Female Genital Cutting:
Cultural, Religious, and Human Rights Dimensions of a Complex Development Issue

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About the Berkley Center for Religion, Peace & World Affairs

The Berkley Center for Religion, Peace, and World Affairs at Georgetown University, created within the Office of the President in 2006, is dedicated to the interdisciplinary study of religion, ethics, and public life. Through research, teaching, and service, the Center explores global challenges of democracy and human rights; economic and social development; international diplomacy; and interreligious understanding. Two premises guide the Center’s work: that a deep examination of faith and values is critical to address these challenges, and that the open engagement of religious and cultural traditions with one another can promote peace.

About this Publication

This is the pilot in a series of case studies intended to highlight the complex dimensions of specific global development issues. It is designed as a teaching tool for use in the classroom as a four-hour workshop. The goals are twofold: (a) to explore in-depth a topic that is important for both human rights (gender equality, rights of children) and public health, and that is rooted in both culture and religious practice; and (b) to learn about opportunities and pitfalls of international approaches to addressing the issues raised in such cases. It is meant to provoke discussion and critical analysis by offering a range of perspectives and approaches to an issue, with the intent that readers will draw their own conclusions.

About the Author

Anny Gaul is a Georgetown student working towards an M.A. in Arab Studies at the School of Foreign Service and a Ph.D in Arabic Language & Literature at the Graduate School of Arts and Sciences. After graduating from Yale with honors, she spent two years in the Peace Corps in southern Morocco, working on projects ranging from small business development to gender issues to HIV/AIDS awareness & prevention. Her research at the Berkley Center focuses on religion, gender, and global development. Other academic interests include food studies, literacy & language policy, and politics of culture & representation in the Arab world.
ABOUT THE REPORT

Introductory Note
This case study is designed for use in the classroom as a focused, four-hour workshop. The goals are twofold: (a) to explore in-depth a topic that is important for both human rights (gender equality, rights of children) and public health, and that is rooted in both culture and religious practice; and (b) to learn about opportunities and pitfalls of international approaches to addressing the issues raised in such cases. The text was prepared by Anny Gaul, Berkley Center graduate fellow, under the supervision of Thomas Banchoff and Katherine Marshall.

What It Is About: A Human Dimension
Fauziya Kasindja was 17 years old when she fled Togo in 1994 and sought asylum in the United States. She was imprisoned for two years as an illegal entrant. Women's organizations supported her defense. In May 1996, she was declared a political refugee and granted asylum. The grounds were important: that she was fleeing genital surgery and forced marriage at home. She has since written a book and received awards for her courage. Her case has helped to change attitudes in the United States and illustrates several dimensions of the issue, among them the rights of the child, gender attitudes in her country and internationally, and local circumstances that color understandings of the practice of female genital cutting.

Kasindja's parents had supported their five daughters' freedom of choice, sending them to school and refraining from the local tradition of female genital cutting. However, after her father died, her mother was forced to leave their home, and Kasindja came under the tutelage of her father's brother and his wife (her sisters were already married). Kasindja's uncle and aunt took a more "traditional" view of culture. Kasindja had to leave school: “we don't think girls should be too civilized,” said the aunt. Arrangements were made for surgery and her marriage to a man of forty-five who already had three wives. Although genital surgery was against Togolese law, the law was not enforced. Kasindja fled, with help from a sister. Her rights were affirmed, not without considerable difficulty, in the United States.

However, the challenge remains for her community – a reality clearly illustrated by the way that Kasindja's fight affected her mother's position. A September 11, 1996 New York Times article focused on what happened to the mother in the wake of Kasindja's departure. A widow without brothers or a living father in a society with few opportunities for women without male protection, she had no choice but to return to the village where her brother-in-law was headman. The mother was accepted back after she presented herself before her brother-in-law and other male elders, apologized for her rebellion in allowing her daughter to escape, and performed other acts of contrition and obeisance. Even through this process, the mother was not allowed to speak for herself, but had to have a male cousin as spokesperson.

The article highlights the cultural, economic, and power dynamics at work. Among other dimensions, it observed that the uncle was more willing than the sister-in-law to discuss ending genital surgery. Many women in Togo and elsewhere, including the midwives whose sources of livelihood depend on the practice, support genital surgeries, often as a source or representation of women's solidarity. Not to have the operation, or to allow your daughters to escape it, can imply moral turpitude, making it difficult or impossible to obtain a spouse, a disastrous fate in a place with few roles for single women.
PART I
RELIGIOUS DIMENSIONS OF FGC: PERCEPTIONS AND PRACTICE

Questions to consider:

• Religious messages about this topic vary and often conflict. How does this complicate understandings of how religion functions within a society, a social change movement, or a transnational process such as development? What are some possible strategies for navigating contradictory religious messages?

• How might generational differences influence attitudes towards FGC in a given community? (Consider, for example, how religious attitudes might change with age and how the impacts of cultural trends or religious social movements might vary among different generations of a given society)

• To what degree is the continuation of FGC a result of women’s subordinated roles in patriarchal societies? How far is the continuation of the practice linked to religious norms that affect relationships between men and women? How can the planned groups address the “patriarchy” dimensions of the issue?

• How do preconceptions about Islam in particular color the debates around FGC? What are appropriate responses?

I.1. Introducing FGC

A common practice in many African and Middle Eastern communities, female genital cutting (FGC), also commonly referred to as female genital mutilation or female circumcision, outrages many outside observers. It is a prominent and polarizing flashpoint in debates that occur at the intersection of culture, religion, gender, development, and human rights.

Well-meaning efforts to end the practice, led by a variety of institutions and individuals, governments and private entities over many decades, have yielded disappointing results. The practice is deeply embedded in cultural traditions and reflects, at various levels, a community’s approach to gender relations and specifically to women’s traditional, often subservient roles.

Is FGC primarily a culturally or a religiously linked practice? The topic is complicated by its complex association with religious teachings and a common understanding (however little bolstered by religious teaching) that FGC is prescribed by Islam. It is largely but not exclusively found in Muslim communities, mostly but not always in Africa. Various Christian and African traditional religious communities also practice it; indeed, it was practiced as recently as the early twentieth century in Europe and North America. Though no global religious leader today supports FGC, local faith leaders often support or at least condone the practice. Many individuals justify the practice in religious terms. Thus religion is at issue in complex ways.

The practice is widely seen as violating international human rights standards. From a modern medical perspective, FGC has damaging health effects and no health benefits. But efforts to change the practice meet both support and opposition, indicating that there is far more at stake.
here than health and human rights. Opposition is often accentuated by resentment of outside interference in sensitive local matters and thus exemplifies the challenges of effecting social change, working across cultures to achieve development objectives, and advocating on behalf of others.

The FGC challenge pits international (and often national) human rights standards against rights to cultural identity, centralized and intellectual versus local and practical religious teachings and practice, and changing expectations about gender roles against realities of gender relationships as they are experienced at the family and community level.

I.1.a. Background: Definitions and Context

Female Genital Cutting is a broad term applied to practices that involve the cutting or alteration of female genitals. These practices take many forms and occur primarily on the African continent; they also occur in Western Europe and North America, largely among immigrant communities. Box 1 describes and defines different practices that fall under the category of FGC.

International debates about FGC date back to the colonial era. Since the 1970s the topic has generated wider scrutiny and discussion in the arenas of international public health, development, human rights law, and among religious scholars and practitioners. A range of efforts over many years seeking to outlaw the practice or to encourage practicing communities to abandon FGC have yielded mixed results. Despite a handful of successfully implemented change models, overall prevalence of FGC remains culturally entrenched in most places. The trend is of a slow decline in most practicing cultures, but many millions of girls and women are still affected – not only on the African continent, but increasingly immigrant communities throughout the world as well.

As an international issue, FGC is controversial and complicated in part because it represents deeply ingrained and fundamental elements of cultural and personal identity, including marriagability, religious values, and gender identity. A complexity is that its particular meanings vary among cultures and communities. At the same time, from the perspective of international human rights law, FGC represents an indisputable violation of several distinct universal rights of women and girls, including the right to freedom from discrimination and violence, the right to health and bodily integrity, the rights of the child, and at times (when the procedure results in death, as it sometimes does) the right to life.

FGC refers to a range of practices that vary in their medical and social significance and consequences. These vary from a ceremonial prick or small excision of only a part of the clitoris to removal of the majority of genital tissue followed by infibulation, or the surgical closure of the vaginal opening. Even in a single geographical location, FGC practices and the rationales for them may vary widely. This variation matters because assumptions about the ubiquity, consistency, or motivations behind the practice in a local community can seriously affect any efforts to engage and end the practice.

