

## **NGOs and female circumcision in Egypt**

### **An anthropological enquiry**

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In 1994, during the International Conference on Population and Development convened by the United Nations in Cairo, a shocking video was shown, recorded by CNN and depicting the circumcision of a ten-year-old child living in the same city. Discourses around female circumcision were not new to Egypt or to the international community, but the video, a new episode in a recurrent scandal, enhanced the 'war against bad government' (Foucault 2003:38) – a war fought with ideological weapons produced by various forms of expert knowledge, among which were medical and feminist views. The assignment of value to the 'integrity' of the female body and to women's freedom of choice, both designed according to Western canons, led to different actions to 'save' Egyptian women. In this context, development agencies fostered a widespread representation of the 'victim', the woman's mutilated body. Such representation is functional to establishing programmes that do not guarantee freedom of choice but rather require adherence to another female model, one that defines the 'modern' woman.

My article, based on ethnographic experience, highlights the complexity of these dynamics and the role played by humanitarianism within them. The female body becomes the arena in which local and international economic powers operate, disregarding a real understanding of the practice, its meanings and its eventual change.

Keywords: FGM, female circumcision, Egypt, NGOs, development, humanitarianism, anthropology

## Introduction

Since the nineteenth-century colonial era, Darwin's theory of evolution has been influential in studies ranging from the analysis of human development throughout the ages to explorations of various contemporary cultures. Early anthropology was committed to the important task of studying those 'others' whose customs needed to be explored and understood, in order to make it possible to rule populations and to bring them toward 'modernity' (Habermas 1987) – specifically, a modernity that viewed the Western (white) man as the apex of human evolution. This situation has not changed, and, indeed, even today the paradigm seems to shape most discourses around cultural diversity. Notwithstanding the critical turn in anthropology, which sees the discipline transformed into 'an instrument of critique and contestation of what is given and established' (Escobar 1997:497), there remains a universal recognition within Western states of the essential need to extend standardized forms of development to the 'rest of the world'. Human well-being, this view contends, would be achieved by epitomizing the conditions that are supposed to characterize the more economically advanced nations of the world – industrialization, high degrees of urbanization and education, technification of agriculture, and widespread adoption of the values and principles of modernity, including particular forms of order, rationality and individual orientation [...]. (Escobar 1997:497)

**Commentaire [S1]:** Is this a quote?  
(Else why the ellipsis?)

Even today, recognizing cultural difference is often accompanied by an implicit presumption of superiority and functions to produce standardizing changes. On one hand, the humanitarian industry has become an unavoidable force in the world, declaring its aims to compensate for the lack of governmental intervention and to denounce inequalities in the world, wishing to become an antagonist to power (Mesnard 2004); on the other hand, it often constitutes an instrument of the colonial powers of the contemporary world. In fact, humanitarian aid is a means by which some nations are trapped into a cycle of dependence –economically and politically – on others, as was described by Mitchell (1991; 2002) with regards to Egypt and the US during the twentieth century.<sup>1</sup>

In this article, stemming from my research interest in female circumcision in Egypt and from fieldwork experiences, mostly between 2005 and 2006 in Alexandria, Cairo and Luxor, I will demonstrate that the humanitarian actions aimed at the eradication of the practice recall this imperial treatment of diversity, on the female body. In fact, the denunciation of female circumcision provides a pretext for intervention in the global image of Egyptian woman, in turn mirroring the state's development. A standardization of the female body is determined by the conviction that well-being is necessarily bound to a specific corporeality, which is modelled on Western canons. Based on this conviction, a number of internationally funded humanitarian projects address female circumcision and promote a definitive abandonment of such a practice.

The analysis will be articulated as follows: after a brief account of the spread and the typologies of female circumcision, I will consider the social and cultural meaning of the practice in the context I studied, as well as the state's and religious

leaders' positions on it. I will then highlight the role of the female body – and consequently of the regulation of sexuality and procreation – within the discourses and practices concerning the modernization of the Egyptian nation. The female body is defined internationally as a 'victim', to be saved by means of humanitarian intervention. I will then draw attention to the role of various forms of expert knowledge in legitimizing such intervention. I refer in particular to biomedicine and certain feminisms that similarly use discourses grounded in modernization theories to understand social dynamics around the world and to produce changes within them. Modern forms of expertise (Mitchell 2002:15) constitute political and scientific authorities to which the humanitarian intervention refers. Before concluding, I will report some examples of internationally funded and locally implemented actions aimed at eradicating female circumcision.

Throughout the article, I will give voice to some of the women concerned by my research, in order to explain their involvement in the dynamics that I studied and the plurality of their positions with regard to female circumcision. In addition to NGO operators in Cairo, interviewed in September 2006, I focused my attention on women living in Luxor. My informants – Sonya<sup>2</sup> and Amina, whom I met through an Arabic-language summer class<sup>3</sup> and who introduced me to the field – were from this city. Twenty-year-old Sonya, married and pregnant with her first child at the time of the research, was living in the West Bank. She was poorly educated and did not have a job, while her husband was an Arabic-language teacher for foreigners. The couple lived in an apartment built on the upper level of the man's family house. Amina, a married woman in her forties, mother of two young girls, lived in the East Bank.<sup>4</sup> Her husband and she both had occupations and were living quite

comfortably. These two women held opposite positions towards female circumcision, one believing that it is a necessity, the other firmly contesting it. While staying in Luxor, I carried out participant observation of their daily lives, together with some interviews concerning the subject of female circumcision with their families' female members and their acquaintances. Unlike the interviews with the NGOs operators, which were digitally recorded, those with 'common' women were not, as I deemed recording inappropriate while speaking of such intimate issues. Their stories, mostly collected in October 2006, were registered in the form of field notes, some written while interviewing, others at a later time.

### **Female circumcision in Egypt**

'Female circumcision' is one of the expressions that can be used to describe practices of excision of female genitalia: practices performed in different forms, primarily in certain African states but also to some extent in the Arabian Peninsula (Gruenbaum 2001:11), in Bangladesh, Indonesia, Peru, Brazil and Mexico (Atighetchi 2002:210), as well as among the Muslim populations of Malaysia, India and Pakistan (Hassan 1996:33). The expressions female genital mutilation (FGM) or female genital cutting (FGC), originally adopted in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) and then in 1995 by the World Health Organization (WHO), are the primary terms used by NGOs operators. The choice of which expression to adopt is not neutral: it depends on 'how horrible you want to depict the practice', as stated by Leila, the project manager of the Population Council.<sup>5</sup> In Egypt the expression mainly used by women is *khitān an-nisā'*; *khitān* is the same word used to define male circumcision, and *an-nisā'* means 'of women'. Studies of the practice

identified four types of operations on female genitals, classified from I to IV, depending on the degree of invasiveness.

