the status of women did not yet figure on our reproductive health agenda. Nor were we even conscious of the gravity of the situation. Taboos had prevented us from even hearing about it – taboos perpetuated by ignorance and misconception, preventing public discussion and objective handling of the issues.²⁸

Even after the UN experiences of Hussein and despite the ministerial decree, not much attention was given to the practice and its persistence. Nawal El Saadawi recounted the problems she faced when attempting to do research on the question of women and sexuality in the 1970s, noting the absence of reputable research on FGM and sexuality. Some of the first works published in Egypt on the topic appeared in 1965 and addressed both the issue of medical complications from the procedure as well as the more controversial issue of its impact on female sex-

uality and desire, yet these works were few and far between, and none addressed the relationship of the practice to constructions of masculinity.²⁹

Hussein continued her work in 1975, spurred on by her participation in the UN Decade for Women Conference in Mexico City and the international attention being given to the practice there. Upon returning to Egypt, Hussein decided that the Cairo Family Planning Association should become more actively involved in the emerging international discussions on FGM.³⁰ Egyptian women's organizations and NGOs were, in Hussein's words, "suddenly bombarded with questions about female circumcision in Egypt prompted by the writings of Egyptian doctors, particularly Dr. Nawal Sa'adawi, although we were under the impression that the practice was illegal. In fact, the only legal prohibition extended to traditional midwives, who were forbidden to perform surgical procedures including female circumcision, but continued to do so."³¹

By October 1979, the CFPA had organized the first public seminar on the topic, entitled "Bodily Mutilation of Young Females," held as part of the International Year of the Child. It explored the religious, medical, social, and legal aspects of FGM, thus breaking the taboo on discussing the practice.³² In Hussein's view, it was "a course in sex education for the public at large, the likes of which had never been experienced before. The question dealt basically with the way taboos can perpetuate ignorance and violate the female child's body in the name of chastity and hygiene...."³³ The outcome of the seminar was the formulation of a plan of action, which included urging the media to begin an educational campaign about the dangers of FGM, encouraging women's groups and existing female social service personnel in urban and rural areas to undertake educational campaigns, and pushing for inclusion of information about FGM in school and university curricula.³⁴ The argument that FGM should be included in educational materials was a new one, which included male audiences and held the potential for linking the practice not only to the reproductive health of women, but also to notions of masculinity, sexuality, and power.

Nevertheless, the seminar was a landmark event, and in addition to the recommendations already noted, the seminar also concluded that the holy books of all religions of Egypt did not mention the practice and that there were serious health consequences to it. The ministerial decree resulted in more unsupervised operations and in the need for educational work and research; and since numerous misconceptions existed about the benefits of the practice; FGM should be criminalized.³⁵ As a result of this seminar, the CFPA decided to launch its Female Circumcision Project. Hussein described why this

was done: "We decided to make it our task to break the silence and taboo around this subject, as we had done with family planning, turning it from a taboo into a national movement."³⁶ The FCP then began issuing numerous pamphlets in Arabic and English on the practice to the public through its family planning clinics.³⁷ Hussein's focus on an educational, rather than legal approach, stemmed from an awareness of the fundamental role that FGM plays in gender construction.

In 1992, the FCP broke from the CFPA and became its own organization, with the cumbersome, politically correct name of the Egyptian Society for the Prevention of Traditional Practices Harmful to Women and Children³⁸ (hereinafter referred to as the Society) and undertook an aggressive educational campaign aimed at public health officials, media figures, social workers, and students.³⁹ The Society was particularly proud of its television campaigns, presenting them in the following light: "One of the major achievements was our full-scale access to the media, particularly broadcasting and TV. After a total black-out on the subject, they [made] female circumcision one of their priority subjects.... [which] resulted in an unprecedented public debate on the subject." Hussein recounted that the Society then limited TV involvement for fear of a pro-FGM backlash against such efforts.⁴⁰ Despite this, since the early 1990s, the campaign has increased its momentum, building in part on the International Conference on Population and Development (ICPD), held in Cairo in 1994. One significant change since 1994 is that anti-FGM messages are not only provided by NGOs, but government agencies have embraced and begun communicating the message as well.⁴¹ Egyptian television has also been more open to discussions on FGM in recent years, as part of the general proliferation of talk-shows and news that have occurred in the wake of the expansion of satellite channels broadcast from other Arab countries.⁴²

In 1994, during the ICPD, a CNN program featuring a young girl being circumcised by a barber in Cairo was aired. President Hosni Mubarak, facing strong international criticism, agreed to ban the practice of FGM. Due to opposition from religious groups, the Minister of Health then "clarified" the government's position in 1995: "We have no plans to ban this operation... but we are looking at ways for it to be carried out by qualified doctors and under proper medical supervision."⁴³ Since this was a restatement of the 1959 decree, it did not silence international criticism. Therefore, in 1996, the government issued a ban on FGM which applied to all practitioners, including doctors, at all locations, whether in or out of a hospital.⁴⁴ In June 1997, an Egyptian court struck down the ministerial ban on FGM in state and private clinics, while preserving the ban on FGM by those

untrained in medicine. Although not commenting on the practice itself or its legality, the court ruling stated that the ban placed “undue restrictions on doctors” by preventing them from performing surgery.⁴⁵

According to Hussein, this decision was appealed in 1997. The Society and other anti-FGM groups filed amicus curiae briefs with the court of appeals and intensified their public educational campaign.⁴⁶ The end result was a decision by the court of appeals that stipulated that “FGM violates the Criminal Law and those who perform it could face imprisonment.” Yet, this ban alone will not end the practice, and may have the opposite effect, as journalist Mariz Tadros argued in 2002,

The decree helped legitimize the work of NGOs in the eyes of their constituency but, like all legislation, it offered little hope of engendering social change. Many NGOs themselves knew that an approach based on threatening to punish midwives and doctors who perform the practice could well backfire.... prosecuting the practitioners of FGM could well lead to antagonizing entire communities, especially where the targeted doctor or midwife is well-liked. It also raises the possibility that, should people not be convinced that the practice is harmful, scaring them with legal repercussions could potentially drive the phenomenon underground.⁴⁷

In recognition of the ingrained acceptance of FGM among both men and women, in November 1998, the Ministry of Insurance and Social Affairs conducted a seminar whose goal was “to provide reliable scientific information on women’s health, in an attempt to raise people’s awareness and encourage them to change their attitudes towards certain practices, especially [FGM] and early marriages.” Reaffirming the government’s commitment to anti-FGM efforts, Minister Mervat Tallawi asserted:

Confronting harmful practices against women is a tremendous challenge which requires the cooperation of all the relevant ministries, NGOs and United Nations agencies.... These organisations should cooperate in raising public awareness of the negative effects that practices such as early marriage and female genital mutilation can have not only on women but also on society as a whole.... The ministry will continue to take the necessary steps to help the various organisations in their fight against harmful practices against women.

