Female Genital Cutting in Egypt

An interdisciplinary study of reasons and consequences of an unhealthy practice

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Iris van Noord
Medicine
Arko Oderwald

Romi de Bok
Cultural Sociology
Robbie Voss

Sam Wachtmeester
Development Geography
Femke van Noorloos

Thesis: Liberal Arts & Sciences
Dennis Kerckhoffs

Utrecht University

ABSTRACT

Female Genital Circumcision, or FGC, is an ancient Egyptian tradition. In 2008, the practice was criminalized due to it being a violation of human rights, yet the majority of Egyptian people wanted it to continue. Through literary research, this paper searches for a way to reconcile and explain the discrepancy between the ban and the opinion of the people. The disciplines medicine, development geography, and cultural sociology shed light on this complex problem from their own perspectives, and are also combined in order to lead to a more comprehensive approach.

Medicine found that FGC is a harmful practice with both mental and physical consequences. The reasons for why the practice continues to exist despite these negative consequences are given by development geography and cultural sociology. The former argues that FGC still exists mostly due to low education and therefore misconceptions about FGC in most regions of Egypt. The latter argues that social reproduction and the social repercussions for not undergoing FGC are the causes for the continuing practice. The findings of the three disciplines can be integrated, and the continuation of FGC despite the negative effects can then be explained. FGC is still an ongoing practice because the Egyptian people are loyal to their traditions for different reasons like ignorance or fear of social consequences, and those reasons weigh heavier than the negative consequences for the Egyptians. Any change in the prevalence of FGC, both negative and positive, has to come from within Egyptian people themselves and cannot be forced upon them by law.

Keywords: FGC, social reproduction, rights-based approach, evidence-based medicine, Egypt, causes

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Glossary

Clitoridectomy: The 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).

Cultural reproduction: The transmission of existing cultural values and norms from generation to generation.

Defibulation: Incision of the vulva to open the vagina of a woman who has undergone infibulation.

DSM IV: The Diagnostic and Statistical Manual of Mental Disorder, which contains the standard criteria for the classification of mental disorders, published by the American Psychiatric Association (APA).

Excision: The partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

FGC: Female Genital Cutting or Female Genital Circumcision: the cutting or removal of (parts of) the external female genitalia.

FGM: Female Genital Mutilation: the cutting or removal of (parts of) the external female genitalia.

Governorate: A governorate is a region in Egypt with its own governor, who serves the president.

Infibulation: Excision of part of the external genitalia and stitching of the vulvovaginal opening to partially cover the vaginal opening.

Institutionalization: The historical process in which initially individual and subjective behaviour (such as the unity of acting, thinking and feeling) is imitated, and then repeated in time to such an extent that it develops into a collective and objective pattern of behaviour, which in its turn exerts a stimulating and controlling influence on subsequent individual and subjective actions, thoughts and feelings (Zijderveld, 2000, p. 31-32).

Neo-institutionalism: Renewed interest in institutions, particularly in the fields of economics and political science.

Non-governmental Organizations: Also known as NGOs. These are often nonprofit, international organizations. They are independent of any government, and tend to organize citizens for causes such as education, human rights, and animal welfare.

Re-infibulation: The resuturing of the vulvar opening that has been opened with defibulation.

Rights-based Approach: A framework in Development Geography, in which the attainment of universal human rights are regarded as the way to development.

Social reproduction: The processes that ensure the self-perpetuation of a social structure over time, in rough analogy to biological reproduction for a population

Spatial Distribution : The spread of a certain phenomenon across a region.

Urbanization: The shift in which population moves from rural areas to urban areas. This is often paired with a decline in the agricultural sector, and an increase in economic welfare and education.

WHO: World Health Organization, a specialized agency of the United Nations, focused on the international public health.

INTRODUCTION

The physical and mental health consequences of an unhealthy tradition

Every year approximately 3 million girls worldwide undergo circumcision, leading to 8000 circumcisions a day. Female Genital Cutting (FGC) is the collective name given to traditional practices that involve partial or total cutting of the female external genitalia whether for cultural or other non-therapeutic reasons (Toubia, 1999). It is estimated that around 200 million women around the world, mainly located in Africa, have been subjected to FGC. (UNICEF, 2013).

The WHO defines FGC 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' (WHO, 2008). In 1995 the WHO differentiated four forms of FGC in the 'Joint Statement' Of WHO/UNICEF/UNFPA:

Type 1: C*litoridectomy*: The partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).

Type 2: *Excision*: The partial or total removal of the clitoris and the labia minora (inner folds of the vulva), including or excluding excision of the labia majora (outer folds of the vulva).

Type 3: *Infibulation*: The most radical form of female circumcision. This is the narrowing of the vaginal opening through a covering seal, leaving a minimal opening for the passage of urine and menstrual blood, done through cutting and repositioning of the labia minora and majora.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes.

Female Genital Cutting (FGC), in the literature also known as Female Genital Circumcision or Female Genital Mutilation (FGM), is mainly practised in the Northern parts of Africa. One of the countries with an extremely high FGC-rate is Egypt. The Demographic Health Survey in 2000 revealed that 97% of the married women in Egypt had undergone FGC (El-Zanaty, Way, 2001) Another study, carried out by the Egyptian Ministry of Health and Population in 2003 reported that 69.1% of those women would also agree to carry out FGC on their daughters. In this thesis, Female Genital Cutting (FGC) is chosen to use to refer to

the practice, whereas FGM emphasizes the mutilating nature of the intervention, which can offend circumcised women.

On the 6th of February 2010, the 6th annual International Day of Zero Tolerance to Female Genital Cutting was celebrated all around the world, once again sparking the discussion over the practice of FGC. This United Nations initiative, created to promote the abandonment of FGC, partly resulted in a complete ban on FGC in one of the most practising FGC-countries in the world: Egypt. In 2008, following the death of an 11-year-old girl caused by the intervention, Egypt imposed a ban on FGC (The Guardian, 2007). FGC is known to have many negative mental and physical health consequences. Especially type III infibulation, mainly practised in Egypt, is known for its most harmful consequences, both physically and mentally resulting in health problems.

This thesis will eventually answer question why FGC is still practised among Egyptian women, despite its national ban. To give rise to an answer to this question, an interdisciplinary approach is indispensable. Repko (2016) distinguishes four criteria which justify the use of an interdisciplinary research method:

- The problem is complex
- The important insights concerning the problem are offered by two or more disciplines
- No single discipline has been able to explain the problem comprehensively or resolve it satisfactorily
- The problem is an unresolved societal need or issue.

The discussion about FGC is considered widespread and complex, because it concerns millions of people with conflicting opinions and interests. Furthermore, important insights concerning FGC has been addressed from multiple disciplinary perspectives, for instance, historical, economic, medical, geographic and social. All of them explaining only a part of the total issue. Lastly, even though the disadvantages seem to outweigh the benefits, FGC is still a common practice in Egypt. The conflicting interests thus leave the problem unresolved. To penetrate to the core of the problem and to come closer to a solution of this problem, it is important to deliver a relevant contribution to eradicate the FGC, and its accompanying health issues. Usually the problem is approached from only one discipline, focussing on the negative health consequences as reason for the eradication of FGC, resulting in a lack of insights of the underlying factors that contribute to the

practice. In this thesis, insights from different perspectives will be integrated in order to develop a more comprehensive understanding of the problem, resulting in a valuable addition to the international debate around this problem and a possible contribution to the solution.

The study of medicine can provide insight to both physical and mental health consequences of the practice of FCG and the causes for entering the national ban in Egypt. The study of health consequences regarding FGC is useful to specify the severity of the problems.

According to World Health Organization (2017) the main factors contributing to the practice of FGC in Egypt are cultural grounded. To get an understanding of how an age-old practice that creates more harm than profit has withstood time can still exist, underlying social and cultural factors should be taken into account. Cultural sociology therefore offers a valuable addition to the study of this complex problem.

When comparing the study of medicine to cultural sociology, a clear contrast emerges. The approaches use different methodology and often study diverse topics. Where medicine focuses on diagnosing, preventing or healing human injuries or diseases, cultural sociology is searching for explanations of cultural phenomena in the social behaviour. In terms of FGC, medicine more or less studies the effects of the treatment and cultural sociology focuses on the causes and origins of why the treatment is carried out in the first place.

The approach of development geography, offers yet another perspective on the same phenomenon. The aim of this study is to find by what features they can measure development taking economic, political and social factors into account. Certain patterns are detected in development and used to understand geographical causes as well as the consequences of differing degrees in development.

In the first chapter, the consequences of FGC will be explained from a medical perspective. Both the physical and mental well-being of women who have undergone FGC will be discussed. Furthermore, this chapter will provide an understanding of the medical factors that contributed to the entering of the Egyptian national ban on the practice. In the second section a major motive for FGC, marriage, will be discussed from a cultural sociological perspective, focussing on the effect that social reproduction through institutions has on the continuance of the harmful practice of FGC in Egypt. In chapter three, the main political and economic reasons for FGC will be discussed through an analysis of the spatial distribution of the phenomenon. Several Egyptian governorates will

be examined and linked a study providing percentages of women who have undergone FGC to get closer to an understanding of the extent to which both economic and political circumstances contribute in the spatial distribution of female circumcision among Egyptian women. In the final chapter, the different insights are combined and used to create a common ground. Finally, this common ground is used to achieve a more comprehensive understanding of the issue to answer the main question.

CHAPTER 1:

A medical approach to female genital cutting in Egypt

The physical and mental health consequences of an unhealthy tradition

Introduction:

'Girl dies during Female Genital Mutilation operation' is a headline that is not infrequently found in the Egyptian newspapers. From a medical perspective, Female Genital Circumcision has many negative psychological and physical health consequences, with sometimes even lethal ending.

As is written in the previous chapter, there are four forms of FGC, all involving removal of prepuce or hood of the clitoris (Toubia, 1994). In Egypt, mainly type 1 and 2 are practised. Type 3 is especially practised in the southern part of the country and among a few ethnic groups. Type 3 is the most severe form of FGC, where the complete labia minora and majora are cut and sealed, leaving only a small opening for the urine and menstruation blood to leave the body. This can result in multiple dangerous physical health consequences.

Generally, midwives or (un)trained circumcisers move from one village to another to perform the cutting with no anesthesia, antibiotics or sterile techniques (Nour, 2008). Their instruments mostly consist of knives, scissors, razors or hot objects that are repeatedly reused. If proper equipment is not available, every sharp object from a piece of glass to parts of a tan can be used. The usage of these unsterile objects and techniques, significantly increase the risk of complications during the practice. The time for proper wound healing depends on the extent of damage, but girls who underwent a type III circumcision require bed rest for approximately one week, where their thighs and legs are bound together to ensure proper healing (Nour, 2008).

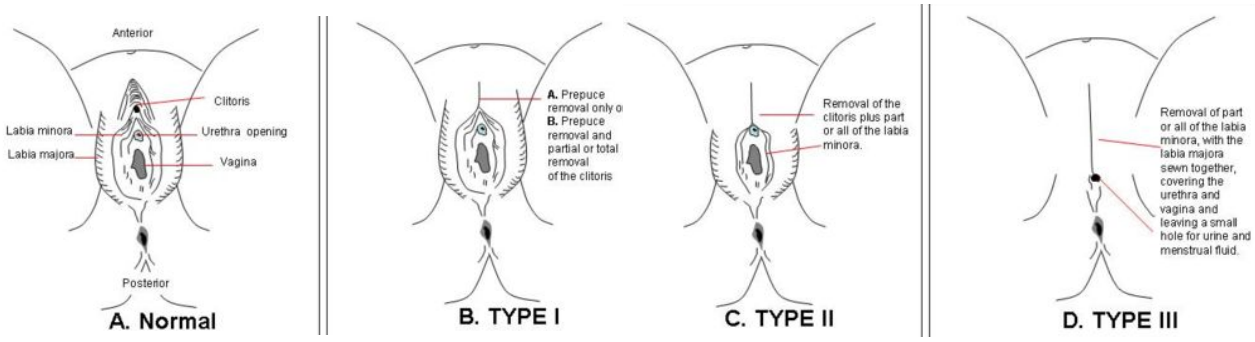

Figure 1.1: World Health Organization classification of Female Genital Cutting

Source: Oritz 1998, Health Care for Women international

According to medicine, FGC has no health benefits and is only seen as a practice that harms girls and women in many ways (Sauer & Neubauer, 2013). This is in contrast with one of the most important reasons that FGC is practised for: The believe of maintaining hygiene and increasing fertility. According to medicine, FGC has many negative health consequences: physical, acute and long-term, and mental. For this, Egypt imposed a complete ban on FGC in 2008, following an incident in which a young girl died during the operation (The Guardian, 2007).