Establishing which type of female circumcision is most widespread in Egypt and its degree of prevalence is not an easy task. It largely depends on inferences from interviews with women who are not always keen to discuss such an intimate issue. In any event, researchers have produced percentages of the female population in Egypt who undergo circumcision, which range from one third (Hosken 1981) to 97 per cent (reported in Olenick 1998).<sup>6</sup> The discrepancy often found between the percentages describing the incidence of the practice is due to the difficulties faced in collecting data on a subject that involves very intimate questions concerning a woman's body. Such difficulties are even greater when trying to identify the typology of intervention undergone by women. For this reason, these percentages include all forms of intervention. Nevertheless, the second type (the excision of part or all of the clitoris and of the labia minora) appears in women's discourses as the most common one – except in Upper Egypt, where more severe forms are present as well. All of the Egyptian women I interviewed during my research were circumcised,<sup>7</sup> but classifying their operations was not without difficulty. Not all of their daughters had undergone circumcision, and in some cases girls' mothers were determined not to have the operation performed on them.

Besides this tenuous data, what became clear from my research was the complexity of the social dynamics involved in female circumcision. The women who affirmed the need to continue the practice of female circumcision depicted the intervention as a functional modification of the female body. First, the practice is seen as helping women adhere to a model of femininity, which is undoubtedly

compliant with a social gaze, that is, 'a social power whose efficacy is always partly due to the fact that the receiver recognizes the categories of perception and appreciation it applies to him or her' (Bourdieu 1984:207). Femininity is exalted through modesty, or *al-ḥiṣhām* (Mahmood 2005:147), which consists of bodily discretion realized through specific behaviours that women perform depending on the geographical and social spaces they encounter. Female circumcision is represented as an indispensable (*lazim*) requirement of modest behaviours, as it prevents women from participating in inappropriate acts. This was the opinion of Adila, an high-school graduated women about twenty-five years old at the time of the research, married and the mother of a young son. She was living in an apartment in Luxor's East Bank, and she explained that her television informs her of what happens when women are not circumcised: they appear in obscene programmes, where women behave in inconvenient ways, showing their bodies and publicly flirting with men.

Female circumcision also allows women to achieve an ideal of beauty, one which expresses social values and beliefs, and which represents a prerequisite to marriage. From the wedding-photograph albums of some of the women, which they proudly showed me, it was possible to identify some recurring elements, such as the plumpness of their faces, symbols of health and wealth, and the smoothness and whiteness of their skin, representing cleanliness and purity. In addition to these 'visible' characteristics, which a bride cannot avoid, according to several women, she should be circumcised. In fact, she could be repudiated, and problems occur between the families involved, if her husband learns on the night of the wedding that she has not undergone the operation. Circumcision is thus a response

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to the local *'ādāt ūa-l-taqālīd*, customs and traditions (an expression used by Sonya, her sister and two sisters-in-law during a conversation we had on the occasion of a mourning rite). Thus, an uncircumcised woman risks undergoing the operation on the day of her wedding, 'and this is wrong, since that night she will feel *two* pains', stated Naima, the eldest sister of Sonya's husband, living in a house on the West Bank with her husband, her son and her two daughters. She had one of them circumcised – the younger one, not the eldest because she has a severe form of mental disability – because, she stated, 'my brain is now closed', meaning that she could not question the tradition in which she was embedded. Karema, the younger sister of Amina, **underwent the operation three times**, 'each time that there was a girl [in the family] to be circumcised, my mother sent me, too'; in her mother's opinion, this repetition – a reiterated recreation of the body – increased her daughter's beauty and purity and would assure a proper marriage and a proper expression of sexuality.

Both the 'correct' expression of sexuality and the possibility of reproduction are linked to female circumcision. Sexuality is confined to married couples, and, in order to remain virgins until marriage, women must be circumcised, so as to appease sexual appetites, *'raghba shadīda li-l-rijāl'* (an intense desire for men, in the words of Naima). By preserving the purity of the female body, circumcision ensures fertility as well as successful pregnancy and childbirth, which could otherwise be negatively effected by, for example, an overdeveloped clitoris (Gruenbaum 2001). Moreover, through female circumcision women protect their daughters from social risks deemed more extreme than those affecting health. This concerned particularly the women living in the West Bank, as in this area of the

**Commentaire [S3]:** This might need explanation. Generally what is excised once cannot be excised again...

city everyone knew who had undergone circumcision and who had not; 'all the women here are circumcised, apart from the Moroccan one', as Sonya pointed out, referring to a girl married to a local man. An uncircumcised girl could be **spoken about**; thus, such an operation is a symbolic expression of a collective defence by women of women: they reinforce community approval and support.

**Commentaire [S4]:** ? spoken about??

Local habits are inscribed on women's bodies, but changes and continuous negotiations define the ways in which this occurs. As previously stated, not all of the women interviewed circumcised their daughters – for several reasons. First, personal memories of the intervention as extremely painful invoked women's will not to have it practised on their own daughters. This was the case for Amina and her sister, for example. Further, their desire not to circumcise their daughters made a personal choice trigger a collective process: they stated that their daughters would make the same decision once they became mothers, and so forth, halting the perpetuation of the practice.

Concerning the legal framework in which such a practice is performed, in Egypt female circumcision has been prohibited in hospitals and clinics by Child Law number 12/1996 since 1996.<sup>8</sup> In 2008, Law 126 amended it by including an article (242 bis) criminalizing the practice of female circumcision, stating that:

[...] shall be penalized by imprisonment for not less than three (3) months and not exceeding two (2) years, or with a fine of not less than one thousand (1000) Egyptian pounds, and not exceeding five thousand (5000) Egyptian pounds, anyone who caused the injury which is punishable by Articles 241, 242 of the Penal Code, through performing female genital mutilation.<sup>9</sup>

This legal situation is the result of international pressure exerted on the Egyptian government to take a firm position against female circumcision – pressure mainly from those claiming the need to respect human rights. Nevertheless, this does not mean that this issue had not been the subject of internal discussion preceding the definition of the legal framework concerning female circumcision. Indeed, different positions were previously adopted, such as in 1959, when, with Decree number 74, resulting from heated internal debate (Atighetchi 2007:317) and mostly focusing on the religious and medical aspects of the practice, Gamal ‘Abd al-Naser forbade doctors from practising total excision of the clitoris and infibulation (type II and type III circumcisions), leaving to their discretion the decision about the first type (only involving the clitoris), provided that the intervention was not carried out in clinics owned by the Ministry of Health. In 1996, with Order number 261 of 8 July, the Minister of Health and Population prohibited performing any circumcisions on women in hospitals and in public or private clinics. The order was confirmed in 1997 by the Supreme Administrative Court despite an attempt at its reversal by the Administrative Court in Cairo (Morrone and Vulpiani 2004:105–6).