Tallawi was joined in her condemnation of FGM by Minister of Health and Population Ismail Sallam and Sheikh al-Azhar Muhammad Sayed al-Tantawi.⁴⁸ In January 1999, Maher Mahran, Chairman of the Population Council, argued at a seminar of the National Council for Motherhood and Childhood that FGM is an

embedded cultural tradition that is difficult to change, particularly when people believe it is religiously mandated.⁴⁹ These statements, however, continued to focus primarily on the relationship of FGM to women’s health and neglected to address its link to masculinity.

Nawal el-Saadawi’s research in the 1970s concluded that education is an effective tool to reduce the incidence of FGM.⁵⁰ That view has been repeatedly endorsed by virtually all organizations and individuals involved in the fight against FGM. Yet there has been considerable controversy over the proper methods and content of anti-FGM education. A 1999 study by the FGM Task Force (*quwwat al-`amal lil-munahaddat li-khitan al-banat*, a coalition of NGOs and others actively campaigning against FGM in Egypt) discussed the experiences of seven NGOs involved in the campaigns, including Caritas-Egypt, which has been engaged in providing information about FGM to students attending its literacy classes. However, gender attitudes have made its work difficult. Although female teachers distributed information to girls, who appeared receptive to the message, the girls’ families were not. Their mothers “were more suspicious, and did not always think it fit that such issues be discussed openly, especially when marital relations were discussed by unmarried teachers. Mothers were also worried that their daughters would remain unmarried if they were not circumcised. Many of the [male relatives of the students], the report continued, could not understand why the issue is being raised now, and why such attention is being devoted to it.”⁵¹ Moreover, male teachers were less likely to raise the issue with the boys in the classes, as they “felt that FGM was not a topic that they should be discussing with young boys.”⁵²

Not only is the gender of the educators and the audience a factor in the success of the campaigns, but so too is western bias. In 2003, Egyptian television began showing an anti-FGM commercial as part of its commemoration of the Year of the Girl Child. Although the commercial was praised for its anti-FGM position, the framework in which the message was conveyed was widely criticized, as it linked abstaining from FGM to upward mobility, westernization, and wealth.⁵³ Involvement by international, especially western, groups is often interpreted as inappropriate and as a western/Christian attempt to undermine Egyptian / Arab/Islamic society through a reorientation of gender norms. Hussein herself insisted on an Egyptian, rather than an international, approach to eradicating FGM, writing, “the last straw came when I received a communication from some women leaders asking me to join them in signing a statement addressed to Dr. Kurt Waldheim, Secretary General of the United Nations, asking him to work for the elimination of female circumcision. I refused, saying that if the problem concerns

women of my country, the responsibility of tackling it should be mine, not that of the Secretary General of the United Nations."⁵⁴ Marie Assad, one of the country's foremost anti-FGM activists, illustrated the problems inherent in western involvement with anti-FGM campaigns, commenting in 2001, "As a person, I'm against [FGM] but when USAID is involved, my interpretation is that they want to destroy the families in Egypt."⁵⁵

Islamist activists have also criticized the rapid increase in anti-FGM efforts since 1994, attributing it to a desire to enforce "the agenda of the International Conference on Population and Development (ICPD), which seeks to obliterate the Islamist wave in the Middle East – a task that has been facilitated by globalization" and which includes Egyptian court action prohibiting the wearing of the *niqab* (face veil) by schoolgirls.⁵⁶ The fact that the prominence of FGM in the agenda of the ICPD was largely a result of the previously mentioned controversial CNN documentary that premiered during the conference feeds into these sentiments.⁵⁷

Nevertheless, NGOs and the government remain committed to anti-FGM efforts. The government has revised textbooks to make them more sensitive to gender issues and to portray a more positive image of women: "FGM is now introduced in various subjects and in various grades (in the Islamic religion books for example), and pupils learn that the practice is not of Islamic origin or prescription. In the science curriculum for third preparatory, pupils learn about FGM's harmful physical effects." Yet it is difficult to make teachers use the revised texts when they disagree with their content", as Fatheya Mustafa, vice president of the Centre for Curriculum and Institutional Materials Development has noted.⁵⁸ Since, as will be argued shortly, men seem to be more likely to believe FGM is necessary, male teachers may be less likely to use the anti-FGM sections of schoolbooks to reinforce those readings in class. This, in turn, may mean that boys will not be exposed to more anti-FGM education in the future, perpetuating the cycle of more supportive attitudes among men for the continuation of FGM.⁵⁹

This is particularly troubling, since men play a role in choosing to circumcise their daughters. Although women have historically been seen as the primary instigators of FGM, recent work in Egypt is challenging that view, explicitly linking the practice to gender constructions. In 1991, the CFPA noted that, "studies have shown that the person responsible for making the decision in the family to circumcise the girl is primarily the mother, then both parents together."⁶⁰ A 2001 survey of university students emphasized male attitudes and male dominated family decisions as primary factors in circumcision choices. It showed that "males were 1.5 times more likely than

females to support the practice of FGM.... The belief that FGM is absolutely necessary in order to make a woman attractive or even an acceptable candidate for marriage appears to be the most compelling reason.... Other factors inherent in the culture, such as male dominance, appear to still exist among the educated population, which may explain why males were more supportive of FGM in our study."⁶¹ The study recommended an approach that centers on education of men and families about FGM, "not just women who are often helpless beside their dominant male counterparts," as an effective means of reducing the incidence of FGM.⁶²