This chapter will answer the question what the most common and affecting negative health consequences of FGC are, which resulted in the Egyptian ban on the practice. The objective of this section is to state the negative physical and mental health consequences, to show the severity of the practice and to stress the importance of the ban and the rightful enforcement of it. Especially many studies concern the mental effects of the practice and on the increased risk of obstetric complications. Not many studies however have been done on the acute physical complications and particularly not in combination with long-term and mental consequences. To examine the physical and mental complications of the intervention, a literature research has been done. For this research PubMed, Embase and Google Scholar were used, using exclusively published empirical studies, quantitative and qualitative, and systematic reviews. In this chapter first the physical, acute and long-term, health consequences will discussed, followed by the psychological effects and will be concluded with the discussion.

Acute physical health consequences

FGC in Egypt is mainly banned because of its many, severe negative health consequences. The acute physical consequences are often the most lethal, but the long-term physical and mental effect usually have most effect on general well-being. Underneath the most common and most lethal effects of FGC will be discussed.

Haemorrhage and anaemia

Women and girls that are at the highest risk for acute and long-term complications, are those who underwent the most extreme form of fibulation: type 3 circumcsion. The risks for type 1 and 2, most practised in Egypt, are smaller and often less severe, but should not be underestimated. The most common immediate and dangerous complications of FGC are uncontrolled bleeding and wound infections, both potentially lethal.

The clitoris is located in a rich neurovascular area. For this reason, the removal of a small amount of tissue can be dangerous already and result in serious health consequences. The most dangerous and acute life threatening complication is haemorrhage. Haemorrhage is the uncontrolled, excessive bleeding from the genitalia, due to cutting the clitoral artery in which blood flows at high pressure (Kaplan et al., 2011). The uncontrolled, excessive bleeding mostly occurs because the operation is performed by untrained practitioners not skilled enough to achieve adequate haemostasis. Often, in order to achieve haemostasis, the legs are straightened and tight together for a couple of days to promote closure of the wound. This way of handling the bleeding however is often not enough, because the bleeding is mostly to severe to stop on its own. If the cut vessels are not ligated or sutured and the excessive bleeding cannot be controlled, acute anaemia can occur (Dirie, 1992). Untreated anaemia can cause a severe drop of the oxygen-carrying capacity of the blood and can therefore become lethal.

Sepsis

FGC is often performed with unsterile instruments and under non-aseptic conditions, which can cause local acute infection. Feces, urine or blood can easily contaminate the wound and a subsequent infection can range from a superficial infection to a septic condition. Also external micro-organisms can enter the wound, causing infections as tetanus and HIV (Dirie, 1992).

Long-term physical health consequences

Long-term complications are only associated with excision and infibulation, because of the interference with the drainage of urine and menstrual blood. FGC constitutes multiple long-term physical health hazards. The most common long-term consequences are dysmenorrhea, dyspareunia, recurrent vaginal and urinary tract infections, infertility, cysts formation, difficult labour and delivery and sexual dysfunction.

Infections

In type 2 and 3 circumcision, the urethral meatus is often covered by the scar, causing urine and menstrual blood to accumulate. The inability to pass urine and blood, due to swelling, pain and inflammations, can lead to urinary tract infections (Althaus, 1997). Stagnant urine and repeated urine retraction may lead to chronic ascending bacterial urinary tract infection. A recent study demonstrated the association between primary infertility and more severe

forms of FGC, involving the labia majora. A urinary tract infections, causing a diminished vaginal protective environment, might result in ascending infection to the uterus and the fallopian tubes, risking tubal damage and impaired fertility. Additionally, pelvic inflammatory disease, a risk factor for infertility and dysmenorrhea, has been found to be three times more like likely in women who underwent FGC (Almroth et al., 2005).

Within the context of the HIV pandemic, FGC becomes even more problematic. The WHO has hypotised that a connection exists between FGC and HIV transmission. Because of the increased risk of bleeding and inflammation, the transmission of HIV is facilitated. If FGC is performed in a group ceremony, often unsterilized equipment is used on multiple women, increasing the risk of HIV and other viral transmission. On women who underwent type 3 infibulation, further injury of the genital area can occur during sexual intercourse, diminishing the physical barrier for infections and increasing the risk of transmission (Prah, 2013).

Dysmenorrhea and dyspareunia

Circumcised women report statistically significant gynaecological problems compared to uncircumcised women. A study of El-defrawi (2001) among 40 Somali women showed that over 80,5% of the circumcised women experience severe pain or cramps during menstruation, lasting more than ten days. These symptoms completely resolved after defibulation, suggesting that the (partial) obstruction of the menstrual flow is the primary reason for the dysmenorrhea (Nour et al., 2006).

The narrowed vaginal passage causes many women to experience severe dyspareunia. Penetration or intercourse if often difficult and frequently results in tissue damage, lesions and postcoital bleeding. Often the scar even has to be cut open to allow penetration (Althaus, 1997). Besides, epidermal or dermoid cysts in a size as big as a pea to as large as an orange, can be formed after the circumcision, but usually do not cause any symptoms themselves. They can however become infected or inflamed, resulting in pain and tenderness, especially during sex (Brady, 1999). A third reason for dyspareunia is neuromata, a benign swelling of nerve tissue, formed when the dorsal nerve ending is trapped in the scar tissue, resulting in immense pain and severe dyspareunia (Nour, 2008).

Sexual consequences

As states earlier, with FGC, the women's erogenous genital areas as well as sexually vascular tissue are removed. The clitoris, which is richly supplied by nerve endings, and the prepuce form the most consistently erotic area of the female body (Berg et al., 2010). The amputation of the clitoris and sensitive tissue around it reduces a woman's ability to experience sexual pleasure (Thabet & Thabet, 2003). Besides, like mentioned above, is sex for these women likely to be painful, because of the small vaginal opening and the lack of elasticity of the scar tissue. Andersson (2012) identified a significantly reduced sexual quality of life among women from 13 African high prevalence FGC countries (Andersson et al., 2012). A subsequent study of Berg an Denison (2011) found that women subjected to FGC type III were twice as likely to report absence of sexual desire and one third reported reduced sexual satisfaction. Of these women, 25% of the women did not feel any arousal during the intercourse, 56% never experienced orgasms and 50% experienced pain during the sex.

Obstetric complications

Without deinfibulation before childbirth, obstructed labour may occur, resulting in life-threatening complications for mother and infant. Because of the often high birthrates in countries where FGC is regularly practised, infibulation scars may be cut and resewn many times during the reproductive years (Althaus, 1997). A major WHO collaborative study in cooperation with Banks et al. (2006) on 28 000 women who underwent FGC across 6 African countries, found increased risks in prolonged labour, postpartum haemorrhage, neonatal resuscitation, lower birth rate, stillbirth and early neonatal death (WHO, 2006).

If deinfibulation is not performed, the exit of the fetal head can be obstructed during delivery and strong contractions can then lead to perinatal tears. If the contractions are not strong enough however, the delivery of the head will be delayed, which can result in fetal death and necrosis of the vaginal canal, often leading to incontinence (Toubia, 1994). Another large study conducted by the WHO (Eke & Nkanginieme, 2006), found that women undergone FGC, especially if FGC type 3 was performed, were at a substantially higher risk for caesarean section, resuscitation of the infant, postpartum haemorrhage and inpatient perinatal death (Perron et al., 2013).

Mental health consequences

Psychological trauma

FGC will have a lifelong impact on the majority of women who underwent it and can adversely affect their mental health. Behrendt and Moritz (2005) asserted that FGC can be classified as psychological trauma according to the DSM IV (Behrendt & Moritz, 2005). The DSM IV is published by the American Psychiatric Association, and helps to distinguish if circumsicion can be categorized as trauma. Its definition of psychological trauma is 'the occurrence of an event outside normal human experience.' They are defined by their horrifying and unexpected nature. According to the DSM-IV, all the elements for trauma, including a physical attack and severe pain or anxiety, can be attributed to FGC. Jonoff-Bulman (1995) argues that the exposure to violent victimisation results in the intensive feeling of vulnerability and the feeling of a lost sense of safety and security. This can effect the socio-emotional development of a child, as a child perceives the world as a negative place where people can no longer be trusted. This is a major origin for the development of Post Traumatic Stress Disorder (PTSD).

PTSD

PTSD is the name for a cluster of symptoms often seen in trauma survivors. PTSD can affect behaviour and mood functioning, resulting in hypervigilance and constant alertness, or, the opposite extreme, in numbed and blunted emotions. In a study of Behrendt and Mortiz (2005) on the mental health status of circumcised women, over 80% still suffered from intrusive re-experiences of the circumcision, disturbing memories and had trouble falling or staying asleep after a year. In 30% of those women PTSD was actually diagnosed. These numbers imply that, despite the fact that FGC is often deeply entrenched in the culture and girls can often mentally prepare for it, cultural embedment does not protect against the development of PTSD and other psychiatric disorders (Behrendt & Moritz, 2005).

Anxiety and emotional difficulties

Other psychological disorders have been associated with traumatic stress. Interviews with women who underwent FGC reported feeling of incompleteness, betrayal, anxiety and humiliation (Behrendt 2006, 19). Behrendt and Mortiz (2005) established that over 90% of the women described recalling feelings of intense fear, horror, severe pain and helplessness. Over 80% of the women met with criteria for affective and anxiety disorders, sometimes

even resulting in development of a dissociative disorder (Behrendt & Mortiz, 2005). Women reported various emotional difficulties like feelings of fear, helplessness, anger, shame, guilt, powerlessness, apathy and the feeling of being excluded (Berg et al., 2010).

Discussion

According to the 2000 Demographic and Health Survey, around 97% of the married women in Egypt underwent FGC somewhere in their lives. Often this is done as initiation ritual into womanhood, for marriagable reasons or as source of maintaining hygiene, thereby feminizing and beautifying the women and increasing their fertility. From medical perspective however, this practice cannot be seen as something different than a practice that only harms girls and women in many ways without having any health benefits. Mainly due to these negative health consequences, Egypt banned the practice of FGC in 2008. This chapter described the most common and affective negative health consequences of FGC, forming the founding reason for the Egyptian ban on this practice.

The negative consequences of FGC are divided in physical, acute and long-term, and mental effects. The most life-threatening complications are the acute health consequences as haemorrhage, anaemia and sepsis. Because the clitoris is positioned in a rich vascularized area, uncontrolled excessive bleeding may occur. If proper haemostasis cannot be achieved, haemorrhage can result in acute anaemia, which, if not treated, can become lethal.

FGC also has multiple negative long-term health complications. The most common consequence of FGC is infection. With type 2 and 3 fibulation, the vaginal passage is often damaged, causing urine and menstrual blood to accumulate, leading to increased incidence of urinary tract infections. These infection can ascend, resulting in fallopian tube, pelvic and uterus inflammations, all causing infertility.

