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Yasmin Khodary

*The British University in Egypt, yasmin.khodary@bue.edu.eg*

Nehal Hamdy

*The British University in Egypt, nehal122454@bue.edu.eg*

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# FGM in Egypt between socio-cultural barriers and lack of political will

Yasmin Khodary and Nehal Hamdy

Yasmin Khodary and Nehal Hamdy are both based at the Department of Political Science, British University in Egypt, Cairo, Egypt.

## Abstract

**Purpose** – This study aims to detect the main factors impeding the anti-female genital mutilation (FGM) efforts in Egypt post the January 25 revolution, with a special focus on the era of president El-Sisi. The purpose of this paper is to explain the reasons behind the continuation of violence against women in Egypt, namely, FGM, in light of the patriarchal structures and the state willingness to address that challenge.

**Design/methodology/approach** – The study utilizes a qualitative methodology. The study embarks on in-depth semi-structured interviews with 23 participants who experienced FGM and nine key informants from medical, religious, political and civil society backgrounds, including a professor of pathology, a gynecologist, a diplomatic researcher in Al-Azhar, three members of parliament, a representative of the Ministry of Population, the reporter of the National Council for Women and a representative of Nazra non-governmental organization for feminist studies in Egypt.

**Findings** – The findings reveal that FGM remains prevalent not only due to the persisting socio-cultural context that continues to embrace and reproduces gender inequalities, but also because of the insufficient political will to combat FGM and enforce the required laws.

**Social implications** – FGM is considered one form of gender inequality perpetuated by social, cultural and economic structures. It is recognized internationally as a crime and a violation against women's rights as per the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, etc. Although the Egyptian Government passed laws banning the practice of FGM, it continues to form a challenging problem to social workers, women activists, human rights groups and public health officials.

**Originality/value** – Little work has been done to investigate FGM post the January 25 revolution in Egypt and identify the main factors impeding the anti-FGM efforts in Egypt. This work fills this gap and concludes with some lessons learnt to fight FGM and improve the anti-FGM efforts.

**Keywords** Egypt, FGM, Female genital mutilation, Law enforcement, Political will, Socio-cultural factors, Violence against women

**Paper type** Research paper

During the January 25 demonstrations in Egypt, women stood shoulder to shoulder with men in the public sphere hoping for deep social change. However, following the climax of the revolutionary moment, which was symbolized in the stepping down of former Egyptian President Hosni Mubarak, Egyptian women continued to find themselves face-to-face with the residual economic, cultural and social capital of previous and ancient regimes (Hassan, 2015, p. 7). According to the 2018 Global Gender Gap Report, Egypt is ranked 135th among 144 countries, compared to being ranked 125th in 2010 (WEF, 2018). The purpose of this study is to explain the reasons behind the continuation of violence against women (VAW) in Egypt, namely, female genital mutilation (FGM)[1], in light of the patriarchal structures and the state willingness to address that challenge. FGM is internationally recognized as a crime and a violation against women's rights as per the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and other international agreements (WHO, 1998, p. 51)[2]. Although the Egyptian Government passed laws banning the practice of FGM, FGM continues to persist in many parts of Egypt. According to the latest Egyptian Health Survey, 87 percent of Egyptian women, in the age between 15 and 49 have been subjected to FGM (EL-Zanaty and ICF, 2015). FGM, known as *tahara* in Arabic, is considered one form of gender inequality perpetuated by social, cultural

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and economic structures. This study aims to detect the main factors impeding the anti-FGM efforts in Egypt post the January 25 revolution, with a special focus on the era of president El-Sisi[3]. Little work has been done to investigate FGM post the January 25 revolution in Egypt and identify the main factors impeding the anti-FGM efforts in Egypt. This work fills this gap and concludes with some lessons learnt to fight FGM and improve the anti-FGM efforts. Using a qualitative methodology, the study finds that FGM remains prevalent not only due to the persisting socio-cultural context that continues to embrace and reproduces gender inequalities but also because of the insufficient political will to combat FGM and enforce the required laws.