In addition, Muslim and Christian community leaders – female circumcision is nearly evenly utilized in both – have spoken out repeatedly against female circumcision, arguing that nowhere in their respective sacred texts is the operation cited. Sara, twenty-seven years old, coming from Giza (Greater Cairo) and living in Luxor’s East Bank since her marriage, was finishing her studies in Islamic theology, which will allow her to become a teacher. Her five-year-old daughter was not circumcised because, ‘for the religion it is not clear if it is necessary or not’, she told

**Commentaire [S5]:** presumably?

me. In fact, there is no reference to female circumcision in the Qur'an, and the hadith (a saying deemed as pronounced by the Prophet Muhammad) in which it is cited is considered *da'if*, weak<sup>10</sup>. This point was frequently cited by local women disapproving of the practice and by the state agencies fighting it: this religious argument was meant to separate female circumcision from a presumed Muslim religious origin and to link it exclusively to an earlier tradition.<sup>11</sup>

**Commentaire [S6]:** Special character?

**Commentaire [S7]:** In the note: some mummies do show signs? Or may show signs?

If we take into consideration the data – even if controversial – presented above, we can assume that neither the legal prohibition against practising female circumcision in hospitals and clinics, which was gradually established in Egypt, nor the religious position on this issue impacted the diffusion of the operation. This framework seems to be more a response to institutional and international urges to intervene – thus making Egypt comply with the rules of ‘modernity’ and abandon a practice perceived as prejudicial to this process – than a producer of any real change.<sup>12</sup>

### **An embodied modernity**

In Egypt, actors dealing with people's bodily behaviours are multiple: state, international donors, social forces (among which are women's activist groups) and Islamists (Kamran 2002:139), all competing to define the ways in which Egypt and its population have become ‘modern’. During the Sadat presidency,<sup>13</sup> from 1970 to 1981, political representation clearly recognized the liberal model of female emancipation as the touchstone for state empowerment.<sup>14</sup> Thus the Egyptian ‘First Lady’ Jihan Sadat, as well as her successor Suzanne Mubarak, met perfectly the criteria of such emancipation, which allowed them to play the political role usually assigned to the wives of presidents in the West. Replete with university degrees,

**Commentaire [S8]:** Is this note necessary?

dressed in Western style and both born of English mothers, they unmistakably embodied the state's adherence to this model. After the regime change in 2012, and the installation of a power claiming an Islamic identity, it seems that a Muslim conception of society shaped a different model of female emancipation. Naglaa Ali Mahmoud (wife of President Mohammed Morsi, deposed in July 2013) reflected this shift: she did not take the name of her husband, her dress recalled the Muslim character of her identity and her more concealed presence did not comply with the rules of political representation designated for the wives of heads of state. A political power that visibly referred to the Islamic religion also competed with Western universalism in the field of gender equality.

Within these dynamics, the female body plays a central role, as the very same progress of the state depends on the degree of 'women's development'. Issues such as women's freedom of movement, expression and choice, as well as their access to education, work, health care and justice, are central to the definition of Egypt as a modern state. As 'mothers of the nation' (Kandiyoti 2004:45), women historically embodied the image of the Egyptian state, the *umma*, a word derived from the same triliteral root as 'mother'. As Kandiyoti states, 'the nation itself is represented as a woman to be protected' (Kandiyoti 2004:46). Egyptian women, portrayed alternately as 'victims of social backwardness, icons of modernity, or privileged bearers of cultural authenticity' (Kandiyoti 2004:47) should embody modernity by mastering their own bodies and being able to make choices autonomously so as to access any desired social role, or achieve high levels of personal autonomy through education. Modern women live in urban contexts with their nuclear families, and they work outside of the domestic space. At the time of my research, this rhetoric –

disregarding the resistance to it of women who affirmed their freedom and agency in different ways, for example through Islamic piety (Mahmood 2005) – implicitly or explicitly inspired the discourses of governmental actors (the first of whom was Suzanne Mubarak) concerning the ‘status of women’ in the state.

An essentialized model of modern women does not take into consideration some specificities of the context in question, in which, for example, working women do not necessarily achieve enhanced social status. In fact, a wealthy family is often perceived of as one that can afford to have the woman stay at home to tend to her children. Adila was proud of not needing to work; she told me that her husband’s income was sufficient to support the family. Thus, she continued breastfeeding her two-year-old son, taking care of her apartment, helping her mother with housework and considered having other children. Ignoring these factors, family-planning agencies promote strict birth control. By addressing sexual and reproductive health, they mean to avoid economic risks not only to the family but also to the entire country. The home environment is considered a fundamental unit of social and economic behaviour. Timothy Mitchell remarks that, ‘the question of Egypt’s economic development is almost invariably introduced as a problem of geography versus demography’ (Mitchell 1991:18). In the discourse of the development industry, the Egyptian population is said to be ‘exploding’,<sup>15</sup> referring to its growth rate, and the country is represented as incapable of feeding itself. Thus, in addition to an external intervention on Egyptian agriculture, mostly resulting in strengthening the economic link between Egypt and the United States (Mitchell 1991), since 1955 family-planning campaigns have been presented constantly, via television, cinema, radio, walls, buses, newspapers and magazines

(Aulas *et al.* 1982:9), as if regulating the birth rate could solve Egyptian economic problems. Problems affecting the country, such as poverty and the inefficiency of services, are said to be mainly the result of citizens' conduct.

Indeed, this representation of Egypt's social and economic situation neglects some important factors. Supporting his statement with reliable data, Mitchell reveals that what afflicts the social and economic situation of the country are inequalities in land access and in food consumption, while 'it is not true that the population has been growing faster than the country's ability to feed itself' (Mitchell 1991:20). Although the birth rate can be considered high among the poorest part of the country, where women give birth to an average of 7.5 children (Mitchell 1991:22), this is not the case among upper- or middle-class families in northern cities such as Cairo. Furthermore, despite a high rate of infant mortality, the relatively high birth rate<sup>16</sup> seems on the one hand to constitute a symbol of wealth (suggesting that there is the potential to support a large family); while on the other hand, it responds to the parents' need to be supported when they can no longer work – particularly by male children, as girls are expected to join their husbands' families. Family-planning campaigns do not take such factors into consideration and instead are based on a model imported from other states – Western ones. Adhering to such a model, the modern – hence, not too prolific – woman is not so much presented as a lifestyle possibility among various others, but rather as an imperative in order to escape to a presumed 'subordination' in the domestic space as well as outside it.