I.1.b. Culture or Religion?

Religion is commonly perceived as a major motivation for FGC. An important question is how far the religious link is exaggerated or constructed. Incorrect assumptions about religion and FGC can result in underestimating the important roles played by ancient cultural traditions, ethnic expectations, economic factors, and gender relationships within communities, all of which contribute to the perpetuation of the practice. Efforts to address FGC on exclusively religious grounds – or
from any perspective that does not consider FGCs' role in a broader framework of influences—have often been ineffective or even counterproductive. Box 2 summarizes some religious perspectives on the practice.

Although focus on the issue tends to center on African communities, various forms of altering, cutting, and/or mutilating female genitals have occurred and continue to occur in other contexts. In Victorian England and in the United States in the mid-twentieth century, clitoridectomies (the medical term referring to the surgical removal of the clitoris) enjoyed widespread popularity as a means to “cure” conditions and behaviors ranging from lesbianism to excessive masturbation. This practice represented not only medical but also the social norms of the era, which sought to shape the women of the emerging middle class (and their sexualities) into a specific mold of femininity. Victorian clitoridectomies eventually fell out of favor, but other forms of genital surgery and cutting are common today in Western societies. Each year, approximately 2000 North American infants whose genitals are considered “cosmetically unacceptable” or “ambiguous” undergo some form of genital surgery—even though these surgeries can result in scarring, pain, and loss of sexual sensation, and no medical evidence exists supporting their long-term benefits. 

Debates about FGC have often made a link with male circumcision, another practice that is both religious and cultural in origin and justification. There are significant similarities, in terms of defining gender and links to rites of passage for young members of a community. For many years, benefits of male circumcision have been questioned, like FGC (sometimes called female circumcision), through the framework of children's rights. With the recent emergence of evidence of the benefits of male circumcision as a deterrent to HIV/AIDS infection, these parallels have received less emphasis.

I.I.c. Origins and Prevalence

The origins of FGC practices are not well known, but FGC predates both Islam and Christianity. Scanty available evidence suggests that the custom began in ancient Egypt and that it originally signified the formalization or physical manifestation of gender differences. Removing part of the female sexual organs was seen not only as distinguishing a girl as definitively female, but also marking her as ready for adulthood, marriage, and sexual relations. It has been practiced for many centuries in some (never all) Muslim and Christian communities as well as communities adhering to traditional religions.

World Health Organization estimates place the number of women and girls who have undergone FGC at between 100 and 140 million worldwide. The vast majority of cases occur in continental Africa (see Figure 1). The practice is concentrated in 28 countries in sub-Saharan and northeast Africa (Figure 1). The rate of occurrence varies widely by country and region. While reliable data are not available for every country, at least four countries, Egypt, Eritrea, Mali, and Sudan, are reported to have prevalence rates of 90 percent or higher. FGC appears to be increasing among immigrant communities in Western Europe and North America.

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<th>Data Source</th>
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<td>Yemen</td>
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Box 1: Terminology and Practices

One of the many controversies surrounding FGC is what to call the practice in the first place. “Female circumcision,” a term once widely used, eventually gave way to “female genital mutilation,” which many NGOs and activists felt more accurately reflected the nature of the procedure and downplayed the comparisons to male circumcision (which continues to be widely regarded as a separate issue, particularly in the medical community). “Female genital mutilation” is still in use by many groups today, including the World Health Organization. However, many organizations found that the term “mutilation” was offensive and perceived as biased and inaccurate by practicing communities. “Female genital cutting” has been adopted more recently by many advocacy groups as a less judgmental or offensive option. Other terms used variously include excision, female genital surgery, and ritual genital surgery.14

Generally, practicing communities use words from a local dialect, including tahara or khittan in Egypt, tahr in Sudan, tizian and gaaad in Mauritania15, and bolokoli in Mali.16 Many local terms for the practice connote “purity” or “cleanliness,” while others have meanings closer to “cutting,” “circumcision,” or even “to make more beautiful.” “Female Genital Cutting” or “FGC” is used in this case study, as it is currently accepted by a number of government, multi-lateral, and non-governmental agencies worldwide.

Four commonly understood categories or classes of FGC are described by the World Health Organization as follows:
I. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
II. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
III. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
IV. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.17

Box 2: Religious Sources and FGC

Islam

Major sources of authority in Islam include the Qur’an, the hadith and sunna, and shari’a. The Qur’an is believed to be the literal word of God as revealed to the Prophet Muhammad. It is a source of divine authority and considered untranslatable from its original Arabic (translated versions are often termed “interpretations”). The hadith and sunna refer to the actions and sayings of the Prophet, which were collected into standard collections in the centuries after his death. Different Muslim sects and communities rely upon different sets of hadith. The level of authenticity of a particular hadith is determined by the reliability of the chain of sources that links it back to one of the Companions of the Prophet and eventually Muhammad himself. Each hadith is classified along a spectrum of reliability based upon the authority and trustworthiness of its transmitters. There are canonical collections of hadith in both the Sunni and Shi’i traditions.

Finally, shari’a, which loosely translates to “the way,” is a general term used to refer to laws and legal interpretations that are derived from interpretations of the Qur’an and the hadith. This is often expressed through fatwas, which are religious opinions issued by a particular Islamic scholar or group of scholars. There is no one accepted authority for the interpretation of these sources, and no one agreed-upon set of what shari’a comprises.
Box 2: Religious Sources and FGC, continued

Examples from all these sources of authority have been used to argue both for and against FGC. The bottom line is that although it is not mentioned anywhere in the Qur’an, there are reports in the hadith in which Muhammed refers to female circumcision or FGC without explicitly condemning or condoning it, meaning that many religious leaders feel uncomfortable condemning what the Prophet himself did not take occasion to condemn (according to the classical sources).

**Qur’an**

“…follow the religion of Abraham inclining towards truth…” (4:125)

This verse refers to the obligation of Muslims to follow the Abrahamic tradition of circumcision. Some cite it as evidence that women should be “circumcised,” or cut, but others argue that the specific example refers to male circumcision, and that in many communities (though not all), different words are used to refer to male and female circumcision, rendering the analogy invalid.

Abraham’s circumcision does figure prominently in other classical Islamic sources – both hadith and written historical traditions. Some scholars, including the authoritative 14th century historian Ibn Kathir, claim that female circumcision began with Abraham’s second wife, Hagar (who according to some traditions was herself Egyptian), whose son, Ismail, is said to be the patriarch of the Arabs. Although this is a historical tradition and not explicitly supported by scripture, it does hold some authority.

“…enjoin what is right and forbid what is wrong…” (3:110)

This verse has been cited by those who oppose FGC as an argument that because the practice can be shown to have harmful effects, it is a religious obligation to discourage it actively.

“For anything you do not know, ask the expert.” (16:43)

Groups have cited this verse as a reason to defer to medical experts’ opinions about harmful practices such as FGC.

Other general principles outlined in Qur’an and used in arguments against FGC often include the principle that women and men should both benefit from sexual pleasure (2:187; 30:21) and the principle of individual accountability for one’s deeds and actions (17:15).

**Hadith**

There are at least four instances of hadith that are commonly cited in defense of FGC. Two of them refer only to “circumcision” in general, and critics point out that this is a major weakness of their use as an argument in favor of FGC: frequently female “circumcision” is referred to by a different name than male circumcision in Arabic usage, limiting the applicability of the male circumcision requirement to the female case, and in any case, only male circumcision is explicitly required by the Prophet.

A third hadith states that circumcision is “sunna” for men and “makruma” for women, a distinction that implies that it will bring women honor but is not an obligation. Critics of this hadith question its validity and authenticity.

The final hadith, often referred to as the hadith of “Umm Attiyyah,” is the only one that discusses female circumcision or FGC explicitly:
Box 2: Religious Sources and FGC, continued

“A woman used to perform circumcision in Medina. The Prophet said to her: Do not cut severely as that is better for a woman and more desirable for a husband.” (Sunan Abu Dawud, Book 41, Number 5251).

The authenticity of this particular hadith is widely disputed; it only appears in one of the six accepted collections of Sunni hadith, and it is designated as of weak authority by Abu Dawud, who included it in his collection. This classification is key: as Muhammad Sidiqi, a leading contemporary expert on hadith, points out, Abu Dawud “draws attention to the defects of certain traditions he cites...In the case of traditions which he believed to be genuine, however, he makes no comments whatsoever.”

Some have pointed out that the intention of the Prophet’s statement was to minimize the potential harm of the practice and prioritize the well-being of both a woman and her husband, and that therefore the underlying principle was not to promote the practice (which had long been an existing tradition) but rather to minimize its potentially harmful effects as far as was practical.