## FGM and violence against women (VAW)

In the different stages of their life cycles, women are subjected to different forms of violence, starting from FGM and early marriage, to sexual abuse, domestic violence and legal discrimination. At the Beijing Platform for Action, VAW was described as an impediment to the attainment of equality, peace and development (Momsen, 2006, p. 93). One form of VAW is FGM, which is defined by the World Health Organization (WHO), as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (Abdalla, 2017, p. 32). The WHO identifies four main types of FGM according to the level and severity of cutting: Type I: clitoridectomy “involves a partial or total removal of the clitoris,” Type II: excision “removes the labia minora, and possibly the labia majora, in addition to the clitoris,” Type III: infibulations “the excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening” and Type IV: unclassified circumcision “all other procedures involving partial or total removal of the female external genitalia for cultural or any other non-therapeutic reasons” (WHO, 1998). Clitoridectomy is the most common type in Egypt (Abdalla, 2017, p. 32).

According to Packer (2005), FGM is practiced in Egypt because of socio-cultural notions and persistent inequalities, which defy existent legislations. The causes of FGM are rooted in a mix of cultural, social and religious factors within families and the society (Momoh, 2005, pp. 9-10). The image of the Egyptian women has usually been restrained by customs and traditions to a subsidiary role. A very common cultural notion about women is that FGM is deemed to control women’s sexuality and protect girls until their marriage time (Barsoum *et al.*, 2011, p. 10). According to Kaplan *et al.* (2011), FGM is considered as an effective way to reduce women’s sexual feelings, maintain virginity and reduce the likelihood of prostitution. It also enhances marriage opportunity and ensures the female identity as she becomes a pure female not a male. Some families believe that this practice is essential for girls before marriage to protect them (Yount, 2002, pp. 336-8). Women with no FGM are considered prostitutes in both behavior and profession. Therefore, FGM is applied against the will of females for protection of their virginity and family honor (Yount, 2002, p. 339).

In addition, in some circumstances, FGM can be interpreted as a manifestation of men’s insecurity. Men use violence as a way to emphasize their masculine role, and consequently assume the power to dominate (Heise *et al.*, 1995). The Egyptian society generally embraces a patriarchal structure. Egyptian men generally understand manhood, *Quama* in Arabic, as “superiority,” “responsibility” and “duty to protect the family.” This perception tends to shape men’s attitudes, especially toward their close family members and particularly their daughters. Thus, fathers believe that it is their duty to deliver their girls “protected” and “chaste” to their future husbands. According to El-Mouelhy *et al.* (2013), such analysis of men’s perceptions regarding their role in the family is necessary to understand their perceptions of FGM.

In addition to cultural notions, the prevalence of FGM is correlated also with social factors in Egypt, such as lack of education. A study conducted by Badawi (1989) asserts that the majority of women who had undergone FGM come from modest and low socio-economic backgrounds; such as illiterate or poorly educated parents. To eradicate FGM, international organizations usually emphasize female empowerment, through improving their position in society and reducing gender inequality. Education constitutes a cornerstone in this process; as women’s social position is often measured by their education (WHO, 2008). According to Jejeebhoy (1995), education plays a crucial role in enhancing a woman’s position. It does not only ensure

economic and social independence for women, but it also provides an alternative path to status, which has a positive effect on their psychological and cultural lives. Furthermore, it is argued that education positively impacts women's ability to make healthy reproductive choices and increase the likelihood of their opposition to FGM.

## Research methodology

The study utilizes a qualitative methodology in order to explore the main factors impeding the anti-FGM efforts in Egypt. In that regards, the study relies on in-depth semi-structured interviews with nine key informants, including a professor of pathology, a gynecologist, a diplomatic researcher in Al-Azhar, three members of parliament, a representative of the Ministry of Population, the reporter of the National Council for Women and a representative of Nazra for feminist studies NGO in Egypt. The key informants were approached purposefully in order to provide us with an in-depth and comprehensive understanding of the current status of FGM, from cultural, medical, legal and religious perspectives.

In addition, the study embarks on in-depth semi-structured interviews with women who experienced FGM in order to understand their experience during and after the FGM. Qualitative research, which involves interpretive analysis using descriptions and narratives as data, proved helpful in exploring the experiences women had with FGM and the profound barriers to FGM. A sample of 25 participants from El-Nahda area in Cairo was obtained. Purposive sampling was used to find the first two participants and was followed by snowball sampling. Participants had to reflect different levels of education in order to determine whether the degree education affects respondents' attitudes toward FGM. Only two male participants agreed to take part in the interviews, leading to a sample of 23 women and two men. To compensate this unequal representation, more in-depth and longer interviews were sought with the male respondents[4].

