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“NO TO CIRCUMCISION”:
THE ROAD TO EFFECTIVE SOCIAL
MARKETING CAMPAIGNS IN EGYPT

December 2019

“NO TO CIRCUMCISION”: THE ROAD TO EFFECTIVE SOCIAL MARKETING CAMPAIGNS IN EGYPT

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POPULATION COUNCIL

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The Evidence to End FGM/C: Research to Help Girls and Women Thrive generates evidence to inform and influence investments, policies, and programmes for ending female genital mutilation/cutting in different contexts. Evidence to End FGM/C is led by the Population Council, Nairobi in partnership with the Africa Coordinating Centre for the Abandonment of Female Genital Mutilation/Cutting (ACCAF), Kenya; the Global Research and Advocacy Group (GRAG), Senegal; Population Council, Nigeria; Population Council, Egypt; Population Council, Ethiopia; MannionDaniels, Ltd. (MD); Population Reference Bureau (PRB); University of California, San Diego (Dr. Gerry Mackie); and University of Washington, Seattle (Prof. Bettina Shell-Duncan).



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This is a working paper and represents research in progress. This paper represents the opinions of the authors and is the product of professional research. This paper has not been peer reviewed, and this version may be updated with additional analyses in subsequent publications. Contact: Salma Abou Hussein s.abouhussein2@gmail.com.

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List of Acronyms

CDA	Community Development Agency
CEOSS	Coptic Evangelical Organisation for Social Services
EDHS	Egyptian Demographic Health Survey
EHIS	Egyptian Health Issues Survey
ESPHP	Egyptian Society for the Prevention of Harmful Practices to Woman and Child
EU	European Union
FGDs	Focus Group Discussions
FGM/C	Female Genital Mutilation/Cutting
IAC	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
ICPD	International Conference on Population and Development
IDIs	In-depth Interviews
MB	Muslim Brotherhood
MoHP	Ministry of Health and Population
MOSS	Ministry of Social Solidarity
NCCM	National Council for Childhood and Motherhood
NCPD	National Council on Population and Development
NCW	National Council for Women
NGO	Non-Governmental Organisation
NPC	National Population Council
PPP	Public Private Partnership
SMC	Social Marketing Campaign
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund

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Executive Summary

Background

Since the 1920s, Egypt has witnessed extensive efforts to accelerate the abandonment of female genital mutilation/cutting (FGM/C). Prior to the 1994 International Conference for Population and Development (ICPD) in Cairo, Egypt, these efforts were siloed and targeted a limited number of people. The ICPD was a turning point for Egypt in the fight against FGM/C because it precipitated the creation of the Egyptian Task Force, which consolidated efforts between governmental institutions and civil society. A variety of social marketing tools have been adapted and used by programmes in Egypt, such as the FGM-Free Village, Family Empowerment and FGM/C Abandonment programme, and *Kamla* Campaign. While the prevalence of FGM/C is high—in 2014, 92 percent of ever-married women ages 15 to 49 years had been cut—the prevalence of FGM/C among girls ages 15 to 17 years dropped from 74 percent to 61 percent between 2008 and 2014.

To inform the design and scale up of initiatives that can drive a change in attitudes and behaviours towards FGM/C abandonment, there is a rising need to understand the perspectives of individuals who are exposed to social marketing campaigns (SMCs), which are a key intervention to promote the abandonment of the practice. This study sought to understand how, where, and why SMCs for FGM/C abandonment are working, and with what impact, to inform design and scale-up of campaigns that can foster new perspectives, expectations, and behaviours. Specific aims were to:

- Examine the design and implementation processes of FGM/C abandonment SMCs and interventions, and identify barriers and facilitators to their development and implementation;
- Assess married women's exposure to information on FGM/C abandonment and identify the socio-demographic and behavioural factors associated with exposure to different sources of information on FGM/C;
- Explore the use of social media and the internet for online discussions on FGM/C;
- Understand the types of messages and abandonment approaches recognized by target audiences; and
- Explore community perceptions about SMCs and their perceived impacts on attitudes and behaviours.

Methods

We conducted a mixed methods study comprising 1) secondary analysis of nationally representative data, 2) social media analysis of FGM/C content, and 3) primary qualitative research. To assess married women's exposure to FGM/C information, evaluate the socio-demographic, socio-economic, and behavioural factors associated with exposure to different sources of information among women, and assess young people's use of social media and the internet to discuss FGM/C, we analysed secondary data from the 2014 Egypt Demographic and Health Survey (EDHS) and the 2014 Survey of Young People in Egypt (SYPE). To explore the use of social media and the internet for discussions on FGM/C, we conducted a social media analysis of FGM/C content on Facebook, Twitter, news portals, discussion forums, and blogs. In-depth interviews (IDIs) with NGO workers and implementers examined the design and implementation processes of FGM/C abandonment campaigns and interventions, as well as barriers and facilitators to their development and implementation. Finally, to understand the rationale for approaches in FGM/C abandonment programmes and explore people's exposure to abandonment campaigns and their perceptions about them, we used a series of qualitative methods: ten focus

group discussions (FGDs) with community members and parents of girls from Cairo, Upper and Lower Egypt governorates; ten FGDs with male and female youth aged 18 to 24 years; and IDIs with ten religious leaders and ten physicians.

Findings

The interviews with most non-governmental organisation (NGO) workers and implementers revealed strong collaborative networks between NGOs, the National Population Council (NPC), grassroots facilitators in each village, and community leaders. The interviews also showed that NGO staff were well-informed about the factors that drive and sustain FGM/C. Staff also noted, however, that they were not adequately trained on creating suitable and fully-functional SMCs and that these campaigns were often inconsistent and infrequent. The lack of funding was noted to be the primary reason for the intermittent campaigns. Community reluctance to discuss FGM/C and community beliefs that abandonment is a Western agenda were also cited as challenges faced by those implementing abandonment campaigns.

In accordance with the findings from interviews with NGO staff that documented a decline in FGM/C abandonment programming, results from the secondary analyses show a significant decline in the proportion of ever-married women reporting exposure to FGM/C information in the 12 months preceding the survey (2014 EDHS –35%, 2008 EDHS – 73%). Similar to the 2005 and 2008 EDHS, the majority (76%) of women who reported exposure to FGM/C information in the 12 months preceding the survey reported that they were exposed to FGM/C messages via television. Controlling for socio-demographic characteristics, women reporting exposure to FGM/C messages (whether information for or against FGM/C) in the 12 months preceding the survey were less likely to support FGM/C abandonment than those who reported no exposure to FGM/C messages. More highly educated women and those from wealthier households were significantly more likely to support abandonment than those with less education and those from poorer households, even after adjustment for exposure to FGM/C information and messages. Social media analysis shows limited discussion of FGM/C online. In the 2014 SYPE, a greater proportion of young men and women who reported social media use were supportive of abandonment than their counterparts who were not using social media.

Focus group discussions with different community members indicated that the “No to Circumcision” slogan, which is part of the brand identity of the “*El Bent Masriya*” (*the Girl is Egyptian*) campaign, was the most recognised. However, this slogan was noted to cast FGM/C in a negative light and instilled fear rather than encouraging people to abandon the practice. Furthermore, study findings indicated that people are exposed to contradictory messages and that the perceived benefits of abandonment are not clear. As such, the thinking and interpretations of abandonment were noted to vary significantly across the groups interviewed. For example, although some participants expressed a preference for the abandonment of FGM/C, they noted that they would still consult a physician to confirm whether FGM/C was needed. Interviews also revealed the influential role that physicians and religious leaders play in decisions regarding FGM/C.

Most of those interviewed reported a decline in the practice of FGM/C, especially amongst younger generations. Gender differences in knowledge and attitudes were noted. In contrast to young men and fathers, who had limited knowledge about the health impacts of FGM/C, mothers and young women were well-informed about the harms of FGM/C. Further, most mothers and young women said that FGM/C was wrong and harmful, whereas most fathers and young men were supportive of the practice as it ensures a woman’s chastity. Few participants, regardless of gender, were aware of the *fatwa* (Islamic ruling) released in 2008 by the *Dar Al-Ifta*, the highest Islamic authority in Egypt, forbidding the practice of FGM/C. Similarly, few participants were aware of the anti-FGM/C law or the penalties associated with the practice. The vast majority of interviewed fathers and young men, regardless of their stance on FGM/C, described the television advertisements as

shallow and confusing. They noted that the advertisements lacked the information they were seeking, such as clear statements on religious rulings about FGM/C and clear medical statements on FGM/C.

Implications of Study Findings for Practice, Funding, Research, and Policy

Programmatic Implications

The study findings show that FGM/C abandonment campaigns in Egypt are recognisable and memorable. However, results highlight the need to strengthen the development of salient and appropriate messages and to improve the design and implementation of SMCs to enhance their reach and impact. Appropriate messaging is particularly important in light of the finding that women reporting recent exposure to FGM/C messages were less likely to support FGM/C abandonment than those who reported no exposure to FGM/C messages. To improve delivery, reach, and impact, FGM/C abandonment programmes should:

- Promote FGM/C abandonment as a social norm that is widespread and that conveys great benefits to families and individuals within the community.
- Train programme managers and implementers to ensure that programmes are based on SMC principles, and that these programmes have strong and effective monitoring and evaluation systems that can inform programme implementation and scale up. Adequate resources should also be available for rigorous evaluations that can provide evidence about what, how, and where SMC interventions are working or not, as well as allow comparisons with interventions that use different approaches.
- Target men (fathers and young men) using messages that address their concerns (e.g., religious and medical standpoints) given their role in the gender dynamics within the family.
- Target midstream actors such as religious leaders and physicians, who are influential in encouraging people to change, in order to enhance their understanding of FGM/C and promote consistent religious and medical messages regarding FGM/C abandonment.
- Leverage the usage of the internet and social media tools as they may provide increased exposure, especially among young generations who are more amenable to change.
- Include positive and influential role models to enhance the credibility of abandonment messages, as well as show the public that abandonment is beneficial, desirable, and not socially “costly”.
- Use innovative approaches that appeal to the audience and allow for more interaction and dialogue around the topic.