Findings of another study conducted in 2001 confirm these views. Although the sample size was small, the study found that "men possess limited knowledge about FGM but hold strong opinions about whether or not their social dependents (sister, wife, daughter) should be circumcised – men are the principal decision-makers in the question of whether or not to circumcise their children; most respondents favored circumcision." The study further concluded that, "men's main reason for supporting circumcision was that it would diminish women's overwhelming sexual desire which threatens male status."⁶³ In other words, the practice supports the prevalent constructions of masculinity and femininity, and both genders buy into the dominant constructs. Recent work on masculinity in Egypt has focused on such concerns. As Nadia Wassef of the FGM Task Force argues, "For men [sexual performance] seems to mean a lot, everything – so all these men are going out of their minds trying to get their hands on the pill [Viagra]. On the other hand you have women who are perceived to be over-sexed and hence must be quietened down which is why you circumcise them."⁶⁴

A 2000 study sponsored by the NCPD and carried out by Wassef and Abdallah Mansour made a clear link between masculinity and FGM, one of the first times such an argument had been publicly made in the research context in Egypt. Although the study was based on a small sample (fifty men), the study indicated that masculinity is a complex set of attitudes, and that many of these attitudes revolve around power and control, particularly control over sex, sexuality, and women. It also noted the prevalent male fear that masculinity was something that must

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be continually proven, lest it be lost or taken away. Such attitudes were particularly strong among younger men, and only one of fifty articulated the view that sexual intercourse was a means of emotional expression; the other 49 viewed it as a means of enforcing their dominance over their wives. Likewise,

men's answers revealed a great deal of insecurity towards uncircumcised women. Some men were convinced that uncircumcised women would make excessive sexual demands, which they would not be able to fulfill.... All the men's responses regarding masculinity, identity and their perceptions of women clarified their positions on FGM. 'Something about FGM made men feel more secure in their sexuality,' suggested the study. FGM, the men indicated, was a way of keeping women's sexuality in check. This is an important consideration, when women's enjoyment of sex is essential to proving men's sexuality and masculinity. 'In a sense, their ultimate fear was of not being able to satisfy a woman because of being weak. FGM can be seen as a function in the reverse mode: FGM weakens the woman so that a man can satisfy her,' indicated the study.⁶⁵

In addition to the shortcomings of current educational campaigns, legal campaigns against FGM are also inadequate. Legal prohibitions on FGM are not enforced, and as Hussein has noted, doctors have a financial incentive to perform FGM as long as there is a demand.⁶⁶ A related problem is ignorance about legal rulings concerning FGM. The 1998 death of a young girl undergoing FGM in a northern suburb of Cairo was the seventeenth such death since 1994. Yet, the girl's family was unaware that the practice was illegal or harmful, and the police investigating the girl's death were not aware "that an order by the State Council, the highest administrative court, had banned the performance of the operation in public and private hospitals and clinics."⁶⁷

Conclusion

It is difficult to find reliable statistics on the prevalence of FGM or assess the effectiveness of anti-FGM campaigns.⁶⁸ Some studies indicate a reduction in FGM, while others do not, and the same statistics are often interpreted differently:

The Population Council [in 1999] points to a decline in [FGM].... A survey carried out on Adolescence and Social Change in Egypt (ASCE) indicates that circumcision rates among single girls are now 86 per cent, 10 percentage points lower than the almost universal prevalence found in the 1995 Egyptian Demographic Health Survey (EDHS) of ever-married women aged 15-49. The ASCE notes that 'there is evidence of a delay and possible reduction in female circumcision following the 1994 International

Conference on Population.' This optimism, believes Fatma El-Zenati, technical director of the EDHS, is unfounded. 'Bear in mind that the almost universal rate of 97 per cent referred to married women. When they were asked whether they would circumcise their girls, 86 per cent said yes. So the ASCE had only confirmed the EDHS's findings. There is no reduction in percentage because we are talking about two totally different groups, unmarried girls and mothers,' explains El-Zenati. She estimates that it will take 10 years before we can observe any significant decline in the practice of female circumcision – if only because the process of informing people, changing their attitude and the reflection of this change in their practice is a lengthy one. 'This does not mean that there is not change in attitude, but it is too early to show any changes since the ICPD [in 1994].'⁶⁹

Hussein evaluated the anti-FGM efforts in the following way: "We believe we have succeeded in at least breaking the taboo and, to a limited extent, changing attitudes and behaviour.... [but] cultural traditions die hard and education is a long-term process."⁷⁰

One way to improve the effectiveness of anti-FGM campaigns is to broaden the scope of their activities to include male audiences and the education of men about the biological and psychological components of sexuality. A new approach adopted by NGOs has been to stress "positive deviance," a strategy whereby NGO workers identify those in a particular area who are going against community norms, determine why they chose to do this, encourage them, support them in their decisions, and attempt to enlist them in convincing others, thus giving them more legitimacy and status within their communities.⁷¹ Although this approach has enjoyed some success among women, NGO experiences in trying to educate men about the issue have not been positive, as men often consider this a women's issue and having nothing to do with them.⁷² Tasoni Yoanna Salib, a Coptic nun, doctor, and social worker, noted that the real test of whether anti-FGM campaigns are effective will be in the male response. Although one village in which she works has not had any girls circumcised in three years, Salib is not declaring victory in the anti-FGM campaign there, noting that "The first time that a man marries an uncircumcised woman and [is] publicly proud of it, then our task will have been achieved."⁷³

An interview conducted in 1999 with Dr. Aziza Kamel of the Society highlights some of the difficulties Egyptian women face in an atmosphere of changing attitudes about FGM. Kamel related the story of a young woman whose family insisted that she undergo FGM (in this case, removal of the clitoris) while she was a child. The family was conforming to the social pressures and traditional

beliefs concerning the supposed necessity of performing this operation previously described. The girl grew up and married an educated man from a less traditional family. Shortly after marriage, problems developed. The husband was not satisfied with the young woman's sexual responses, a problem he attributed to the excision of her clitoris. As a result of sexual problems, he threatened to divorce the young woman. The young woman's mother brought her to Kamel's clinic, crying and begging the staff to somehow reattach or reconstruct the young woman's clitoris so that her husband would not divorce her and would be satisfied with her sexuality.⁷⁴