Second negative long-term health effects of FGC are dysmenorrhea and dyspareunia. The obstruction of the menstrual flow can cause severe pain and cramps during the menstruation. Dyspareunia is caused through difficult penetration, cysts due to FGC or neuromata, all resulting in immense pain during sexual intercourse. Besides, sexual satisfactions is significantly diminished by the pain and removal of the female erogenous genital areas responsible for experience sexual pleasure.

The third long-term physical effects of FGC are obstetric complications. If deinfibulation is not executed before childbirth, life-threatening situations for mother and child can arise. An obstructed fetal head during delivery can prolonge the labour, causing

neonatal resuscitation possibly resulting in stillbirth. Besides, increased risk of caesarean section and postpartum haemorrhage is found among circumcised women.

FGC can also have a lifelong impact on the mental health of fibulated women. Beherendt and Moritz (2005) reported that 80% of women who underwent FGC, showed symptoms of PTSD as intrusive re-experiences or trouble falling asleep and in 30% PTSD was actyally diagnosed. Besides, these women showed increased incidence of other disorders as depression and anxiety and panic disorders.

Limitations

A few limitations of this section must be noted. First, the extensiveness of this study is limited. It only focuses on the most common and life-threatening complications, but not all the health consequences could be named. For example the extensive pain, keloid formation and introital and vaginal stenosis are sometimes occurring complications that could not be discussed.

Second, this study is approached from a Western perspective. Western medicine is based on evidence-based knowledge, defining FGC as 'bad' practice without having any medical health benefits, and thus is this topic negatively approached. This Western Evidence Based Medicine (EBM) approach does not include traditional medicine, their perspective and way of thinking and acting. An example are the DSM IV criteria that are drawn up by the American Psychiatric Association. It symbolizes our view on what we see as fair or unfair and as acceptable and unacceptable. This view is however not necessarily shared in other cultures, making our criteria cultural biased. This cultural bias should also be noticed in our criteria to diagnose disorders and deviations. These criteria to determine whether someone suffers a disorder or alteration, are mostly based on Western character traits and how a Western individual would or should behave. These normalities however can be completely different in other cultures and societies, making their character traits and behaviours divergent with the Western criteria, leading to a Western based diagnoses, where this does not has to be the case.

Thirdly, immediate consequences as haemorrhage and infections are usually only documented when hospital treatment is sought (Obermeyer, 2005). For most non-immediate physical complications and mental effects however is not sought any help at all. Besides, if a girl or woman dies due to the complications of FGC, this is seldom documented. Therefore, it is really hard to estimate the true extent of the complications and the exact numbers of consequences and deaths. Not only the poor documentation of

complications and fatalities can decrease the number of known effects, also self-reporting can lead to an underestimation of consequences. Acceptation of beliefs and cultural assumptions about FGC prevents women to feel and recognize their dissatisfactions. If symptoms and dissatisfactions however are recognized, they are often attributed to another cause. Besides can talking about the subject cause the pain and memories to reappear. If the feelings however become conscious, they are still often suppressed, leading to the underreporting of the symptoms. Lastly the fear that their feelings about their experience will be dismissed or ridiculed by society, also results in diminishing and underreporting of the symptoms. If there is not a culture of recognition for the trauma of FGC within a community, underreporting of the consequences is more likely to occur (Knipscheer et al., 2015).

CHAPTER 2:

A development geographical approach to female genital cutting in Egypt

The Humans-Rights approach to an unhealthy tradition

Introduction

Female genital cutting is fairly common in Egypt. The exact percentages are unknown, but according to the Demographic Health Survey in 2000 in Egypt, 97% of the participating women have undergone some form of female genital cutting (FGC) (Tag-Eldin et al., 2008).

It is often thought that whether a woman undergoes female genital cutting or not depends on social, cultural and religious reasons (Hengazy, 2016). female genital cutting is deeply ingrained into Egyptian culture, mostly because of its close ties with Arabian Middle Eastern culture, where it is also prevalent. FGC is by some scholars cited as Islamic *sunna*, or tradition, which is also part of the culture and contributes to the prevalence of female genital cutting (Von der Osten-Sacken & Uwer, 2007; Molleman, & Franse, 2009).

Social, cultural and religious factors certainly play a role in the spatial distribution of the prevalence of FGC, but they are not the only ones. In fact, FGC predates both Christianity and Islam, and can not be attributed to any religion (Rasheed, Abd-Ellah, & Yousef, 2011).

Development Geography will look at female genital cutting from its disciplinary perspective, however due to the other disciplines partaking in this thesis, it will not elaborate too much on the cultural reasons behind FGC. Instead, this chapter will focus on the political and economic factors to undergo FGC, but the social reasons will be taken into account to a certain degree as well. Development geography is an interdisciplinary field of studies, and therefore in a good position to look at interdisciplinary phenomena, such as the one of FGC.

However, it must be kept in mind that Development Geography can have a Western bias. In the case of development geography, the rights-based approach will represent these Western values. This is a relatively new approach in which attainment of human rights (as defined by the United Nations) is the goal towards which the world should be working towards and seen as "development" (Potter, Conway, Evans & Lloyd-Evans, 2012). Female genital cutting is, according to NGOs like UNICEF “a violation of girls’ and women’s

human rights." (UNICEF DATA, 2017). This is a common opinion held by people in the Western world. However, most Egyptian women disagree; over 80% of those women believe that the practice should continue (Boyle, Songora and Foss, 2011). So in line with the rights-based approach, FGC negatively affects development. Rights-based approaches often conflict with cultural values, as rights-based approaches are also an universalist approach; a one-size-fits-all solution for everyone. By trying to understand this cultural phenomenon, it might be easier to find out if we need universal human rights, and if so, how to balance it with cultural values (Potter et al., 2012).

To what extent do economic and political circumstances play a role in the spatial distribution of female genital cutting among Egyptian Islamic women? It is necessary to answer this question, as it is common to point to cultural factors while other factors are also important but often underestimated. The economic, political and social dimension continuously influence each other, so it is important to look at the whole picture instead of only singling out one dimension, which is why urbanization and education are touched upon in this chapter as well. They are not strictly economic or political, but they are related to each other. It is also interesting to note that a good education, economic and political position, and urbanization are all directly or indirectly related to human rights, which will be further elaborated on in this chapter.

Spatial patterns

In order to determine the role of different factors in the spatial distribution of any phenomenon, it is important to figure out if there is a spatial pattern.

In this case, we will look at a study from 2008, in which female students from ten different governorates were questioned about whether they had undergone female genital cutting or not. FGC in this study means all types of female genital cutting. This study is already fairly old, and only takes into accounts the girls questioned, whom are all primary, preparatory and secondary school students. However, it is one of the few academic studies that looks at the prevalence of FGC in specific governorates.

Governorates	Total no. of women interviewed	Females with FGC	
		No.	Percentage
Cairo	7.696	2.811	36,5%
Alexandria	4.597	1.800	39,2%
Sharqia	4.487	3.314	73,9%
Dakahlia	4.240	2.111	49,8%
Damietta	3.415	735	21,5%
Port Said	1.989	356	17,9%
Beni Suef	4.135	3.024	73,1%
Asyut	4.508	3.389	75,5%
Luxor	1.761	1.506	85,5%
North Sinai	1.988	503	25,3%
Total	**38.816**	**19.543**	**50,3%**

Figure 2.1: Prevalence of FGC among female students in selected governorates in Egypt.
Data from: (Tag-Eldin et al, 2008)

Even within Egypt there is a big difference in the amount of female students with FGC. It can be as low as 20%, or as high as 85% in the selected governorates. However, the amount of girls interviewed also varies per governorate. There is a possibility that these samples are not representative, but since the sample groups are fairly big, it seems likely that the results of this study are close to reality.

The findings from this study will be linked with data regarding economic status, education and urbanization rate. This is because these factors are often linked to FGC in the literature. This data is presented in GiS visualizations, which is a method often used in geographic disciplines to visualize and compare data between regions. In this case, only data from the governorates in the above study is deemed relevant and therefore displayed.

The role of the geographic location

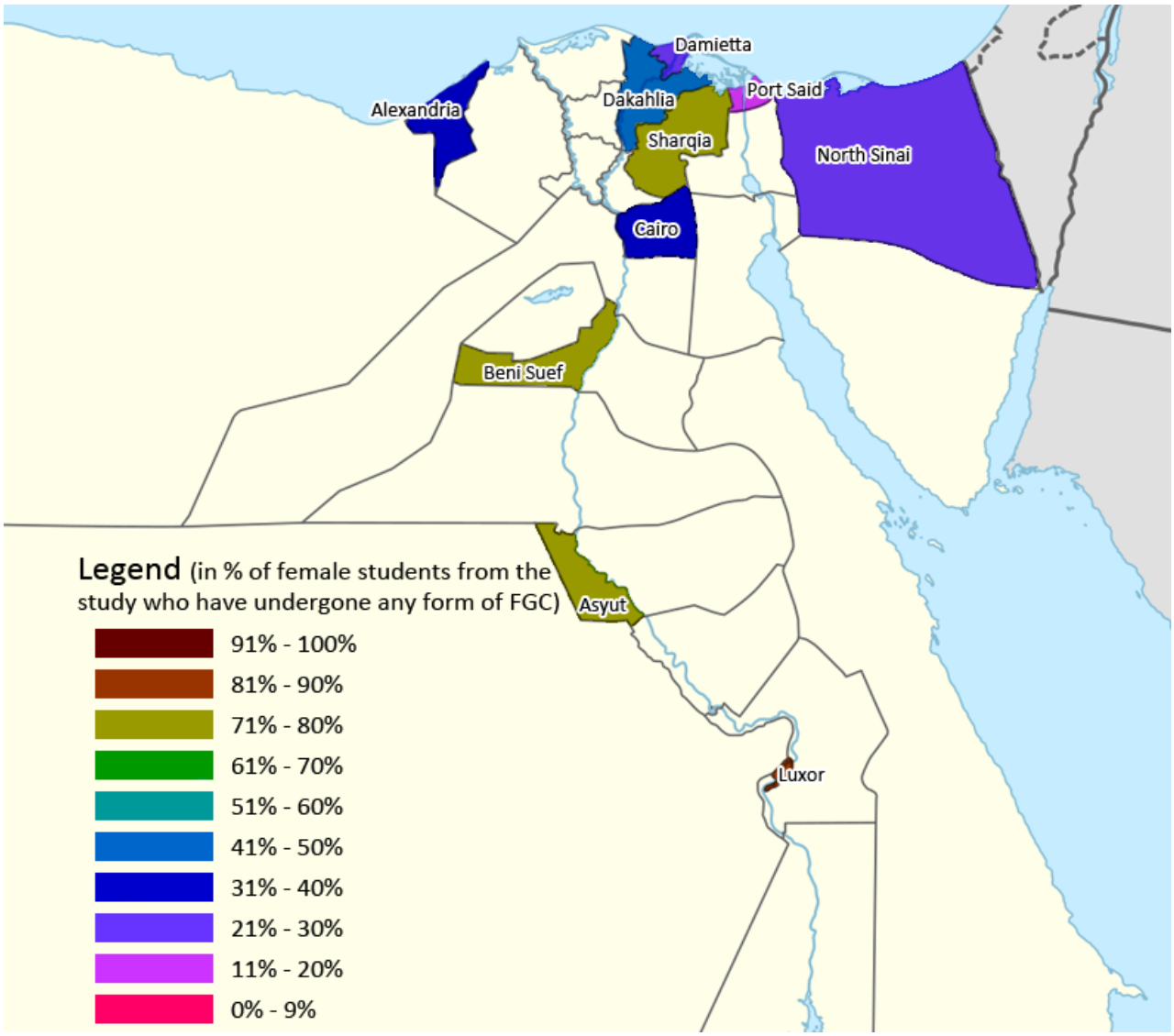

Figure 2.2: Data from the first study visualized, by Sam Wachtmeester. (2017). Template from: Wikmedia. (n.d.) *Map of Egyptian Governorates*. Retrieved from https://upload.wikimedia.org/wikipedia/commons/thumb/e/e7/Egypt_adm_location_map.svg/1200px-Egypt_adm_location_map.svg.png

There appears to be a hint of a pattern. The coastal governorates in the north generally have a lower percentage of female students with FGC. These include Alexandria, Dakahlia, Damietta and Port Said. This is opposed to landlocked governorates, which have a higher percentage female students with FGC. These governorates include Bani Suif, Asyut, Luxor and North Sinai.