## Research findings

### *FGM and socio-cultural barriers*

One cultural understanding, which remained prevalent post-January 25, is that FGM is deemed to control women's sexuality and protect girls until their marriage time (Barsoum *et al.*, 2011, p. 10). During the earlier in-depth interviews with the residents of El-Nahda, the respondents agreed that "if a woman is not circumcised, it is possible that she will reach orgasm while walking or even if someone holds her hand." They also added that "FGM is seen primarily as a rite of passage to marriage. Men are less likely to marry woman without circumcision." In the interview with Mahmoud Hussein, who holds the industrial secondary certificate, he stated "I am a strong supporter of FGM. All females must be circumcised in order to guarantee their good manners and good behavior. If they were not, they will be sexually motivated and this will result in shameful behaviors. I circumcised my daughters and if I had more daughters, I would have circumcised them too." FGM is regarded as a major tool to control girls' chastity; which is vital to secure their marriage. FGM remains a method to control the 'sexuality of women,' which is seen as a force that must be controlled by men as well as social institutions, for the sake of the whole society. In the interview with Hanem, who holds the preparatory school certificate, she stated:

FGM is an aspect of our habits and customs and a rooted component of our heritage. I became convinced that FGM is dangerous. However, I still think that females have to be circumcised, but this process has to be done by a physician or surgeon. This would guarantee she would not feel anything and would not pass through the same horrible psychological experience that we passed through. Female circumcision insures that female will possess good manners and unrushed behavior when dealing with men including her husband.

Dominant and patriarchal cultures and social structures remain to restrict women's role while allowing men to dominate the decision-making processes in virtually all fields. In an interview conducted by the authors with Rasha Mahdy, the reporter of the National Council for Women, she explained that cultural and social notions related to FGM remain rooted, as they are reinforced through the hegemonic patriarchal nature of society. Primarily related to patriarchal societal structures is promoting men's superiority. In the interview conducted with Osama Helmy,

a professor of pathology, he asserted that FGM is fundamentally practiced to enforce power and control over women. Although it is not a religious requirement, it is sometimes framed in this context as an excuse. He also asserted that girls from rural families are the most vulnerable to FGM, compared to those in urban areas; due to regional factors involving peer pressure, which influences the family's decision regarding FGM. On the other hand, in the interview with the gynecologist Ahmed Makled, he illustrated that FGM is often associated with positive sexual results in marital relationships, especially in rural areas, which is scientifically inaccurate.

Another factor that remains essential in the persistence of FGM is the adherence to religious teachings. Misperceiving FGM for being part of Islamic religion and a practice advised by Prophet Mohamed only shows the degree the interpretation of religion is influenced by culture. In the interview with Omar Amer, a diplomatic researcher in Al-Azhar, he clarified that Al-Azhar as the highest Egyptian religious authority strongly supports the stance that FGM is of no authentic link to Islam. Amer added that those who claim that their reasons are religious are merely manipulating religion. Al-Azhar is not the only authority to condemn FGM though. The Coptic Church in Egypt also emphasizes that FGM is against Christian teachings. Amer further added that linking FGM to religion confuses the latter with conservative ideas about sexuality. Eventually, linking religion to the practice causes guilt consciousness that makes modest socio-economic classes feel guilty in case of refraining from doing the practice.

Misperceiving culture for religion demonstrates a deeper correlation between FGM and socio-cultural factors. In an earlier interview with Amal, who holds a Bachelor's degree in Commerce, she stated that "Making people more aware of their religion and of the fact that FGM has never been part of religion is very important to break old habits and customs. My family used to think that FGM is a religious act and *Sunnah*[5] of Prophet Mohammad but I spoke with them and convinced them it is not." According to the interviewee with Hoda, who holds a degree in literature, she stated, "Many people trace FGM or female circumcision to Islam and religion which as the 'sheik' (religious leader) stated is untrue. How can someone cut a part of another one's body that easily!!! My husband also is not convinced of FGM and he hates it too. We are both still suffering problems in our marriage due to my circumcision".