Research Implications

Study findings highlight the need for further research to understand how the internet and social media tools can be used to promote FGM/C abandonment in SMCs and interventions. Research to understand the socio-demographic, socio-economic, and behavioural factors associated with men’s exposure to different sources of information is also warranted. Research is also needed to understand which messages are more effective among different audiences.

Investment Implications

Study findings highlight the significant challenges posed by the lack of funding for FGM/C abandonment campaigns. To address funding shortfalls, there is a need to secure long-term funding through extensive collaborations with public, private, and civil society sectors.

Policy Implications

The results of this study demonstrated low levels of awareness and enforcement of existing anti-FGM/C laws. To create a supportive environment for FGM/C abandonment efforts, there is need to:

- Maximise changes in social norms with complementary policy decisions that support opportunities to change, provide disincentives for not changing, and challenge or restrict competing marketing of messages that support FGM/C. Since the anti-FGM/C law has already been enacted, FGM/C abandonment programmes that target policy makers may increase the likelihood of law enforcement by putting pressure on responsible entities to uphold the law, especially since medicalisation in Egypt is an issue of concern. The law creates the enabling environment, but it requires the political will that prioritises FGM/C abandonment in the country's national agenda to bring about change.
- Campaigns should also focus on raising the awareness of community members and key actors, including health professionals, about existing laws against FGM/C.

Introduction

Female genital mutilation/cutting (FGM/C) continues to be a widespread practice in Egypt. According to the Egypt Demographic and Health Survey (EDHS), in 2014, the prevalence rate of FGM/C was 92 percent among ever-married women ages 15 to 49 years (Ministry of Health and Population [MOPH], El-Zanaty and Associates, and ICF International, 2015a). Nevertheless, the practice of FGM/C has been slowly, but steadily, declining in Egypt. Among girls ages 17 years and younger, the percentage of those cut decreased by ten percentage points between 2005 and 2014 (El-Zanaty and Way 2006; MoHP et al. 2015a). This progress needs to be accelerated, however. From 2008 to 2014, the proportion of ever-married women who support FGM/C decreased by only four percentage points (MoHP et al. 2015a). Alarming, data from the 2014 Survey of Young People in Egypt (SYPE) indicate that seven out of ten young people ages 15 to 29 years planned on having their daughters cut in the future (Roushdy and Sieverding 2014). Data have also shown that there is a significant rise in the medicalisation of FGM/C in Egypt, with cutting mainly by physicians. According to the 2014 EDHS, 74 percent of girls ages 19 years and younger who had undergone FGM/C had been cut by physicians, making Egypt the country with the highest prevalence rate of FGM/C medicalisation (MOPH et al. 2015a; UNICEF 2013).

Efforts to end FGM/C in Egypt started as early as the 1920s. Dr. Ali Pasha Ibrahim, then dean of El Qasr E Eini Medical School, was the first to raise the issue publicly and assert that the practice has no medical benefits. These efforts intensified following the 1994 International Conference on Population and Development (ICPD), which precipitated the creation of the Egyptian Task Force against FGM/C. At the same time, various grassroots activities and media campaigns were initiated to address the problem and change the attitudes and behaviours of people towards the practice. Many of these activities adopted a social marketing approach, which Kotler and Lee (2008) define as a process that uses marketing principles and techniques to influence behaviours that benefit society, as well as the target audience. The peak of these social marketing activities occurred in 2003 when the National Council for Childhood and Motherhood (NCCM) launched the FGM/C-Free Villages project (Barsoum et al. 2009). This project worked towards eliminating FGM/C in Egypt using multiple top-down and bottom-up approaches. They also initiated workshops for media personnel, religious leaders, and writers to promote anti-FGM/C messages. Additionally, a large-scale campaign, “*El Bent Masriya*” (*the Girl is Egyptian*), the first of its kind, delivered anti-FGM/C messages through infomercials on television and radio and posters at metro stations (Text Box 1).

The FGM/C-Free Village project also facilitated open discussions and the dissemination of information by holding seminars and collaborating with various organisations to spread awareness. To motivate the public to take a strong stance against FGM/C, the project organised public declaration forums in which village officials and community members pledged to abandon FGM/C (Barsoum et al. 2009).

The project was later evaluated by comparing villages where the project was implemented to non-intervention villages. The evaluation results showed that the public pledges were successful in

Text box 1: The “*El Bent Masriya*” campaign



The “*El Bent Masriya*” campaign addressed FGM/C, early marriage, and women’s access to education. The main advertisement shows a girl who goes through multiple challenges; not enrolling in school, the possibility of getting married early, and the intention of her family to cut her. The writing next to the girl reads “No to Female Circumcision”.

making women question the universality of FGM/C and in alleviating social pressure to practise FGM/C. The percentage of women who believed that everyone in their communities practised FGM/C was 92 percent in control sites compared to 45 percent in intervention sites (Barsoum et al. 2009). As noted by the authors, this finding suggests that the interventions were successful in changing “long-held beliefs in the universality of FGM in these communities” (p. 9), which they considered an critical step in shifting FGM/C-related attitudes and behaviours by creating a “sociocultural environment conducive to the abandonment of the practice” (p.9). Although men and women in both groups reported receiving information on FGM/C, primarily through television, the perceived impact of information received on personal decisions and attitudes toward FGM/C differed significantly between the intervention and the control groups. While 81 percent of women in the intervention sites said that the information that they received made them re-evaluate their views on FGM/C, only 17 percent in the control group re-evaluated their stance (Barsoum et al. 2009). Consequently, while 77 percent of women in the intervention group reported that they had decided not to circumcise their daughters, only 13 percent did so in the control group (Barsoum et al. 2009). It is important to note that men were less likely than women to change their decisions towards circumcising their daughters based on information they received (Barsoum et al. 2009).

The perceived success of the FGM/C-Free Village project and “*El Bent Masriya*” campaign placed FGM/C abandonment as a priority topic for policy changes. They paved the way for the issuance of a *fatwa* (Islamic ruling) in 2007 by *Dar Al-Ifta*, the highest Islamic authority in Egypt, which religiously prohibits FGM/C. A similar statement was issued by the Coptic Church, which noted that FGM/C is not mentioned in the Bible. Following this, FGM/C was criminalised in 2008¹ with those found guilty subject to an imprisonment term of three months to two years. However, this heightened political will waned and many of these projects and initiatives, including the FGM/C-Free Village project, were halted after the 2011 revolution. Since this political upheaval, there have been anecdotal reports of reversals in people’s behaviours and attitudes in some of the intervention sites, with people reportedly performing FGM/C after the project ended. The reasons behind this reversal are unclear. However, the inconsistency of efforts addressing FGM/C abandonment after the revolution may have contributed to these changes. In addition, the relatively short duration of the FGM/C-Free Village project, which was implemented over the course of six years, may have been insufficient to sustain the efforts made and ensure irreversible commitments to FGM/C abandonment.

One of the prominent social marketing programmes implemented after the FGM/C-Free Villages project and the 2011 revolution was the *Kamla* campaign, which was implemented by the National Non-Governmental Organisation (NGO) Coalition against Female Genital Mutilation. *Kamla* translates to “complete” or “perfect” to emphasise that girls are born perfect and do not need to be cut. The campaign was launched in 2013 and was supported by the United Nations Population Fund (UNFPA) until 2016. Operating in ten governorates, the *Kamla* campaign created partnerships among 120 local NGOs and community development agencies (CDAs) to reach their target audience. The campaign had a holistic approach in which they recruit families of boys and girls (ages 8 to 10 years) to improve their performance at school and ensure that the girls are not cut. Education for the children and the parents was the campaign’s gateway to enhance FGM/C abandonment using a wide range of activities and methods. The results of the evaluation of the *Kamla* campaign are not yet public.

¹ This law was amended later in 2016 to change FGM/C from a misdemeanor to a felony. The new law imposes a penalty of imprisonment for a duration between five and seven years for FGM/C practitioners. The law also imposes a penalty of imprisonment for between one and three years, for anyone who requests FGM/C if the mutilation is carried out.

In 2015, there was a revival of efforts to increase FGM/C abandonment following the launch of the National Strategy for FGM/C Abandonment by the National Population Council (NPC), a governmental agency. The strategy's goal is to reach complete abandonment by the year 2030. The primary implementer of the strategy is the Female Abandonment and Family Empowerment programme under the NPC, supported by the European Union (EU). The NPC collaborated with the Ministry of Social Solidarity (MoSS), the National Council for Women (NCW), and 20 local NGOs in ten governorates, reaching out to 160 villages through 160 CDAs. Similar to *Kamla*, NPC's programme integrates information within their education and family empowerment content. Using a child's and women's rights approach, they leverage their efforts in the mass media, awareness-raising sessions, participatory plays, visits to health care units during immunisation campaigns, and social media. A part of this strategy was the launch of a new campaign with the slogan "Enough Circumcision"², which was supported by the United Nations Children's Fund (UNICEF), UNFPA, and United Nations Development Programme (UNDP). One of their television commercials features mothers and fathers who decided to abandon the practice as real-life examples. They have also implemented a year-long social media campaign as part of the overall campaign under the same name to target youth. Thus, they have collaborated with multiple news portals to ensure wide coverage and dynamic online discussions. There has been no evaluation of this campaign yet, as it is still expected to be scaled up.