In this context, the image of the white-man's burden takes form, representing the task to 'civilize the [underdeveloped] rest of the world' (Latouche 1989:52), legitimizing actions with a stated aim of improving the conditions of local

populations, but instead focusing on other geopolitical and economic issues that ultimately hurt the country. The imperial propaganda of development (Nnaemeka 2005:117), replacing colonial actions of the past, perpetuates the dialectics between development and underdevelopment that are crucial to supporting 'the reign of commodities' (Rist 2008:242) and its sovereigns. Female circumcision enters this discourse because the promoters of family-planning campaigns claim that women would develop full control over their bodies and lives only if they do not undergo the operation. Development initiatives involve the production of new bodies and thus of new selves (Kamran 2002): actions of change are directed towards women, trying to persuade them to adhere to a different model of the female body – and thus to different conceptions of sexuality, family and rights. Such actions are similar to those carried out during the colonial period: European influence and colonialism in Egypt have ordered and disciplined the bodies and minds of the Egyptian people through the discourse of 'law and order', which led to the introduction of 'modern' education, of 'modern' methods of maintenance of order, of the periodic census, of the registration of births and deaths, and of new ideas of health and hygiene (Kamran 2002:12). Such disciplines consist of 'methods, which made possible the meticulous control of the operations of the body, which assured the constant subjection of its forces and imposed upon them a relation of docility-utility' (Foucault 1995:137). A mechanism of (national and international) power addresses the female body, taking it as a pretext to promote the country's development and thus establish economic links and consequent political influence over the state. The Cairo Family Planning Association (CFPA) – whose logo depicts the profiles of a four-member family: a non-veiled woman

possibly wearing a suit, holding the hand of her husband and accompanied by (only) two children – became involved in examining female circumcision as a problem of international concern in 1979, when WHO approached the United Nations Children’s Fund (UNICEF) to study this question. The enquiry results achieved by Assaad (1980) were presented at a seminar organized by CFPA (Abd Al Salam 1999:320). From that time on, female circumcision became a central target of state family-planning programmes, promoting the dissemination of training materials for doctors, nurses, midwives, social workers and similar groups. Such work was accompanied by humanitarian actions more specifically and exclusively focused on the practice.

### **Victims and saviours**

Today, the field of humanitarianism extends into the discursive space once held by development (Atlani-Duault and Dozon 2011:398), to the point that one is useful to the rhetoric – and the income (de Sardan 2011) – of the other. In order to accomplish its goals, humanitarianism needs to define target beneficiaries as self-evident victims. NGOs legitimize their actions by highlighting the contingent urgency of questions that are instead more structurally featured. This is the case for female circumcision in Egypt, the practice of which has been documented since the beginning of the twentieth century. In 1931 female circumcision was publicly cited by the UN for the first time, during a conference on the protection of children held in Geneva (Abu Salieh 2001). The first comprehensive report on the epidemiology of female circumcision around the world was written by Fran Hosken (Hosken 1981) for the Seminar on Traditional Practices Affecting the Health of Women and Children, held in 1979 in Khartoum (Sudan) during the

World Conference on Health organized by the World Health Organization (WHO). Female circumcision began to appear as an important issue, discussed in the wider discursive context of international conventions about the status of women worldwide, among which was the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1981). Such agreements, whose ratification is considered necessary in order for a nation to be part of global political and economic discussions, oblige adhering states (including Egypt) to provide periodic reports concerning 'internal affairs' such as the status of local women and 'progress' toward gender equity. Such progress consists of eliminating prejudices, habits and practices (such as female circumcision) that rely on an idea of the inferiority of women or on their confinement to stereotypical roles (Gruenbaum 2001:210–11).

Discourses around female circumcision were already widespread in Egypt and in the international community when, in 1994, during the International Conference on Population and Development convened by the UN in Cairo, a shocking video was shown. It was recorded by a CNN cameraman and depicts the circumcision of a ten-year-old child. It was viewed as a new (and certainly not the final) episode in a recurrent scandal that led to the 'war against bad government' (Foucault 2003:38); it was seen to give not only a right but even a responsibility, a moral imperative, to **meddle**. Public opinion was mobilized, and media coverage allowed for the global sharing of 'distant suffering' (Boltanski 1999), which legitimizes intervention. The brutally circumcised Egyptian girl **created in indignation and disgust**. Western states challenged the country to bring the practice within the purview of its ethic and moral code, and stated the need to intervene. The international visibility this

**Commentaire [S9]:** loaded term... better 'act' or 'intervene'?

**Commentaire [S10]:** ?? missing word? created what? simply 'created indignation and disgust'?

video gave to the practice obliged the Egyptian state to enhance legislation against female circumcision. In fact, the above-mentioned law prohibiting doctors from practising the intervention dates to two years after the video was shown, and later other state actions were also implemented, such as the 2003 Cairo Declaration for the Elimination of FGM<sup>17</sup> (signed by Suzanne Mubarak).

Saving vulnerable girls and women (in this case from circumcision) means saving the whole of humankind (Mesnard 2004:111), and takes inspiration and legitimacy to act from the ideology of human rights, a contingent discourse pretending universality. It is within the history of the Western world that the principle of human dignity entered the scene: after the suffering that resulted from the Second World War, a need to reaffirm belief in Enlightenment principles was perceived as urgent. In 1948, the UN General Assembly adopted the Declaration, and, subsequently, the states belonging to the Global North, in the name of their supposed superiority due to a higher 'development', tried to diffuse globally a particular definition and model for human beings. Female circumcision, being a 'ritualized form of child abuse and violence against women' (Althaus 1997:130) is denounced by international agencies as violating Article 3, Article 5, and Article 25 of the Declaration.