Whether FGM is practiced as a means of repressing the sexual drive of women or whether it is avoided as a means of providing an adequate female response to intercourse, what must be emphasized is that in both of these views, the most important thing is seen by men to be their ability to satisfy a woman. How to get satisfaction for the man is the real issue – is it best done by conducting sex in a manner that means the woman does not ask for more (in other words, circumcise her so she is satisfied with whatever level of sexual activity the man is inclined to provide), or is it in making the sex act more pleasurable for the woman (in other words, do not circumcise her so she achieves orgasm and exhibits pleasure more readily, thus stoking the man's ego about his sexual performance)? In either view, the woman is treated as an object, not an active participant, in the sexual act, and the ultimate criterion for decision-making is male sexual pleasure and psychological dominance.

Another means of improving anti-FGM activities would be to create social space for unmarried women. As Toubia, a prominent Sudanese doctor and anti-FGM spokesperson, has argued, campaigns against FGM that base their arguments on the risks of the procedure and/or argue simply that it is not religiously required miss the crux of the issue. The real reason for the persistence of FGM, she believes, is its connection with marriageability and the central role of marriage for women and society. In her view,

one of the most important reasons for circumcising a girl is to ensure that she will not lose her chance to marry; ... this would mean that she loses her chance for a respectable life. Loss of a woman's genitalia is not, therefore, too high a price to pay in order to secure her chances in life through marriage. This is the social significance of female circumcision and its real value. To argue against this practice on the grounds of its physical damage and to attempt to eradicate it through health awareness and education are futile. It is essentially a social phenomenon reflecting the position of women and not a medical problem.⁷⁵

If this view is valid, then it means that barring any fundamental reorientation of Egyptian social norms to create a social space for large numbers of unmarried, career-oriented women, or women who marry later in life, FGM as a practice will diminish only as views about the relative benefits of "circumcised" and "uncircumcised" girls and as marriage partners change. And in Egypt these views seem likely to change only if there begins to be a wider alteration in the social construction of gender. Moving conceptions of masculinity away from power and control and reorienting them in part towards female sexual responsiveness, rather than maintaining them as oriented towards suppression of female sexuality, might, as the anecdotal evidence indicates, achieve this goal. Likewise, reorienting notions of femininity to include sexual responsiveness (within the proper social constraints – i.e., marriage) seems essential as well. Whether educational campaigns against FGM are capable of making and sustaining these arguments remains to be seen.

Whether these arguments go far enough towards a more equitable construction of gender, likewise, is open to debate. Indeed, the seeming emergence among the educated classes of a preference for "uncircumcised girls" as marriage partners is arguably tied to existing notions of masculinity and femininity that subordinate women to men – in this case, enlisting female sexuality, albeit a reformulated one, in the service of male sexual pleasure and prowess. Critics of such an approach might rightly argue that such a reorientation does nothing to change the fundamental ideas of gender or of male dominance in Egyptian society: to be masculine, one must still control female sexuality – but such control would be exercised not through its suppression but through an encouragement of female sexuality as a means of satisfying male marriage partners. Nevertheless, if the goal is reorienting notions of masculinity in a constructive manner to allow for the reduction or eradication of the practice of FGM, thus allowing women to more fully experience their sexuality, it seems a step in the right direction. Although it would not fundamentally change the definitions of gender roles, it would change one part of one manifestation of masculinity, perhaps to the mutual satisfaction and benefit of both males and females.

One of the most important reasons for circumcising a girl is to ensure that she will not lose her chance to marry.