Purpose and Rationale

Interventions employed by different organisations and governmental entities use a wide range of activities and elements to reach out to their target audience and bring about change in their behaviours and attitudes. Based on the evaluation of the FGM/C-Free Village project, it is clear that seminars and public declarations have contributed significantly to changing people's attitudes towards FGM/C. However, the programme only reached people in the chosen intervention sites. Television infomercials and programmes, on the other hand, have successfully reached a large percentage of families. Results of the 2015 Egypt Health Issues Survey (EHIS) showed that 81 percent of women and 90 percent of men who reported that they received information about FGM/C received this information via television (MoHP, El-Zanaty and Associates, and ICF International 2015b). Although the FGM/C-Free Villages project evaluation suggested that exposure to television campaigns had a lower impact on FGM/C attitudes than seminars and community visits in convincing people to abandon FGM/C, there have been no studies, to our knowledge, that investigate why television campaigns are not as impactful as community sessions on FGM/C abandonment (Barsoum et al. 2009).

We also know that FGM/C campaigns have been less successful in reaching certain groups. For example, the results from the 2015 EHIS showed that men and women in rural Upper Egypt were least likely to be exposed to information on FGM/C (MoHP et al. 2015b). Men and women in households in the poorest wealth quintiles and those with lower levels of education were also less likely than those in wealthier households and those with higher levels of education to be exposed to FGM/C-related information. In addition, the evaluation of the FGM/C-Free Village project showed that it is harder to influence men through communication approaches compared to women (Barsoum et al. 2009). Yet, targeting important decision makers, such as fathers, is important to promote FGM/C abandonment.

² The "Enough Circumcision" campaign included three television advertisements. One was a drama about a father who wanted to cut his daughter against his wife's will. He accompanies his daughter to a doctor's clinic for FGM/C but changes his mind after imagining how this would hurt his daughter and returns home with her. The other two advertisements were testimonials from community members (a mother, a father, a sheikh and his wife) on the harms of FGM/C.

The majority of anti-FGM/C interventions conducted in Egypt have focused on the harms and immediate health complications of FGM/C, specifically bleeding, infection, and death. Some scholars have argued that these campaigns and interventions may have contributed to the rise of medicalisation in Egypt (Shell-Duncan 2008). Specifically, widespread concern about immediate health complications and limited knowledge of long-term complications may have led parents to opt to have their daughters cut by medical personnel (Modrek and Sieverding 2016).

In recent years, there has been a surge in the use of the internet and social media (e.g., Facebook, Twitter, etc.) among all age groups, especially youth. For example, in the SYPE, internet use amongst youth aged 15 to 29 years increased by 15 percentage points between 2009 (10%) and 2014 (25%) (Roushdy and Sieverding 2014). The 2011 revolution showed how influential social media is among Egyptians and demonstrated its potential for strong effects on people's beliefs, attitudes, and behaviour. There have been no studies, however, on the potential use of social media in delivering impactful social marketing campaigns (SMCs) against FGM/C.

Despite the lack of information on the empirical changes that campaigns and interventions bring on the ground, advocates and campaigners in Egypt believe the role of these marketing tools is one of the most important factors in the FGM/C abandonment efforts in Egypt. To address these knowledge gaps, this study aimed to identify the strengths and weaknesses of previous efforts, and to better understand the effectiveness of SMCs in altering the attitudes and stance of different target groups (e.g., fathers, mothers, and youth) towards FGM/C abandonment. We examined a range of social marketing strategies including mass media campaigns, social media advocacy, and on-ground activities, such as community gatherings and home visits.

Goal and Objectives

This study sought to understand how, where, and why SMCs as abandonment interventions are working, and with what impact, in order to inform the design and scale up of campaigns that can foster new perspectives, expectations, and behaviours towards FGM/C abandonment. The specific aims were to:

- Examine the design and implementation processes of FGM/C abandonment SMCs and interventions, and identify barriers and facilitators to their development and implementation;
- Assess married women's exposure to information on FGM/C abandonment and identify the socio-demographic and behavioural factors associated with exposure to different sources of information on FGM/C;
- Explore the use of social media and the internet for online discussions on FGM/C;
- Understand the types of messages and abandonment approaches that are recognised by target audiences; and
- Explore community perceptions about SMCs and their perceived impacts on attitudes and behaviours.

Theoretical Framework

We drew on the social marketing mix and harmonisation of norms frameworks to assess FGM/C abandonment campaigns and to draw out lessons to strengthen future campaigns.

Social Marketing Mix

Kotler and Zaltman (1971) were the first to coin the term 'social marketing,' which they defined as "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research" (p. 12). Social marketing uses marketing principles to promote behaviours

and practices benefitting individuals and communities and abandonment or rejection of harmful ones such as FGM/C (Cheng 2011). According to Evans (2016), these behaviours are dealt with as a product with “an established market base”. Social marketers, thus, analyse the market as if it was commercial and assess where the established competitor stands (e.g., FGM/C practice) and use proven marketing techniques to address this competition and promote the healthy behaviour (e.g., FGM/C abandonment).

Social marketing applies the marketing mix or “4Ps”—*product, price, place, and promotion* (Cheng 2011). *Product* is the features (including the branding) and benefits of items of value, both in terms of actual performance and perceived benefits. With FGM/C, abandonment ensures that women and girls are not subjected to a human rights violation and their well-being is not jeopardised. *Price* is the economic, social, and psychological costs involved in obtaining and using the product. Thus, if the social cost of FGM/C abandonment is too high for a community to endorse it and would subject them to social shaming, the prevalence will remain the same. *Place* is the availability and the way that the product reaches the consumer. This means that FGM/C abandonment efforts must be visible and available for practising communities. Finally, *promotion* is the efforts made to publicise the product, its price, and its place and includes advertising (Cheng, Kotler, and Lee 2011).

Communication is considered a significant subset of the marketing mix under promotion. Social marketing interventions designed by different organisations and governmental entities use a wide range of communication activities to reach their target audience and effect change in their behaviours and attitudes. There are two main paradigms of anti-FGM/C communication, however, as highlighted by Lee (2008): the dominant paradigm and participatory communication. The dominant paradigm is described by Mue (2015) as “associated with the linear, mass media model aimed at transmitting information and messages from one point to another or many others, usually in a vertical or top-down fashion” (p. 17). Although this paradigm was successful in achieving a sharp increase in people’s awareness about the harmful effects of FGM/C, evaluation studies over the past two decades show that increases in awareness do not necessarily translate to behavioural and attitude change (Hernlund and Shell-Duncan 2007). Many organisations, thus, started adopting participatory communication that involves the whole community to bring about change.

Participatory communication is horizontal and engages targeted people and communities in interactive activities that open the space for community dialogues and personal communication, creating a sense of ownership and sustainability amongst the beneficiaries to solve the problem. These activities may include online discussions. Although labelled a democratic, bottom-up approach, participatory communication tends to take a longer duration than that of the dominant paradigm. Moreover, there is no established model for replication. Thus, every organisation is required to establish its own communication model from scratch. The existence of power disparities within such communication models can also marginalise less privileged individuals and exclude their voices. Thus, programmes should use multiple approaches that enable equitable participation.

The Harmonisation of Norms

To effectively utilise the marketing mix framework and communication approaches, the norms underpinning the practice of FGM/C need to be identified first. Understanding these norms helps to define the “product” and enhance its positioning in the minds of consumers. Antanas Mockus devised a model in 1995 as the Mayor of Bogota, Colombia, which was first introduced to enhance citizen culture and address the social norm of legal disobedience to traffic regulations with the goal of reducing road injuries and deaths (Mackie et al. 2015). The model helped distinguish three regulatory systems; social, moral, and legal norms. Social norms are informal and often implicit rules that lead members of a community to behave a certain way in the belief that others expect

them to follow suit. Community members face the risk of being shamed if they do not adhere to these norms. These behaviours are tied to what the community or the reference group expects an individual to do. Legal norms, on the other hand, are formal, explicit, and commanded by the state, which can sometimes fall at odds with social norms. Moral norms depend more on the individual's conscience. It is what s/he sees as right or wrong, which is generally more intrinsic, regardless of what others think or do.

Mockus' model could be an important tool for measuring and understanding the different factors contributing to FGM/C practice or abandonment. Social norms, in this case, become evident when parents who do not circumcise their daughters are stigmatised within their community and their daughters risk low marriage prospects. Moral norms could be linked to an individual's belief that FGM/C is good for women and girls because it curbs sexual desires and prevents pre-marital or extra-marital sexual activity, which may be perceived to be morally wrong. Legal norms are related to laws and decrees issued by the state criminalising FGM/C or permitting it under certain conditions. This three-pronged model does not cover all FGM/C regulatory systems, however, and we intend to include two additional components; religious norms and health concerns. Religious norms are driven by religious beliefs and teachings and in the case of FGM/C, many religious scholars and interpreters believe FGM/C is a religious requirement, which perpetuates the practice. On the other hand, knowledge of the short-term and long-term health risks of FGM/C can promote abandonment or, in some cases, promote its medicalisation.

Methods

Study Design

We conducted a comparative, multi-site, mixed methods study comprising a secondary analysis of nationally-representative data, a social media analysis of FGM/C content, and primary qualitative research in Cairo, urban and rural Gharbeya (a Lower Egypt Governorate), and urban and rural Sohag (an Upper Egypt Governorate).

Secondary Analysis of EDHS and SYPE Datasets

The primary objectives of the secondary analyses were to 1) assess married women's exposure to information on FGM/C; 2) identify the socio-demographic, socio-economic, and behavioural factors associated with exposure to different sources of information among women; 3) assess young people's use of social media and the internet to discuss FGM/C; and 4) examine the association between young people's FGM/C attitudes and their social media and internet use. The secondary analyses utilised logistic regression and cross-tabulation models of data from the 2014 EDHS and SYPE.

The EDHS is a nationally representative survey of health and welfare indicators pertaining to ever-married women ages 15 to 49 years and their households. In 2014, data were collected from a sample of nearly 30,000 households and more than 21,000 women. Our decision to limit the analysis to married women's exposure to FGM/C-related information was informed by the limited sample size of males in the 2015 EHIS, which collected information from both men and women.