Islamic scholars generally agree that hadith that tacitly condone or mention female circumcision are weak and therefore cannot be justifiably cited as evidence for arguments in support of FGC.

Shari’a

Fatwas abound both in support of FGC and against it, including those from highly esteemed authorities. For example, the 14th-century scholar Ibn Taymiyya wrote a fatwa in support of FGC, arguing that “its purpose is to reduce the woman’s desire; if she is uncircumcised, she becomes lustful and tends to long more for men.” On the other hand, one of the most unequivocal religious opinions against FGC was issued by the grand Mufti of Egypt in 2007; this fatwa went beyond stating that the practice had no basis in Islam and explicitly forbade it, labeling it as haram, or forbidden. This statement was supported by opinions issued by scholars at Al-Azhar in Egypt, considered to be the highest seat of Sunni Islamic authority.

One such opinion is as follows:

“After the [statement by the Mufti] there is nothing left for me to say. This is what I have been demanding from the Mufti and the religious scholars – a categorical ruling on such issues. But when some of them say that this is permitted ‘when necessary,’ and if a doctor performs it ... It was a doctor who did this, and look at the result ... Society as a whole is responsible for the death of this girl. This is tantamount to the custom of burying girls alive, before the advent of Islam. It is like the burying the girl in the physical and psychological sense.”

Other contemporary scholars, such as the popular television preacher Amr Khaled, have also condemned the practice through speeches and sermons, characterizing it as oppressive to women.

Similar rulings exist in the contemporary Shi’i literature. Sayyed Muhammad Husayn Fadlullah, a prominent Lebanese cleric, published a fatwa declaring that anything causing harm to “the soul, body, and the sexual abilities” of men or women were prohibited acts. He goes on to explain that this includes FGC, which he classifies as neither required by Shari’a nor part of the sunna and pointing out that in general, Islam seeks to foster respect for women and has historically addressed traditional practices such as FGC “not...in a head-on way, but in a gradual way that leads to the termination of [such customs] in the long run”.

Contemporary supporters of FGC are not difficult to find, either, however (although even the most outspoken tend to stress that it is beneficial but not required). A prominent example is Wagdi Ghoneim, an Islamist and member
of the Muslim Brotherhood who has compared FGC to “cosmetic surgery” with a moral bent – that is, a cosmetic operation that adds to a woman’s honor. 28 Recently, Ghoneim spoke on the subject in Tunisia, where FGC has been virtually nonexistent, prompting a reaction from the Tunisian Ministry for Women’s Affairs. 29 The growing phenomenon of Islamic leaders spreading their ideas through social media, including Facebook and YouTube, suggests emerging models and concerns for the way that FGC (and attitudes towards it) might shift, travel, and evolve through religious networks.

Christianity

FGC is not addressed explicitly in Christian scripture, but several Christian religious authorities have made statements condemning it:

*Coptic Church (Egypt)*

Bishop Moussa, Bishop Youth of the Coptic Orthodox Church and Representative of Pope Shenouda III, stated:

“…from the Christian perspective – this practice has no religious grounds whatsoever. Further, it is medically, morally and practically groundless. […] When God created the human being, he made everything in him/her good: each organ has its function and role. So, why do we allow the disfiguring of God’s good creation? There is not a single verse in the Bible or the Old or New Testaments, nor is there anything in Judaism or Christianity – not one single verse speaks of female circumcision.” 30

*Church of England*

In March 2004, the British Parliament passed the Female Genital Mutilation Act. Shortly afterward, the Church of England, which is the official state church of the UK as well as the “mother church” of the 80 million-member worldwide Anglican Communion (which has branches in many places colonized by the British at some point in their histories), issued the following statement:

“In November 2002 the General Synod of the Church of England passed a motion which condemned all forms of FGM but also recognised the urgent need for continuing action to eradicate the practice world wide. We support the new Act which seeks to strengthen the law and will seek to play our part in challenging the ritual practices and customs which serve to legitimise FGM.” 31

*Roman Catholic Church*

The Vatican has not taken a definitive stance on FGC, but local African Catholic leaders, including bishops, have started to do so. One bishop in Tanzania stated:

“Women are born with certain body parts for good reason, just as men are. If God wanted those parts missing, why did he create them?” 32

This mirrors other issues wherein local religious leaders and those higher up in a hierarchy take different stances on an issue (and not only in the Roman Catholic church): local priests have differed from the Vatican on issues such as condom use, for example, and in 2010, Roman Catholic bishops and a group of nuns took opposite positions on a healthcare law in the U.S.
Health risks and complications associated with FGC procedures vary widely according to the type of procedure and the conditions under which it takes place. In general, the international medical community agrees that whatever the reasons behind the practice, it constitutes the removal and damaging of normal, healthy body tissue for entirely non-medical purposes.

The WHO lists potential immediate complications of FGC procedures as including severe pain, shock, hemorrhage, urine retention, tetanus, and sepsis. Psychological trauma is often associated with a painful procedure performed at a young age, commonly without anesthetic or warning. Long-term consequences can include recurring bladder or urinary tract infections, cysts, infertility, and increased risks during childbirth. In the most severe cases of Type III, infibulation requires additional surgery or cutting (and ensuing complications, including a high risk of infection) each time a woman gives birth or resumes sexual intercourse after childbirth. Although risks are typically higher for Types II and III, any form, performed under extreme circumstances, can and has accidentally resulted in death.

I.2. Awareness and Opposition

I.2.a. FGC as a Human Rights Issue

Early criticism of FGC dates to various colonial administrations, which banned the practice in colonies such as Egypt, Sudan, and Kenya. These bans were often enacted at the urging of local Western missionaries, who put pressure on their governments to outlaw FGC. This often created strong dissent and opposition among local practicing groups, who defended the practice on cultural grounds. In Kenya, for example, defense of FGC actually became a central component of nationalist resistance against colonial rule. To this day, discussions and debates about FGC elicit vehement and often defensive reactions from members of practicing cultures, in part because of this colonial legacy. Some African women reject what they perceive as Western feminist demands to eradicate a practice they consider an important part of their culture and identity. Others argue that it is not the place of outsiders to dictate “what is best” for Africans, contending that FGC is an indigenous problem that will require locally-implemented, culturally-specific solutions. Indeed, a number of African advocates today work to end FGC, at the community and country level as well as across the region.

In the post-colonial era, the issue rose to new international prominence in the 1970s. In 1975, the anthropologist Rose Oldfield Hayes helped focus international attention on FGC with the publication of an article contextualizing it within social structures (such as patriarchy and gender dynamics) based on her own in-depth ethnographic research. And in 1979, two major international developments took place: the World Health Organization sponsored the first Seminar on Harmful Traditional Practices Affecting the Health of Women and Children in Khartoum, Sudan, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the UN General Assembly. These marked a new level of awareness and discussion of FGC in the international community, and also reflect the major frameworks through which efforts to address FGC have been mounted — namely, public health and human rights. Another significant landmark in the international arena was the International Conference on Population and Development, held in Cairo in 1994, which resulted in a Programme of Action advocating for women’s access to reproductive rights — and which explicitly included discouragement of FGC. This Programme of Action marks an important shift towards situating FGC within the context of human rights.

The shift from a medical or health-based framework to a broader, rights-oriented one (exemplified by the 1994 Cairo Programme of Action) has been a general trend in the past several decades. Earlier approaches to FGC had focused primarily on the health risks and medical consequences of the practice, and aside from the occasional incorporation of a religious perspective, did not address the underlying cultural values and societal structures that reinforce the practice. This approach encouraged some to “medicalize” FGC practices — a shift that encouraged the performance of FGC procedures by medical professionals. This shift often resulted in more hygienic procedures, but had little impact on the frequency of their occurrence.

Advocates argue that medicalization is not an adequate solution, saying that while health risks vary depending on the circumstances of the procedure, FGC is a violation of human rights no matter what the circumstances and no matter how severe the consequences. Campaigns that focus on FGC as a human rights issue tend to frame the question in human rights terms such as bodily integrity, consent, and freedom from violence or gender discrimination, rather than highlighting health dimensions. A recent UNICEF report succinctly summarizes the problematic nature of medicalization as a solution to FGC, noting that it does not “provide individuals with the opportunity to revise self-enforcing beliefs, did not change the expectation of rewards and sanctions associated with conforming or not conforming to the socially accepted norm, and tended to legitimize the practice while obscuring the fact that it is a violation of the rights of women and girls.”