END NOTES

1. Margaret L. Andersen, *Thinking About Women: Sociological Perspectives on Sex and Gender* (Boston; Allyn and Bacon, 2000), 20-5. The binary definition of sex as male and female is being increasingly called into question, particularly with the breaking of the public silence on intersex. In the US and UK, scientific journals and even popular news magazines have been publishing more and more studies and personal accounts related to the phenomenon. See, for instance, Christine Gorman and Wendy Cole, "Between the Sexes," *Time* (1 March 2004), 54-6 for a popular account of recent work on intersex. For more scientific and specialized recent work, see Sharon E. Preves, *Intersex and Identity* (New Brunswick, NJ: Rutgers University Press, 2003); Carrie Paechter, "Learning Masculinities and Femininities: Power/Knowledge and Legitimate Peripheral Participation," *Women's Studies International Forum* (November 2003, volume 26, issue 6), 541-53; Juan A. Tovar, "Clitoral Surgery and Sexual Outcome in Intersex Individuals," *Lancet* (July 2003, volume 362, issue 9379), 247-9; Myra J. Hird, "Considerations for a Psychoanalytic Theory of Gender Identity and Sexual Desire: The Case of Intersex," *Journal of Women in Culture and Society* (Summer 2003, volume 28, issue 4), 1067-93; and Surya Monro, "Transgender Politics in the UK," *Critical Social Policy* (November 2003, volume 23, issue 4), 433-53.
2. Hilary M. Lips, *Sex and Gender* (London: Mayfield Publishing Co., 2001), 8. There has been a proliferation of studies of gender identity, expectations, and stereotyping in and of gay, lesbian, bisexual, and transgendered individuals in the last three decades in the US academic community. See, for instance William F. Pinar, " 'I Am a Man': The Queer Politics of Race," *Cultural Studies/Critical Methodologies* (August 2003, volume 3, issue 3), 271-87; Michael J. Bailey and Joseph S. Miller, "Maternally Rated Childhood Gender Nonconformity in Homosexuals and Heterosexuals," *Archives of Sexual Behavior* (October 1993, volume 22, issue 5), 461-70; Janet Lever and Sally Carson, "Behavior Patterns and Sexual Identity of Bisexual Males," *Journal of Sex Research* (May 1992, volume 29, issue 2), 141-68; David J. Lutz, Howard B. Roback, and Maureen Hart, "Feminine Gender Identity and Psychological Adjustment of Male Transsexuals and Male Homosexuals," *Journal of Sex Research* (November 1984, volume 20, issue 4), 350-63.
3. Lips, 2. Such constructions are most often generally accepted and understood by the dominant culture (and to some extent even by the existing subcultures), regardless of their basis in reality or experience and regardless of any contradictions or observations and experiences to the contrary.
4. Indeed, "a culture's attitudes and practices regarding gender are deeply embedded in its history, environment, economy and survival needs." Letitia A. Peplau, Sheri DeBro, Rosemary Veniegas, and Pamela L. Taylor, *Gender, Culture, and Ethnicity* (London; Mayfield Publishing Co., 1999), 20.
5. Peplau, 29. Of course, cultures have additional gender stereotypes, many of which ascribe both positive and negative qualities to both genders.
6. Evelyn Ashton-Jones, Gary A. Olson, and Merry G. Perry, *The Gender Reader* (Boston: Allyn and Bacon, 2000), 54
7. Julia T. Wood, *Gendered Lives* (Belmont; Wadsworth Publishing Co., 1994), 32. See also Mai Ghousoub and Emma Sinclair-Webb, eds. *Imagined Masculinities Male Identity and Culture in the Modern Middle East* (London; Saqi Books, 2000), 20, for a brief discussion of how circumcision of boys and girls fits into public displays of masculinity.
8. Ghousoub, 9.
9. Wood, 33. Male power, influence, and control in traditional Egyptian culture are such social expectations, which, for many, are difficult to violate. This comes forth in various forms including the expectation of FGM.
10. Although most westerners believe such practices to be confined to African and Middle Eastern societies, Mary Crawford and Rhoda Unger, *Women and Gender: A Feminist Psychology* (New York: McGraw Hill, 2004), 271, report that similar procedures were common in the US and Britain until fairly recently, "clitoridectomies were done by physicians to cure upper-class women of too much interest in sex, and one health expert advised parents of girls who masturbated to 'apply carbolic acid to the clitoris.'"
 11. Bahira Sherif-Trask, "Egypt" in *Women's Issues Worldwide: The Middle East and North Africa* (Westport, CT: Greenwood Press, 2003), 74.
 12. For more on the rationale for FGM in Egypt, see Nawaal El Saadawi's groundbreaking work, *The Hidden Face of Eve: Women in the Arab World*, translated by Sherif Hetata (Boston: Beacon Press, 1980), 33-43. El Saadawi related a story told to her by one Egyptian girl. When asked about her circumcision, the woman described it in the following terms: "I did not know anything about the operation at the time, except that it was very simple, and that it was done to all girls for purposes of cleanliness, purity and the preservation of a good reputation. It was said that a girl who did not undergo this operation was liable to be talked about by people, her behaviour would become bad, and she would start running after men, with the result that no one would agree to marry her when the time for marriage came. My grandmother told me that the operation had only consisted in the removal of a very small piece of flesh from between my thighs, and that the continued existence of this small piece of flesh in its place would have made me unclean and impure, and would have caused the man whom I would marry to be repelled by me." El Saadawi, 34-5.
 13. In comparison with some of the other forms of FGM practiced in some sub-Saharan Africa countries (which can entail removal of the clitoris, the labia majora and the labia minora as well as sewing or fastening together the vulva with various materials, leaving only a small opening for urination and menstruation), the Egyptian form of FGM is relatively mild, yet the purposes behind all such procedures are generally similar. It is not the purpose of this article to discuss the historical origins of the practice at length or to debate its relationship or supposed relationship to religious doctrine. These issues have been dealt with at length in the secondary literature. A brief history of the practice, though, can be found in El Saadawi, 39-40, and is included here: "Many people think that female circumcision only started with the advent of Islam. But as a matter of fact it was well known and widespread in some areas of the world before the Islamic era, including in the Arab Peninsula...the Prophet [Muhammad] tried to oppose this custom since he considered it harmful to the sexual health of the woman. In one of his sayings the advice reported as having been given by him to Om Attiah, a woman who did tattoos and circumcisions, runs as follows: 'If you circumcise, take only a small part and refrain from cutting most of the clitoris off. . . The woman will have a bright and happy face, and is more welcome to her husband, if her pleasure is complete.' This means that circumcision of girls was not originally an Islamic custom, and was not related to the monotheistic religions, but was practised in societies with widely varying religious backgrounds, in countries of the East and the West.... Circumcision was known in Europe as late as the 19th century, as well as in countries like Egypt, the Sudan, Somaliland, Ethiopia, Kenya, Tanzania, Ghana, Guinea and Nigeria. It was also practised in many Asian countries such as Sri Lanka and Indonesia, and in parts of Latin America. It is recorded as going back as far into the past under the Pharaonic Kingdoms of Ancient Egypt, and Herodotus mentioned the existence of female circumcisions seven hundred years before Christ was born."