The SYPE is a nationally representative panel survey of young people ages 10 to 29 years conducted in 2009 and in 2014 to assess issues pertaining to their lives, including education, employment, health, social issues, and civic participation. In 2014, data were collected from 10,916 young people ages 13 to 35 years who had participated in the 2009 SYPE.

Social Media Data Collection and Analysis

To explore the use of social media and the internet for discussions on FGM/C, we partnered with Crowd Analyzer, an Arabic-focused social media monitoring platform that has the expertise to extract and analyse data from social media sites, blogs, discussion forums, and online news portals. These sites and platforms were monitored between 1 June 2016 and 30 July 2017 (except for Facebook, which was only monitored between 1 August 2017 and 30 September 2017 because of privacy restrictions) to cover the period in which the NPC was conducting a social media campaign. We analysed a total of six blogs, six discussion forums, 28 news portals, and 100 Twitter accounts with an Egyptian internet protocol (IP) address. The analysis encompassed the monitoring of retweets or "likes", as well as shares and comments, and involved an in-depth analysis of the social interactions to assess public opinions of FGM/C. Data were extracted in both Arabic and English.

Qualitative Data Collection and Analysis Procedures

A series of qualitative data collection activities were conducted to deepen our understanding of the circumstances underlying anti-FGM/C approaches and the experience and perceptions of individuals and communities exposed to FGM/C abandonment campaigns. Table 1 summarises the number of participants in each qualitative data collection activity.

Table 1. Qualitative interview participants by data collection activity

Data collection activity	Number of participants
In-depth interviews (IDIs) with NGO workers and programme implementers	n=6
Focus group discussions (FGDs) with parents of girls ages 10 to 14 years	5 FGDs with mothers (n=47) 5 FGDs with fathers (n=46)
FGDs with male and female youth ages 18 to 25 years	5 FGDs with young women (n=47) 5 FGDs with young men (n=42)
IDIs with religious leaders	n=10
IDIs with physicians	n=10 (5 women and 5 men)

In-depth interviews with NGO workers and programme implementers

We conducted six in-depth interviews (IDIs) with supervisors and managers of FGM/C abandonment campaigns/interventions at local NGOs to identify the different actors involved in the design and implementation of FGM/C abandonment campaigns, understand the process of designing and implementing these campaigns, and document implementers' perceptions of the main challenges and opportunities in promoting the abandonment of FGM/C. All participants were partners of the FGM/C Abandonment and Family Empowerment programme administered by the NPC.

Focus group discussions with parents of girls ages 10 to 14 years

We conducted ten focus group discussions (FGDs) with eight to ten participants per group with parents of girls aged 10 to 14 years. Half of these FGDs were held with mothers and half with fathers. In Sohag and Gharbeya governorates, FGDs were evenly split between rural and urban areas. To ensure that participants could understand the meaning of behaviour communication approaches, as well as articulate and express their views, the study was limited to those with at least some elementary schooling. Participants also had to be exposed to at least one form of communication on FGM/C to speak about the topic.

Focus group discussions with male and female youth ages 18 to 25 years

We conducted ten FGDs with male and female youth ages 18 to 25 years to understand young people's perceptions about FGM/C and campaigns and activities against it, as well as to identify the elements (i.e., media) and approaches (i.e., norms) perceived as most effective in changing youth's attitudes and behaviours towards FGM/C. In Sohag and Gharbeya governorates, FGDs were conducted evenly between rural and urban areas. Most participants were either high school or university students or graduates and were not married.

In-depth interviews with religious leaders

We interviewed ten religious leaders (seven Muslim scholars or sheikhs affiliated with Al Azhar University, Egypt's top Islamic institution, and three Coptic priests). Religious leaders were eligible for the study if they had attended at least one FGM/C abandonment workshop, whether organised by a governmental or a non-governmental institution. The aim of these IDIs was to understand religious leaders' perceptions of FGM/C.

In-depth interviews with physicians

To understand physicians' knowledge of, and attitudes towards, FGM/C, as well as their exposure to FGM/C information and their perceptions of this information, IDIs were conducted with ten physicians who were either obstetricians/gynaecologists or surgeons. We chose these specialisations as they are, typically, the medical professionals that parents would consult about FGM/C. Half of the physicians were women. All physicians had to have been exposed to at least one method of communication on FGM/C to be selected for the interview.

Procedures

Data were collected between October 2016 and February 2017 by ten trained data collectors (4 men and 6 women). Prior to fieldwork, data collectors participated in a training workshop on the research topic, study instruments, research ethics, maintaining confidentiality, and effective interviewing, including probing in a non-judgemental and non-directive manner. During the workshop, interviewers performed mock interviews and received feedback on their performance. The study tools were also pretested and revised during the workshop.

We collaborated with local NGOs in each area to identify participants for the interviews and discussions. The IDIs and FGDs were conducted on NGO premises in spaces that provided auditory privacy. Interviews were conducted and transcribed in Arabic. To guarantee high-quality data, the project officer regularly monitored data collection activities and transcription through field visits. During these visits, data collectors discussed their experiences and any challenges. The field visits also ensured that any issues were quickly addressed, and lessons learned applied. Transcribed interviews were manually coded, interpreted, and categorised into emerging themes. Associated quotes were reviewed for their accuracy.

Ethical considerations

Ethical permission to conduct the study was provided by the Population Council's Institutional Review Board (IRB) and a local IRB in Egypt. Prior to each discussion or interview, the data collectors obtained signed informed consent from each participant.

Results

Design and Implementation of Social Marketing Campaigns and Interventions for FGM/C Abandonment

This section highlights the findings from the interviews with NGO workers/implementers to explore reasons behind their participation in FGM/C abandonment SMCs and programmes, and to understand the design and implementation of the campaigns and interventions, including the key elements of the campaigns and interventions. This section also explores how elements have contributed towards the success of the campaigns/interventions or posed challenges, as well as the lessons learned through the implementation process.

Why do local NGOs work on FGM/C abandonment?

All NGO workers noted that the primary reason they were working on FGM/C was because they had been approached by the government to collaborate on the implementation of the FGM/C Abandonment and Family Empowerment programme. Other reasons for being involved in the programme and in FGM/C abandonment efforts included their belief in gender equality and the rights of women over their bodies, as well as their interest in preventing the social, psychological, and physical harms of FGM/C.

Design of SMCs and interventions

Andreasen (1994) notes that an important first step in designing a campaign is defining the issue, understanding and segmenting the target audience, understanding the context, and choosing the appropriate communication channels. Most NGO workers stated that the first step in designing a campaign is identifying a message and a tagline/slogan for the campaign. Although a few of them noted that messages would be created based on discussions with community leaders or with facilitators, or based on best practice and literature, most NGO workers noted that messages and taglines were usually given to them by the supervisors within the national programme.

Most NGOs created monthly or quarterly action plans for a specific period, based on the budget. Room for flexibility within the programme and in the design of action plans were implied from the interviews as some of these NGOs reportedly assessed the suitability of the communication methods/content. Their assessment informed decisions to sustain or change their performance levels and communication methods to generate better outcomes. Workers at NGOs noted that planned activities were intended to reach everyone within the family including girls and young women, their parents, grandmothers, and mothers-in-law (if married). No NGO worker specifically mentioned male youth, although they noted that they intended to reach all age groups and both men and women. In some cases, supervisors within the national programme were reported to specify certain groups for the local NGO to target. More focus was reportedly placed on communities in rural and slums areas because these areas were perceived to have a higher FGM/C prevalence. In addition, most NGO workers mentioned that more focus is given to women, generally, and, in particular, older women (i.e., grandmothers and mothers-in-law) because they have a greater influence on the family. Describing the influential roles played by older women, an NGO worker from Greater Cairo noted, *"We meet grandmothers and mothers-in-law who threaten their sons and daughters with the loss of their inheritance if they did not cut their granddaughters"*. Programmes were also noted to target physicians, religious leaders, teachers, and community leaders, as they are key influencers. Physicians and religious leaders, however, were reportedly given more attention than other influencers since they were perceived to drive the rise of FGM/C medicalisation in Egypt, while religious leaders were considered some of the most influential people in the community.

Most NGO workers noted the importance of segregating men and women in their activities. One NGO worker in Sohag illustrated this point by saying, “*Women, men, and girls have to all be separated into different sessions. We once tried to gather them all in one event, the community opposed [this] and the event did not take place*”. They also noted that speakers and trainers at sessions should be of the same sex as the participants to ensure they are comfortable speaking about this sensitive topic. Some NGO workers further noted that activities were tailored to suit the target audiences’ characteristics (gender, age, or socio-economic level). Illustrating this point, an NGO worker from Sohag noted, “*We find it more suitable to interact with and educate students of primary or middle schools through games that focus on the topic.*” NGO workers noted that in some instances, they targeted groups sequentially depending on the target audiences’ role in FGM/C decision-making and their responsiveness.

The average number of participants within awareness-raising sessions was noted to be approximately 20 in order to facilitate discussions and meaningful engagement. Community gatherings and educational camps, by nature, were reported to involve a larger number of people. The total number of participants approached within a year varied from one NGO to the other, depending on the frequency of activities, the community’s need for knowledge, and the available budget.

Workers noted that NGOs identify intervention areas based on various factors including the communities’ knowledge of FGM/C as assessed in studies. It was not clear, however, what methods were used to assess knowledge levels. Others noted that they chose areas with high populations and with multiple training resources (e.g., youth centres, schools, healthcare units, mosques, or training centres), which were reported to facilitate the organisation of community gatherings and sessions. NGO workers stated that they were required to obtain an approval from the donor agency or the NPC before commencing their activities in a particular area. Some of them noted that obtaining approval to enter schools was very difficult and could take a long time.