I.2.b. The Limits of Cultural Pluralism
Two books published in the late 1970s highlight the emergence of different approaches to FGC, notably separating women, development practitioners, and Western scholars from people from the places and spaces where FGC is traditionally practiced. These different approaches have colored debates about FGC and how to address it in various contexts. In 1979, feminist activist Fran Hosken wrote a highly publicized report describing FGC practices in a number of African countries and calling for international aid organizations and faith-based groups to put an immediate end to it. Some anthropologists and scholars criticized the report as an ethnocentric and culturally insensitive treatment of the issue. Her arguments have been echoed by many subsequent activists and aid workers.

The publication in 1980 by Nawal El Sadaawi, an Egyptian doctor and activist, of The Hidden Face of Eve marked another important milestone. It is an account of women in the Muslim world and the various forms of oppression they face. Excerpts from her work, which highlighted FGC and included a description of her own childhood experience undergoing the procedure, were published in Ms. Magazine, bringing the issue to the attention of a more mainstream audience in America—and presenting a perspective from within an FGC-practicing culture to such an audience for the first time. Saadawi, though outspoken against FGC, was also highly critical of Western attitudes (such as Hosken’s) towards the practice, which she considered condescending and patronizing. “That kind of help,” she wrote, “which they think of as solidarity, is another type of colonialism in disguise. So we must deal with female circumcision ourselves. It is our culture, we understand it, when to fight against it and how, because this is the process of liberation.”

Initial approaches that highlighted health aspects aimed to some extent to ensure that international approaches were more culturally neutral and sensitive in addressing the issue. By focusing on the scientific facts of the health risks, advocates sought to avoid being perceived as passing judgment on its practitioners and supporters. However, as this approach was seen as failing to decrease the prevalence of FGC, advocates turned to a human rights framework as an alternative way to encourage its abandonment.

An important point is that the human rights framework is designed to take cultural sensitivity into account; the major treaty addressing women’s rights, for example, includes the right of women (and men) to participate in “the process of social and cultural change.” The Banjul Charter, also known as the African Charter on Human and Peoples’ Rights, addresses the issue of African cultural values directly. The Charter, which came into effect in 1986, is a regional human rights instrument that focuses not only on human rights, but also decolonization and traditional African values. It specifically commits to promoting the preservation of what it terms “positive African cultural values” – implying that while cultural sensitivity is important, cultural practices should not go unquestioned.

I.2.c. Local Activists and Global Civil Society

Today there are many diverse actors working to end FGC, from international agencies such as UNICEF and the World Bank to regional and national NGOs to local, grassroots groups. Organized indigenous action against FGC began at least as early as the 1960s and has grown along with international efforts on the issue. An example of a successful indigenous actor is the NGO Tostan, which works throughout West Africa and addresses FGC by engaging communities holistically, consulting local religious and traditional leaders but involving all segments of a community to effect change. Tostan draws upon principles outlined in international human rights law, calling its approach a “human rights-based community empowerment program,” but works on the local level, addressing the issue in its specific cultural context (specifically, its importance to girls’ marriageability) and eliciting collective commitments to change from the community as a whole.

Other indigenous actors working on FGC issues are regional in scope. In 1984, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) was founded by a group of representatives from 20 African countries. Since then, it has worked to educate not only African governments, but also general populations about the importance of eliminating FGC. While its stated goal is the elimination of harmful practices, its focus is on local efforts. The IAC is illustrative of a growing movement towards advocating an approach to FGC that is participatory, locally-driven, and grassroots-oriented. Although the IAC maintains official ties with UN organizations, including the WHO, its board members are drawn from African nations and its projects are largely community-oriented and focused on a range of traditional practices without focusing exclusively on FGC.

FGC remains quite controversial. Even within the international aid community fierce debates continue. Some see active advocacy on the
issue as counterproductive, and a form of cultural imperialism. They argue that advocacy reinforces negative stereotypes and draws attention away from what some term more urgent and important issues, like health, education, and the general status of women in society – that is, the greater social, economic, and political milieu into which FGC is embedded. Advocates who work to end the practice (for example, the IAC) take the approach of integrating the issue of FGC within a larger societal framework and web of issues to address it in a more holistic way. Yet the outrage and frustration at slow progress drive a continued call for focus and action by a significant group of individuals and groups, both from the affected communities and beyond.

I.2.d. International Law and National Sovereignty

Various instruments of international law apply to FGC, including several human rights conventions in addition to nonbinding resolutions and declarations. While these measures (and the national legislation they occasion or inspire) are far from universally enforced, they are a significant means for influencing national legislation and raising awareness around human rights violations in order to hold governments accountable. 53

International law applies to FGC in both implicit and explicit ways. Generally speaking, FGC is considered to be both a form of violence against women as well as a form of gender discrimination according to international law. It is explicitly mentioned in documents like the African Charter on Human and People’s Rights and the Beijing Declaration, both of which identify it specifically as a harmful cultural practice. 54 But more broadly, it is seen as a violation of many provisions of both the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child, including the right to life, the right to physical integrity, the right to freedom from violence, the right to health, and the right to freedom from discrimination on the basis of gender. 55 The international human rights framework balances these claims with rights linked to culture: CEDAW, for example, mandates states to work to change discriminatory social and cultural patterns, implying the right of women (and men) to participate in a “process of social and cultural change.” 56

Certain provisions of international human rights law, such as the right to culture, the rights of minorities, and the right to religious freedom, are sometimes invoked in support of allowing FGC to continue. Advocates for ending the practice would argue, however, that the accepted framework of economic, social, and cultural rights specifies that no cultural rights should infringe upon, negate, or destroy any other right, and that legal measures taken against harmful cultural practices constitute “justifiable limits” on such freedoms. 57 Moreover, the Banjul Charter (American Charter on Human and People’s Rights) requires member states “to abolish customs and practices harmful to the welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices prejudicial to the health or life of the child; and (b) those customs and practices discriminatory to the child on the grounds of sex or other status.” 58

Given the nature of social and cultural rights, governments are generally expected to comply with international law in an incremental way – for example, by taking steps to modify cultural and social patterns and encourage behavior change. The process of changing a custom such as FGC is rather difficult for governments to implement. Indeed, successful efforts to eliminate FGC have always involved non-governmental community groups in addition to governmental actions. However, governments can take concrete steps to fulfill their duties according to legal human rights frameworks, including legal measures (e.g., constitutional protections, legal reform, and criminalization), regulatory measures (e.g., establishing policies for health professionals or creating measures encouraging civil society organizations to conduct their activities), and broad policy initiatives (e.g., promoting girls’ education, media campaigns, etc.). Finally and significantly, many countries specify reservations when ratifying human rights treaties, denoting the limits of international law with regard to national sovereignty and indigenous cultural norms. In the case of CEDAW, many Islamic signatory states (including Algeria, Bangladesh, Egypt, Malaysia, and Saudi Arabia) stated explicit reservations in cases wherein provisions of the treaty conflicted with Islamic or shari’a law, asserting the primacy of the latter over international law. 59

In many cases debates around FGC are enmeshed in broader strategies towards women and gender equality. Box 3 highlights some gender dimensions.

I.2.e. Policies of U.S. and European Governments

USAID and the U.S. Department of State take the position that FGC is a violation of health and human rights and a practice that “hinders development.” It “opposes any practice of or support for Female Genital Mutilation/Cutting (FGM/C) and works toward the goal of total elimination of FGM/C. Under no circumstances does USAID support the practice of FGM/C by medical personnel.” 61 In some instances – for example, in a Somali community in Kenya – USAID has supported campaigns to stop FGC that specifically target religious leaders and scholars and evoke religious principles to advocate for abandonment, 62 while in other contexts, USAID has funded a number of NGOs that address reproductive health and family planning comprehensively, with
Box 3: Gender and FGC

The gender dimensions of FGC are many. Some frameworks for thinking about the issue with a gender lens include:

- **Gender and human rights law**: the advent of CEDAW and gender mainstreaming introduced the notion that the rights of individuals extended beyond the “public sphere” into the “private” realm of the home and family, giving rise to human rights-based arguments against not only practices like FGC but domestic violence and other issues.

- **Gender-related taboos**: because FGC is performed by women on other women, often men actually do not realize the severity of the operation or even the difference between before and after genital operations are performed. Because of taboos surrounding sexuality and women's bodies, it can be difficult even to discuss the issue within communities.

- **Gender and the woman's body**: in general women's bodies tend to be the sites of so-called “culture wars,” not just in debates around FGC but also in relation to the wearing of hijab, the beauty industry, abortion, plastic surgery, and other issues. This phenomenon can lead to reactionary responses to FGC advocacy that may not be rooted in religious or cultural authority so much as in defense or protection of the sanctity of women's bodies (and the meanings that current gender and power dynamics place upon those bodies).