The exceptions to these patterns are Cairo and Sharqia. Cairo is not a coastal governorate, yet has a relatively low percentage of female students with FGC. Sharqia is a coastal governorate, yet has a high percentage of females students with FGC.

The role of urbanization

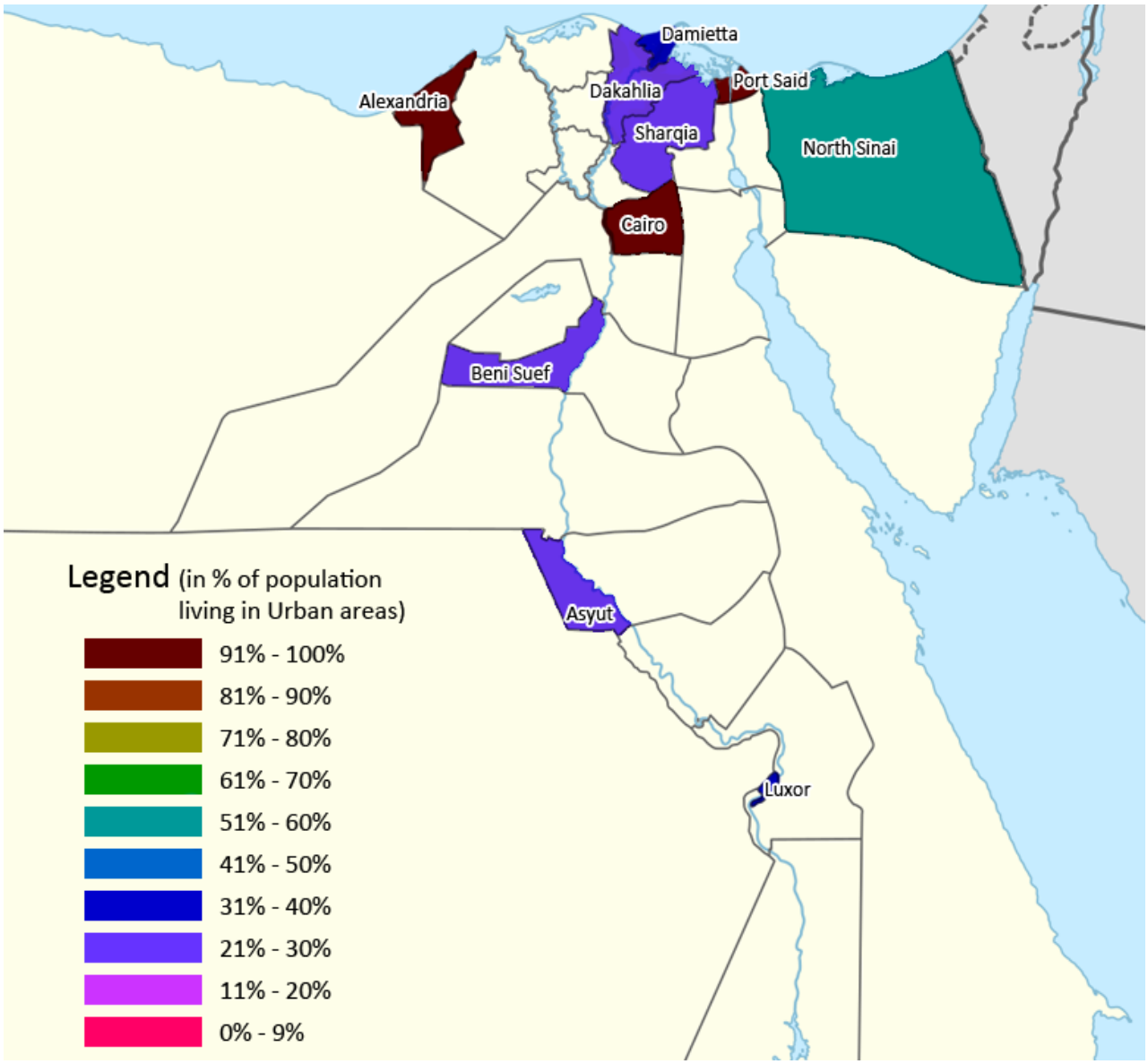

Figure 2.3: Map visualizing the urbanization rates within the governorates from the first study.

Governorate	Urban in % (2015)	Total population (2015)	Female students interviewed (2008)	% with FGC
Cairo	100.0	9 278 441	7 696	36.5
Alexandria	98.8	4 812 186	4 597	39.2
Port-Said	100.0	666 599	1 989	17.9
Damietta	38.7	1 330 843	3 415	21.5
Dakahlia	28.2	5 949 001	4 240	49.8
Sharqia	23.1	6 486 412	4 487	73.9
Beni Suef	23.2	2 193 871	4 135	73.1
Asyout	26.5	4 245 215	4 508	75.5
Luxor	37.8	1 147 058	1 761	85.5
North Sinai	60.2	434 781	1 988	25.3

Figure 2.4: Rural/Urban distribution in the Egyptian governorates, combined with the data from the previous study
Data source: (Central Agency for Public Mobilization and Statistics, 2015; Tag-Eldin et al., 2008)

Urban areas are characterized by a dense population and generally more employment opportunities (and therefore often associated with high economic activity), compared to rural areas (Daniels, Bradshaw, Shaw, Sidaway & Hall, 2016). This is also why urbanization is often related to achieving human rights (OHCHR, n.d.). Cairo, Alexandria and Port Said are governorates in which (almost) 100% of the population lives in urban settlements.

Linking this to the figure above, there appears to be a connection between urbanization rate and the prevalence of FGC. Generally, governorates with a big urban population have fewer women with FGC than women in rural governorates. It is not a strong correlation, as North Sinai has a relatively low urbanization rate while also having a relatively low percentage of students with FGC compared to Cairo and Alexandria. However, generally there is a negative correlation to some extent between urbanization rate and FGC.

The exceptions from before could be explained this way; Cairo has a 100% urbanization rate, and a relatively low amount of girls with FGC. Most of Sharqia's

population lives in rural areas, so that could explain the high prevalence of female genital cutting.

Though, again, there is an exception for the urban-FGC correlation as well; Damietta has a relatively low urban population while also having a low percentage of female students in the study who have undergone FGC.

The role of wealth

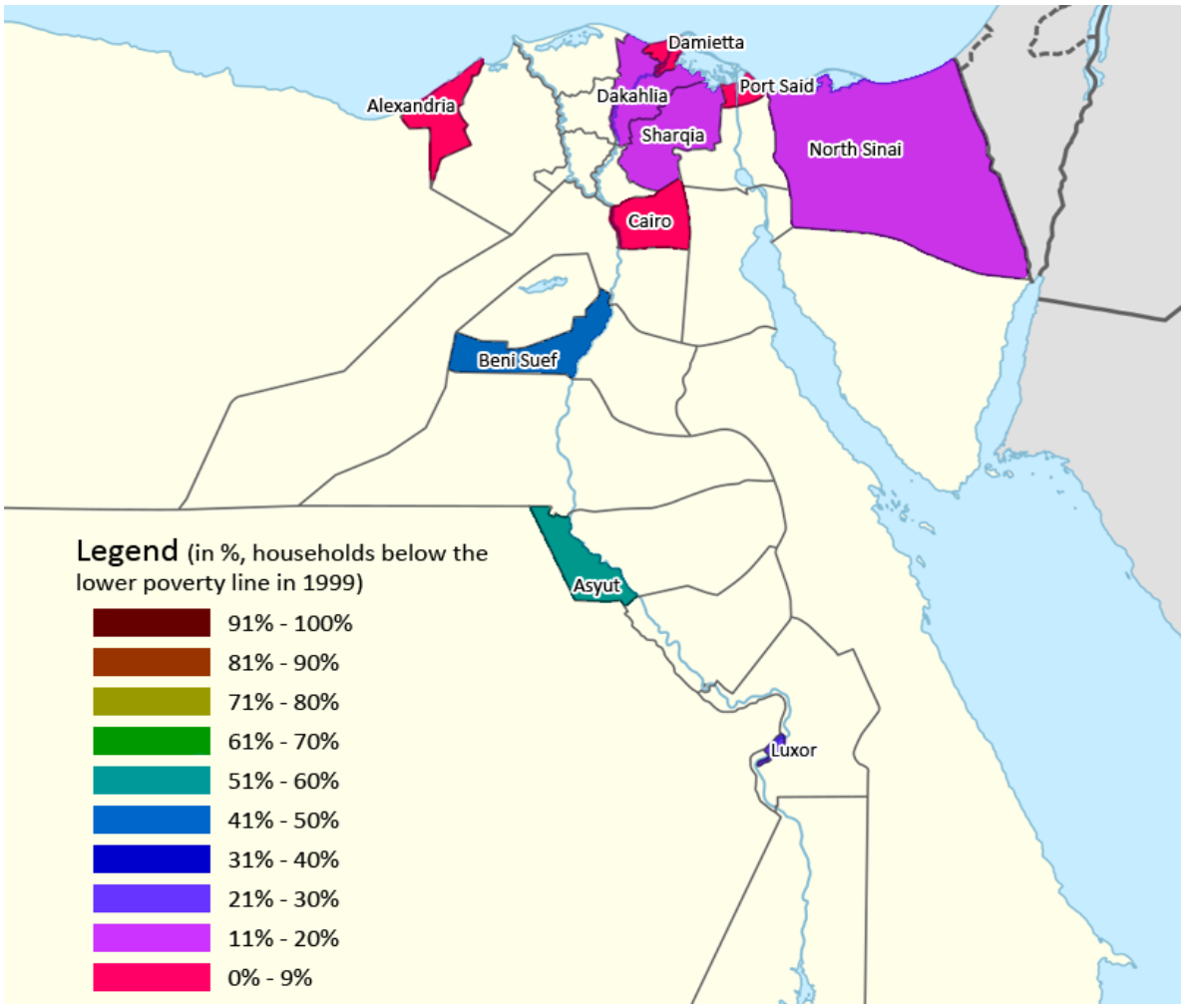

Figure 2.5: Visualization of households below the poverty line per governorate.
Data from: KNOEMA. (1999) *Proportion of households below lower poverty line in percentages.* [Data Set]. Retrieved from https://knoema.com/atlas/Egypt/Governorates-profiles

Another often mentioned factor in the prevalence of FGC is wealth. Unfortunately there were not much statistics available regarding wealth per governorate. The data used in the above visualization is from 1999, so it is very likely that the numbers have changed. Poverty lines in general must be approached with caution; the poverty line changes sometimes (in 1999 it was 1$, as opposed to the 1.90$ used now) and the method of

measuring it varies per country. The poverty line is the minimum amount of income a day necessary to be able to live.

Again, northern governorates are doing very well in terms of having few households live below the poverty line. It is quite remarkable to see the governorates Sharqia, Damietta and Dakahlia still having few people below the poverty line while also having low urban population, as wealth and urbanization are often, but not always, associated with each other (Daniels et al., 2016). However, Sharqia and Dakahlia both do have a high percentage of students with FGC, so it appears that poverty has a smaller influence on the prevalence of FGC, assuming the study sample and the distribution of poverty have stayed somewhat the same.