As for women, they are torn between two contradictory beliefs: the first is the cultural perception that FGM ensures girls' virginity and thus secure's their marriage, and the second is idea that FGM is harmful and unnecessary. In addition, in communities where gender inequalities prevail, women tend to be dependent on men and marriage, especially for their material well-being. They stand powerless in the face of harmful practices. They may even endorse discriminatory traditions that seek to control them. In an earlier interview with Laila, who holds a secondary school certificate, she stated:

I am convinced that FGM is harmful and unnecessary. However, my husband is fully convinced of FGM. He does not want to listen to me. He is convinced that circumcising his daughter will guarantee her good manners and respectable behavior before and after marriage. I think it is very hard to get rid of such an old rooted habit or customs in short time. This is something that we inherited from our parents and our parents inherited it from their parents. It is a very long circle and it is quite hard to abolish it or break it.

In circumstances where both parents disapprove of FGM, family members and members from the community tend to intervene in the decision-making process, taking sometimes the decision by themselves, resulting in conforming to the practice of FGM. In an earlier interview with Hoda, who holds a degree in Literature, she stated:

My husband is not convinced of FGM and he hates it too. We are both still suffering problems in our marriage due to my circumcision. Therefore, we both refused to circumcise our first daughter but my family took her without my knowledge and circumcised her. My husband cried that day. Since that day, my daughter has been totally different. She is very lonely, silent, and [more] unsociable than her younger sister who has not passed through circumcision. Habits and customs are the main reason behind FGM.

In a survey that was conducted earlier by the authors with 100 women randomly chosen from Cairo, 52.1 percent of the respondents agreed that culture and traditions are the major motives behind the continuation of FGM and 40 percent agreed that religious, patriarchal and societal pressures are the main obstacles. Residual social and cultural norms constitute an important

factor in influencing the community's perceptions of FGM. In the interview with Nageyya, who holds a Bachelor's degree in Commerce, she stated:

I think that customs and habits are the main reasons behind FGM. They surround us from all sides; even if I was unconvinced of FGM (which is untrue) my husband's family would take my daughter by force and without telling me to circumcise her. FGM has a terrible effect in the psychology of the females. It is like raping. Doing it while the girl is under drugs would make the pain much less and the memory less remarkable. I am still convinced of my old habits and customs.

In addition to investigating the prevalence of cultural notions that support FGM and constitute an impediment to anti-FGM efforts, it was necessary to investigate the impact of education on FGM. An inquiry about the link between social status, particularly education, of Egyptian women and their attitudes toward FGM was made in the survey that was conducted earlier by the authors with 100 women to examine the extent the socio-cultural context and women's social position affect FGM. Around 73.5 percent of the respondents agreed that socio-cultural and gender inequalities are the main factors hindering anti-FGM efforts and supporting the prevalence of FGM in Egypt. Similarly, 73.5 percent of the respondents also agreed that socio-cultural and gender inequalities negatively affect women's social position, which, in turn, explain the attitudes toward FGM. Moreover, 76.5 percent of the responses emphasized the importance of education, believing that educated women are less likely to mutilate their daughters. The link between Egyptian women's social positions and their attitudes toward FGM was also made in the Egyptian Demographic Health surveys for the period from 1995 to 2014. The findings of the surveys noted that improving women's social position had a positive impact on reducing FGM in the Egyptian society (El-Zanaty, 2015). According to Van Rossem *et al.* (2015), better-educated women are agents of change, who can form the foundation for anti-FGM efforts. Anti-FGM inclinations usually appear among the well-educated women, who are more empowered and who consequently spread their ideas to the rest of society (Van Rossem *et al.*, 2015, p. 12).