- **Gender roles in communities and the economy**: often those performing FGC procedures also work as midwives. They tend to be trusted female members of the community whose income depends on fees from these genital surgeries as well as delivering children; in many societies, income sources for women are limited and so the role of the women who actually enact FGC may persist in part out of economic need.

FGC as an integrated component within this larger framework. The UK Department for International Development similarly states that FGC is a priority in its “population assistance program.”

On February 16, 2012, Secretary of State Hillary Clinton spoke at the first State Department event in recognition of the UN's International Day of Zero Tolerance to Female Genital Mutilation, marking a newly public and overt stance against the practice (the UN had commemorated the Day for nearly a decade prior to Clinton’s speech). She noted the importance of religious leaders in shaping communities' opinions on the issue, and announced that the U.S. government will partner with the University of Nairobi to establish a “Pan-African Center of Excellence” to address FGC – which will develop strategies to end the practice as well as to support those who have experienced FGC procedures.

The “no tolerance” rhetoric reflects Western regulatory practices when it comes to FGC: within the borders of Western European and North American states, FGC is generally addressed through criminal legislation. Canada, for example, not only criminalizes the practice within its borders but also has made it illegal to send Canadian girls abroad to have the procedure done elsewhere; and performing genital cutting is a prison offense in France. Seemingly exempt from these laws, however, are forms of FGC that are medically justified or contextualized in some way, such as surgeries on intersex infants or elective cosmetic genital surgeries, as described above.

I.3. Religious Actors and FGC: Support and Opposition

I.3.a. Mechanisms: Religion As It Influences FGC Practices

Religion is a complicating factor in continuation of and opposition to FGC. Religious identity is an unreliable indicator of FGC prevalence: for example, in Senegal, Ethiopia, and Ghana, prevalence rates are higher among Muslims than Christians; in Niger, Nigeria, and Tanzania, prevalence rates are higher among Christians than Muslims; and in Mali, Eritrea, and Burkina Faso, rates are more or less equal among religious groups. Many, including those involved at family and community levels, tie the practice to their religious beliefs and teachings.

Religion influences FGC practices in particular situations and communities through different mechanisms. Such mechanisms include:

1. Motivation based on religious values or obligations: A 1998 report
2. Identity formation along the lines of religion: FGC can function as a physical manifestation of a religiously prescribed or constructed identity. In communities or countries with multiple ethnic groups or religious sects, FGC can be perceived as a distinguishing factor differentiating one ethnic group or sect from another; ethnic and religious identity can also determine which type of FGC is practiced in a particular community.

3. Moral authority expressed through religious leaders and institutions: Although religious authorities generally agree that there is no basis in Islamic or Christian doctrine for FGC, local religious leaders sometimes encourage or support FGC, or promote one form over another. Moreover, statements from religious leaders merely declaring that FGC is not specifically required by religion do not carry the same force as declaring that it is discouraged or forbidden on the basis of religion; some religious opinions issued by Muslim leaders, for example, have decreed that although FGC is not an obligation for Muslims, it is religiously permissible.

4. Material interests and social structures created by religion: Marriageability is a key aspect of FGC in nearly every practicing community, meaning that social pressure to conform to the practice for the sake of one's family and daughter is a significant underlying cause. Trends and occurrences of FGC can be categorized according to the intermarrying communities that practice it; while these communities are not always directly or exclusively defined by religion, often intermarrying communities can be identified through association with a particular religious sect or leader. Religion informs the contexts and norms that define how marriage is practiced (in the case of polygyny, for example); and so in societies wherein a woman's primary (if not sole) means to financial security is marriage, FGC becomes inextricable from a woman's security and material interests (and by extension, those of her family).

The role of religion is often overemphasized in discussions of FGC, but religion can and does influence its practice – and campaigns waged to end it – in subtle, diverse, and sometimes contradictory ways. Although religion is not the sole cause of FGC in any context, it is nevertheless an important arena in which the practice is contested. Religious factors can create barriers to addressing or ending FGC, but can also provide a framework of values and moral authority that can be useful in efforts to encourage abandonment.

I.3.b. Religion and Support for FGC

Religion works to provide motivation for the practice of FGC through specific religious values such as virginity, fidelity, and purity. Islam and Christianity, for example, prohibit sexual activity outside of marriage, placing a high value associated a woman's virginity upon marriage and her fidelity afterwards. While this is not an uncommon cultural or social norm, it can become codified through religious rules and consequently carry added significance. FGC is perceived as a way of preserving a woman's chastity and encouraging fidelity (the practice is believed by many to "contain" a woman's sexual desire), and therefore becomes a key means for families, individuals, and communities to uphold a religious obligation. Islam emphasizes purity through various rituals and obligations, and some practicing communities link these principles to FGC, which is considered an active and important means to preserving a woman's "purity." This is reflected in terminology, as FGC procedures are literally synonymous with purity in the dialects of many groups that practice it (e.g., tahara in Egypt, tahrur in Sudan, and bolokoli in Mali).

This association creates an implicit link between the practice and other obligations that are explicit religious obligations.

Identity formation along religious lines also works to reinforce FGC. In some communities in the Sudan, for example, differences in FGC practice are distinguishing factors among ethnic groups that practice different forms of Islam. Undergoing a particular type of FGC is what marks a woman as a specific kind of Muslim woman; the practice functions as a physical manifestation of a religiously inscribed identity.
In a broader sense, within many interpretations of Islam there is a sense that moral behavior is the responsibility not only of the individual, but of society as a whole. FGC, although not an originally Islamic practice, therefore potentially has particular traction in certain Islamic contexts, as it is perceived as a cultural and social action sanctioned (and often celebrated) by the community that assists individuals fulfill religious obligations – thereby strengthening the Muslim character of the community.

Another key mechanism is that of religious leaders who provide moral authority to support the legitimation of FGC, whether implicitly or explicitly. In some Muslim communities, religious laws (often interpreted by local religious leaders) are viewed as superseding national or local laws – meaning that if a local religious leader promotes, condones, or merely refrains from condemning FGC, national legislation against the practice will have little significance among the local population. In many instances, moral authority on the issue is located in local religious actors rather than centralized religious authorities; for example, the Coptic pope in Egypt condemned FGC as having no religious, medical, moral, or practical grounds, but a high prevalence rate of FGC among Coptic Christians in Egypt persists. In some places – for example, in certain communities in Kenya – while FGC procedures themselves are not explicitly religious, girls are recognized and praised by priests in church immediately after their circumcision, conferring a general sense of religious approval on the tradition, regardless of official doctrine.

The function of moral authority is especially meaningful in an Islamic context because the few (often disputed) references to FGC practices in Islamic holy texts are in the hadith, a set of religious writings less authoritative than the Qur’an and far more open to interpretation and debate. This also speaks to a system of religious authority centered on individual scholars and their interpretations more than on a central or orthodox religious authority, so local religious leaders’ opinions can have particular import in Muslim communities.

Finally, material interests and social structures related to religion can function to perpetuate the practice of FGC. In the vast majority of cases, FGC is inextricable from, and essential to, marriageability – making this factor one of the most significant obstacles to its abandonment, particularly in societies in which a woman’s socioeconomic status (as well as that of her children) is almost wholly dependent upon her marriageability. Intermarrying communities are often organized along religious lines or identify with a central religious leader. Moreover, marriage customs are often governed by religious laws. Polygyny, for example, sanctioned and regulated within Islam, has been shown to be a causative factor in certain situations – instances, for example, wherein a man takes a second wife who has undergone a form of FGC and subsequently requests or requires his first wife to undergo the procedure. Often rates of polygyny rise with increasing economic development (as more men are financially able to support larger households), increasing competition among marriageable women; in such situations, a family will do everything possible to increase their daughter’s potential for marriage, including, of course, FGC. Although social and economic factors lead to increased competition, the added, religiously prescribed element of polygyny acts as a magnifying factor that creates higher incentives for continuing the practice of FGC.

I.3.c. Religion and Opposition to FGC

Similar mechanisms can lead or encourage religious actors to oppose FGC. Campaigns to encourage abandonment of the practice often use or integrate a perspective that highlights religious values, highlighting the sexual rights of men and women in marriage and the sanctity of the human body (for which there are scriptural bases in Islam) to “de-link” Islam from FGC. Essentially, these approaches use religious arguments to demonstrate that FGC is not only not required by Islam, but that a “correct” interpretation of the religion leads to the inevitable conclusion that it is actually un-Islamic.