However, the inviolability of the human body seems not to be put at risk by the abuses of Western capitalistic power, or by practices diffused in Western states. Cosmetic surgery is defined by France Borel as the most violent form of mutilation in the contemporary Western world, an expression of a widespread tendency to alter the human body (Borel 1992). Shielded by the legitimacy of medicine, cosmetic surgery and other body modifications – including operations on the

**Commentaire [S11]:** not on the face of it, you need to make clear the sense it which this is so

genitals aimed at fully achieving the desired sex or reproductive sterilization, tonsillectomy, appendectomy, tattoos and piercings, sport training, diets – equally attack the human body. In many cases these practices are aimed at complying with socially created aesthetic models and at responding to the needs of the consumer industry. Female circumcision is a practice that alters the body, but in other ways than those conventionally accepted. This is far from being acknowledged, as it would imply a relativism of Western paths to beauty and overcoming an aversion to an ‘inhuman’ aspect of diversity – particularly as such aesthetics are not the result of an adult’s choice but rather of adult’s choice concerning children’s bodies. Female circumcision allows for the depiction of victims to be saved,<sup>18</sup> as images of a suffering body (Quaranta 2006) are spread by development agencies, immortalizing the reactions of the girls to the intervention – the panic and shock caused by the pain, the cuts in the tongue, bites, seizures, the need for at least six adults holding each girl – and giving rise to an evident similarity between female circumcision and torture. In spite of the fact that the violence hiding behind human-rights ideology and the construction of the ideal victim has been repeatedly denounced (Pandolfi and Corbet 2011:468), female circumcision is one issue for which one ought to ‘draw the line’, as stated by the anthropologist Melvin Konner (1990). In fact, even when adhering to a cultural approach to human rights, one feels uncomfortable with this practice, as if it represents one of the limits to cultural self-determination.

### **Expert knowledge**

Human-rights discourse is supported by various forms of expert knowledge, the first of which is medical. A ‘therapeutic domination’ (Pandolfi and Corbet

**Commentaire [S12]:** society?

**Commentaire [S13]:** one? who are we talking about here? You? Anthropologists in general?

2011:467) of the human body dictates the rules of normal – and thus of pathological – life (Foucault 2003). A biomedical discourse justifies both daily prescriptions for maintaining individuals' health and the actions articulated in the development agenda, which responds to the paradigm of biopolitics as a form of global governance (Pandolfi and Corbet 2011:467). Being de-personalized and stripped of its social value, the female body becomes the object of a medical gaze focusing on – and thus reducing her to – the 'integrity' of her sexual apparatus as defined by Western actors. Such integrity becomes the target of protective measures that accuse female circumcision of undermining the proper functioning of reproductive organs – here disregarding the already established high birth rate that still is used to justify other development actions in the countries where the practice is widespread. Biomedicine considers female circumcision merely a set of resulting clinical problems, while the social and symbolic complexity of the practice is neglected.

The biomedical discourse also reached Luxor, as was evident in the personal campaign that Amina was undertaking against female circumcision. In fact, when participating in my interviews, she took the opportunity to affirm her arguments against the practice – among which was the medical one. She solicited the women who talked to me about their sexual lives; in particular, she often directly asked them if they felt pleasure during intercourse. Answering her negatively, women declared themselves *bardāt*, literally 'cold', meaning that they were lacking sexual desire. This statement reflects indeed a double embodiment: on the one hand, that of biomedical discourse which reaches Egyptian women mostly through NGOs; on the other hand, of the local social reasons linked to the practice of female

circumcision. The operation is actually aimed at controlling female sexuality; thus, such a result must be openly identified in order for the procedure to be considered effective. In fact, a study among 651 Egyptian women showed that their sexual desire was not effected a priori by having undergone circumcision – since the ability to achieve orgasm depended on the severity of the intervention – but by social messages inhibiting sexual expression (Morrone and Vulpiani 2004:41).<sup>19</sup>

Some women presented this declared lack of desire as a problem in their personal lives, as did Amina herself, who stated that it lets her stay away from her husband for even long periods.<sup>20</sup> Other women underlined instead other aspects of marital union, among which the lack of sexual desire was not presented as a fundamental issue. Sara, for example, told me that her marriage was *'kūais al-ḥamdulilla, ūa ma fish ḥub'* ('it is good, thank God, but there is not love'), and Karema explained to me

that her marriage was a consequence of rational choice which only later involved feelings, which would determine sexual pleasure: 'we first married with brain (*'aql*), and then with heart (*qalb*)'. Such declarations of a lack of sexual desire were certainly consequences of an internalization of the social values linked to the operation (Assaad 1980; Morrone and Vulpiani 2004) and of the social expectations of femininity: because female circumcision is aimed at achieving a complete womanhood and at controlling female desire, affirming a lack of sexual feelings witnesses the effectiveness and the success of the practice (Mescoli 2010).

Another form of expert knowledge informing the humanitarian fight against female circumcision is Western feminism, a discourse that is neither singular nor homogeneous, but which is coherent in its effects (Mohanty 1988). In fact, by defining the 'Third World Woman as a singular monolithic subject' (Mohanty

**Commentaire [S14]:** sexual desire is not the same as, or necessarily dictated by, the ability to achieve orgasm; please rephrase

**Commentaire [S15]:** special chaacter?

**Commentaire [S16]:** special character?

1988:61), such discourse acts as a political suppression of heterogeneity. In this theoretical framework, Egyptian women – belonging to the ‘Third World women’ category but also to those of ‘Arab women’ and of ‘Muslim women’ – are depicted as being unaware of the illegality of their condition, or even as ‘malicious partners of their own victimization’ (Nnaemeka 2005:72), carried out by the ‘beastliness and backwardness’ (Sabbagh 1996:xii) of Arab men. In contrast, women of Western countries are represented as cultivated, modern mistresses of their own bodies and sexuality, free to make choices in an autonomous way (Mohanty 1988:22). A dichotomy between ‘us’ and ‘them’ is functional in defining women as central customers of the modernization process, and **is reified** also by those operators straddling the two supposed worlds, such as Leila, from the Population Council, an Egyptian woman who holds a university degree and belongs to the middle class. During our conversation she reproduced this polarization by using ‘we’ and ‘us’ opposed to ‘they’ and ‘them’, meaning, respectively, modern Egyptian women and the women targeted by development actions. Indeed, this stereotypical opposition shapes a need to save Egyptian women, in the name of universal sisterhood, from being ensnared in the reins of the dominant actors of patriarchal societies – in which circumcision is a tool of masculine domination (Bourdieu 2001), a device of a **millenary** misogyny (Gaudio and Pelletier 1980:60).