The case of Damietta can also be explained; despite its low urban population, it does have relatively much wealth (Naguib, 2012). This is because the capital of Damietta has a big furniture industry, and it exports its goods to other governorates and other countries (Garofoli, & El Kilany, n.d.). These are mostly small firms in which the furniture is made by hand, with little administrative activity. Furniture requires wood, which could explain the necessity of a big rural population. By comparing Damietta, and Sharqia and Dakahlia, it appears that urbanization rate plays a bigger role than poverty.

However, this conclusion must be drawn cautiously, as the data regarding poverty is fairly old. More recent data regarding economic position is however very difficult to find, and even if it exists, it is often not per governorate but rather Egyptian as a whole or only the poorest vs. the richest cities.

The role of education

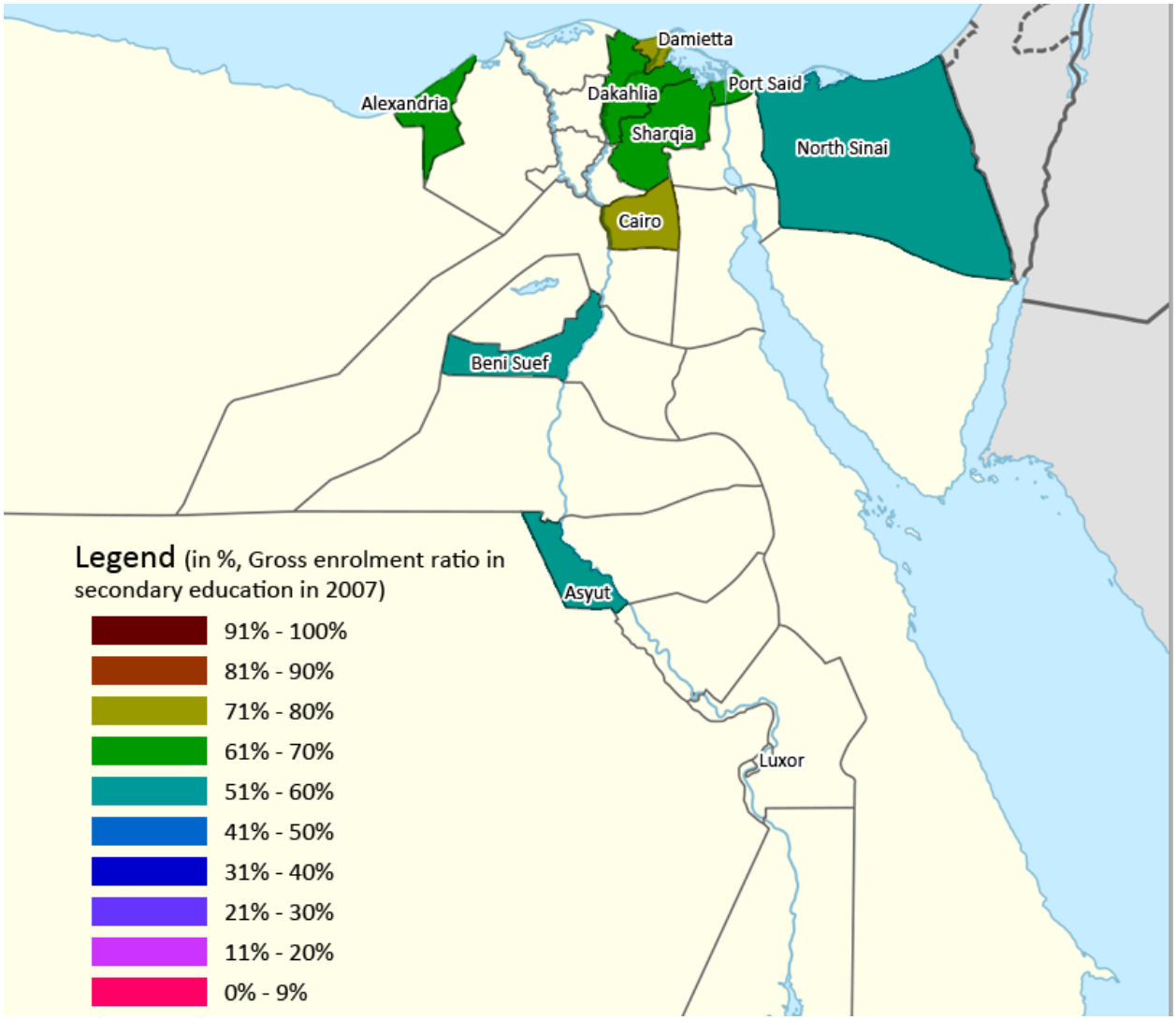

Figure 2.6: Visualization of the gross enrolment ratio in secondary education per governorate in percentages. Data from: KNOEMA. (2007) *Gross Enrollment Ratio, Secondary in Percentages.* [Data Set]. Retrieved from https://knoema.com/atlas/Egypt/Governorates-profiles

Another important factor is education. While education is not strictly an economic or political factor, it is slightly related to economic status and urbanization rate; (good) education is often more prevalent in urbanized areas, as both of those correlate with higher development (Potter et al., 2012). Since education became a basic human right (UN General Assembly, 1948), NGOs have been pushing for more education opportunities for children all over the world.

There seems to be a negative correlation between education level and FGC. Female genital cutting is less common in women with higher education compared to women less or no education (El-Gibaly, Ibrahim, Mensch, & Clark, 2002). Parents' education also plays a

role; the higher the education of the parents, the lower chance of their daughters having to undergo FGC (Hassanin, Saleh, Bedaiwy, Peterson, & Bedaiwy, 2008).

According to an older study in Asyut from 1996, 1732 women were interviewed about their daughter under 20 years. It turned out that 62,3% of those daughters had undergone FGC, with an additional 36,3% planned to have FGC. 92% of the mothers of circumcised daughters were illiterate, while "only" 69% of the mothers of uncircumcised girls were illiterate. (Sayed, El-Aty & Fadel, 1996) While it is an old study and therefore possibly not entirely accurate, its conclusion seems to support the rest of the data in this chapter and other studies (Alkhalaileh, Hayford, Norris, & Gallo, 2017)

Education playing an important role can also be concluded from our data; Cairo, Damietta, Sharqia, and Port Said and Alexandria have the highest enrolment in secondary education while they also have relatively low students with FGC. A possible explanation for this was found in an article from 2017; women with a higher education have more opportunities on the labour market. This would make them less dependent on a husband (and therefore marriage), which often requires them to undergo FGC (Alkhalaileh et al., 2017).

Women with higher education have less misconceptions about female genital cutting; they know it can lead to a girl's death and make childbirth more difficult, and disagree with FGC being preferred by husbands and preventing adultery (Egypt: Health Issues Survey, 2015).

Again, Dakahlia is the exception to the rule. Dakahlia's gross enrolment ratio is similar to the others, yet almost almost 50% of the students from the very first study have undergone FGC. According to another study from 2007 with women of all ages, that number was even measured to be 90% (Elnashar, El-Dien Ibrahim, El-Desoky, Ali, & El-Sayd Mohamed Hassan, 2007). Dakahlia is mostly rural governorate, so it could be that the education that is available is not as good as the education in the more urban governorates. There is a possibility Dakahlia does well in terms of wealth because there are two industrial zones in the governorate (General Authority for Investments, n.d.) and its coastal location might make it attractive for firms to establish themselves there. Though, there are no studies done on the exact reasons why Dakahlia is the way it is, so this possibility is likely but not necessarily true.

In short, there is a negative correlation between education and the prevalence of FGC. A higher education helps girls understand the misconceptions about FGC, and realizing it can be harmful. Education also increases the chance for women to get a job, and offers them the chance to be less reliant on marriage with the husband as provider. The education of the parents also plays a very important role in the prevalence of FGC.

Political Background

For Egyptian officials, FGC is a sensitive issue. Due to the prevalence of FGC, any policy regarding the act would be relevant for most of the Egyptian women. Even though there are some anti-FGC groups in Egypt, their influence is relatively small. The legislative measures against female genital cutting are mostly a result of the increasing international pressure (Boyle et al., 2011). As the world is globalizing, Western countries and international organizations are promoting certain standards, and trying to get other countries to adhere to their standards as well.

A relevant example of this would be the "Convention on the Elimination of All Forms of Discrimination against Women", or CEDAW, adopted in 1979 by the United Nations and ratified by Egypt in 1980. This is an international bill of rights that defines "discrimination" towards women. By accepting this convention, countries commit to taking measures to prevent this discrimination (Committee on the Elimination of All Forms of Discrimination against Women, 2000). The Egyptian government has taken different actions against the act since signing CEDAW, varying from mild to more extreme. In 1990, FGC was only prohibited from occurring in a public hospital, though not enforced (Boyle et al., 2011). In 2008 the practice was classified as a misdemeanour, and criminalized eight years later. Carrying out female genital cutting is currently punishable by imprisonment from five to seven years (Sadek, 2016).

This bill goes against the traditional act of female genital cutting, but the Egyptian government has ratified the bill and has taken measures anyways.

However, it is not just the Egyptian government that has changed. Since 2005, there has been a downwards trend of the prevalence of FGC in girls aged 0-17, and there has been a decline in women (and to a lesser degree in men) who want the trend to continue

(El-Zanaty, 2015; Egypt: Health Issues Survey, 2015). This could be a sign that not just the government of Egypt is slowly changing their perspective on FGC, but the public as well. In fact, it could even have been that it was the other way around, as the decline started three years before the legislative measures against FGC were implemented.

Weighted Prevalence			
	2005	**2008**	**2014**
Urban Governorates	96,78	92,07	64,95
Lower Egypt- Urban	97,22	88,53	75,41
Lower Egypt - Rural	97,34	95,50	84,38
Upper Egypt - Urban	97,76	93,76	87,08
Upper Egypt - Rural	96,79	94,73	96,82
Frontier Governorates	53,28	46,99	42,92

Figure 2.7: Table containing the weighted prevalence of FGC in Egyptian regions. (Alkhalaileh, Hayford, Norris, & Gallo, 2017)

There is no clear data per governorate, but some studies divided Egypt in lower Egypt, upper Egypt, frontier governorates, and urban governorates. In a recent study it was found that after legislation, FGC decreased the most in women from urban governorates in Lower Egypt, so that would mean Cairo, Alexandria and Port Said in the rest of this chapter. However, what's most interesting from this data is that the prevalence in rural governorates in upper Egypt like Asyut and Luxor first decreased, and then increased again in 2014. In 2014 the prevalence is even slightly higher than it was in 2005 before the legislation (Alkhalaileh et al., 2017). There cannot be an explanation found for the increase after 2014 in literature, but it is possible that people initially stopped practising FGC after the legislation. This legislation is not actively enforced, so that could explain why the rates increased again or do not decrease as much as expected (Muthumbi, Svanemyr, Scolaro,

Temmerman, & Say, 2015). However, despite the slight decrease, the absolute amount of FGC is still very high in all of Egypt, and the legislative measurements have not made a significant difference in decreasing the rates (Hassanin et al., 2008; Alkhalaileh et al., 2017).

To illustrate, when comparing the students from the study from 2008 with other studies that include women from all ages, the numbers drastically increase. It seems that the practice has become less popular among younger generations, but this decline already started before 2008.

Conclusion

According to the findings, it appears that FGC is still a widespread issue in Egypt; it has not been eradicated in any governorate yet. However, there are some links between governorate characteristics and the percentage of FGC in said governorate. Education, urbanization rate, economic position and geographic location all play a role.

The four aforementioned factors influence the prevalence per governorate to a high degree; especially education (of the parents) plays an important role. This is in comparison to the political factor (legislation), which did not cause a significant decline in the prevalence of FGC in any of the Egyptian governorates. The prevalence of FGC is decreasing, but at a fairly slow pace and it had already started to decrease before legislative measures were implemented.