However, different from the quantitative studies, this qualitative in-depth analysis suggests that education might not be very helpful in all cases as claimed. FGM is usually performed on a girl before she completes her education, as emphasized by most statistics. However, the relation between FGM and education can be partially owed to the assumption that mothers with better education will less likely encourage the practice on their daughters, compared to those with no education. Mothers' education can be decisive in the case of a daughter undergoing FGM or not; better-educated and employed mother are more likely to oppose FGM (El-Zanaty, 2015, p. 4). However, the interviews illustrate that the residual social and cultural norms are sometimes stronger than any impact education may have on the perceptions of FGM. In some instances, it was the educated members in the community who contributed in perpetuating and consolidating FGM practices. In an earlier interview with Hayam, who holds an industrial secondary certificate, she stated:

I circumcised my daughters including my younger daughter. She is now a physician and she intends to circumcise all her daughters. I and my family consider FGM a kind of plastic surgery and a religious act that has to be done. My neighbor who was not circumcised was threatened to be divorced by her husband the day of her marriage. She was forced to be circumcised at last.

Similarly, Kawakeb, who holds a certificate from the Sewing Institute, she stated "My daughter has been circumcised upon the request of our physician who has carried out many similar surgeries." According to the 2015 Egypt Health Issues Survey, 78.4 percent of FGM incidences are carried out by health professionals, who are expected to be well educated. The medicalization of FGM in Egypt is seen by practitioners as a huge challenge to anti-FGM efforts because physicians who approve or refrain from discouraging the practice give legitimacy to FGM. The weak direct relationship between FGM and education was manifested again in the interview with the male interviewee in El-Nahda. Despite holding a Bachelor's degree in Agricultural Engineering, Doaelmakan stated that:

I think FGM is a practice, which people perform due to their customs and habits. Being ignorant or uneducated is not the reason behind applying or encouraging FGM. Ignorance and lack of education are not a justification to FGM. However, being ignorant of religion and its basics is, to me, the second reason after customs and habits behind FGM. I think that combating FGM needs a lot of time because it needs changing people's culture and old values or beliefs.

In that sense, one cannot embrace the assumption that improving levels of education, which has been ongoing for some time in Egypt, is expected to have a direct impact on reducing FGM, especially that basic and higher education in Egypt do not include sex education. Health professionals, who know little of the functions of female genitalia and the physical and psychological repercussions of FGM, are influenced by the same traditions and cultural understandings as the rest of the community. In the interview with Mahmoud, who holds an industrial secondary certificate, he sums it up as follows:

FGM is an inseparable part of our habits and customs. I do not adopt this position because FGM is a religious act or an act according to religion. I do this because we are used to FGM and I am not going to change something that I and my family and my community are used to.

As a result, some interviewees did not suggest raising levels of education, but rather suggested raising the awareness of both educated and non-educated. In the interview with Nora, who holds the secondary school certificate, she stated:

I think that lack of knowledge and ignorance is the main reason behind the spread FGM. I believe that awareness sessions are quite useful in raising the awareness of the people. It also helps in shaking the beliefs of some people who believe in FGM and to increase the confidence of others in the importance to fight FGM.

This was reiterated in the interview with Hoda (holds a degree in literature), who stated:

Habits and customs are the main reason behind FGM. People's culture in Egypt is full of issues deeply rooted like FGM. Raising the awareness of the people is an important step to solve this problem. Repeating that it is not part of religion is important to clear the confusion for many people that FGM is a habit not a religious act.

### ***FGM and political will in Egypt***

Since 2011, the political events were not of much aid to anti-FGM efforts. Ever since the January 25 uprising in Egypt, the country has witnessed constant turmoil, chaos and political instability in terms of two overthrown presidents, successive change of governments and two new constitutions approved. VAW throughout these events remained constant, and the authorities failed to take any significant action against it. The head of the anti-FGM program in the United Nations, Marta Agosti, stated that the funding for anti-FGM in Egypt declined by 75 percent during after 2011 as a result of political instability[6]. In 2012–2013, under Morsi's government, members of parliament from the Muslim Brotherhood and Salafi parties called for the legalization of FGM as an act that has its religious roots in *Sunnah*. In the interview with Mozn Hassan, the executive director in Nazra for Feminist Studies, she sums it up stating that “the post-revolution environment has been unsupportive to anti-FGM efforts. The work to end FGM was severely curtailed in 2012 when the Muslim Brotherhood were in power and trying to overturn the previous ban on FGM. Though the situation has relatively improved under president El-Sisi, FGM opponents are still paying the cost of the Muslim Brotherhood actions under Morsi's presidency.”