Key elements of SMCs and interventions for FGM/C abandonment

Workers from participating NGOs reported that they had undertaken a wide range of FGM/C-related activities. These activities were grouped into awareness-raising activities and services. Awareness-raising activities included information sessions, community meetings, art exhibitions, home visits, and public declaration events. Although most activities were intended for the general public, NGO workers noted that the primary recipients/targets of these activities were usually women. Explaining this point, an NGO worker from Cairo noted, “*We carry out awareness-raising sessions on FGM/C abandonment and bring women and girls to attend it.*” Other target groups included children, doctors, and community leaders. Nevertheless, some workers expressed that these target groups are usually more challenging to reach compared to women.

Typically, NGOs were reported to invite physicians, religious leaders, and legal officers from the community to talk to the public during awareness-raising sessions. Some NGO workers also indicated that community leaders and parliamentarians would also be invited because they are role models within their communities and people tend to follow their advice. Most of the NGO workers, however, believed that physicians and religious leaders were the most influential.

Service provision included training sessions, workshops, and educational camps. These activities were said to be highly customised, based on the target audience. They were also said to accommodate a relatively small number of people to allow for extensive discussions and skills development. These sessions and workshops instilled a children’s rights-based approach and incorporated the use of role plays and toolkits to equip the target audience with the skills needed to promote FGM/C abandonment in their profession. Many religious leaders, physicians, community leaders, and *raedat reefiyat* (female health outreach workers) received intensive

training and would eventually be involved in public declarations efforts to encourage more people to commit to abandonment. Most NGO workers indicated that no one approached them to obtain information on FGM/C. People would typically ask about the topic during the sessions or gatherings organised by the NGOs. A worker from an NGO in Greater Cairo noted:

“We do not play the role of a family counselling centre. This is provided through our awareness-raising sessions and our efforts at the grassroots level. One of our facilitators, however, may tell me a group of women want to attend a session to discuss the topic. Then we will act accordingly.”

Most NGO workers stated that after each session, individuals who are uncomfortable discussing the matter in front of others, would approach the speaker/supervisor to ask about the topic in more detail. Some NGO workers believed that when people receive information through their efforts, they speak with their families, friends, and peers, which, in return, ignites their interest in attending the information sessions.

Workers from NGOs noted that they provided incentives to gain community members' trust and buy-in. As a male NGO worker in Greater Cairo noted, *“We incentivise interventions so that we can enter a community and win them over. We try to identify their needs and work on addressing them to facilitate our introduction and entrance to the community.”*

All NGO workers noted that they monitored and evaluated their own activities. These evaluations were not rigorous enough, however, and did not thoroughly assess the extent to which campaigns/interventions are effective. Some NGOs conducted midline and endline surveys to assess changes in behaviour in the target audience. There was no mention of indicators. Some NGO workers relied on personal evaluations based on observations and communication with campaign/programme participants, which may not adequately capture behavioural change. In addition, evaluations were not integrated within the action plans as an essential component for programme implementation.

Messages and communication methods used in FGM/C abandonment campaigns

Most NGO workers agreed that campaign messages were similar regardless of their different target audiences. However, the communication methods were noted to differ depending on the target group. Illustrating this point, an NGO worker from Al Gharbeya noted, *“The message is essentially the same but how it is delivered is what differs. How I talk to a teacher is not similar to how I talk to an old woman. Same with boys and girls. You need to provide information to younger generations using their language.”*

Most NGO workers noted that they created messages that address the medical, religious, and legal concerns upheld by the people within the communities in which they work. Regarding the medical message, they relied on the notion that the beauty of a girl is in her “wholeness” or her being intact. They also reportedly explained the harms of FGM/C, noting that it has no benefits and that it may cause sexual complications for the woman when she gets married. Religious messages used by NGO workers focused on explaining that FGM/C is not practised in Saudi Arabia, that *Al Azhar* has prohibited the practice, and that the *hadiths* (Prophet's saying) reported to be supportive of FGM/C were misinterpretations. As for legal messages, NGO workers noted that they educated participants about the criminalisation of FGM/C and informed the community that both the cutter and the parent were liable for imprisonment and a fine, while health professionals could lose their license.

Some NGO workers mentioned that some messages were more appealing to certain groups than others. For example, women were more likely to react positively to abandonment messages when they were reminded of their personal experience with FGM/C and how horrific it was. Some NGO

workers also noted that with male audiences, they highlighted messages that addressed the importance of good parenting rather than FGM/C and that the mind is what drives a girl's sexual desire rather than being uncut. For young girls, NGO workers highlighted the message that no one can control or injure girls' bodies.

Staff from NGOs confirmed that the characteristics of a target group guided the selection of the most suitable method of communication. Some stated that school students and youth tend to prefer educational games and camps whereas mothers and fathers are more likely to choose awareness-raising sessions where religious leaders, physicians, or other experts or leaders speak to them. However, most NGO workers agreed that community seminars and awareness-raising sessions are the best communication methods as they allow direct interactions. They added that visual material, either videos or drawings, could be added to the seminars for further illustration, and noted that these visual materials were particularly appealing to those with little or no education. Most NGO workers also mentioned that the portrayal of real-life examples, as well as participatory plays may appeal to participants emotionally. Some mentioned the internet as a suitable method for reaching youth but did not find it fitting for other groups, given the limited access they may have to such platforms. Only one NGO worker mentioned the Child Helpline 16000, which is used to receive and record child complaints. This worker noted that the helpline is not useful in delivering a concrete and thorough message, especially for those seeking consultation.

Perceived reactions of target groups approached by FGM/C abandonment campaigns

Several NGO workers mentioned that the more educated the target group is, the more likely it is that they will be convinced to abandon the practice of FGM/C. However, some NGO workers, especially from Cairo and Sohag, mentioned that the audience's education level is irrelevant. Explaining this point, an NGO worker from Greater Cairo mentioned, "*University students are totally convinced that FGM/C is necessary and that any girl who is uncut is immoral.*" Most NGO workers said that women were easier to convince than men as they have been cut and can relate to the messages. Only NGO workers from Sohag believed that both women and men are hard to convince. All NGO workers believed that youth are more likely to change their attitudes and behaviours towards FGM/C than older people. They mentioned, however, that male youth were the hardest group to reach out to and convince, as they are either not interested or are, sometimes, supportive of the practice. An NGO worker stated, "*Male youth are usually the hardest to convince because talking with them can be slightly embarrassing and they are generally not interested.*" In terms of profession or socio-economic background, NGO workers expressed that the prevalence of the practice varies widely by profession and income level, which makes it hard to indicate exactly which groups practise FGM/C.

Facilitators and barriers to the design and implementation of SMCs and interventions

Most of the NGO workers believed that strong partnerships with national entities and speakers/trainers of high calibre strengthened the efforts undertaken and increased the likelihood of effective social and behavioural change. Some of the national entities mentioned were schools, youth centres, and healthcare units, which the NGOs collaborate with to organise events in different areas. Furthermore, NGO workers noted that one of the key facilitators was acceptance of the NGOs' presence in communities and support for the implementation of FGM/C abandonment activities by facilitators, community leaders, local physicians, and religious leaders. In line with this point, they noted that the extensive preparations before the commencement of the activity and the innovative and diverse approaches used helped engrain trust and created a strong bond between NGO workers and the communities. Further, some of the NGO workers noted that the training they received from the NPC and Caritas had built their capacities to conduct successful campaigns.

The primary challenges faced by NGOs included working in communities that had strong and deeply held beliefs that FGM/C is a good practice. Similarly, they reported that it was challenging to operate with limited funding, which in turn affected the availability of promotional resources and consistency of efforts. It was also challenging to work in contexts where the community was more interested in discussing issues that were more important to them or where the community expressed boredom as a result of repeatedly hearing the same messages. An NGO worker from Sohag illustrated this by saying, *“someone would come up and say what is this topic you are discussing with us? Why FGM/C when we are having more pressing problems like water and education?”* NGO workers also noted that it was challenging to counteract activities organised by groups that were supportive of FGM/C because it creates hurdles and weakens people’s beliefs in FGM/C abandonment. For example, one NGO worker said, *“After we finish a session and leave, some conservatives would gather the same participants who attended our session and convince them with the opposite of what we have been saying.”* Another challenge mentioned was the bureaucracy involved in obtaining approvals from some national entities. The bureaucracy was noted to limit NGOs’ choices of suitable venues for their activities. Other challenges faced by some NGO workers were difficulties in accessing distant and remote areas, the sensitivity of the topic, especially among youth, and communities’ beliefs about FGM/C abandonment being a Western-driven agenda.

Most NGO workers and implementers mentioned that their work on FGM/C was on hold because of the lack of donor funding, the political instability the country witnessed during 2011, and the rise of conservative religious groups. They noted that these drawbacks had limited the effectiveness of efforts. However, NGO workers noted that when programmes were running, they were keen to ensure frequent community exposure to programme activities to ensure wide reach and greater impact. They found it challenging, however, to specify the time that should be dedicated to a given activity because of the vast differences between communities and the diversity in characteristics, behaviours, and attitudes of their members. Explaining this point, one of the female NGO workers in Greater Cairo stated, *“There are some people whom you have to talk with a couple of times before they get convinced while others are easily influenced from the very first encounter when they learn they would be harming their daughters.”*

As noted by NGO workers, one of the lessons learned was the creation of community councils. These community councils were comprised of seven to nine members from the community (e.g., community leaders, religious leaders) to support the NGO and ensure sustainability of interventions. Illustrating this point, an NGO worker from Sohag noted, *“We stopped our work for almost a year now yet the community council we helped create is still working on raising awareness within the community. What they are doing is all voluntary because they are convinced it is the right thing to do.”*

Another lesson learned was the importance of providing incentives to communities to increase people’s willingness to listen and discuss the topic. An NGO worker in Gharbeya said, *“We organised for medical caravans to come and provide the community with medicine. It made them more tolerant to hear us talk about FGM/C because they realised we are trying to help them.”*

Exposure to FGM/C Campaigns and Interventions

This section summarises the results of the secondary analyses of the 2014 EDHS and the 2014 SYPE. Table 2 summarises ever-married women’s recent (in the 12 months preceding the survey) exposure to FGM/C messages from 2014 EDHS data. Exposure encompasses FGM/C information that either supports or opposes the practice. Two-thirds (66%) of ever-married women reported *no* exposure to FGM/C messages in the 12 months preceding the survey. This proportion was significantly higher than the proportion of women who reported no recent exposure to FGM/C messages in the 2008 EDHS (28%) (El-Zanaty and Way 2009). In the 12 months preceding the

survey, 25 percent reported exposure to one source while nine percent reported exposure to at least two sources.

