FGC REFORMATION: THE EGYPTIAN CULTURAL DILEMMA
By Emily Little*

Honor violence is commonplace in parts of the Middle East and North Africa (MENA) region, and female genital circumcision (FGC) is often the first violence experienced by many females there. The consequences of this dangerous procedure have led some countries to enact laws prohibiting the practice. While the FGC originated in Egypt and is still common in the country, there has also been recorded opposition toward the procedure for nearly a century. This article will explore the history of FGC within Egypt, both as a tradition and as a legislative initiative.

Approximately 130 million women worldwide are believed to have endured the procedure of female genital circumcision (FGC), while another estimated 2 million females become part of this growing data every year.¹ Although the timing of the procedure can vary, from shortly after birth to immediately before marriage, it is known to occur largely between the ages of five and eight years old for the majority of females.² From the perspective of many Western scholars, FGC is merely a prelude to a life of patriarchal submission; but to the practicing cultures, this process serves as an entrance into womanhood. Within the Middle East, FGC is still practiced in Egypt, Yemen, Sudan, Iraq, Mauritania, and Somalia.³ Among these states, Egypt has the longest history of advocacy and legislation condemning FGC.⁴ The origins of the procedure have been linked to Egypt, which is known as “the FGM capital of the world.”⁵ Egypt will thus be the main focus of this article. In Egypt and other parts of the Middle East and North Africa (MENA) region, the surgical procedure is intended to guarantee the sexual restraint of women and maintain the purity of females within a household, thereby securing family honor within the community.⁶ The woman is left afterward to cope on her own with the physical and psychological consequences of FGC.

THE ORIGINS OF FGC

Since the 1920s, activists within Egypt have attempted to diminish the prevalence of FGC in the country. This, however, has proven to be an uphill battle, as the practice is extremely embedded within the country’s culture and history.⁷ While historical associations of FGC are a controversial topic, there is a widely accepted account that Egypt was in fact the place where the practice first emerged. Evidence in support of this claim includes accounts by the Greek geographer Strabo dating back to 25 B.C. and Greek historian Herodotus during the fifth century B.C. Both write of FGC being practiced in Egypt. This has led many to believe Egypt to be the area from which FGC originated. A Greek papyrus dating back to 163 B.C. also discusses Egyptian female circumcision as a condition for the attainment of dowries.⁸ Another papyrus dating back to fourth century written by St. Ambrosius of Milan explained the timeline of male and female circumcision in Egypt—both occurred at the age of fourteen; and for females, he noted the significance of this age as the beginning of menstruation and the rise of sexual desire.⁹ In addition, physical evidence in the form of mummies was discovered by archeologists in Egypt that prove clitoridectomy and infibulation were conducted.¹⁰ The reason for the procedure in ancient Egypt is uncertain; in contemporary Egyptian society, however, FGC is viewed as a religious practice of Islam and Christianity.

The Religious Context
In Egypt, FGC is known as *tahara*, or purification, and as the term suggests, it is linked to religion. Some proponents even claim it is derived from certain religious texts.11 In Muslim families within Egypt, FGC is viewed as an essential procedure to safeguard the virginity of a female until marriage.12 A 2007 study conducted in Cairo confirmed that some women felt FGC was a practice in accordance with the Islamic Sunna (Muslim law incorporating the *hadith* (or sayings) of Muhammad and the Koran). Specifically, these women quoted the hadith stating, “The Prophet (peace and blessings be upon him) said to Um Atiyya Al-Ansariyyah, a woman who used to perform circumcision in Madina, ‘Do not cut severely as that is better for a woman and more desirable for a husband.’”13 Another hadith describes a conversation between Muhammad and a circumciser of slaves, Um Habibah, who asked Muhammad if she should stop the practice. Muhammad told her it was permitted and warned her, “If you cut, do not overdo it, because it brings more radiance to the face and is more pleasant for the husband.”14 Religious claims such as the former hadiths are controversial. At the International Conference on Population and Reproductive Health in the Muslim World, held in Egypt, attention focused on the confusion of many regarding certain Islamic provisions.15