The notion of communal identity formation within Muslim communities, discussed above, can also be used to argue against FGC. Some religious scholars have made the argument that FGC locates the burden of correct behavior, and of a family’s morality, within an individual woman – and that according to Islamic principles, this responsibility should rest with the behavior of the individual and her community – not a physical alteration of her body. This argument has particular force in Islam, because there is a strong Qur’anic injunction that no person can be made to bear the sins of another (Qur’an 53:38).

Successful community-based approaches to ending FGC engage local religious authorities as key actors in supporting the legitimation of ending the practice. These authorities’ support, respect, and cooperation can be key to gaining trust and legitimacy within the community as well as supporting the values invoked to encourage FGC abandonment. Finally, just as intermarrying communities that share common material interests and marriage patterns can create social pressures for continuing FGC, they must be engaged as a whole community, not merely through targeting certain individuals, in order to change attitudes and behaviors in a way that will lead to large-scale abandonment. Just as religiously governed marriage patterns can magnify the effects of pressures to practice FGC, they can magnify successful efforts to eliminate it as well.
II.1. General Background: Egypt

II.1.a. Demographics and Gender in Egypt

With over 78 million inhabitants, Egypt is the most populous Arab country and among the world’s 20 most populous countries. The median age in Egypt is 24 years, and a third of its population is under the age of 15. \(^82\) Fertility rates have been declining since the 1980s, though the rate of decline has leveled off in recent years. \(^83\) Between 1990 and 2007, despite population growth by over 40 percent, the ratio of urban to rural residents has remained nearly constant, with approximately 43 percent of the population in rural areas and 57 percent in urban areas. \(^84\)

The World Economic Forum’s 2009 Global Gender Gap Index ranked Egypt 126th out of 134 countries in terms of the gap in gender equality, based on a range of indicators comprising health, education, political participation, and economic opportunity. \(^85\) For most Egyptian women, regardless of education level, marriage is the key means to achieving “inclusion and social status.” \(^86\) Although the fe-
male illiteracy rate has been dropping (from 57.4 percent in 1992 to 51 percent in 1996, for example 87), Egyptian girls are less likely to enroll in school than their male counterparts, and Egyptian women tend to have lower levels of political participation than men. 88 However, maternal health indicators are improving; in 2008, health professionals attended nearly 80 percent of births (as opposed to 46 percent in 1995), and nearly three-quarters of women received pre-natal care in 2008, up from 39 percent in 1995. In short, although Egyptian women and girls have made inroads in recent decades, particularly in the areas of health and education, cultural and structural barriers to gender equality persist.

Egypt claims a significant role in the development of Islamic feminist thought, and has a rich tradition of activists (such as Nawal el Saadawi and many others) who have advocated for gender equality and women’s rights in Egypt. Yet significant gender inequalities remain. Despite a long history of active women’s participation in Egyptian revolutions, including the January 25 Revolution of 2011, post-revolution levels of women’s political representation are less than promising. Only eight women won seats in the first post-Mubarak parliamentary elections, meaning that they constitute a mere 1.5 percent of the new parliament. 89

II.1.b. Government

Egypt (officially the Arab Republic of Egypt) has been a presidential republic since 1953 – but one characterized more by authoritarianism than by democratic rule. In February 2011, then-president Hosni Mubarak became the second Arab leader (after Ben Ali of Tunisia) to leave power due to the revolutionary protest movements of the “Arab Spring.” The current political situation remains fluid; a military council, the Supreme Council of the Armed Forces (SCAF), is running the government, reflecting decades of a regime strengthened by a strong (and often brutal) security apparatus. Islamist parties (including but not limited to the political party affiliated with the Muslim Brotherhood) made the strongest showing in the first post-Mubarak parlia-

Box 4: The January 25 Revolution, Public Spaces, and Gender

One commentator described the events of the revolution in terms of a “re-appropriation of public space, indicative of the public’s refusal to concede the streets and squares to the dictates of the security apparatus.” 96 This description makes reference to the emergency laws that have been in place since Mubarak took power (and renewed most recently by the Supreme Council of the Armed Forces currently ruling the country), which stipulate that gatherings of more than just a few people can be categorized as criminal activity. Under this sort of legal order, “public space does not belong to the public at all,” which helps explain the power of the revolution’s pivotal focus on Tahrir Square in Cairo (as well as other major squares in cities like Alexandria). Aside from the point that “women’s unpaid labor in the home was central to the reproduction of bodies protesting on the street” – an observation extending from feminist theory that considers the ways that gender cuts across notions of public and private spaces – women’s bodies were particularly politicized during the January 25 Revolution and its aftermath. 97

It was widely observed that women and men participated equally and peacefully in the protests in Tahrir Square – in marked contrast to the increased levels of sexual harassment experienced by women in recent years. According to a recent report by the National Council for Human Rights in Egypt, 83 percent of employed Egyptian women had experienced sexual harassment in the workplace at some point, and reports of increasing physical and verbal harassment towards women (both those wearing hijab and those without) had attracted much attention in recent years. 98 High-profile incidents, however, including assaults carried out by military officers and justified as “virginity tests” and the assault of CBS correspondent Lara Logan, have cast a pall on the status of women in public spaces post-revolution. 99 These assaults have largely been attributed to state security personnel or regime-affiliated “thugs,” which were present throughout the protests in Tahrir, and who have a history of using sexual assault as a way of targeting women journalists, lawyers, and activists (perhaps most notoriously in May 2005, in connection with protests over an amendment to the Egyptian constitution). 100 While these incidents show that women’s bodies are still sites of fierce and sometimes violent contestations in Egypt, the refusal of the SCAF to investigate military involvement in sexual abuses has become a major criticism of the council’s power.
grammatical errors, although numerous reformist and other political actors have emerged in the post-January 25 political arena.

The Mubarak era was characterized by a strong bureaucracy and security apparatus with power consolidated in the ruling National Democratic Party. Hence, despite a multiparty system and a bicameral legislative body, free and fair elections were not held and Egypt had many features of an authoritarian political system. 90 The legislature was characterized as having little decision-making power and functioned more as an “indicator of public opinion” than a governing body. 91 Hosni Mubarak was President for 30 years, from the assassination of president Anwar Sadat in 1981; that year, emergency law was declared, consolidating executive power in the office of the president.

Parallel to a trend throughout the Arab world, the number of Egyptian civil society organizations grew rapidly in the 1990s, but the regime maintained tight control over the funding and agendas of such organizations. Egypt has one of the highest numbers of civil society organizations in the Arab world, in both relative and absolute terms. 92 The growth in civil society coincided with a number of other liberalizing reforms, including economic restructuring. These reforms were often requirements tied to significant levels of American economic and military aid; Egypt has long been considered a major U.S. ally in the Middle East, and only Israel received more U.S. foreign aid dollars than Egypt during the Mubarak era.

The Mubarak regime was a notorious perpetrator of major human rights abuses, including torture and abuse of prisoners (many of them political), as well as limits on freedoms of the press, assembly, and religion. 93 The high levels of American aid to the former regime despite these well-documented human rights abuses is likely to affect Egyptian attitudes towards future U.S. aid and policies concerning Egypt. In a 2011 Gallup poll, the majority (75 percent) of the general Egyptian public opposed U.S. aid to Egyptian political groups. 94 Nonetheless, the pattern of significant loans from the U.S. to Egypt appears to be continuing post-Revolution. 95

II.1.c. Religion in Egypt

The majority (between 85 and 90 percent) of Egyptians practice Sunni Islam. Egypt is home to Al-Azhar University, which was founded in the tenth century and remains one of the most influential centers of Sunni Islamic scholarship in the world. Alongside this legacy is the history of the Egyptian state’s use of Al-Azhar’s religious authority to support and bolster its legitimacy, particularly in the face of rising Islamist political opposition (this trend began under the regime of Gamal Abdel Nasser and intensified under his successor, Anwar Sadat). 101 It is likely that post-revolution, the politics, structure, and curricula of Al-Azhar will be subject to new contestations as the Muslim Brotherhood and other Islamist political parties assume new roles in Egyptian parliament; already Azhari leadership has initiated meetings with the Muslim Brotherhood and Salafi leaders; in the past, the relationship between Al-Azhar and these groups has been a strained one. 102

The non-Muslim population of Egypt is almost entirely Christian. Most Egyptian Christians belong to the Coptic Orthodox Church (some estimates place the percentage of Copts at closer to 15 percent of the population – higher than the level officially given by the Egyptian government). 103 Copts are considered the cultural, if not literal, inheritors of Egypt’s pre-Islamic and Pharaonic heritage. As secular and nationalist-based ideologies have given way to those rooted in Islam, there has also been a shift in Copts’ roles within Egyptian society. Copts and Egyptian Muslims share common cultural characteristics nonetheless. FGC is widely practiced in both religious communities.