14. Fatima Mernissi, "The Muslim Concept of Active Female Sexuality," in *Sexuality and Gender*, eds. Christine L. Williams and Arlene Stein (Malden, MA: Blackwell Publishers, 2002), 297..
15. Of course, it must be noted that FGM is not practiced in most Islamic or most Arab or Middle Eastern societies. Nevertheless, the fact that the practice is in consonance with the prevailing theories of female sexuality in Islamic societies identified by Mernissi means that in societies like Egypt where the cultural practice of FGM predates Islam, it could continue to exist in a predominantly Islamic culture, and it could be redefined sociologically to coincide with new values and norms.
16. See Lynne Brydon and Sylvia Chant, *Women in the Third World: Gender Issues in Rural and Urban Areas* (New Brunswick, NJ: Rutgers University Press, 1989), 29. A 1995 Egyptian Demographic Health Survey reported that 96 percent of women in Egypt were circumcised, and that half of those did not achieve orgasm. See Mariz Tadros, "Planting the Seeds of Change," *al-Ahram Weekly* (6-12 May 1999).
17. Crawford and Unger, 270.
18. This notion is not unique to Egyptian, Arab, or Islamic cultures. Indeed, Sigmund Freud made similar arguments in his works, when he argued that "The elimination of the clitoral sexuality is a necessary precondition for the development of femininity." Sigmund Freud, *Sexuality and the Psychology of Love*, 196-7, cited in Mernissi in Williams and Stein. See this chapter for more discussion of Freud's ideas and their relationship to Muslim ideas of female sexuality.
19. Wédad Zénié-Ziegler, *In Search of Shadows: Conversations with Egyptian Women* (London: Zed Books, 1988), 94-5.
20. Zénié-Ziegler, 97. See also Mahmoud Karim, *Female Genital Mutilation: Historical, Social, Religious, Sexual, and Legal Aspects* (Cairo: National Population Council, 1999), 69-72 where he discusses this issue as well, noting that the "female" part of the male body is traditionally considered to be the prepuce (foreskin), which is removed during male circumcision.
21. Nahid Toubia, "Women and Health in the Sudan," in *Women of the Arab World: The Coming Challenge. Papers of the Arab Women's Solidarity Association Conference*. Ed. Nahid Toubia (London: Zed Books, 1988), 99.
22. See, for instance, Karim, 50, where he notes the existence of FGM in some ancient mummies and discusses the possible pharaonic and Sudanese origins of FGM. Other sources argue that although FGM was practiced in ancient Egypt, it was brought to Egypt by Ethiopians in the 8th century BCE as part of a fertility ritual that involved FGM and the Nile. See, for instance, Mariz Todros, "Planting the Seeds of Change," *al-Ahram Weekly*, 6-12 May 1999, quoting Seham Abdel-Salam, a doctor from the FGM Task Force.
23. Aziza Hussein, "Female Circumcision," Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, 1999, 2.
24. Amy J. Johnson, interview with Aziza Hussein, Mit Ghamr, Daqahliya, Egypt, August 2, 2003.
25. Hussein, "Female Circumcision," 2-3.
26. "haqa'iq ilmiyya hawl khitan al-inath" Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, 1999. See also "Facts About Female Circumcision," Cairo: Cairo Family Planning Association, 1991, 17; and Zénié-Ziegler, 99.
27. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999.
28. Aziza Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, prepared for the NGO Forum of the ICPD, 1994, 2.
29. See El Saadawi, 38. These two studies were done by Mahmoud Karim [Koraim] and Rushdi Ammar of Ain Shams University and entitled *Female Circumcision and Sexual Desire and Complications of Female Circumcision*. See also Mahmoud Karim, *Female Genital Mutilation: Historical, Social, Religious, Sexual, and Legal Aspects* (Cairo: National Population Council, 1999).
30. See Marion Levy, *Each in Her Own Way: Five Women Leaders of the Developing World* (Boulder: Lynne Rienner, 1988), chapter 6. Levy recounts the Mexico City experience as follows, "The subject aroused international indignation. Aziza warned that world opinion considered female circumcision a serious mark of backwardness and a poor reflection on Islam. She seemed stung by her own ignorance of the practice and by the universal condemnation of it outside the Arab World. She persuaded her colleagues at the Cairo Family Planning Association to launch an investigation of circumcision and then negotiated funding for it from IPPF [International Planned Parenthood Foundation]," Levy, 176.
31. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 2.
32. Amy J. Johnson, interview with Aziza Hussein, Mit Ghamr, Daqahliya, Egypt, August 2, 2003. Hussein noted that the practice was not common among the educated classes or among those of Turkish descent.
33. Levy, 176-7.
34. "Facts About Female Circumcision," Cairo: Cairo Family Planning Association, 1991, 4-5.
35. Hussein, "Female Circumcision," 4-5.
36. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 2. The reference here is to Aziza Hussein's experience in forming the CFPA as the first NGO in Egypt specifically devoted to family planning activities.
37. The Society issued a 1999 pamphlet entitled "haqa'iq ilmiyya hawl khitan al-inath" which cites eight doctors, professors, and health workers as sources. It briefly reviews the historical background of the practice, the opinions of Muslim and Christian religious scholars, the types of FGM found in Egypt, and discusses in more detail the immediate and long-term physical and psychological harms of the practice and the legal responsibilities involved. "haqa'iq ilmiyya hawl khitan al-inath" 1999 by the Society. Another pamphlet issued by the Society reviews the Christian religious perspective on FGM. It argues that the practice has no biblical basis, that the Jewish community never practiced FGM, that it is not mentioned in the Old or New Testaments, that it therefore has no basis in Christianity, that it is not practiced by Christians elsewhere in the Middle East, and that the religion forbids harmful tampering with God's creation, and that therefore it is religiously prohibited to mutilate one's body. Moris Asad, "khitan al-banat min munthar misihi" (Cairo: Modern Egyptian Press, n.d.). Another pamphlet discusses in more detail the opinions of Islamic scholars on the practice, noting that the practice is not found in the Qur'an and not found to be a duty in any respect in the sunna of the prophet. It further argues that the prophet treated women with honor, implying that FGM contradicts the overall view of women by the prophet. It also notes the lack of agreement among jurists and concludes that the practice has no positive and only negative physical and psychological effects. Anwar Ahmed, "ara' ulama' al-din al-islami fi khitan al-untha" (Cairo: Modern Egyptian Press, n.d.). A 1985 pamphlet issued by the CFPA in both Arabic and English discusses the relationship between Islam and FGM, and concludes, based on evidence from religious scholars, that Islam does not require and in fact prohibits FGM. It stresses that the happiness of the family is based on comfort, affection, and gentleness, and that it is a duty to treat one's daughters kindly. It notes that there is no mention of FGM in the Qur'an, that Muhammad did not circumcise his daughters, and that the only hadith that mentions circumcision of girls is a hadith with an unreliable chain of transmitters. Moreover, according to the

pamphlet, even if the hadith were reliable, it would mean that only the most minimal amount could be cut from a girl's clitoris, and then only "if the clitoris is abnormally protruding and causes harm to the girl, and this is to be decided by a specialized doctor." The pamphlet then reviews the differing positions of legal scholars of all four Sunni law schools, notes that circumcision of girls is only considered obligatory in the Shafii school, and says that even so, modern legal scholars abide by the general principle that if a practice causes harm then it should not be continued. FGM, according to the pamphlet, is known to cause health harms to women, and therefore, according to this guiding principle of Islamic law, must not continue. Abdel Rahman al-Naggar, "Mawqif al-islam min khitan al-inath", CFP, 1985, 6. The Society has also distributed the following pamphlets: Aziza Hussein, "Female Circumcision, 1999; Aziza Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," prepared for the NGO Forum of the ICPD, 1994; Abd el-Ghaffar Mansour, "Mawqif al-shari'a al-islamiyya min khitan and inath," n.d; and Aziza Kamel Mahmoud, "Dalil makafiha khitan al-inath." These are in addition to "Facts About Female Circumcision," issued by the CFP in 1991.