At the turn of the century in Egypt, Shaykh Muhammad Sayyid Tantawy of al-Azhar denounced FGC, deeming it was not a requirement of Muslims. Yet many other Islamic leaders have encouraged the continuance of the practice.16 Among these is another Shaykh of al-Azhar, Muhammad Abd al-Rahman Bisar. Years earlier, in 1981, Bisar argued against the anti-circumcision supporters and stressed the religious importance of the practice.17

The Muslim majority population in Egypt is not alone in its controversial religious perspective on FGC, as many from the Christian minority population also view the practice as a religious duty. Egypt’s Coptic Christians perform circumcision on both males and females, and adherents refer to the circumcision of Abraham and Jesus to support FGC.18 As previously noted, the circumcision of women has been traced back to centuries before Christ. Moreover, the practice on females is not mentioned in the Bible, which has led many Copts to oppose it. Among these denouncers were thirteenth-century Bishop Athanasius of Qus Egypt and, more recently, former Egyptian Coptic Pope Shenouda.19 In addition, the Coptic Evangelical Organization for Social Services (CEOSS) launched a program in 1995 that advocated anti-circumcision by educating the entire family about the practice.20 Although this program has contributed to less FGC occurrences in some of the participating villages, the procedure is still widely accepted by many Egyptians.21 For many families, the decision to circumcise their daughters is driven by the fear of exclusion, as in many parts of both the Middle East and Africa, an uncircumcised girl is considered unmarriageable.22 The pressure to conform to the rest of the circumcised society thus leads many families to consent to the procedure for their daughters. Egyptian author of *The Hidden Face of Eve*, Nawal El Saadawi, illustrates the moments after her circumcision at the age of six:

I did not know what they had cut off from my body, and I did not try to find out. I just wept, and called out to my mother for help. But the worst shock of all was when I looked around and found her standing by my side. Yes it was her, I could not be mistaken, in flesh and blood, right in the midst of these strangers, talking to them and smiling at them, as though they had not participated in slaughtering her daughter just a few moments ago.23

El Saadawi’s story is an example of the experience that stains the memories of many Egyptian girls. Throughout the country, families are imposing this practice on their daughters—whether for religious or social reasons—and it is viewed by many as a fundamental human rights violation.

THE CONFLICT BETWEEN TRADITION AND MODERN HUMAN RIGHTS LAW

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The binding 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) recognizes the discrimination of women internationally. Member states of this treaty, including Egypt, condemn the many forms of inequality between women and men, including in the cultural realm. The applicability of this treaty to the practice of FGC may seem controversial, as both males and females within Egyptian society undergo circumcision for cultural reasons. Upon closer look, however, there are clear distinctions between this procedure for males and females. While for both sexes the circumcision involves the removal of a part of healthy genitalia, the actual extent of the surgery is different in that removal of the foreskin of a male leaves the sexual organ intact, whereas FGC can involve the removal of the clitoris and sometimes infibulation. Furthermore, male circumcision is linked to virility and not initiated for the same reasons as female circumcision. Specifically, the practice for males is not concerned with the sexual repression and chastity of males, whereas these are driving forces of FGC. Female circumcision is thus intended to ensure a woman’s purity for marriage. This is even clearer with the procedure of infibulation, as the woman’s labia majora is sewn, closing most of the opening of the vagina. Although the act of FGC can be considered the suppression of a woman’s human right to health and dignity of the body, the practicing cultures view this procedure as an initiation into womanhood and an assurance that the honor of the family remains strong in the community.

A serious question that arises in the human rights debate regarding cultural practices is the degree of ethnocentrism guiding the opposition. A clear understanding of the culture at hand is necessary when examining the procedure of FGC from a Western lens; otherwise, it may be easy to consider the West as an oppressor of outsider values. As discussed previously, for many women, the effects of the procedure are traumatizing. To understand the practice fully, however, it is important to discuss those women who have endured FGC and still support the practice.