Similar to the 2005 and 2008 surveys (El-Zanaty and Way 2006, 2009), most women who reported exposure to messages reported seeing FGM/C messages on television (76%). Less than one percent of women reported exposure to these messages through other media sources such as the radio, newspaper, brochures, and posters. About one-third of women who reported hearing messages about FGM/C (36%) reported that they were exposed to them through their relatives and friends, while eight percent received information from their husbands. Other sources of information included community meetings, educational seminars, home visits by a health worker, and facility visits. Less than five percent of women reported that they had received information through these other sources.

Table 2. Source and frequency of exposure to FGM/C messages in the last 12 months among ever-married women aged 15-49 years

Intensity of exposure to FGM/C message in the last 12 months	Percent
No exposure (n=14,330)	65.9%
Low exposure (exposed to one source) (n=5,444)	25.0%
High exposure (exposed to more than one source) (n=1,988)	9.1%
Sources of exposure[†] (n=7,432)	
Television	76.1%
Radio	0.6%
Newspaper/ magazine	0.8%
Pamphlet/ brochure	0.6%
Poster	0.5%
Community meeting	0.1%
Educational seminar	1.4%
Home visit by health worker	2.3%
Facility-based health worker	4.1%
Husband	7.7%
Other relatives/ friends	36.0%
Other sources	1.5%

Source: 2014 EDHS

[†]Multiple responses allowed

Table 3 shows that of the married women who were not exposed to any information on FGM/C in the 12 months preceding the survey, 74.7 percent supported the continuation of the practice. In contrast, 67.6 percent of married women exposed to FGM/C information supported the continuation of FGM/C. We note here that those who support abandonment may be a select group that are more likely to remember messages that support their point of view.

Table 3: Association of recent exposure to FGM/C information and support for the abandonment of FGM/C

	Not exposed to information on FGM/C recently (n=14,330)	Exposed to information on FGM/C recently (n=7,432)
Supports continuation of FGM/C	74.7 %	67.6 %
Supports abandonment of FGM/C	25.3%	32.4%
Total	100%	100%

Pearson $\chi^2(1) = 2.8772$ Pr = 0.09

To assess whether exposure to FGM/C-related information in the 12 months preceding the survey and other factors were associated with women's support for FGM/C abandonment, we estimated three logistic regression models (Table 4). The first model included all ever-married women and included recent exposure to FGM/C-related information as an explanatory variable. The second model was limited to women reporting no recent exposure to FGM/C information, while the third was limited to women reporting recent exposure to FGM/C-related information and included binary variables indicating if women had been exposed to this information via various channels.

Controlling for socio-demographic characteristics (model 1), women reporting recent exposure to FGM/C-related information (either pro- or anti-FGM/C) were less likely to support FGM/C abandonment than those reporting no recent exposure. Relative to women living in urban governorates, women living in Lower and Upper Egypt were less likely to support FGM/C abandonment, irrespective of whether they were living in urban or rural areas. Women living in frontier governorates were more likely to support FGM/C abandonment than women in the urban governorate. Education was significantly associated with support for FGM/C abandonment. Specifically, women with secondary and higher education were more likely than those with no education to support FGM/C abandonment. The likelihood of supporting FGM/C abandonment increased with increasing husband's education level and household wealth. Women with fewer sons and daughters were also more likely to support FGM/C abandonment than women with more children.

Among women exposed to FGM/C messages, women who reported exposure to FGM/C information via television and radio, community education and health workers' visits were significantly more likely to support FGM/C abandonment than those who were not exposed to information via these channels. The association was strongest for those exposed to FGM/C information via community education relative to those who were not exposed to messages via this approach. There was a statistically significant difference between women who received information from their husband or other relative and those who did not through these two sources, regarding their support for the abandonment of FGM/C.

Table 4: Multivariate analysis of support for FGM/C abandonment by exposure to FGM/C information in the past 12 months

VARIABLES	All ever-married women (n=21,728)			Exposed (n=7,419)		
	Odds ratio	95% CI		Odds ratio	95% CI	
Last year: heard, seen, or received information about FGM/C	0.91*	0.84	0.99			
Age	1.02	0.98	1.06	1.00	0.93	1.07
Age squared	1.00	1.00	1.00	1.00	1.00	1.00
Region (ref. urban governorates)						
Lower Egypt, Urban	0.83**	0.73	0.95	1.03	0.82	1.29
Lower Egypt, Rural	0.59**	0.50	0.68	0.69**	0.52	0.90
Upper Egypt, Urban	0.64**	0.56	0.73	0.73**	0.58	0.93
Upper Egypt, Rural	0.50**	0.42	0.60	0.66**	0.49	0.89
Frontier governorates	1.20*	1.00	1.44	0.76	0.54	1.07
Education (ref. no education)						
Primary	1.14	0.98	1.33	1.26	0.95	1.66
Secondary	1.65**	1.46	1.85	1.80**	1.45	2.24
Higher	2.77**	2.35	3.27	2.58**	1.94	3.43
Currently working (ref. not employed)	0.91	0.82	1.01	0.87	0.74	1.02
Family wealth (ref. poorest quintile)						
Second quintile	1.18*	1.03	1.36	1.16	0.93	1.45
Third quintile	1.33**	1.16	1.52	1.35**	1.08	1.69
Fourth quintile	1.68**	1.44	1.95	1.62**	1.26	2.09
Wealthiest quintile	2.34**	1.95	2.80	2.61**	1.92	3.54
Husband's level of education (ref. none)						
Primary	1.01	0.89	1.15	1.22	0.96	1.55
Secondary	1.16*	1.02	1.31	1.26	1.00	1.60
Higher	1.31**	1.12	1.52	1.47**	1.13	1.92
Number of daughters at home	0.94**	0.90	0.98	0.94	0.88	1.00
Number of sons at home	0.87**	0.83	0.90	0.90**	0.84	0.97
Sources of FGM/C information						
Television and radio (ref. no)				1.24*	1.04	1.47
Newspapers and other media sources (ref. no)				1.36	0.97	1.91
Community education (ref. no)				5.39**	3.26	8.89
Health workers' visits (ref. no)				1.49**	1.16	1.92
Husband (ref. no)				0.84	0.66	1.07
Other relative/ friends (ref. no)				1.13	0.97	1.31

CI=Confidence Interval

*p<0.05, **p<0.01

The use of the internet and social media has risen dramatically in Egypt after the 25 January 2011 revolution. It is generally believed that the internet has a strong influence on public opinion, especially among the youth. Since the EDHS does not ask about internet use, we drew on data from the 2014 SYPE to assess the association between internet use and attitudes towards FGM/C among a young cohort of both men and women ages 13 to 35 years. As shown in Table 5, approximately 37 percent of young people not using the internet supported FGM/C abandonment

compared to 63 percent among users. The significant difference between users and non-users may stem from the higher levels of education among the former, alongside other differences.

Table 5: Association of support for the abandonment of FGM/C and use of internet

	Did not use the internet (n=8,512)	Use the internet (n=2,338)
Supports continuation of FGM/C	62.8%	37.3%
Supports abandonment of FGM/C	37.2%	62.7%
Total	100%	100%

Pearson χ^2 (1) = 207.2309 Pr < 0.001

Social Media Analysis of Online FGM/C Information and Campaigns

In this section, we summarise the results of the social media analysis of social media sites, blogs, discussion forums, and online news portals that disseminated information on FGM/C. We take a closer look at the number and content of posts and articles on the various online news portals and Twitter, where the majority of interactions lie. Also, we highlight the SMC content within the various channels.

Social media content was monitored for 13 months (1 June 2016 to 30 July 2017) and approximately 10,164 FGM/C-related interactions were reported on Twitter, 3,148 interactions noted on news portals, 283 interactions noted on blogs, and 34 interactions on discussion forums (Table 6). Interactions encompass the number of posts or tweets, shares, and comments. Only 17 posts related to FGM/C were recorded on Facebook pages that were monitored from 1 August 2017 to 30 September 2017. Most of the posts were from the “Enough Circumcision” and *Kamla* SMCs and the *Ahram* newspaper pages. There were very few shares and comments on these Facebook posts.