The influence of this discourse, in the words of some historical or contemporary Egyptian feminists – Hoda Sha’rawi, Latifa Zayat or Nawal el-Saadawi – is deep, as it is among the local brokers of humanitarian intervention. For example, a Maltese nun of the Franciscan church orphanage in Luxor openly stated that ‘women here are oppressed, frequently beaten, in Muslim as well as in Christian families’ and

**Commentaire [S17]:** is this what you meant by ‘fed’ (which is ambiguous)

**Commentaire [S18]:** millennial? It what sense?

that they live secluded at home. In the same institution, another nun, an Egyptian nurse, affirmed that female circumcision 'is wrong in regard to women's rights'. But local women are said not to know their rights, as stated, for example, by Melanie, an American woman living in Cairo since 2004 and a dynamic activist on women's issues. When I met her, she was the director of international relations at the Egyptian Center for Women's Rights (ECWR). She believed that local women were not able to denounce the abuses they suffered due to social and structural constraints: 'they need to break down the mental barriers and psychological barriers to use legal assistance', as 'they are afraid to go to the police; the police scare them, even when they are aware of their rights'.

The homogenizing effects of Western feminism and of this kind of local representation of Egyptian women do not leave any place for the historical path of Egyptian feminism<sup>21</sup> or the diverse 'liberations' of Egyptian women (Amin 1899; Nāṣif 1915). Egyptian women perform their agency in their everyday lives and in a plurality of ways (Mahmood 2005; Abu-Lughod 1986), as was the case for those involved in my research. Sara, for example, told me that her father, after letting her attend primary and secondary school, 'locked me at home and threw away the keys', then arranged for her a marriage with a man she had never gone out with before the wedding. Once married, and witnessing her father's similar behaviour towards her younger sisters, she decided to help them meet their respective fiancés. secretly Amina, in her turn, was a woman who, through her commitment both to work and to the care of her family, gained a deep respect in the social context in which she lived – this was evident, for example, in walking around Luxor with her, as numerous people, both men and women, repeatedly greeted her,

**Commentaire [S19]:** Special character?

stopped to talk to her etc. Amina could work in sites which were often locally depicted as 'promiscuous', such as those frequented by tourists and foreigners, bearers of immoral values, who might dress and behave in inconvenient ways. Agency is also witnessed by the crucial role that local women played in choosing whether their daughters would undergo circumcision or not. Each negotiated with her husband or his family (as Amina did) when deciding not to force their daughters to undergo the operation. Alternatively, they firmly promoted the intervention – even trying to convince me that all women should undergo it, as Sonya's seventy-two-year-old grandmother did – when they considered it a condition for women's free movement within local society.

Such women demonstrated a plurality of conceptions of the body and of sexual practices that defies the rhetorics of equality, personhood and integrity of the body as promoted by medical discourse and by some Western feminist groups (Kamran 2002:147). Local women's actions are entangled with – not dependent upon – international discourses, and they perform within a complex framework, combining local and global interventions.

### ***Glocal actions***

The first programme to openly address female circumcision dates to 1982, when the US Population Crisis Committee and CFPA organized training sessions for doctors, nurses, midwives, social workers and activists on how to use informational material to promote the abandonment of female circumcision. The practice of female circumcision has been addressed by projects targeting the economic development of the country through the improvement of social services

– especially schools and clinics – and those focusing on the role of women in local social and economic life. A widespread opinion affirms that by completing their studies, accessing biomedical services and entering the labour market, women will gain a critical understanding of female circumcision. As a consequence, they will no longer practise it (or at least not the most severe types) (Gruenbaum 2001:159). Thus, many programmes provide training courses that offer women the possibility of finding a job. As an example, a Christian-owned space in Luxor linked to the Comboni Fathers hosted a primary school, a kindergarten, a dispensary and a centre that included evening courses for women. Among skills learned were embroidery and sewing, provided with the aim of enabling women to start an economic activity – selling manufactured products – without leaving their own homes (thus, indeed, perpetuating a confinement of women to ‘home economics’ – Rogers 1980:11). On a state scale, the National Council for Childhood and Motherhood (NCCM) focused on the role of education in improving the status of women through a series of television spots whose protagonist is *al-bint al-masrīa*, the Egyptian girl. Dounia, who was coordinating the work of volunteers at the NCCM on the FGM project, gave me a copy of the spot. *Al-bint al-masrīa* appears as a symbol of the ‘resurrection’ of an essentialized Egyptian woman, who will achieve happiness because she and her mother – thinking of her future – abandon traditional local practices and are inspired by modern principles. It is noteworthy that she was not circumcised, following the opinion of the shaykh, the local priest and a doctor; she attended school; and she was not married by her father to an elder man.<sup>22</sup> Consequently, she became an educated woman, was employed as a teacher, wears a suit instead of traditional or Islamic clothes, married a man of her

Commentaire [S20]: ? adverts? a sitcom?

age and had one happy child. The role of education is equally crucial within programmes promoting the training of 'key actors' about the health and social matters linked to the practice: 'if you train the nurse properly, she can then communicate the message properly', because people trust nurses; 'if you train community leaders, if you educate them about the harmful side of FGM, the impact on women's health, they can carry the message to the locals better than us, because they live among them', Leila, from the Population Council, told me. Education is seen as a significant tool for women in deciding not to have their children circumcised. This argument is also supported by the women I interviewed, even if some contradictions appear: one of Amina's friends, a woman in her thirties, stated that, on the one hand, this practice is diminishing due to the higher education level of women in Egypt; on the other hand, despite having a university degree and working as a lawyer, she affirmed that female circumcision is a necessary tradition that she herself did not intend to change. In fact, some studies reveal that there is no direct link between the decrease in female circumcision and the level of education or the economic status of women (Assaad 1980). On the contrary, when such factors increase, female circumcision is seen as fundamental for women to feel at ease and to avoid social sanctions when frequenting 'promiscuous' sites such as the workplace.