In his research, Richard Shweder emphasizes the cultural importance of the FGC through the story of Dr. Fuambai Ahmadu, an American who was raised in Sierra Leone until she was six years old. Dr. Ahmadu later visited Sierra Leone in her twenties for an initiation ritual into womanhood that included her undergoing FGC. She defends the practice of FGC as an entrance into adulthood. She also considers the tradition of circumcision gender neutral, as it occurs with both males and females. With regards to the claim of initiation, Gerry Mackie opposes this defense for a universal acceptance of FGC. Mackie claims it is not unanimously applicable, since FGC can occur in the wide timespan between infancy and after a woman’s first pregnancy. The cultural defense is certainly reasonable for those adherents who are of a consenting age, but the prevalence of the procedure of both male and female circumcision before consenting age is an issue of concern.

The violation of human rights through the practice of FGC becomes abundantly clear when analyzing an interview with a Somali supporter of FGC, as she states, “It is a clean procedure if it is carried out the right way. If it is safe from infection and other disease, I would say it is something that will help every girl on the planet.” She continues by emphasizing her support for a noninterventionist approach by the government and the free ability for families to circumcise their children. This is the essence of why the continuance of FGC is not an ethnocentric position but rather a human rights position.

Children in Egypt are met with the same circumstances in that the families decide for their daughters whether FGC will be performed. The 2015 Country Review of Egypt, conducted by Country Watch Review, reported that 50 percent of girls between the ages of 10 and 18 had undergone FGC the previous year, according to estimates by the Egyptian Ministry of Health. The Convention on the Rights of the Child is being violated through this practice, as the health and dignity of these girls is harmed. As Egyptian author Nawal El Saadawi writes of her experience following her sister’s and her own circumcision when they were young girls, “Now we know what it is. Now we know where lies our tragedy. We were born of a special sex, the female sex. We are destined in advance to taste of misery, and to have a part of our body torn away by cold, unfeeling cruel hands.” The young girls who undergo FGC are given no choice as to whether to engage in a
practice that has lifelong effects. It is therefore contentious with not only the Western world, but the home governments of many of the participating societies, including Egypt.

EGYPTIAN ADVOCACY AND THE STATE LEGAL SYSTEM

From the 1920s, there were efforts to abandon the practice of FGC in Egypt. This began with the outspoken criticism of medical professionals. The Egyptian Society of Physicians issued a public statement in the 1920s that exposed the consequences of FGC. The information was so bold that it garnered the support of the Ministry of Health, the media, and religious experts. The government, however, did not take action until 1959, when the Ministry of Health issued Decree No. 7 prohibiting FGC procedures within government-funded medical clinics and hospitals. The legislation resulted in a location transfer, with the procedures moving from government hospitals to legal, private medical facilities. Over a quarter of a century later in September of 1994, the practice—prevalent throughout Egypt—was exposed to the world through a CNN documentary showing the circumcision of a young girl in Cairo. During that very September, the United Nations International Conference on Population and Development (ICPD) was being held in the city that was capturing the attention of the world, Cairo. At this conference, the Egyptian health minister condemned the practice and called for the need to ban it and criminalize those attempting to undermine the law. After the conference’s end, however, the government took quite a different stance on the subject; the Ministry of Health issued a decree allowing the procedure to be performed only by doctors in government-funded hospitals for a payment equivalent to $3 USD, thereby medicalizing and arguably capitalizing on FGC.

Dr. Abdel Fattah, the Egyptian minister of health at the time, believed that if doctors could discourage parents from permitting their daughters to be circumcised, the number of cases would decrease. Human rights groups and feminists alike objected to this reasoning, and a year later, Dr. Fattah repealed the decree. A new decree was issued forbidding FGC procedures in government hospitals while also continuing to allow the practice to take place in private medical facilities. The introduction of a new minister of health in 1996, Dr. Ismael Sallam, led to legislation that banned FGC in public and private medical clinics, except for necessary medical reasons. After some controversy, it was upheld in December 1997 by the highest administrative court in Egypt. Ten years later, in 2007, Decree No. 271 was issued by the Ministry of Health, which prohibited medical professionals and non-professionals from conducting FGC. In 2008, the parliament enforced the penal code and criminalized the practice, with a possible two-year prison sentence and a $1,000 fine for violators continuing to conduct the procedure. While on paper these laws may seem like a step towards eliminating FGC within Egypt, the reality is less than desirable.