Table 6. Interactivity regarding FGM/C on the various social media channels

Social Media Channels	Percentage of Interactions (%)	Number of Interactions
Twitter	74.6%	10,164
Blogs	2.1%	283
Forums	0.4%	34
News portals	23.1%	3,148
Total	100%	13,629

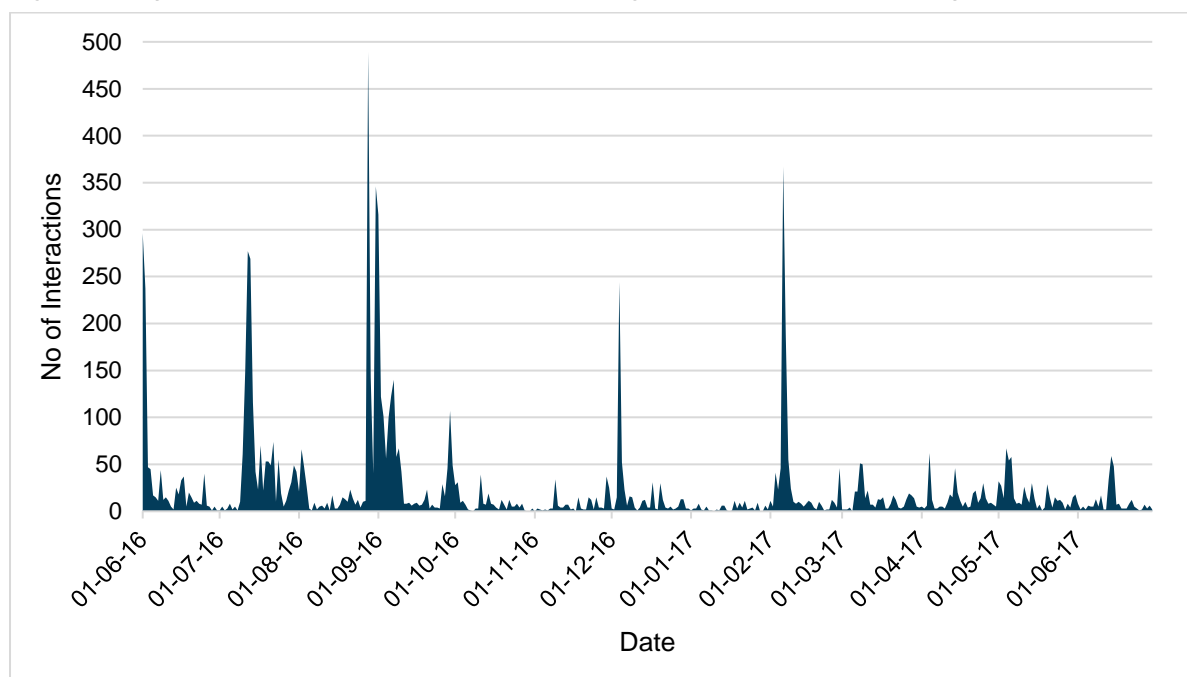
A total of 2,848 news articles were published. *Al Youm 7*, *Al Masry Al Youm*, *Al Gornal*, *Veto Gate*, *Al Ahram*, and *Akhbar El Youm* were the top publishers of articles on FGM/C online, respectively. It is worth mentioning that five out of the six news portals mentioned are affiliated with the NPC and their social media campaign “Enough Circumcision”. The three top stories that received the most interactions were 1) a session headed by Nawal El Saadawi, an Egyptian feminist writer, who discussed FGM/C, 2) an article on the harmful impacts of FGM/C, and 3) a reconfirmation of the *Dar Al-Ifta*’s stance on FGM/C and its prohibition.

Given that most interactions took place on Twitter, we limited our in-depth analysis to the Twitter content. The most shared types of FGM/C-related posts on Twitter were those with links (3,800

activities), followed by posts that included only text (3,700 activities), and finally posts with attached images (1,100 activities). The posts that were shared the least included videos (28 activities).

The number of daily interactions on Twitter during the monitoring period are shown in Figure 1. As shown in the figure, the highest number of activities occurred on 28 August 2016 with an audience of approximately 70 million. On that date, the Egyptian cabinet made a statement about approving a draft bill that designated the practice as a felony rather than a misdemeanour and raised prison terms for those convicted of performing the procedure.

Figure 1. Daily interactions on Twitter over the monitoring period (Source: Crowd Analyzer, 2017)



Two posts had the most interactions; a post made by Amr Khaled, a young religious scholar and another made by Alexander Buccianti, a correspondent for TV5MONDE in Cairo. Amr Khaled’s tweet, posted in May 2017, stated that circumcision is only required for men and is *haram* (sinful/prohibited) for women. The same tweet included a hashtag saying “6 *Sunnas* you can follow with your new born child”. The post received 260 interactions. Alexander Buccianti’s tweet, which was posted in September 2016, stated that “FGM/C is being carried out in Egypt to curb women’s sexual desire while most men who sexually harass women on the streets are the ones incapable of curbing their own sexual desire”. This tweet received 198 interactions.

Amongst those who tweeted about FGM/C, 59.7 percent (3,800) were news portals or companies, 27.5 percent (1,800) were men, and 12.8 percent (820) were women. Fewer female Twitter users than males tweeted about FGM/C. The most used FGM/C-related hashtags were ‘FGM/C’ and ختان الاناث (which translates to female circumcision).

Tweets against FGM/C by Amr Khaled and UNDP received the most interactions. The UNDP tweet praised the toughening of the FGM/C criminalisation laws in Egypt. The two pro-FGM/C tweets that received the most interaction were both by men. The first indicated that FGM/C is good for women because it curbs their sexual desire to match men’s sexual weakness and prevents promiscuity, while the second indicated that FGM/C ensures women’s chastity. The interactions (retweets and comments) these two tweets received (16 and 10, respectively) were, however, generally limited.

Community Members' and Religious Leaders' Perspectives on FGM/C and FGM/C-related Campaigns, Messages, and Interventions

This section summarises key findings from the qualitative interviews with young men and women, fathers and mothers, as well as religious leaders. We begin by presenting the key themes around people's exposure to FGM/C information and the communication methods, including SMCs, used to disseminate FGM/C information. We then turn to people's views towards these methods and expectations around whether or not people should cut their daughters after receiving information on FGM/C. We conclude the section with a set of recommendations suggested by participants for addressing current loopholes to ultimately strengthen FGM/C abandonment efforts and enhance the effectiveness of SMCs.

Exposure to FGM/C messages via various channels

Mass media: Television advertisements, shows, films, and series

Most fathers interviewed had seen anti-FGM/C advertisements on television or were aware that the media in Egypt is against FGM/C. Many remembered the "No to Circumcision" slogan, but many could not recall the content of the advertisements or had not paid attention to the advertisements. Moreover, some had heard talk show hosts (e.g., Hiba Kotb, Wael El Ebrashy, Amr El Leithy, Dr. Saad El Din Helali) discuss FGM/C, and a few reported that they heard on the news that the government is planning to criminalise FGM/C. On the other hand, very few young men reported that they had seen any television advertisements, with only three reporting that they had seen the "*El Bent Masriya*" advertisement.

None of the fathers mentioned watching films or series depicting the practice of FGM/C. A young man from rural Gharbeya reported that he had seen the film "*Asrar El Banat*" (The Secrets of Girls), which showed a physician cutting a woman while she was giving birth without her prior consent. The same man also watched another movie about an Islamic extremist performing FGM/C. He noted that he found the movie offensive and degrading particularly because it linked extremism to FGM/C.

Most of the young women in all three regions were exposed to FGM/C-related content on television, either through advertisements or shows. Many of them mentioned that television advertisements highlighted the harms of FGM/C and specifically that girls can bleed to death, suffer psychological problems, and/or face sexual complications after marriage. Some women cited a few talk show hosts who covered the issue (e.g., Riham El Saeed and Moataz El Demirdash) and that all of the hosts were evidently against the practice. They also mentioned that the advertisements stated that FGM/C is not based on Quranic teachings and that the Prophet Muhammad did not circumcise his daughters. They noted, however, that the advertisements and television shows did not clearly depict whether FGM/C is *haram* (i.e., sinful), with some stating that they heard sheikhs on the shows saying that FGM/C is *haram* while others disagreed, saying that they had never heard a sheikh declare that FGM/C is *haram*. Some of the young women also said that they had received messages on the criminalisation of FGM/C through television and that those who perform FGM/C would be subject to imprisonment and/or punishment. The slogan "No to Circumcision" was well-recognised by most women. Some women precisely remembered two advertisements; the "Enough Circumcision" advertisement and the "*El Bent Masriya*" (The Girl is Egyptian) advertisement. A few mentioned hearing sheikhs or physicians on television shows claim that FGM/C is not harmful.

Similar to young women, most mothers were very exposed to television content, especially advertisements. The majority said they had seen the "Enough Circumcision" advertisement while others were aware of the "*El Bent Masriya*" advertisement. Some also stated that they had seen television shows (i.e., Wael El Ebrashy) that tackled the topic from religious and medical

perspectives, but they could not remember the evidence these shows relied on. One mother from rural Sohag mentioned watching a medical television show (on Rahma channel), which featured both a physician and a sheikh. In her narrative, she noted that the sheikh advised viewers to consult a physician for examination before undergoing the procedure. Two mothers from rural Gharbeya mentioned that they had watched debates on television where physicians would speak against FGM/C and people would call them on air to discuss their views on the practice.

Some young women and mothers mentioned that they had seen the Ramadan series, "A Girl Named Zat," which had a single plot on FGM/C. Two young women from urban Gharbeya reported that they had seen the film "*Asrar El Banat*" (The Secrets of Girls), which shows a physician cutting a woman without her consent after giving birth to a baby. Another mother from rural Gharebya had seen the film *Donia* (Life) where the main female character suffered from sexual frigidity as a result of being cut.

Personal communication: Seminars and classes at schools or universities

A few of the fathers interviewed had attended seminars addressing FGM/C. Fathers in urban Gharbeya were the most likely to have attended seminars, followed by fathers in rural Sohag. In addition to organised seminars, which often took place at NGO or health centre premises, some interviewed fathers had heard sheikhs speak about FGM/C at informal local gatherings. Similarly, some fathers reported that they had heard community members informally discuss FGM/C at youth centres. Like fathers, the majority of young men had not attended any seminars. Only two out of 46 reported attending a seminar at an NGO about FGM/C. Further, they noted that the physician at the seminar told them about the benefits of FGM/C and that uncut women do not obey their husbands. Some men gave examples of seminars taking place in the form of a debate where selected speakers would argue their stances on FGM/C in front of the audience. For example, one seminar had a Ministry of Health official debate a sheikh.