The 2014 constitution, which was approved after a public referendum, came to ensure in Article 93 Egypt's compliance with the CEDAW and other international agreements supporting women's rights (Egypt Constitution, 2014). The existence of such a constitutional text requires the state institutions to take measures to prevent any form of violence and discrimination against women, including administrative, judicial, legal, cultural or societal measures. In August 2016, an amendment to Article 242 of the 2008 Egyptian Penal Code, stating that FGM is as a felony rather than a misdemeanor, was approved by the Egyptian Parliament. While, within the 2008 law, the penalty of imposing or practicing FGM ranged between three months to 2 years' sentence, according to the amendment, whoever commits this crime shall be subjected to 5–7 years in prison, and up to 15 years in case of death or “permanent deformation.” In the interview with Amna Nossir, she explained that demolishing the laws that suppress girls' rights is the first step to achieve gender equality. She added that gender equality is now essential in seeking justice for those who suffered because of FGM, and in creating a worthy change over the ban law in Egypt. She further added that amendments of laws are to make the penalties stricter. Not only that, but the laws now more extensively aim at including family members, who force their daughters or granddaughters to undergo FGM. Involving family members in the laws aims to uproot FGM from

the social and cultural standards among next generations. On the one hand, the amendments to law are to achieve changing the direction toward FGM among the perpetrators is such crimes; on the other hand, they create a new culture, in which circumcision is looked upon as a felony by all members of the society. However, Amana argued that the political will to enforce laws remains rare and the provisions in the penal code create environment to physicians to evade penalty. She described this as “a positive development lacking enforcement mechanisms and allows physicians to evade punishment.”

In order to understand the difference between the new amendments and the old law, an interview was conducted by the authors with Mona Mounir, a Member of the Parliament in Women Committee. She illustrated that unlike the old version of the penal code that did not include definition of FGM, the new amendments were more positive and offered a definition of FGM practice. They defined FGM as a crime which involves the total or partial removal of the clitoris with no medical basis. Although this definition matches the WHO’s definition, it ignores that in Egypt, the process is medicalized and is actually thought to have benefits through providing girls a purely healthy life. Mounir further added that the definition should have clearly included that FGM has no useful or positive effects: rather, it only harms women as stated in the WHO definition. Here, one should mention an important obstacle to anti-FGM, which is the medicalization of the practice. In fact, Egypt is the only African country in which the procedure is medicalized (Eltahawy, 2015). Even though a ministerial decree was issued banning anyone in the medical field from performing the practice, still 70 percent of FGM cases are done by people within the medical realm, either physicians or nurses in an outpatient clinical setting. So, it is not an official but a medical habit.

In an interview with Mona Amin, the coordinator of the National Program for the Combat of Female Circumcision and Family Empowerment at the Ministry of Population, she clarified that since 2011, the FGM dossier is not only handled by the National Council for Motherhood and Childhood, but also the Ministry of Population has been in charge. She argued that the laws will remain ineffective to combat FGM until public opinion changes its perceptions of FGM. She said that the laws are clear but the actual problem arises from the fact that people do not report FGM, and in order to bring laws into actions, people should be encouraged to report FGM. For her, the lack of political will is not only related to the lack of law enforcement, but also the lack of encouragement to report FGM.

She also stated that people need to be encouraged to report FGM on the spot, while anti-FGM campaigns, on the other hand, need to keep speaking up and educating people on the hazards and complications of FGM. In addition, the government needs to be pushed to enforce the law and to keep explaining to the public that FGM has nothing to do with religion nor chastity. Moreover, she added that the statistics of government on FGM has been updated under El-Sisi’s rule, which means the Egyptian Government has become more open to the truth and willing to face the problem. She also clarified that the FGM prevalence rate according to the 2014 population survey dropped to 86.5 percent. This drop in the rate of FGM demonstrates that anti-FGM efforts are paying off. In addition, Mona Mounir asserted that the Public Prosecution Office has greatly supported anti-FGM efforts through enforcing the anti-FGM laws and ensuring rights of victims, in addition to deterring those who practice FGM or assist in that practice. The Public Prosecution Office has also held a periodical in order to inform all prosecution members around the country, of all the legal measures that should be taken in case of reports on FGM.