In order to promote the abandonment of female circumcision, many programmes find it necessary to replace it with a symbolic substitute that can have cultural resonance at the grassroots level. For this purpose, experts first research the psychological and sociological reasons for the practice: 'how do they perceive FGM. [...] You need to know exactly how people live in this specific village [...] and

why do they do it', stated Leila. Then they propose to change the practice without removing the meanings associated with it. As an example, Leila spoke to me of the 'alternative rite approach' funded by USAID and implemented in Kenya. The programme focused on the fact that the operation marks access to adulthood, taking inspiration from social-science studies that theorize rituals (Van Gennep 1909). Girls were involved in a 'family life education' (FLE)<sup>23</sup> in seclusion and were also taught about 'the positive aspects of their culture from selected mothers' (Chege *et al.* 2001:5). After training, they participated in a public graduation ceremony recognizing them as adults and letting them gain community approval. As Leila affirmed, the girls could 'keep the celebration' of their access to adulthood by being publicly rewarded with 'a new dress', that is a t-shirt of the campaign offered to them during a ceremony, but without being circumcised. This programme would recall – and thus replace, wherever it might be implemented – rituals concerning female circumcision, such as those among the Nubians of Egypt, where, as some women told me, female circumcision is celebrated like a marriage, making the little girls enthusiastic about being the protagonists of such an event. The girl is called *arusa* (bride), her hands and her feet are tattooed with *henna*,<sup>24</sup> and her eyes painted with *kohl*.<sup>25</sup> During the festival the girl's family serves food to the guests, who congratulate her and offer her gifts. The women of the family take care of the convalescent girl as if she were a new bride or a woman in labour, preparing nutritious foods for her, such as lentil soup, chicken and pigeon broth. The 'alternative rite approach' is one of a series of models (such as the FGM-Free Village Model or the 'positive deviants approach'<sup>26</sup>) conceived as **illusory self-standing objects** (Mitchell 1991). By abstracting models from situated experiences,

**Commentaire [S21]:** special character?

**Commentaire [S22]:** special character?

**Commentaire [S23]:** ?? not clear, please rephrase

the development rhetoric tries to generalize and diffuse humanitarian successes; thus, implementation methodology and results can be shared. 'Best practices' are fundamental in spreading what appears to be a standardization of ways of life. This occurs through networks – such as INTACT, the International Network to Analyze, Communicate and Transform the Campaign against FGC/M, managed by the Population Council – which are 'supposed to coordinate between researchers and activists working in the field to fight against this practice', as Leila explained to me. The woman's body is thus the site of an international exchange of information and actions which do not take into account the self-affirmation of the individuals concerned and **which silence** some crucial changes that do not necessarily rely on humanitarian actions.

**Commentaire [S24]:** ?? 'obscure the fact that'?

It is rather of great interest to record the ways in which, among local women, those who oppose female circumcision strategically combine the development tools that enter their lives to develop their personal instruments to fight the practice. As we have seen, Amina borrowed the biomedical argument, **spoiled** of its reference to human rights, to carry on her struggle, as did Karema, who said that she did not circumcise her daughters because, according to doctors, the clitoris would be less prominent when the girls grew up, thus erasing the need to intervene. Amina also used her knowledge about ancient Egyptians to de-legitimize the practice, stating that it was not widespread among them and thus that it does not correspond to a tradition rooted in past times. This woman did not participate in any of the NGO campaigns implemented in Egypt to promote an abandonment of the practice, but she did not circumcise her daughters. Amina's pride in having made a different choice for her daughters, combined with her social position within the context in

**Commentaire [S25]:** shorn?

which she lived, allowed her to support the cause among her acquaintances, representing an example to follow. Dounia, working with the NCCM, underlined the importance that women against the practice and uncircumcised women, as she was, show themselves as 'good examples': they demonstrate that 'you don't need to be circumcised to prove you are pure'.<sup>27</sup> Even Naima, who circumcised her daughters because she deemed it necessary and compliant with local traditions, left a door open to a future change, saying that 'when it is up to them [her daughters] to make a decision, maybe the situation will be different and they will not do it to their daughters'. Actions and positions like these are worthy of interest and visibility because they witness the personal agency of the women considered, agency which is too often silenced by the humanitarian programmes. Furthermore, women's active role in performing micro-forms of resistance to international meddling can be highlighted by analyzing how they become familiar with international organizations, learn to understand their rationale, and reappropriate their rhetoric to 'play with' or to defend themselves against it – but always in a way that differs from the theoretical and practical expectations of international actions (Atlani-Duault 2003:4). In Luxor this happens, for example, when women 'use' the services of the missionary institutions to face some of their everyday difficulties without necessarily adhering to the values that these organization try to spread – including those concerning female circumcision. In fact, women send their children to Christian schools because they deem them better than the state ones; or they participate in their initiatives targeting local women's empowerment only to have a further opportunity to socialize; or they receive health care and drugs free of charge without having to rely on what they consider less efficient state structures.

The nun of the Comboni institution declared that local women and nurses participated in an awareness-raising event that they organized, within which a film reporting the 'brutality' of the practice was shown: 'they all were shocked after the film, but they did not stop to practice the intervention'. Clearly, changes come from other paths.

### **Conclusions**

Through humanitarianism two worlds come in contact with one another: people belonging to the North, which once came to 'civilize' people of the South and now comes to 'develop' (or 'save') them (De Sardan 2011:415). Development interventions are a form of public policy carried out by actors originally external to the country in question. International meddling is based on the belief that some people are unable to help themselves. Furthermore, the dramatization employed by the media appears to be excessive in some cases (De Sardan 417). 'Do Muslim women really need saving?' asked Lila Abu-Lughod in one of her illuminating articles (2002), and this question prompts reflection on the legitimacy of external intervention in complex affairs. In the context studied during my research, such dramatization is aimed at essentializing an otherwise multifaceted issue, in which what is relevant is what female circumcision means to the women who perform it, as well as the current plurality of their opinions in regard to the practice itself. Some of the women whom I interviewed decided, on their own, against having their daughters circumcised, a decision not necessarily due to the media's portrayal of the issue or to international intervention, but to their personal and familial choices. Humanitarian aid constitutes an additional opportunity for – but is far from playing a critical role in – supporting a woman's life. Nevertheless, NGOs

Commentaire [S26]: 2011?

of all types continue to receive structural funds to implement their activities concerning female circumcision, thus becoming the real beneficiaries of such aid, strengthening their social or symbolic capital, i.e. their **location**, their power and prestige (De Sardan 2011:424). Against the image of the state as 'bad government', and thanks to the accolades received for having responded to such a 'chronic emergency' (De Sardan 2011:427) as female circumcision, NGOs gain the authority to declare the need for empowerment of the helpless Egyptian women. Represented as 'human beings to be defended' and 'victims rather than combatants' (Fassin 2007:501), women are shown how to become 'modern', thus helping the state develop. Furthermore, NGOs neglect the real impacts of their intervention. Gruenbaun (2001) and Mitchell (1991) denounced development actions that ultimately focus on geopolitical and economic strategies rather than on beneficial results for the population involved. This is evident in that no real follow-up actions seem to be implemented among 'saved girls' or within 'free(d)-villages'.