Results of Legal Condemnation

According to the 2013 study conducted by the Demographic and Health Surveys, the prevalence rate of FGC in Egypt only slightly decreased, from approximately 97 percent to 91 percent between the years of 2000 and 2008. Strikingly, the percentage of FGC procedures is not correlative to the percentages conducted by another study of women who oppose the continuation of FGC. The statistics on opposition to the practice actually show an increase in the disapproval rate among married women, from 15 percent in 2000 to 28.7 percent in 2008. Although in Egypt more women may disagree with FGC, the culture is not focused on solely the mother’s opinion. Rather, it revolves around the perspectives of the family and community, which both seem to be in support of the continuation of FGC, according to the statistics. Also important are the statistics available on the medicalization of FGC since the 1990s, when the government and society were more focused on the consequences of the procedure.
The Reaction of the Medical Community

The medicalization of FGC has undermined the legislative efforts to ban the practice.48 The United Nations Population Fund (UNFPA) reports that the number of FGC cases being performed by medical professionals in Egypt has risen, from 17 percent in 1996 to 77.4 percent in 2008.49 Another study focused on Upper Egypt found similarly that despite the intentions of legislation, there was an increase in FGC cases conducted by general practitioners. This was due to the fact that the massive attention on the subject allowed families to become more informed of the consequences of the procedure, and subsequently many decided to rely on medical professionals rather than turn to those who had less training.50 Hilary Burrage reveals that certain hospitals actually provide financially-friendly packages that include both delivery of the baby and the FGC procedure for the newborn.51 The increasing practice of FGC being performed by medical professionals calls into question the legitimacy of the Egyptian legislation and the ethical standards of the medical practice.

A physician’s decision to perform FGC is often mitigated by various factors, including the potential economic profit as well as the practitioner’s cultural background and religious beliefs.52 People within the medical community continue to execute FGC because of the lack of implementation of laws banning the practice. Although the 2008 law was enacted to abolish FGC in both public and private clinics, the first case of a doctor being prosecuted for performing the practice was not until 2014. Dr. Raslan Fadl had performed the practice on 13-year-old Suhair al-Bata’a from the village of Diyarb Bektaris,53 and she died during the procedure. The first trial of the case resulted in an acquittal for both the doctor and the father who agreed to the procedure being conducted on his daughter.54 During the period before the trial, it was reported that the same doctor was still conducting the FGC procedure within his own apartment.55 Afterward, the Egyptian Justice Ministry announced its dissatisfaction with the decision, which led to a retrial.

The decision made during the retrial included a two-year prison sentence for Dr. Fadl, his clinic being suspended for one year, and a three-month period of house arrest for the father of the victim.56 Despite this ruling, Dr. Fadl has yet to serve his sentence. In addition, a National Public Radio (NPR) investigation revealed that Dr. Fadl was working in a government hospital. While the local police argue that they have been searching for him to no avail, the very hospital Dr. Fadl works in is a place of police presence. When the NPR investigator telephoned the police about the situation, they ended the conversation and refused to answer subsequent calls.57 The police’s failure to take serious action to ensure justice is due to the culture of the community. This becomes very clear when analyzing statements of the village residents. An example of the common perception is a statement by Naga Shawky, who emphasized to the UK newspaper The Guardian, “We circumcise all our children--they say it’s good for our girls... The law won’t stop anything--the villagers will carry on. Our grandfathers did it and so shall we.” Even Dr. Fadl himself explained to the reporter that doctors would continue the procedure, but would make a greater effort to remain discreet to avoid being incriminated.58 The persistence of a cultural appreciation for the practice among the community of Egyptian families, medical professionals, and law enforcement has thus prevented efficient implementation of legislation.

PUBLIC OPINION AND LEGAL LEGITIMACY

It is likely that FGC will continue to prevail in the country, as it has since the beginning of the practice. Those women opposing FGC seem not to have found a reasonable escape. In many countries where FGC is practiced, women who are against it often seek refuge. Egyptian women, however, have not resorted to this alternative. There seem to be no cases of Egyptian women fleeing the country and requesting asylum in the United States to escape FGC. The reasons for this distinction call into question both Egypt’s domestic features and the international response of the United States toward FGC. Due to the lack of efficiency in the Egyptian legal system, it seems that
women in the country have become dismissive of the potential for any legal system--including international--to effectively resolve the issue of FGC. As explained, while more laws relating to FGC have been passed in Egypt over the years, they are continuously ineffective and have failed to stop the practice. The communal environment in which these women reside and the effect of the collective becomes clear when comparing the rates of women who disapprove of FGC with the actual number of procedures performed since the major additions to Egyptian law in the late twentieth and early twenty-first centuries.