The four other factors vary in importance. It appears that education is the most important factor. High education contributes to the decline in multiple ways; it offers women a better chance on the labour market, and are therefore less dependent on a husband and marriage to provide. Higher education also allows the women to be more critical so they do not believe the misconceptions surrounding FGC. Parents with a high education also allow their daughters to forego FGC because they do no longer have misconceptions about FGC.

Education, urbanization and economic position are often associated with each other. Urban areas tend to have more and better education opportunities, while also being a place with a lot of economic activity compared to rural areas. A better economic position also allows parents to pay for (private) schooling for their children. Though, there are definitely exceptions to the rule, and in Egypt this was also often the case.

In short, there appear to be correlations between geographic location, education, urbanization rate, income, and the prevalence of FGC. This is opposed to legislation, which

did not make a lot of difference in the decline of FGC. This is supported in broader terms by the Egypt Health Survey from 2015 (Egypt: Health Issues Survey, 2015), and also by other literature on this subject (Alkhalaileh et al., 2017). While the prevalence decreased, it will still be a long time before the practice is completely abolished. Change has to come from Egyptian people themselves; the government cannot force it upon them.

Discussion

Despite the relatively low percentage of young women with FGC (compared to the 97% of the demographic health survey in 2007), it is very likely that all older women have undergone FGC. It is important to realize this, as the data from the study might make it seem like the actual prevalence of FGC is overestimated.

Data from the Egypt Health Issues Survey is used in this chapter, but the Egyptian government has incentive to be an unreliable source on the prevalence of FGC, and FGC is often (though not always) underreported in other countries (El Musharaf, Elhadi, & Almroth, 2006). Hence it was useful to find other (more specific) studies to see if they come to the same conclusion, and compare different data. Statistics for all governorates regarding other education factors could not be found, which is also why Luxor has no colour in the above visualization. It is possible Luxor would be an exception to the rule, but to limit that possibility as much as possible, additional data has been found regarding education and FGC.

Data and speculation about the reasons for FGC has been used cautiously in this chapter. It was the purpose of this chapter to figure those reasons out, but the fact remains it is a cultural issue which makes it difficult to determine the exact issue if one is unfamiliar with the cultural background. Hence the reasons and explanations given are worded and presented as tentatively, perhaps too much so in some cases.

CHAPTER 3:

A Cultural sociological approach to female genital cutting in Egypt

Social reproduction of an unhealthy tradition

Introduction

Every year approximate two million girls, – too young to give their consent or disallow it from happening – undergo some form of female genital cutting (FGC) (WHO, 2017). The removal of certain parts of the female genitals often comes with painful and unhygienic procedures that can cause serious harm to the mental and physical wellbeing of the women (Gruenbaum, 2001). Because of these effects, female genital circumcision is in violation with several universal human rights such as the right to equality and freedom from torture and degrading treatment.

Despite the negative consequences of the practise, it is still carried out in many countries all over the world, but especially in Northern Africa. In Egypt, approximately 91% of all women between 15-49 have undergone a form of female genital cutting (Unicef, 2013).

To outsiders, these facts mostly cause incomprehension about the subject. For example: ″The horror female circumcision evokes is grist for outrage, electrifying a cry for urgent change″ (Gruenbaum, 2001). However, most people who are committed to the abolition of female genital cutting are western oriented. Wallace (1960) argues that phenomena are always described from the point of view of the individual defining it. He calls this *worldview*, where the world can only be defined using personal philosophy, ethics, ritual and scientific belief. Because of the idea of worldview, people might anticipate business without taking the original Egyptian cultural motivations, settings and factors into account. Female genital cutting is, because of its many underlying factors, an enormously complex problem and in order to really tackle it, it is necessary to get to the deepest nature of it. If this is not correctly done, there is the risk of just moving the problem or only fighting its symptoms. It is thus arguable to develop a broader understanding of the underlying, deep grounded factors that contribute to the practice of female genital cutting in Egypt, before settling statements or take action against its practice.

The practice of FGC is age-old and possibly dating as far back as Ancient Egypt (Andro & Lesclingand, 2016). Part of the reason that traditions withstand through so many years is because of social and cultural reproduction. Cultural norms and existing

aspects of the society are transmitted from generation to generation. According to Bourdieu (1984) the influence of social reproduction is exercised through institutions like schools, the legal system and marriage. To come to a more comprehensive understanding of the underlying factors for FGC in Egypt, cultural and social norms that are reproduced through institutions should therefore be taken into account. As appears from research carried out by the World Health Organization (WHO), one of the most significant social and cultural factors for performing FGC is marriage (2016). According to those who practice circumcision, it is deemed necessary for a girl to get circumcised in order to become a woman and get prepared for marriage. Also, when a woman is circumcised, she is considered to be more marriageable to men. Therefore, in this chapter the following question will be answered: How does the institution marriage contribute to the maintenance of practice of female genital circumcision in Egypt? Because developing understanding for the origins of a socially relevant phenomenon is the first step in addressing any serious problem.

Religion, culture and the position of women in Egypt

During the last decades, many historians came to share the opinion Islam has not been the sole or even the main cause of the inferior position of women in the Islamic world. Long before the Islamic faith became predominant in much of the Mediterranean world, male domination was evident. In ancient Egypt this was slightly different, but during its Greek and Roman occupation gender differentiation was institutionalised in laws and in cultural traditions. In the centuries which followed after the invasion of the successors (caliphs) of Mohammed, regional laws, culture and traditions were incorporated into the Islamic faith (Keddie, 2012).

Already at the end of the nineteenth century, modernists like the Egyptian reformist Qasim Amin came to the conviction that this period of unifying Islam with local traditions led to a misinterpretation of the Islamic faith. They regarded the position of women in their society not as an outcome of religious rulings, but as a product of more ancient times. As a consequence these modernists condemned traditions like FGC, stating that these habits had nothing to do with ‘the real Islam’. According to research from Ahmed & Gielen (2017), men and women in Islam should be equally treated. These ideas led to some minor feminists movements, trying to establish a less gender-differentiated Egypt. Their effects had some effect. Women were allowed to participate in universities and laws were formed which set the minimum age for marriage at 16 years for girls (Ahmed & Gielen 2017).

Still, gender differentiation continues to be a major phenomenon in Egypt. And although much of Islam rulings are in fact the outcome of unifying older traditions with the early Islamic faith, many Egyptians are convinced that their traditions are in accordance to Islam. Their conviction is based on Hadiths which were formed in the three centuries after Muhammed's death (and which have been condemned by the modernists). Hadiths are seen as rulings which were done by Muhammed or one of his confidents. They were intended to clarify the things which were not treated in the Quran. There are many Hadiths which treat of the position of women in comparison to men. For example: 'If a man invites his wife to sleep with him and she refuses to come to him, then the angels send their curses on her till morning' (Bukhari, 1971). This Hadith is one example of many Hadiths who all confirm the inferior position of women in a similar fashion. They form an important source for legitimating gender differentiation and even for FGC.

As stated above Islamic modernists and many scholars nowadays (Hallaq, 1999), share the conviction these Hadiths are means of unifying non-Islamic traditions with the Islamic faith. That the position of women is not just an outcome of the dominance of Islam becomes clear when we look at the Christian groups who live in Egypt. Ten percent of the Egyptians belong to the Coptic church and also in this religious group FGC is implemented (Bukhari, 1971). What becomes clear with this example is that for centuries gender-differentiation and therefore FGC has been part of the religious culture in Egypt, and Islam is not the sole cause. Changing Islam, if that would even be possible, might therefor not be the solution of putting an end to FGC. Other cultural aspects should be looked at as well, marriage for instance – which will be discussed in the next section. Still religion plays an important role in legitimating FGC in Egypt. That the influence of conservative Islamic ideas is substantial, has been made clear with the recent uprisings in Egypt. The 'Arabic Spring' was initially seen as a movement which would bring democracy to the Arabic world. But in Egypt this led to a brief establishment of the conservative Muslim Brotherhood as the highest authority in the country, widely supported by the people (Wickham, 2011). This event shows the great support among Egyptian population for maintaining a conservative Islam and the Egyptian cultural and religious traditions.

This historically outline of FGC in Egypt has shown us the attempts that have been made in order to diminish this practice and the difficulty it has endured because of the deeply embedded religious and cultural traditions in respect to women. And as the Arab Spring has made clear to us: the Egyptian people cling to these traditions, so a change in attitude is not likely to appear soon.

FGC and the institution marriage

In social sciences the communal life is often seen as structured. This assumption has created ideas of institutions; people and organizations are tied by rules in order to connect to a larger social society (Martin & Simmons, 1998). These rules are developed by people, and govern action. Institutions can be defined as abstract and embedded in patterns of behaviour, or as formal social structures and organizations (DiMaggio & Powell, 1991). An example of a formal social structure is marriage, but the institution of marriage is a longstanding tradition with different meanings, performances and functions in every culture.

Traditionally, marriage in the Arab world functioned as an instrument for reproduction, i.e. continuation of the family line, preserving private property within the family and achieving other communal goals rather than individual ones. Furthermore the parents are the ones to promise their daughter to someone. They should ask their daughter for consent, but when she expresses her wishes they would not always be abided (Barakat, 1993).

In practice, the function of marriage for Egyptian women contains some other matters. Many marriages in the Arab World are still arranged by- and often within families (Gruenbaum, 2001). One important factor underlying the importance of marriage and reproduction to women is obtaining economic security and social status. In Egypt, most women are unemployed and therefore cannot financially support themselves (Doumato, 2003). The low labour participation rates for women are results of the traditional gender roles in Egypt. In compliance with these traditional roles, women take care of the household, family and animals, instead of getting proper education in order to become financial independent (Spierings & Verloo, 2010). Formal economic participation is seen as an important aspect of a women's empowerment and well-being, but in Egypt these rates are, with a percentage of 21 women participating in labour force , among the lowest of the world (Doumato, 2003). The results of the institutionalized gender roles that derived from age-old cultural and religious tradition, thus have their effects on practical social matters such as labor participation.

Furthermore, there is no safety net in Egypt when one gets in economic trouble. In Egypt, women are agents that live in a structure based community, stripped away from possibilities to become independent of men and society (Doumato & Posusney, 2003). Therefore, marriage is frequently used by Egyptian women as a tool to achieve social and economic security (Gruenbaum, 2001).

All in all, marriage in Egypt is a deeply rooted formal tradition and functions as a communal and societal affair. Marriage traditionally functions as a tool for reproduction preserving family ties. Furthermore, a woman can gain social and economic security from a good marriage. It is thus important for her to be marriageable. A woman's marriageability depends on several factors. Most importantly a woman's virginity at marriage is of great importance in Egypt (Abdelshahid, 2014). Within Islamic communities, the prohibitions on sexual relationships outside of marriage are taken very seriously. It is in these cultures that female genital cutting customarily takes place. In parts of the Islamic world, female genital cutting is used to ensure that a woman arrives at her wedding bed a virgin and thereby preserves the family honour (Gruenbaum, 2001).

Social reproduction through the institution marriage linked to FGC

The term social reproduction is used to explain many different sociological phenomena, but in the broad sense it can be described as the processes of transferring customs and norms from generation to generation. In this section, the question of why and how these customs are transferred is answered using insights of influential sociologists Pierre Bourdieu, Peter Berger and Anton Zijderveld, in order to gain more understanding of the processes that precede to the reproduction of the tradition of FGC.

Bourdieu investigates the theory of social reproduction using different key elements, each contributing to the process in various ways. First of all, Bourdieu speaks of power as a cultural and symbolical creation which is legitimised constantly through the interaction of structure and agency (Bourdieu, 1984). He uses the concept of *habitus*: ″the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them″ (Wacquant, as cited in Navarro, 2006 pp. 16). For example, the disposition to think in a certain way. Habitus is unconsciously created in social processes, through an interplay of processes of both structure and agency over time, and can flexibly be used in different contexts (Navarro, 2006). Secondly, he distinguishes between different forms of *capital*. Social, cultural and symbolic capital contribute, in his opinion, through 'cultural products' such as educational systems, to a belief of social order (Swartz, 1997). Lastly, Bourdieu uses the idea of *fields* in his theory. Fields are networks that may be for instance intellectual, religious or cultural (Navarro, 2006). Networks are the social or institutional areas in which people use and reproduce their developed dispositions (Gavetta, 2003). Habitus is influenced by the field people find themselves in. For example, in a public

atmosphere, feelings can be experienced differently compared to a private situation. The environment thus influences people's feelings, thoughts and subsequently their behaviour.