Conflicts between Muslims and Copts have been increasing in number and intensity in the past several decades. 104 This trend has developed alongside a general Islamicization of Egyptian society, which increased in particular in the wake of Egypt’s disastrous military defeat in the 1967 war against Israel. This defeat marked a loss in confidence in the secular pan-Arab ideology promoted by Egyptian president Gamal Abdel Nasser and a consequent rise in the significance of Islam as a feature of Egyptian society, particularly in the context of political opposition. State crackdowns on Islamist activities, including the detention, torture, and even execution of Islamists, began under the regime of Anwar Sadat and continued through the Mubarak era. Many contend that instances of interreligious violence were often provoked or supported, tacitly or overtly, by the former regime as a distraction and to exaggerate the threat of Islamic extremism; given the much-celebrated cooperation between Muslims and Copts throughout the 2011 uprisings, this point of tension remains relevant.

Despite the weight of Al-Azhar as a religious institution, Egyptian society includes many other types of religious organizations, from grassroots-style movements like the Muslim Brotherhood to “teleevangelist”-style preachers like Amr Khaled. Generally speaking, political Islam traces its roots to Egypt, where the first Islamic political group, the Muslim Brotherhood, was founded in the 1920’s. One of the group’s founding goals was to restore the Islamic community (or umma), formulated partially in response to the Egyptian govern-
ment at the time, which was a vassal state of the Ottoman Empire and promoting secular reforms. The tension between secular-oriented Egyptian governments and the Muslim Brotherhood persisted through the end of Mubarak’s regime, under which it was officially banned as an organization but made substantial electoral gains via members running as independents in 2005 – only to be suppressed again largely through the regime’s manipulation of the 2010 elections. Its history of organizational development despite its illegal status afforded the Brotherhood a significant advantage in the first round of post-Mubarak elections.

The Islamic concept of a society’s collective responsibility for the morality of its members (mentioned in section I.3.b.), is manifested in Egypt in particular through the notion of da’wa, a historical Islamic concept defined as “a duty, incumbent on some or all members of the Islamic community, to actively encourage fellow Muslims in the pursuit of greater piety in all aspects of their lives.” The Muslim Brotherhood revived this concept and put it into practice in the modern era, and da’wa itself has taken on a life of its own, becoming “a space for the articulation of a contestatory Islamic discourse on state and society,” now aided by various contemporary media formats. In addition to the Muslim Brotherhood, the da’wa concept has been propounded by a group of “televangelists” called al-duah al-gudud (“the new preachers”) who focus not only on religious, but also civic ethics and duties.

Hence, Islam as manifested in modern Egyptian society has broad implications for social change. It should be noted that often the English term “advocacy” is translated into Arabic as “da’wa,” which can be confusing for some activists who consider “da’wa” to be a strictly religious term and not necessarily appropriate in advocacy contexts.

II.2. FGC in Egypt

II.2.a. History and Prevalence

Egypt has one of the world’s highest prevalence rates of FGC, despite numerous campaigns to end it and significant governmental and religious condemnation of the practice (by both Muslim and Coptic leaders). It has persisted despite rising female literacy (education has long been expected to temper FGC and other “traditional practices”). As of 2008, over 90 percent of Egyptian women (aged 15-49) had undergone some form of FGC. FGC practice appears to be declining gradually within Egypt, however. Some 96 percent of women aged 45-49 had undergone FGC, compared to only 80.7 percent of women 15-19 (in Egypt, nearly all women undergo FGC before the age of 15).

A 2001 report observed that the majority of FGC cases in Egypt were Type I or Type II (measured at 19 percent and 64 percent of total cases, respectively), with a minority of Type III procedures, most concentrated in the southern regions of the country. In general, prevalence tends to be slightly lower among younger, urban, wealthy, and educated women than among older, rural, poorer, and less educated women. Geography, however, also plays a key role; in the Frontier Provinces of the country (which include the Sinai peninsula and many desert areas) prevalence is significantly less than in other regions, at around 66 percent among women 15-49.

A significant trend in the practice of FGC in recent years has been the medicalization of the practice. Traditionally, FGC procedures in Egypt were performed by traditional birthing attendants, or dayas, and without anesthetic, but recent surveys indicate significant increases in the number of procedures carried out by medical professionals (whether doctors or government-trained midwives) to nearly three-quarters of cases in 2008. Some reports have indicated that this increased medicalization has resulted in Egyptian girls undergoing the procedure at older ages than previously was the case, due to pressure from medical professionals who argue that fewer complications result when the operation is performed on older girls.

Figure 2 shows the distribution of the practice in Egypt.
II.2.b. International Law and National Sovereignty: The Legal Situation in Egypt

From a legal standpoint, a certain level of ambiguity has always surrounded FGC in post-independence Egypt. For years, although many educated Egyptian citizens and medical professionals agreed that the practice was illegal, no record of such a law could be located – only a series of decrees issued by the Egyptian Ministry of Health that did not carry the force of law and pertained largely to health professionals’ participation in performing the practice. 117 Doctors were forbidden to perform FGC procedures in government medical facilities, and traditional practitioners were forbidden to perform the procedure anywhere. 118

In 1994, following a highly publicized CNN report about FGC in Egypt, and in the wake of the United Nations International Conference on Population and Development (ICPD) – held in Cairo that same year – the Egyptian Minister of Health decreed that the procedure should be conducted in government health facilities one day a week by professional health workers (and after attempting to persuade the parents against it). What followed was a backlash (both domestic and international) against this endorsement of the “medicalization” of FGC, and consequently, the decision was reversed a year later. 119 In response, supporters of FGC challenged the ban in court, which subsequently declared the decree unconstitutional (citing, among other reasons, that it interfered with physicians’ autonomy in the practice of medicine). 120 In 1997, Egypt’s highest court of appeals overturned the lower court’s decision, making FGC procedures a punishable offense for anyone, whether a traditional birth attendant or a health professional. 121 According to press reports, 13 individuals had been prosecuted under these provisions as of 2001. 122 It was not until June of 2008 that the Egyptian legislature formally criminalized FGC in the national penal code, following months of public outcry over a young girl who died from the procedure. 123

In addition to its domestic laws, Egypt is party to a number of international treaties that carry implications for FGC, including CEDAW, the Convention on the Rights of the Child (CRC), and the African Charter on Human and People’s Rights. However, when signing and ratifying CEDAW, the Egyptian government specified reservations indicating that in the case of any conflict between CEDAW provisions and Islamic shari’a law, shari’a would take precedence.

In accordance with principles of international law regarding social and cultural rights, the Egyptian government has undertaken a number of measures to discourage FGC in addition to the legal and regulatory measures mentioned above, including a media campaign, originally launched in 2003, focusing on awareness and advocacy. 125 In 2008, Egypt hosted a regional meeting focused on FGC, which resulted in the Cairo Declaration for the Elimination of Female Genital Mutilation, aimed at raising awareness and motivating action against FGC worldwide. 126 In general, although the Egyptian government took an increasingly strong role in enacting legal measures to end FGC in the latter years of the Mubarak regime, much of the concrete action taken to change the practice has come through local and international NGOs. 127

II.2.c. Local Activists and Global Civil Society in Egypt

The history of local- and community-based programs in Egypt that aim to end FGC dates back to the 1920s, but since the 1990s they have become far more integrated into broader development frameworks. 128 After the 1984 Cairo Conference on Population and Development, a national taskforce was created, focused on drawing attention to FGC. The taskforce brought together a variety of grassroots organizations and actors from throughout Egypt, and worked to raise the issue’s profile, particularly within the Egyptian government – which started tracking FGC-related statistics in 1995. 129 Gradually, efforts to encourage the abandonment of FGC in Egypt have evolved into coalitions among international organizations (such as USAID and various UN agencies), Egyptian government agencies (for example, the National Council for Childhood and Motherhood, which is a part of the recently created Ministry of Family and Population 130), and local actors. 131 Although supported by international and national organizations, many current efforts tend to highlight local, community-centered approaches and actors, in part to combat the notion that FGC abandonment is an imposition of outside or Western values.

One example of such a project is the “FGM-Free Village” model, carried out with the help of UN Volunteers in 120 Egyptian villages, which aims to target not just women or the midwives that conduct FGC, but also community leaders, teachers, mothers, midwives, youth, and men, and encourage entire communities to give up FGC as a collective action. 132 The holistic approach required to sustain long-term behavior change also has the advantage of situating the issue of FGC within a broader right-based program, lessening the chance that the campaign is perceived as one being waged by those with an outside agenda. 133 By 2009, 50 Egyptian villages had pledged to end FGC as a community.