A United Nations Children’s Fund (UNICEF) report illustrates the results of several sources of data on the viewpoints of men and women toward FGC in Egypt.59 Among men between the ages of 15 and 49 years old, 59 percent agree FGC should continue, 28 percent believe the practice should not continue, and 14 percent remain unsure. As for women between the ages of 15 and 49 years old, 54 percent agree to the continuation of the practice, 38 percent are opposed, and 9 percent are unsure. When comparing the statistics of opinion to the data on the actual number of procedures completed, there is an interesting gap, with 93 percent of married women between the ages of 15 and 49 years old in Egypt having undergone FGC. The social pressure to maintain the long tradition of FGC has been fueled by the acceptance of the procedure by legal and medical professionals.

With regard to the Egyptian legal system, while the law is very upfront and clear in its condemnation of FGC, it is not upheld. The failure of the legal system to take FGC prosecution seriously also encourages those who support the procedure and thereby places pressure on those in opposition to persist with the practice for fear that they may otherwise be ostracized from the rest of society. Furthermore, the acceptance of FGC by the medical profession has contributed to the continuation and institutionalization of the practice in Egypt. For dissenters, this reality creates an atmosphere of hopelessness and insecurity. Egypt’s failure to enforce the laws banning FGC may also leave those women who oppose the practice pessimistic toward legal systems in other states opposing it.

As for U.S. policy, while the United States is often viewed as a safe haven for asylum seekers, there is no concise and clear policy on asylum protection for women threatened by the practice of FGC. Though cases of women fleeing FGC are consistently granted asylum, FGC is not a clear parameter for asylum within U.S. law. By declaring FGC as “persecution” but not specifically citing it as grounds for requesting asylum, many victims of FGC are left unknowing of their potential acceptance as a refugee. Clearer U.S. asylum laws regarding their eligibility on these grounds would encourage more Egyptian women to trust the U.S. legal system and thus be willing risk their lives to escape this persecution. In order to assess the reforms needed with regard to U.S. asylum law, a foundational knowledge of the asylum process is necessary, and basic objectives within international laws on asylum must be examined.

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NOTES


The included countries are based on their status as member states within the League of Arab States and the Arab League Educational, Cultural, and Scientific Organization (ALECSO).


Roberts, Honor-Based Violence, pp. 4-6.


Skaine, Female Genital Mutilation, p. 16.

Rahman and Toubia, Female Genital Mutilation, p. 1.

Ibid., p. 5.


Gollaher, Circumcision, p. 192.

Rahman and Toubia, Female Genital Mutilation, p. 6.

Obono, A Tapestry of Human Sexuality in Africa, pp. 144-45.

Gollaher, Circumcision, p. 193.


Skaine, Female Genital Mutilation, p. 118; Obono, A Tapestry of Human Sexuality in Africa, p. 145.

Skaine, Female Genital Mutilation, p. 131.

Ibid., p. 131-32.

Gollaher, Circumcision, p. 196.


Rahman and Toubia, Female Genital Mutilation, p. 4.

Ibid., p. 5.

Ibid., p. 76.


Ibid., p. 356.


37 Ibid., p. 10.


40 Ibid.

41 Rahman and Toubia, Female Genital Mutilation, p. 142.

42 Ibid., p. 142.

43 “Female Genital Mutilation/Cutting: A Statistical Overview,” p. 11.

44 Rahman, Female Genital Mutilation, p. 12.


47 Ibid., p. 11.

48 Burrage, Eradicating Female Genital Mutilation, p. 65.


51 Burrage, Eradicating Female Genital Mutilation, p. 65.


55 Ibid.

56 Ibid.

57 Ibid.

58 Kingsley, “Egypt's First Female Genital Mutilation Trial Ends in Not Guilty Verdict.”