Berger focuses on the structure society provides in general. He describes the process of institutionalization in his *The Sacred Canopy* (1969). In his view, within a society, people are repetitively obligated to select a way of interacting with the environment. They must choose how to behave in different, changing situations using *externalization*. Because of the altering nature of the environment, people are faced with new choices every time and experience a feeling of imbalance with the world around them. In his sociological view, Berger argues that people strive for a feeling of balance and stability in their lives. This way, people can reduce unexpected situations and settle their responses beforehand. Society functions in a way that it creates this feeling of stability and order for the people, while in fact, this idea of order does not match with reality. Society creates this feeling using *objectivation,* in other words, people train themselves to repeat the same choices as they externalize themselves. Most of all, society creates the idea that these are no conscious choices, but instead an inevitable way to act or respond to a certain situation; as if it is an unchangeable reality (Berger, 1969).

Zijderveld is more focussed on the part that institutionalization plays in the process of social reproduction. In his view, institutionalization can be seen as the process in which individual and subjective behaviour develops into a collective and objective pattern of behaviour over time (2000). The initial individual actions, feelings and thoughts can be both controlled and stimulated by the process of institutionalization. Unconscious routines are developed which can either help create new behaviour or get fossilized into expressions of traditionalism (Zijderveld, 2000, pp. 31-32).

The ideas of Bourdieu, Berger and Zijderveld all share the same assumption of a kind of higher power that has its grip on the individual acting, thinking and behaviour. In a society certain patterns are shaped over time that cause complication for structural change. Traditions, values and ideas are internalized over time. Also, habitus, as well as externalization and institutionalization are processes that take place on an unconscious level. Patterns of behaviour become fixed, only varying when the environment changes. Therefore, change on social level will only occur when the environment changes as well. Within a culture that exists for several millennia, the unconscious patterns should be explained and understand in order to alter the ideas and values that exist around certain traditions.

In the case of FGC in Egypt, all beliefs that are in favour of the practice could be seen as internalized cultural habitat. For instance, the idea that women are unclean when they are not circumcised has presumably derived from traditional assumptions and subsequently internalized in the habitus that still exists nowadays. Marriage could in this view function as an instrument that provides social order, because contracts are signed in accordance with the Islamic law (Alami & Sudqi, 1992), procuring social and cultural capital. Nevertheless, these ideas and functions are flexible, depending on the social environment one finds himself in. Within the Egyptian cultural environment, this form of habitus apparently exists, but in another culture (field) the habitus can take a different form.

From Berger's perspective, externalization is used by people to create feelings of stability. Actions like FGC are repeated because people feel like this is the only way. Even though the environment changes, in Berger's view, people will most likely hold on to things that can stay the same. Therefore, the tradition remains because it generates a feeling of balance.

Lastly, when FGC is called into question, for instance because of its negative health consequences, Zijderveld's definition of institutionalization provides insight on why the practise still takes place despite the dangerous consequences. The circumcision of young girls has become a routinely pattern of behaviour and traditionalized. Unknowingly, feelings and actions are controlled and actions of change are discouraged.

Discussion

Because of the complexity of social, cultural and religious factors contributing to the practice of FGC in Egypt, it is important to emphasize that this chapter contains an exploration of the possible causes of the issue. Social, cultural and religious ideas overlap, which is why they are all taken into account. Despite this difficulty, some important contributors can be defined.

First of all, religion is deeply rooted in the Egyptian culture. Even though the urge for practising FGC is not described in the Koran, religious ideas and alternative interpretations of the Islamic faith are used to justify the practise. Furthermore, male domination has been evident from earlier times in Egypt and, despite several feminist movements, perseveres to be the norm. All in all FGC is best defined as a cultural practice rather than a sole religious one.

Secondly, marriage has become an instrument for people to legitimize the idea of FGC as an inevitable practise. The state of Egyptian culture makes it difficult for women to

gain individual social and economic independence. Therefore, marriage is used as an instrument to economic stability. But in order to become marriageable, a woman should be circumcised (Gruenbaum, 2001). This leads women into a viscous circle where independency can almost never by achieved.

The last step is to look at the cultural factors underlying the development of this harmful practise. *Institutionalization* and *social reproduction* are keywords in the sociological explanation of this phenomenon. The process of institutionalization effects the structure of traditional behaviour as well as the practise of FGC trough the institution marriage. Social reproduction provides an explanation for the continuation of the practise despite the negative consequences. FGC is traditionalized as it unconsciously has become a routine. The ideas and behaviour underlying the practise are passed on from generation to generation and became a form of *habitus* within the environment of the Egyptian culture.

In conclusion, in order to gain international comprehension, the problem should be looked at from within the culture, finding the deepest natures of the practice, so that not just the symptoms are fought, but a solution to the core can be found.

CHAPTER 4: The integration

The creation of a more comprehensive understanding

The three disciplines have separate insights, but in order to integrate them and come to a combined new insight, a common ground must be created. The common ground is a way to bridge the gaps between different disciplines. Conflicting concepts, languages and assumptions of these disciplines must be reconciled and defined to truly understand which aspects of an issue are included in research. Creating common ground is necessary in integration and interdisciplinary research; it is also about creating a common language so the concepts of the different disciplines mean roughly the same.

In order to give an informed answer to the research question: "Why is Female Genital Cutting still practiced among Egyptian women, despite its national ban?", three different disciplines were used to gather research insights from diverse perspectives. In this chapter, integration techniques from Repko (2016) are used to combine the different understandings from multiple disciplines and help create a common ground. This process helps in creating a more comprehensive understanding of the research question formulated above.

Disciplinary insights

Medicine

From medical perspective, medicine cannot be seen as anything different than a practice that only harms girls and women. It has many physical and psychological consequences. The most acute and lethal physical effects are haemorrhage, anaemia and sepsis. On the longer term, FGC can result in infections, dysmenorrhea and dyspareunia and can cause obstetric complications. It can also have a lifelong impact on the mental health of the women. Approximately 30% of the women experience PTSD after the intervention, and besides show an increased incidence of depression, anxiety and panic disorders.

Cultural sociology

Social reproduction is seen as the main factor for the pursue of FGC in Egypt despite its health risks. Institutions are in cultural sociology seen instruments that influence the behaviour of people in society. According to World Health Organization (2016), the

institution marriage is one of the most significant factors contributing to the practice of FGC because marriage, virginity and FGC are closely connected to each other. Furthermore, according to cultural sociology, social norms are institutionalized, keeping traditional behaviour intact. These norms and values are subsequently reproduced from generation to generation and are fossilized as the resulting behaviour becomes an unconscious routine.

Development geography

Development geography has dealt with social, economic and political factors, and their effect on FGC. What was concluded at the end is that change should come from within; it cannot be enforced upon them by the government through legislation. There is a negative correlation between the prevalence of FGC and the degree of achievement of human rights; the better the education (of the parents) and economic position, the lower the prevalence of FGC.

So instead of having conflicting insights, these studies complement each other using different perspectives and highlighting a different dimension of the same phenomenon in complex circumstances. Understandings that arise from the field of medicine, cultural sociology and development geography offer varying assessments of FGC in Egypt.

Common ground: Bridging a gap

Creating common ground will help in bridging gaps between disciplines, and also understand how the disciplines conflict and how they complement each other. It is also absolutely necessary to have a common ground for the integration, to ultimately create a more comprehensive understanding. According to Repko (2016) a more comprehensive understanding is ‘preparatory to integration’. “Interdisciplinary common ground involves modifying one or more concepts or theories and their underlying assumptions. The technique of organization creates common ground by clarifying how certain phenomena interact and mapping the causal relationships” (2016, p. 349). So in line with Repko’s approach, the disciplinary approaches and concepts will be compared to see where there they conflict with, or complement each other.

The Western approach

First of all it may be assumed that all disciplines focus on the same complex problem: the continuous practice of FGC despite the ban on it. When the different disciplines of medicine, cultural sociology and development geography however were more in-depth analysed, an apparent consensus was found: the Western approach guiding the discourse. In Western medicine, assumptions are made from a 'evidence based medicine (EBM)' approach. EBM is the 'conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients' (Sackett, 1997). According to EBM, FGC has 'no health benefits' (Sauer & Neubauer, 2013), and is thus approached from a negative perspective. The fact that the EBM-model is used to look at FGC and therefore seen as a negative practice is seen as the Western approach. Also development geography uses their own approach: the rights-based approach. This is a Western perspective in which attainment of human rights is seen as the means of achieving development (Potter, Conway, Evans & Lloyd-Evans, 2012).

Within this approach, FGC is seen a violation of human rights, and therefore seen as negative phenomenon. In cultural sociology, an equality based approach is handled. Even though cultures and their social contexts are objectively studied, a Western perspective is used regarding most social and cultural phenomena. The equality based approach focuses on the Western idea of equal rights for men and women.

Thus all three disciplines approach the subject from a Western perspective and perceive FGC predominantly to be a negative practice. This common ground is created by forming an arch over the three seemingly separate perspectives. There is no exact theory of Repko (2016) that can be used in this case, but it can be seen as a combination of organization:

The insights of the three perspectives were arranged in such a way that the relationship between them becomes clear, and re-definition: A description of a redefined concept (Western perspective) was found in order to describe what the three perspectives have in common.

Figure 4.1: The Western Perspective

Extension of the social reproduction theory

Between medicine and cultural sociology, extension can be applied. Extension is 'the addressing of the differences or oppositions in disciplinary concepts and/or assumptions by extending their meaning beyond the domain of the discipline that originated them into the domain(s) of the other relevant discipline(s)' (Newell, as cited in Repko, 2016). According to medicine, FGC has no health benefits and is only seen as a practice that harms girls and women in many ways' (Sauer & Neubauer, 2013). An answer to the question why, despite the fact that it has so many negative health consequences, FGC is still practised, can be found in the 'social reproduction theory' of the discipline of cultural sociology. This theory assumes that existing social values and norms are transmitted from generation to generation (Bourdieu, 1984). When applied to FGC in Egypt, the cultural tradition thus continues on account of reproduction, even though the negative consequences seem to outweigh the social benefits. This theory thus provides an explanation for the previously asked question that remains unanswered in medical research.

Human rights

The three disciplines also have in common that they are connected, to varying degrees, to human rights. In the case of cultural sociology and development geography, the connection is quite clear. Both the equality-based approach and rights-based approach are based on the rights laid out in article 1 and 2 of the Universal Declaration of Human Rights (UN General Assembly, 1948). In the case of medicine, there is a connection though not as explicit. Medicine operates from an evidence-based approach, and does not concern itself too much

with the reason why something is considered "bad" outside of it being harmful for one's health. However, all humans have a right to health, as stated in article 25 (UN General Assembly, 1948). This right to health can only be fulfilled once it is known what is harmful and what is not, and that is where medicines' approach comes into play. Just like with the western approach, a single technique of Repko (2016) does not yet exist to define how this common ground has been created. Again, parts of both organization and re-definition techniques are used to create an overarching concept in which these three disciplines' concepts can fit. The concept 'human rights' thus functions as common ground.