Religious legitimacy also plays into many of these programs. Of the
various Egyptian NGOs that started working on FGC issues in the 1990s, many were Islamic or Coptic organizations, while others targeted religious leaders as agents of change; groups also used religious festivals as a way to reach large audiences to raise awareness about the issue.\(^{135}\) Recent data indicate that these approaches are making headway in reducing the rates of FGC, while medicalization continues to increase.\(^{136}\) Along with medical professionals and youth, religious organizations have been cited as one of the primary sources of legitimacy and credibility for the promotion of FGC abandonment in Egypt.\(^{137}\)

Efforts to end FGC in Egypt have faced numerous difficulties since the revolution. In the first place, instability has lead to decreases in UN funding designated for discouraging FGC.\(^{138}\) Regime change resulted in the dissolution of the National Council for Childhood and Motherhood, and in any case former first lady Suzanne Mubarak’s activism on FGC (not to mention a host of other issues aimed at women’s empowerment) has tainted it by association to some degree.\(^{139}\) Moreover, as more Islamist politicians and policymakers assume power, the state’s condemnation of FGC on religious grounds – once definitive and streamlined as the official position of Al-Azhar – is now up for contestation. Members of the Muslim Brotherhood (whose Freedom and Justice Party is one of the more moderate of the Islamist parties now represented in parliament) have pointed out that according to classical Islamic sources, FGC is neither explicitly forbidden nor required.\(^{140}\) While this has not translated into promotion of the practice, it does not lend itself to speaking out against it either.

**II.2.d. The Limits of Cultural Pluralism**

FGC in Egypt can be understood as a largely cultural phenomenon, practiced equally by both Muslims and Copts. However, religion’s influence cannot be ignored: a representative 2008 survey found that approximately half of all Egyptians (men and women) believed FGC was required by religious precepts. The ambiguity surrounding FGC and religion in Egypt is captured in a recent New York Times Magazine interview with Wael Ghonim, the Google executive who played a highly visible role in the Egyptian uprisings. When asked about the high prevalence of FGC in Egypt, he replied: “I question the number…I think there is a religious debate around it, but I haven't really read enough to make a judgment call.”\(^{141}\)

Despite condemnations by national religious and political leaders, these top-down messages often conflict with those of local religious leaders.\(^{142}\) Egyptians who support the continuance of FGC believe that it ensures a woman’s virtue, improves her chances for marriage, and does not interfere with her sexual satisfaction (which is generally considered to be the responsibility of the man).\(^{143}\) One focus group observed that FGC is a less clear-cut issue than other measures of gender discrimination and equality, such as girls’ education.\(^{144}\)

The medicalization policy of the Egyptian government described above, which briefly legalized FGC if conducted by medical professionals, was a way of addressing the question of cultural pluralism: it required physicians to attempt to dissuade parents from subjecting their daughters to the procedure, but essentially endorsed it by allowing it to take place in government facilities. The backlash against this accommodation was both international and domestic, indicating the pressure the international community is capable of exerting in this case. According to one series of focus groups in Egypt, however, many Egyptians expressed the opinion that the issue of FGC was a personal and family matter, and resented governmental regulations or interference.\(^{145}\) No doubt this sentiment is due in part to the agendas of Western donor agencies that funnel aid money to the Egyptian government – agendas that promote specific modernizing discourses, often couched in the language of human rights, related to women and the family. Consequently, more recent steps taken by the Mubarak government had begun to focus on supporting local efforts to empower women and their communities to advocate for abandonment.\(^{146}\)

**II.2.e. Policies of U.S. and European Governments**

Despite the unequivocal policies of American and European governments, which take firm stances against FGC, a recent UNICEF report notes that international agencies and governments have kept a generally low profile in abandonment efforts in Egypt due to the sensitivity of the issue. But with the fall of the Mubarak regime, the implications of U.S. and European policies in Egypt will almost certainly change.

One scholar notes that although “For decades, Cairo has been the default location for anthropologists as well as journalists and development workers,” being “unquestionably stable” and “open to Americans and Europeans. . .Egypt is no longer open access.”\(^{147}\) After decades of U.S. support of the oppressive Mubarak regime, American initiatives in Egypt are likely to be regarded with suspicion in Egypt. At least one female member of Egypt’s Muslim Brotherhood has stated that Western-funded anti-FGC campaigns represent the promotion of a hidden Western agenda promoted by NGOs.\(^{148}\) It remains to be seen how the outcomes of the January 25 Revolution will impact the relationship between American and Western actors and governments and Egypt, particularly with regard to issues (like FGC) that are tied to gender, religion, and culture.
Egypt

Reservations made upon signature and confirmed upon ratification:

In respect of article 9
Reservation to the text of article 9, paragraph 2, concerning the granting to women of equal rights with men with respect to the nationality of their children, without prejudice to the acquisition by a child born of a marriage of the nationality of his father. This is in order to prevent a child's acquisition of two nationalities where his parents are of different nationalities, since this may be prejudicial to his future. It is clear that the child’s acquisition of his father’s nationality is the procedure most suitable for the child and that this does not infringe upon the principle of equality between men and women, since it is customary for a woman to agree, upon marrying an alien, that her children shall be of the father's nationality.

N.B.: This reservation was withdrawn on 4 January 2008

In respect of article 16
Reservation to the text of article 16 concerning the equality of men and women in all matters relating to marriage and family relations during the marriage and upon its dissolution, without prejudice to the Islamic Sharia’s provisions whereby women are accorded rights equivalent to those of their spouses so as to ensure a just balance between them. This is out of respect for the sacrosanct nature of the firm religious beliefs which govern marital relations in Egypt and which may not be called in question and in view of the fact that one of the most important bases of these relations is an equivalency of rights and duties so as to ensure complementary which guarantees true equality between the spouses. The provisions of the Sharia lay down that the husband shall pay bridals money to the wife and maintain her fully and shall also make a payment to her upon divorce, whereas the wife retains full rights over her property and is not obliged to spend anything on her keep. The Sharia therefore restricts the wife’s rights to divorce by making it contingent on a judge's ruling, whereas no such restriction is laid down in the case of the husband.

In respect of article 29:
The Egyptian delegation also maintains the reservation contained in article 29, paragraph 2, concerning the right of a State signatory to the Convention to declare that it does not consider itself bound by paragraph 1 of that article concerning the submission to an arbitral body of any dispute which may arise between States concerning the interpretation or application of the Convention. This is in order to avoid being bound by the system of arbitration in this field.

Reservation made upon ratification:

General reservation on article 2
The Arab Republic of Egypt is willing to comply with the content of this article, provided that such compliance does not run counter to the Islamic Sharia.
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FOOTNOTES


5 Green, Fiona, “Medical construction,” 164-70.

6 Green, Fiona, “Medical construction.”


8 World Health Organization Fact Sheet: Female Genital Mutilation.


10 Rahman and Toubia, FGM

11 World Health Organization Fact Sheet: Female Genital Mutilation.

12 World Health Organization Fact Sheet: Female Genital Mutilation.

13 In recent years, FGM/C operations resulting in girls’ deaths have garnered more and more media attention, both within practicing countries and in the international community. See http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1240246169&archive=&start_from=&ucat=1, and http://bikyamasr.com/wordpress/?p=15987

14 Rahman and Toubia, FGM, p. 4


17 World Health Organization Fact Sheet: Female Genital Mutilation.


24 As reported by UNICEF, quoted here: http://my.telegraph.co.uk/brereribbit/brereribbit/38/fgm-is-not-islamic/#disqus_thread


27 Ibid.


31 http://www.cofe.anglican.org/info/socialpublic/marriagefamily/children/fgm/


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39 UNICEF. “The Dynamics of Social Change: Towards the Abandonment of Female Genital Mutilation/Cutting in Five Af-


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53 Rahman and Toubia, FGM, p. 17

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55 Rahman and Toubia, FGM, p. 30


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66 Green, Fiona, “Medical Construction.”

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Rahman and Toubia, FGM, p. 6


Gordon, “Dilemma.”

Asaad, “Female Circumcision,” p. 5


Gruenbaum, Controversy, p. 77

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Gruenbaum, Controversy


Gruenbaum, Controversy


Ibid.

Examples of successful campaigns targeting intermarrying communities include the FGM Free Village model, in Egypt (http://www.irinnews.org/report.aspx?reportid=25204) and the Tostan approach, applied in various African countries (http://www.nytimes.com/2010/10/24/magazine/24FOB-Footbinding-t.html?_r=1&ref=magazine&pagewanted=all)

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