38. The name is sometimes given in the English literature as the Egyptian Society for the Prevention of Harmful Traditional Practices to Women and Children" or simply, "The Egyptian Society for the Prevention of Harmful Practices." Its Arabic name is "al-jam'iya al-misriya lil-waqaiyya min al-mumarasat al-dara b-saha al-mara'a wa-al-tifl."

39. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4. That year (1992), the Society calculated its educational efforts in the following manner: "...the following numbers of professionals were given intensive training: 228 nurses, 51 doctors, 284 social workers, 197 TV personnel, 228 broadcasters, 228 public health and medical cadres, 261 nursery supervisors. Those given orientation and information were: 1845 university graduates, 600 students in nursing schools and 200 youth in youth camps. Furthermore, mothers are reached in family planning clinics, religious festivals, at nurseries, maternal and child health care centres, and integrated social welfare services."

40. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4-5.

41. Mariz Tadros, "Five Years for Fathiya," *al-Ahram Weekly* (4-10 February 1999).

42. Amina Elbendary, "TV Meets the Madding Crowd" *al-Ahram Weekly* (14-20 June 2001).

43. "Egypt: Top Islamic Authority Supports FGM," *Women's International Network News* (Spring 1995, volume 21, issue 2).

44. Mariz Tadros, "No Time to Talk," *al-Ahram Weekly* (8-14 June 2000).

45. Douglas Jehl, "Egyptian Court Voids Ban on Cutting of Girls' Genitals," *New York Times* (26 June 1997).

46. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999.

47. Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

48. Gihan Shahine, "Ministry Moves Against FGM," *al-Ahram Weekly*, (19-25 November 1998).

49. He urged further religious education and noted that this was the proper means of reform, since "even educated mothers in Upper Egypt [traditionally a more conservative area] are still convinced female circumcision is [religiously] proper." Rania Khallaf, "Girls Have Rights," *al-Ahram Weekly* (7-13 January 1999). The seminar was held under the auspices of first lady Suzanne Mubarak. FGM has been included in discussion and seminars on domestic violence as well. See Mariz Tadros, "The Word is Out," *al-Ahram Weekly*

(20-26 January 2000), noting its inclusion as a form of violence against women in a recent workshop on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in Cairo sponsored by the German development agency Friedrich-Ebert Stiftung.

50. El Saadawi, 34, states that "The research that I carried out on a sample of 160 Egyptian girls and women showed that 97.5% of uneducated families still insisted on maintaining the custom, but this percentage dropped to 66.2% among educated families." These statistics are based on work in 1973-74 and were published by Ain Shams University.

51. Mariz Tadros, "Progress of Sorts," *al-Ahram Weekly* 4-10 February 1999.

52. Mariz Tadros, "Progress of Sorts," *al-Ahram Weekly* 4-10 February 1999. Tadros noted that the experience of CEOSS, the Coptic Evangelical Organization for Social Services, "reported a success rate in FGM eradication of about 70 per cent in eight villages," yet the report noted that this was after a seven year long educational campaign, and largely due to the unambiguous position of Christian religious leaders. It noted that because Muslim scholars are divided on the advisability and legality of FGM in Egypt, the experiences of CEOSS are not typical. The report reiterated the importance of using religion as a means of educating and eliminating the practice. It further noted that anti-FGM training has not been wholly effective either, noting that many of those trained in anti-FGM educational efforts are nurses, yet nurses have little opportunity to reach out to families and girls to educate them about FGM. The nurses also misunderstood parts of the anti-FGM message, believing that FGM causes frigidity, which can cause divorce, drug abuse by husbands, or husbands abandoning their families.

53. The commercial is described in Fatemah Farag, "The Girl is Egyptian," *al-Ahram Weekly* (22-28 May 2003). This linkage was especially problematic because much of the public debate over FGM is perceived as being instigated by foreigners. Television coverage is particularly vulnerable to such criticism in the wake of the 1994 CNN documentary on FGM in Egypt, which showed graphic images of the procedure. The same year, an international conference on FGM was held in Cairo, which drew delegations from 28 Arab and African countries. The conference, held under the auspices of first lady Suzanne Mubarak, issued a statement saying, "The prevention and abolishment of female genital mutilation (FGM) can be achieved only through a comprehensive approach, promoting behaviour change and using legislative legal tools required to combat the practice of female circumcision." Dina Ezzat and Dahlia Hammouda, "Putting down the Scalpel," *al-Ahram Weekly* (26 June-2 July 2003).

54. Hussein, "Female Circumcision," 3.

55. Quoted in Amira Howeidy, "Reluctant Grassroots," *al-Ahram Weekly* (21-27 June 2001). For more on the issues involved with this view, see Kamran Asdar Ali, "The Politics of Family Planning in Egypt," *Anthropology Today* (October 1996, volume 12, issue 5) which discusses the roles, perceptions, and problems of international involvement in reproductive health politics in Egypt. Also see Kamran Asdar Ali, "Global Processes and the Nation State," *Sex Roles* (October 1998, volume 39, issue 7/8), 651-7.

56. Summary of comments by Islamist lawyer Montasser El-Zayyat, in Mariz Tadros, "Veiled Insinuation," *al-Ahram Weekly* (29 July-4 August 1999).

57. "Egypt: UN Conference on Population and Development and FGM," *Women's International Network News* (Autumn 1994, volume 20, issue 4).