Even though the amended laws and penalties against FGM are considered a notable improvement, the lack of enforcement mechanisms remains under questioning as previously mentioned by Amna. In addition, there are some deficiencies in the amended laws, which in return hinder the effective elimination of FGM. These deficiencies are to be discussed in an interview conducted by the authors with the Member of Parliament, Sarah Osman. First, she indicated that the amended FGM penal code did not include any clear enforcement mechanism for laws, leaving those laws powerless. In addition, the amendments to law left many issues unresolved, like encouragement to report the FGM cases which is partly related to the lack of political will as mentioned by Mona Amin. The problem of reporting FGM escalated especially after the stricter penalties in the amended laws aimed at family members, which will make them abstain from reporting FGM even in case of death because they would be afraid from facing additional penalties. She added that if the law is enforced, the reporting of such cases will be reinforced.

Second, as mentioned before medicalization of the practice presents an obstacle to anti-FGM. Sarah illustrated that the amended laws were not comprehensive as they did not expand legal responsibility to include medical institution and administrations of hospitals across the country where practice is performed if they are found to be aware of crimes and did refrain from reporting them. Moreover, the laws were also never accompanied by social campaigns to raise awareness of these laws to the public and that FGM is a felony and, thus, encourage them to report clinics which keep practicing FGM.

Third, she further criticized Article 61 of the penal code, which allows that the practitioner to be exempted from all sorts of punishment if the practice was performed to save the girl from grave harm (providing an enabling loophole for FGM). This loophole offers ready grounds for offenders to evade punishment by claiming it is medically necessary to protect girls' lives, even though the WHO asserted that FGM has no medical benefits. Finally, she added that in order to reduce FGM prevalence, the main priority of government should be raising awareness among family members and thereby giving them the courage to report FGM crimes. In addition, accountability and penalties for offenders (for anybody without any exception) should be increased.

In a nutshell from previous interviews, the direction to stiffening the laws and penalties against FGM is perplexing. On the one hand, it reflects the government's desire to impose more rough punishments for offenders and make FGM a felony. But, on the other hand, the equation becomes disappointing as loopholes in Article 61 of the penal refer to a medical necessity with a limited definition of FGM which does not suit the real local context in Egypt. Moreover, there is no any obvious enforcement mechanism, which is contrary to the desire to ban FGM and protect girls' life.

### Concluding remarks and lessons learnt

At a time where women are trying to find their place in the post-revolution context, write history and their role in the society, old issues remain contemplated and located within the making of the new. FGM remains a residual culture that is related to the question of womanhood and the place of women in Egyptian contexts. However, residual cultures are not exclusively narratives of the people; they are also narratives of those in power. Political will is very crucial in combating FGM. Amending unfair laws during El-Sisi's era is a positive step to combat FGM. It encourages behavioral and attitudinal change against FGM and paves the way to a new culture that is pro-women's rights and anti-FGM. However, there are some loopholes in the amendment and the enforcement mechanism of the law remains vague, which allows those who support or practice FGM to evade punishment. The amendment may also backfire on thousands of girls who will be now subjected to FGM but under no medical supervision at all. During Morsi's era, there was a clear lack of political will to enforce laws of anti-FGM and promote women's rights. During El-Sisi's era, there is, however, a limited degree of political will to eliminate FGM through making amendments to laws and tightening penalties; yet, a strong political will to combat FGM is still needed to address the dominant social and cultural norms and ensure gender equality.

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children emphasizes political will as "the centre of achieving zero tolerance to female genital mutilation." Statements and actions by politicians are crucial in condemning and combating FGM. In many countries, these statements increase the participation of religious, tribal and community leaders against it and are usually followed by an increase in human and financial resources dedicated for that matter. For instance, in 2014, Guinea-Bissau issued strong statements that encourage prevention of the practice through political parties, government and politicians. A national ambassador was chosen for the purpose of preventing FGM, and has used media and music as a source to help prohibiting the practice (UNFPA, 2014). In Kenya, the government created an anti-FGM board in order to monitor the progress of banning the practice and also in implementing through resources' allocation (NCLR and Attorney-General, 2012, p. 5). In the UK, legislations guarantee secrecy to victims who report the incident to the police (Khalifa and Brown, 2016, p. 24), especially that in most of the cases, those who are responsible for these criminal practices are family members and, hence, victims are more reluctant to expose them for the fear of retaliation or societal disgrace. Senegal is also one of those countries that implemented a coordinated and comprehensive action plane toward FGM. From 2010 to 2015, Senegal was having a national plan that includes the formation of rural and departmental communities and