In the context I studied, a process of co-construction of practices and discourses is clear, involving local associations as well as the women themselves. For example, the supposed – although not certain – link between women's increasing educational levels and the abandonment of female circumcision supported by development actions is sustained by the women I interviewed. The most likely reason is that they considered education a fundamental issue of people's lives, and denounced difficulty in accessing it, because of the inefficiency of numerous state structures and the high costs of more prestigious ones. By stating that if women were more educated they would not practice female

**Commentaire [S27]:** power and prestige, yes, but location? Perhaps better 'position'?

circumcision on their daughters, women used discourses around the practice to focus on another question, which they considered as primary. In Egypt, there are certain inviolable basic needs: daily food, a home, a job, a chance to be educated and to access health care (Katulis 2004). This does not mean that other issues are irrelevant, but it certainly implies the definition of local priorities by the actors involved. Leaving space and recognizing effective agency gives dignity back to people who are generally accused of backwardness and barbarism, a dignity which can help redeem the abuses suffered due to imperialism, even a cultural one. In this specific context, the task of anthropology is to shed light on the complexity of the dynamics involved, recognizing that for those who practise female circumcision, in most cases, it is approached from a positive perspective. Additionally, ongoing and self-guided changes must be made visible against those strategic and institutional essentializations that do not take into account the Egyptian people, and in particular the Egyptian women involved. They are themselves considering the issue in a plurality of ways (something which needs to be narrated), and they are able to make their own decisions, as we saw for those involved in my research, without necessarily complying with the development-industry rhetoric and economic frameworks.

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**Commentaire [S28]:** Presumably what you mean?

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<sup>1</sup> Mitchell gives several examples of this process, such as that occurring after the Second World War and concerning the building of a fertilizer factory at Suez, which was powered not with Nile waters but with waste gases from the nearby Shell oil field. As Mitchell points out, this factory was an emblem of the post-war role of the US in Egypt, combining what was described as 'technical assistance' related to development and humanitarian goals with political influence (Mitchell 2002:40–1).

<sup>2</sup> All of the women's names are aliases.

<sup>3</sup> Sonya was the wife of one of the class teachers; Amina was a teacher and a guide for tourists.

<sup>4</sup> The Nile splits the city into two parts, which have different geographical and social characteristics. The East Bank is perceived locally as the 'modern' side of the city; the West Bank is known as the 'traditional' area.

<sup>5</sup> An American NGO with a regional office in Cairo.

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<sup>6</sup> More recent surveys denounce that more than ninety per cent of Egyptian women have undergone female circumcision (see the Unicef report at [data.unicef.org/corecode/uploads/document6/uploaded\\_pdfs/corecode/FGMC\\_Lo\\_res\\_Final\\_26.pdf](http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf) or the Population Reference bureau report at <http://www.prb.org/pdf14/fgm-wallchart2014.pdf>).

<sup>7</sup> Only Leila was not asked if she had undergone circumcision, and she did not provide any information that answered this question.

<sup>8</sup> It is unclear what impact the legislation had on the spread of the practice. However, what is certain is that the intervention is now carried out clandestinely by doctors and midwives.

<sup>9</sup> [www.nccm-egypt.org/e7/e2498/e2691/infoboxContent2692/ChildLawno126english\\_eng.pdf](http://www.nccm-egypt.org/e7/e2498/e2691/infoboxContent2692/ChildLawno126english_eng.pdf) (accessed 22 March 2013).

<sup>10</sup> This means that a problem occurred in the chain of transmission of this hadith; as a consequence, the content of this saying could be deemed uncertain. Furthermore, several women interviewed stated that the words attributed to the Prophet Muhammad could be read both as if he were affirming an obligation and as if he were granting permission, thus making this issue unclear: 'A women used to perform circumcision in Medina. The Prophet (peace be upon him) said to her: "Do not cut severely as that is better for a women and more desirable for a husband." (Narrated by Umm Atiyyah al-Ansariyyah).'

<sup>11</sup> In many discourses concerning female circumcision, scholars (since Herodotus, 484–424 BC) argue that the practice might have originated during the times of pharaohs: **some mummies would show signs** of the intervention (Morrone and Vulpiani 2004:30).

<sup>12</sup> A change that is indeed occurring, as we can observe it if we talk to women and collect their different stories and their different choices concerning the decision to intervene or not regarding their daughters.

<sup>13</sup> I thank my husband for assisting with the writing of this paragraph.

<sup>14</sup> This discourse was also present in previous feminist projects 'borrowed from Europe, [...] supported by Europeans, or [...] shaped in response to colonial definitions of the "backwardness" of the East' and active in Egypt at least from the 1920s (Abu-Lughod 1998:6)

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<sup>15</sup> The US Department of Agriculture denounces that the population in Egypt is constantly 'growing at the rate of 2–3 percent per year' (US Department of Agriculture 1976:48).

<sup>16</sup> According to the Population Council, the total fertility rate in Egypt is 2.9 ([www.popcouncil.org/countries/egypt.asp](http://www.popcouncil.org/countries/egypt.asp), accessed 26 March 2013).

<sup>17</sup> In 2008 the campaign was re-launched through the 'Cairo + five declaration'.

<sup>18</sup> In several European and American states, as well as in Australia, the right to asylum shall be granted to women at risk of being circumcised if forced to return to her country of origin. Female circumcision is an issue worthy of consideration by the international agencies securing the protection of women's rights despite not always being a priority for the women themselves (Bassel 2010).

<sup>19</sup> The same results were achieved by Marie B. Assaad (1980).

<sup>20</sup> During the summer months, she often travelled to Alexandria to teach Arabic language in summer courses held for foreigners.

<sup>21</sup> One of the outcomes of local activists' actions was the 1962 Constitution sanctioning equality between the sexes and allowing women to enter all intellectual and professional fields. Gender discrimination is still denounced in the country.

<sup>22</sup> Forced early marriage in Egypt is reported as a prevalent problem.

<sup>23</sup> The topics covered include '[...], understanding harmful traditions, Female Genital Mutilation, human anatomy, decision making, pregnancy and conception, [...] and empowerment of men and women' (Chege *et al.* 2001:17).

<sup>24</sup> Dye preparations derived from the homonymous plant and used to colour hair or to tattoo (temporarily) the body.

<sup>25</sup> A black powder applied around the eyes with a brush soaked in water.

<sup>26</sup> The first aims at a public declaration of citizens of being 'free' from female circumcision; the second relies on the action and public influence of individuals who fight the practice, opposing opinions across the social contexts in which they live.

<sup>27</sup> Interview published on [www.irinnews.org/](http://www.irinnews.org/).