58. See Mariz Tadros, "Dad in the Kitchen?" *al-Ahram Weekly* (13-19 September 2001).

59. More recently, activists in Egypt have also begun criticizing male

circumcision, on the grounds that it too is an unnecessary and potentially harmful bodily mutilation. See "Global Women Unite," *al-Ahram Weekly* (10-16 January 2002). These criticisms have not been well-received.

60. "Facts About Female Circumcision," 12.

61. M.F. Allam et al, "Factors Association with the Condoning of Female Genital Mutilation Among University Students," *Public Health* (2001 volume 15), 353.

62. Allam, 354. This recommendation is based on the positive results of such campaigns in rural Kenya.

63. The study, conducted by Nadia Wassef and the FGM Task Force, is based on surveys of sixty men. Its results are summarized in "Challenging the Tradition? Eradicating FGM in Egypt," *Women's International Network News* (Winter 2001, volume 27, issue 1), 42.

64. Fatemah Farag, "Viagra Blues," *al-Ahram Weekly*, (21-27 May 1998).

65. Mariz Tadros, "A Question of Control," *al-Ahram Weekly* (20-26 April 2000).

66. Hussein remarked that, "Our source of disappointment has to do with the increasing number of doctors performing the operation: 20 per cent in 1991 as opposed to 15 per cent in 1986. They see the ministerial decree as a sanction for performing the 'superficial' operation, which they rationalized as the lesser of two evils since it allegedly protects against resort to clandestine operations performed by the traditional practitioners in unhygienic conditions. But it could also be a lucrative business for doctors." Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 5. A tragic story of one family's experience with FGM illustrates the problem Hussein mentions here. The mother of a young girl took her to doctors to have her circumcised. The girl died during the operation from circulatory failure and cardiac arrest, most likely as a result of improperly administered anesthesia. According to an article about the girl's death, "The mother was surprised to learn that the operation is banned in both public and private hospitals. 'This is the first time we hear this today. We are poor and uneducated women; we have never heard that it is banned. If it does harm to a woman's body, why did the doctors not tell us so?' she lashed out. The doctors charged LE 80 for each circumcision." Mariz Tadros, "FGM Claims Another Victim," *al-Ahram Weekly* (23-29 July 1998).

67. Mariz Tadros, "FGM Claims Another Victim," *al-Ahram Weekly* (23-29 July 1998).

68. Girls do not typically receive gynecological exams prior to marriage, and often not until they undergo their first pregnancy after marriage. In some areas, FGM is not talked about openly, although much progress has been made in that regard since the 1970s. Estimates vary widely, and have since the first attempts at quantifying the scope of the practice in Egypt were made in the 1970s. A brief summary of recently published statistics illustrates this. A 1991 CIPA publication estimated that not less than 95% of girls in Egypt have undergone FGM procedures. "Facts About Female Circumcision," 12. A 1994 publication of the Society stated that, "A wealth of data has been collected.... The results so far have demonstrated a positive correlation between formal education of girls and the non-practice of female circumcision and vice-versa. Around 65 per cent of girls with above secondary education were not circumcised, and 35 percent were, whereas 89 per cent of girls with primary education and over 90 per cent of illiterate women had been circumcised." Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4. These statistics are based on surveys of female attendees at the educational programs carried out by the Society. The sample is therefore biased, in that the respondents are located in institutions and forums in which anti-FGM campaigns are situated. Aziza Hussein estimated in 1999

that approximately 90% of Egyptian women have had FGM performed upon them. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999. A 2000 article said that "Official statistics indicate that... nearly 67 per cent of girls are subjected to FGM." Reem Leila, "Our Bodies, Our Lives," *al-Ahram Weekly* (10-16 August 2000). Another article in 2001 presented the rate of FGM at "98 to 100 percent of women aged 15 to 45." Reem Leila, "Life Changes," *al-Ahram Weekly* (5-11 April 2001). Another report quotes the 2000 Egyptian Demographic Health Survey, which shows that 97% of women of reproductive age have undergone FGM. Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002). As Tadros reports, "The survey was conducted on a nationally representative sample of 15,573 married and divorced women between the ages of 15 and 49." But the report also "suggests that there have been positive changes in peoples' attitudes towards the practice. There is some evidence that support for the practice is gradually changing. Just over eight in ten women with daughters (81 per cent) reported in 2000 that they had a daughter who is already circumcised or that they intended to circumcise in the future. This represented a decrease over the proportion of women with daughters who said in 1995 that they had or planned to have a daughter circumcised (87 per cent). Those who supported the continuation of the practice in 2000 dropped in 1995 from 82 per cent to 75 per cent." Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002). According to a 2003 report, "Most women surveyed (82 percent) were firmly convinced that female circumcision should be continued. Seventy-four percent believed that husbands prefer their wives to be circumcised, and 72 percent believed that circumcision is an important aspect of the teachings of Islam. A surprisingly low number of women recognized the negative consequences of circumcision, such as reduced sexual satisfaction (29 percent), the risk of death (24 percent), and the greater risk of problems in childbirth (5 percent)." Sherif-Trask, 77.

69. Mariz Tadros, "Five Years for Fathiya," *al-Ahram Weekly* (4-10 February 1999).

70. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 5-6.

71. See Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

72. See Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

73. Quoted in Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

74. Amy J. Johnson, interview with Dr. Aziza Kamel and Mme. Nemat Abul Soud, Cairo, Egypt, June 1999.

75. Toubia in Toubia, 102. Thus, what is needed is not just anti-FGM education, but a fundamental shift in social norms in Egypt, and this entails, among other things, more education and career opportunities for women – women "must be given benefits that will compensate for not complying with social norms." Samia Nkrumah, summarizing some of Toubia's views, in "Action Time on FGM," *al-Ahram Weekly* (19-25 June 2003). Yet the current anti-FGM campaign in Egypt does not fulfill all of these goals. Dina Ezzat and Dahlia Hammouda described the Egyptian approach as "first, promoting the role of legislation in banning FGM. Second comes the role of education and raising social awareness of the problem, which will rely on revitalizing the role of informal leaders within villages and communities to disseminate knowledge on the issue. Third, boosting the role of the media in spreading understanding of children's rights and expanding the scope and impact of the current successful media outreach programme. Finally, enhancing the capacities of local NGOs and providing them with the necessary