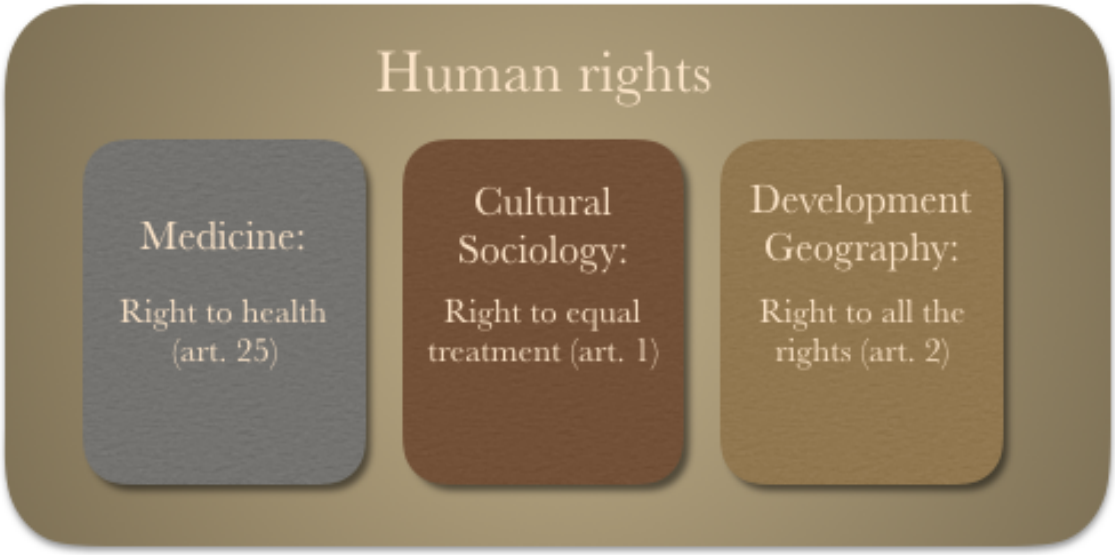

Figure 4.2: Human rights connected to the disciplines

Cause-effect relationship

Lastly, through the technique of organization, all three disciplines take a part in the cause-effect relationship. Where development geography and cultural sociology together form the cause of the practice, medicine focuses on the effects of the intervention. Development geography argues that low education and existing misconceptions are the main causes for the continuance of the practice. Meanwhile, cultural sociology uses the concept of social reproduction to explain the continuance of the practice. These causes lead to more FGC, which in turn leads to the harmful physical and mental effects as described by medicine.

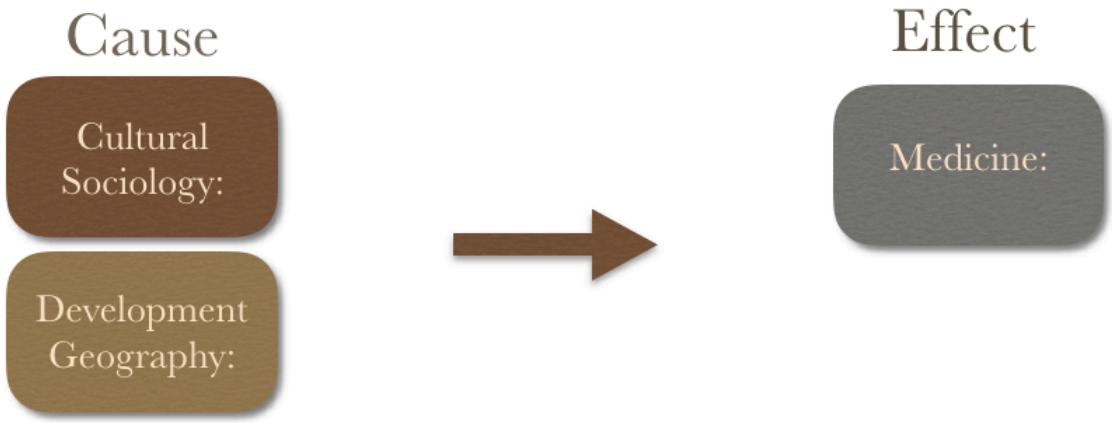

Figure 4.3: The Cause-Effect Relationship

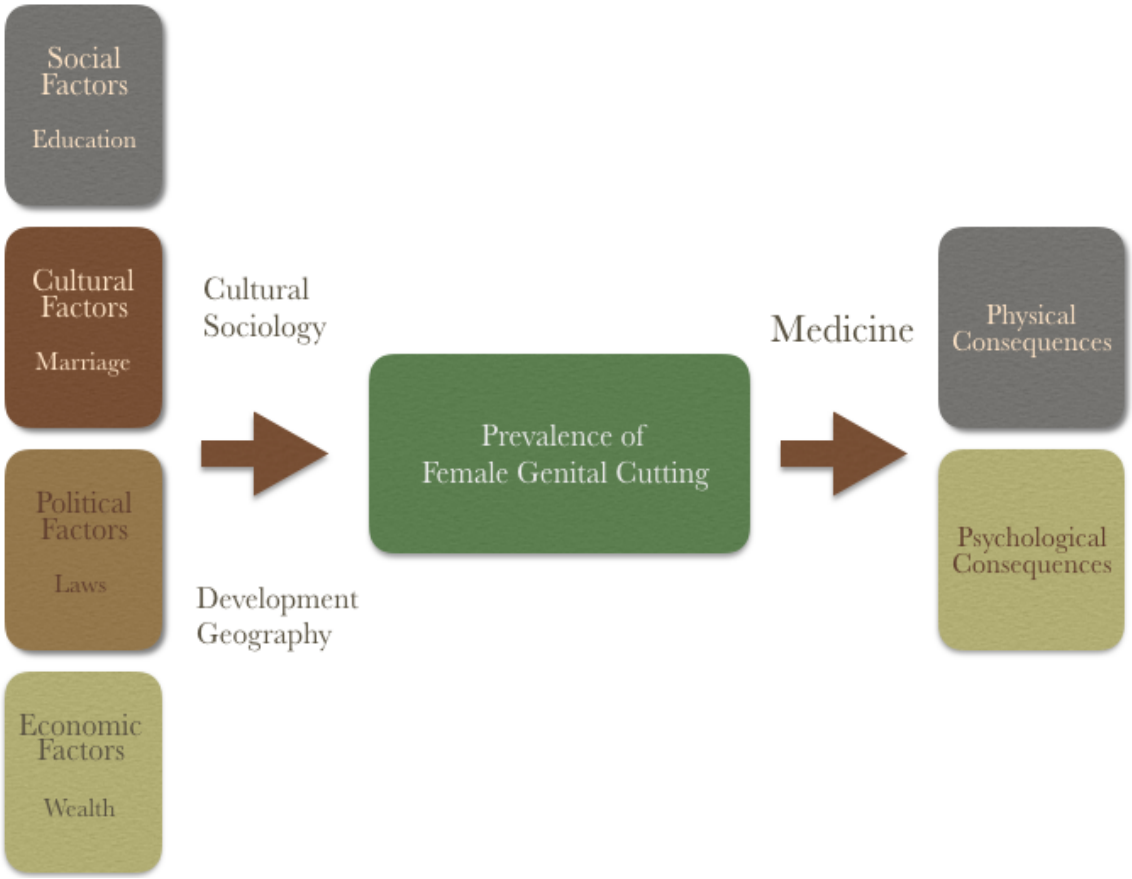

Figure 4.4: The Cause-Effect Relationship explained

Creating a more comprehensive understanding

The insights gained during the creation of the common ground will be used to answer the main question: "Why is Female Genital Cutting still practiced among Egyptian women, despite its national ban?". This answer will be a more comprehensive understanding of the phenomenon FGC.

First and foremost, it is important to realize that this thesis mostly looks at FGC from a Western perspective, as was established in the common ground. This makes a complex issue even more complex, as FGC is primarily a non-Western tradition and is therefore a result of different value judgements. FGC is seen by the Western world as a negative practice, while the majority of Egyptian men and women disagree. This leads to a huge discrepancy in opinions, as opposed to other complex issues like HIV, in which the general opinion is that it is harmful and should be eradicated worldwide.

The issue of FGC is relevant for most Egyptian women, but there are other stakeholders such as the government, international organizations and humans rights groups. This practice concerns many people with different perspectives and reasons all over the world, which again, makes this issue more complicated.

The insights from the three disciplines can be linked together in a causal relationship:

By combining the three disciplines, a more holistic view of the issue becomes apparent. This holistic view is important for interdisciplinary, complex issues such as these, as there are many facets of FGC which require different knowledge. All stakeholders, their cultures and interests need to be taken into account to some extent, as well as the reasons and effects of FGC itself. Only then is it possible to be able to infer an answer to our main question. While we were not able to go over all facets due to time constraints, we did cover the most important aspects of the causes and effects.

Many factors contribute to the prevalence of FGC, which in turn leads to both psychological and physiological effects. Despite the harmful effects of the practice of FGC, many people in Egypt still carry it out. It appears that the factors that contribute to the practice thus weigh heavier than the many possible health risks.

One of the contributing factors is the social reproduction of the traditional practice. FGC has been a tradition for ages and is therefore deeply rooted into Egyptian culture. Even though the knowledge of FGC is changing, as Egyptian men and women are becoming more aware of the harmful effects of FGC, it will be a long way before the practice is completely abolished (Egypt: Health Issues Survey, 2015). However, this increasing awareness is the most likely way for FGC to decrease. As elaborated on by

cultural sociology, the tradition is part of the culture of many people. It will take all those people to willingly distance themselves from their cultural tradition before the practice completely disappears. This is the only alternative, as legislation has not made much of a difference, and the effects that are mostly negative have not deterred many Egyptians to stop the practice either.

Discussion

Based upon the findings in this thesis, the conclusion could be drawn that even though the knowledge gained from medical research has contributed to the national ban on FGC in Egypt, social, cultural, economic and political factors still contribute to the maintenance of the practice. This conclusion emphasizes the complexity of the issue, as it is influenced by many factors. In order to achieve international conservation of the topic, an understanding of the contributing factors is indispensable.

However, the conclusion that has been drawn might not be fully reflect reality. We have based our research on existing literature, and while we have done our best to find credible sources we cannot be sure that they are completely reliable. This is mostly due to the inherent Western perspective of our disciplines. We were aware of this Western bias, yet it still remained a challenge to be objective about the issue, as the ingrained Western value judgements are not just part of our discipline, but our whole life, as we live in a Western country. Aside from that, literature on FGC is fairly limited in some disciplinary areas, so there were only a few studies to base our findings on. The Egyptian Health Survey and other data from Egyptian sources is also used sparingly or in combination with other sources. Egyptian sources might downplay the issue of FGC to a certain extent, as the high prevalence of FGC does not cast Egypt in a positive light regarding its compliance with the Universal Human Rights.

The conclusion might also have turned out different if we had been given more time. Due to the time-restraint, it was difficult to add nuance to all details and findings. Instead, we have chosen to go into more detail only when it was really called for. Especially so since we also had a word limit to work with. This was both a challenge and a convenience. There were not many words to be written, but at the same time, it was important to make good use of the amount of words we could use - this meant being concise and skipping any information irrelevant to the main question. The last factor we were limited by were our disciplines. Each one of us has a certain framework and perspective. Fortunately, there were no huge conflicts between the disciplines. Especially

cultural sociology and development geography, being both social sciences, complemented each other. Together with medical sciences were these three disciplines able to paint a fairly complete picture of FGC; its causes and its effects. However, it is never fully complete; there are many more disciplines that would have been able to contribute to this thesis. As stated before, FGC is a complicated phenomenon and it would be beneficial to look at it from a lot of different perspectives and disciplinary frameworks.

Despite the aforementioned shortcomings however, this thesis is still an important addition to the current debate on FGC. The current literature on FGC mostly focuses on the harmful health effects, its social implications, the legislation surrounding FGC, how it is a violation of human rights, and its implications for women sexuality. Few studies have combined insights from different disciplines, despite FGC being such a complex issue, as stated in the integrational chapter.

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