regional communities the prohibit FGM. As a result, it was reported that thousands of villages in Senegal were officially abandoning this act, and, in addition, other harmful acts.

Although the responsibility of combating FGM requires a strong political will, it does not fall completely on the state. The civil society plays major roles in combating FGM and supporting females. In Mali, the civil society introduced “child-to-parents” and “child-to-child” approaches, which rely on drawing, songs, acting and poetry to advance girl’s right within their communities and parents. The “child-to-parents” approach and the “child-to-child” approaches recognize children as effective agents of change, who communicate more effectively than adults, are often more literate than their parents and look after younger siblings. In Kenya, the “Maasai Education Discovery program” supported girls to prevent FGM. It opened a wide platform of dialogue over FGM and its negatives. It also raised the awareness of Kenyan men in order to change the misperception about marrying only “circumcised women” (Abdalla, 2017, p. 43). In Finland, the National Institute of Health and Welfare spreads awareness in maternity and child health clinics, hospitals, schools and student health centers on the dangers of FGM. It is important that Egypt learns from the practices of countries which succeeded to combat FGM. These countries showed that combating FGM should be done on political, legal, social and health levels.

## Notes

1. Despite that female genital mutilation (FGM) is sometimes called female circumcision or female genital cutting, we find that FGM is the term that better describes and reflects the brutality of the actual process.
2. FGM is universally recognized by the United Nations as a clear violation of human rights and a form of gender-based violence which threatens women’s integrity and health (Kaplan *et al.*, 2011). FGM breaches internationally recognized human rights conventions, such as Articles 3, 5 and 25 (1) of the Universal Declaration of Human Rights (Mukherjee, 2014, p. 3). According to Kaplan *et al.* (2011), FGM also reflects an extreme form of discrimination against women and minors subjected to this practice. Hence, it violates the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which was adopted in 1979 by the UN General Assembly and is often described as an international bill of rights for women. FGM is a clear form of discrimination against women according to CEDAW, which defines discrimination against women as “[...] any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” FGM also violates the Convention on the Rights of the Child (CRC). The 1993 Declaration on the Elimination of Violence against Women described FGM also as a direct form of violence against women and in the 1995 the platform of action of the fourth World Conference on women held in Beijing, FGM was declared as a threat to the reproductive health of woman (Rahman and Toubia, 2000, pp. 22-23).
3. This work was supported by the Young Investigator Research Grant (2017-08) – the British University in Egypt.
4. Confidentiality was remained throughout this research. Pseudonyms were used to protect their identities.
5. *Sunnah* means “exemplary conduct” of Prophet Mohammad. According to Rahman (1962), *Sunnah* is both a behavioral and normative concept. It refers to commended behavior related to personal manners, worship, public behavior and other acts that ought to become the normal practice (Al-Qaradawi, 2007).
6. At the national level, this reduction in funding also hindered any official work for ministers to support anti-FGM. Furthermore, the organizations working toward anti-FGM like the National Council for Childhood and Motherhood were negatively affected, and activists were worried if the capacity and work under the Ministry of Health will shrink.

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### Further reading

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### About the authors

Yasmin Khodary is Associate Professor in the Political Science Department in the British University in Egypt (BUE). She is an expert in governance assessments and public participation processes, and former Governance and Anti-Corruption Program Manager in the UNDP Social Contract Center in Cairo. She has two PhD degrees, one in Development Studies from the American University of London and one in International Relations from Cairo University. Yasmin Khodary is the corresponding author and can be contacted at: [yasmin.khodary@bue.edu.eg](mailto:yasmin.khodary@bue.edu.eg)

Nehal Hamdy is a top Political Science BUE graduate. She works in researching gender, violence and human rights issues.

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