Only two fathers in Cairo said that they had heard about FGM/C at school: one father said he studied FGM/C during his *Azhar* schooling, while the other said he studied the practice during a religious class in preparatory school. They both reported that the information they received from their teachers supported the practice of FGM/C. Three young men learned about FGM/C in school. One learned about it during a '*fekh*' class at an *Azhar* school. He was taught that FGM/C is necessary because it decreases girls' sexual desire, which in turn protects them from losing their virginity. The other two young men learned about FGM/C in preparatory school. One was taught that FGM/C causes health problems once married and possible infertility and rejection during marital relationships. Another was told by his teacher that FGM/C is necessary before a girl matures.

Many of the young women had attended sessions on FGM/C. Many of these sessions were organised by the NGOs that recruited them for this study. Some young women attended sessions where the NGO workers would lecture them while others attended sessions where physicians, sheikhs, and/or lawyers were present. According to the young women, these sessions provided an opportunity for discussions and recommendations on how to stop the practice. However, a few mentioned that sometimes the speakers did not provide clear or enough information regarding the topic. One woman from rural Gharbeya recalled attending a lecture at *Al Azhar* University where the sheikh did not clearly state whether FGM/C is *haram* but rather offered a historical overview of how FGM/C was justified during the Prophet's time. The woman noted that the sheikh explained that unlike present times, men used to travel for long periods of time during that era and they had to ensure their wife's chastity by cutting them. Another woman in Cairo reported that she had attended a session where a sheikh said that FGM/C is harmful, but not *haram*.

Except for mothers in urban Gharbeya who did not report participation in FGM/C sessions, many mothers reported that they had attended sessions that were organised by local NGOs. Many of these sessions were held close to where they lived. The sessions would typically host a physician, sheikh, and a lawyer or legal expert to address medical, religious, and legal norms, respectively. One mother in rural Gharbeya mentioned that while visiting the local health clinic, a female physician approached her to inform her about the harms associated with FGM/C. According to this mother, the physician further explained that a girl can be disciplined through good education and parenting, without having to cut her.

Several young women reported that they had attended classes either at school or university where they received information on FGM/C. Some young women reported that the information obtained at school indicated that FGM/C is a harmful practice that may affect their married life and that it is not religiously required. Usually, a female teacher or the school's social counsellor would cover the topic during a free class, as it is not part of the school curriculum. The majority of those who attended these classes were in middle school when they attended the classes. Some young women also mentioned a play on FGM/C by school girls that depicted how harmful FGM/C can be. One of the young women in rural Sohag mentioned that her school had invited a physician, sheikh, and a lawyer to cover the medical, religious, and legal aspects of FGM/C. Five young women also recalled that they were taught at school that if the cutter was proven guilty, he/she would be subjected to at least three months in prison, according to the old law of 2008.

None of the mothers interviewed had learned about FGM/C from school except for one mother from rural Sohag who attended a class on FGM/C in middle school. She stated that a sheikh and a physician were invited to speak about FGM/C. Another mother noted that mothers had not heard about FGM/C at school because it was uncommon to speak about FGM/C abandonment when they were in school.

Print media: Books and posters

A few fathers and young women reported that they had read books on FGM/C. One father had read a book by Selim El Awa, a religious scholar who was against the practice, while another had read a book by El Kortoby, a prominent Islamic scholar who did not forbid FGM/C.

Some young women in urban Gharbeya reported that they had read *قيد القمر* (The Moon is Tied) and *رفقا بالقرارير* (Be Gentle with Women), two novels that reportedly covered the topic and clearly portrayed the health consequences of the practice. A young woman in Cairo mentioned that she had read in a history book that Hatshepsut (a female pharaoh) used to cut girls, indicating that the practice has been in existence since pharaonic times. Another young woman read in a magazine that FGM/C is wrong and affects girls but did not mention the kind of harms that might occur. Another reported that she had received a booklet called *Aflaton* from an NGO and that someone from the NGO staff had explained that the booklet showed that FGM/C is carried out in some countries like Egypt whereas it is not carried out in Saudi Arabia. None of the young men or mothers had read books addressing the issue.

Many mothers and young women had seen posters on FGM/C, especially in some healthcare units, public hospitals, or on main streets. One of the young women mentioned that there was one physician who had an anti-FGM/C poster in her clinic although she was known to perform FGM/C. The young women residing in urban Gharbeya all recalled seeing a big billboard of the "*El Bent Masriya*" campaign, which had been displayed for an extended period of time. All of the posters and billboards carried the "No to Circumcision" slogan. Very few of the interviewed fathers reported that they had seen anti-FGM/C posters. One father recalled seeing anti-FGM/C posters in the street and at a health clinic, while a few others said that they received flyers against FGM/C. One young man mentioned seeing a poster in the street advertising for FGM/C at a clinic in his city.

The internet

The only group of fathers that mentioned receiving anti-FGM/C messages on the internet was the group in rural Sohag. However, they did not further describe the exact source of the information. A few young men reported that they had looked up information on FGM/C on the internet. Most of the information they reportedly found was supportive of FGM/C. Two young men from urban Sohag, however, reported that they had watched an FGM/C abandonment advertisement on YouTube and remembered its content very well. Interestingly, another young man from urban Gharbeya reported that he searched for information on FGM/C online but had to validate what he read by speaking to a physician afterwards.

Similarly, not many young women received information on FGM/C from the internet. Only a few women in urban Sohag and urban Gharbeya reported accessing information on FGM/C on the internet and social media. Some specifically mentioned they knew about the criminalisation of FGM/C from online news portals. Others mentioned reading information on FGM/C on Facebook but expressed that the information displayed was contradictory. For example, information on some sites reportedly suggested that FGM/C may cause psychological problems while others suggested that the risks of harm were low if the girl was cut at a young age. Some sites reportedly advocated for the practice and stated that FGM/C guarantees chastity. Only one mother, who was from urban Gharbeya, mentioned the internet as a source of information. She reported learning of a mother who had personally cut her daughter, who bled to death (the story of Mayar who died at the hands of her mother [a physician] in August 2016). In contrast to these groups, sheikhs noted that they frequently used the internet to access information on FGM/C.

Frequency of exposure to FGM/C messages

A few mothers from rural Sohag and Cairo reported that they had seen the “Enough Circumcision” advertisements over the past month. However, many of the young women and mothers stated that FGM/C-related television advertisements were aired less frequently and there had been fewer sessions/lectures held in the year preceding the interviews compared with previous years. Sheikhs also noted a drop in the frequency and consistency of FGM/C abandonment communication. According to one woman, the reduced frequency of FGM/C messages may have been due to increased public awareness of the issue. However, some mothers reported increased talk around the harms and illegality of FGM/C over the past years although this tradition had reportedly been practised for centuries.

Messages extracted from received FGM/C information

Messages on religious teachings and rulings

All fathers, irrespective of whether they were supportive of or against FGM/C, were unaware that there was an official *fatwa* released in 2008 by the *Dar Al-Ifta* forbidding the practice of FGM/C. Most fathers had received religious information that was supportive of FGM/C and had heard sheikhs or men in the community say that FGM/C is *mobah* (permissible) or *makrama* (an honourable act). All fathers who supported FGM/C quoted a *hadith* (saying) by Prophet Muhammad that allows FGM/C but discourages removing too much of a girl's genitals. Despite this *hadith* being declared unreliable by Islamic scholars, fathers still preferred to abide by it.

Most young men had minimal religious information on FGM/C and, like fathers, were unaware of the official *fatwa* that forbids FGM/C. However, they were unfamiliar with the popular *hadith* that fathers often quoted in support of FGM/C. Some of the young men who supported FGM/C believed that the Prophet supported the practice (*Sunna*) but did not quote the *hadith* and did not know any sheikhs who were against the practice. Some also shared the view of one respondent who claimed, “if FGM/C were wrong, Al Azhar or El Mofti would have said something”. Many others who were

also pro-FGM/C did not know anything about its religious context but believed that people practise it because it is a tradition and a social norm. They gave no strong reasons for why they thought FGM/C should continue other than stating that it is a tradition that has been practised for decades and they have no reasons to be against FGM/C. Similarly, even those who were against FGM/C only stated that they were told FGM/C is *haram*, but they did not explain why it is forbidden nor did they know what scripture the ruling was based on. One of the respondents said that FGM/C was forbidden during the days of the Prophet, and another said that he lived in Saudi Arabia and they did not practise FGM/C there. However, in that same group, a few agreed that some girls are born 'circumcised' and called it angelic circumcision ('*malaiki*').

Most young women expressed their lack of knowledge about religious views on FGM/C. Similar to fathers and young men, they were unaware of the *fatwa* and some of them quoted the same unreliable *hadith* and the preference of removing only a small part of the girl's genitalia. One woman reported that she was taught that FGM/C was practised in earlier Islamic days because men used to travel for extended periods, which led them to ensure their wives' fidelity by cutting them. It is worth mentioning that some of these women were not necessarily supportive of FGM/C but were unsure about the religious stance on the practice.

Many mothers reported that they had heard that FGM/C is *haram* through television and discussion sessions. Mothers who had heard that FGM/C is *haram* would typically mention that the Prophet Muhammad did not cut his daughters. However, they were not aware of the *fatwa*. In the FGD conducted in urban Gharbeya, mothers stated that FGM/C is *ghair mostahab* (not advisable) but is not *haram*. Some mothers also said that they had heard that the Prophet either cut his daughters or ordered for FGM/C to take place during his time. A few, especially those who were supportive of the practice, mentioned the incorrect *hadith* of "أخْفِضِي وَلَا تَنْهَكِي فَإِنَّهُ أَنْضَرُ لِلْوَجْهِ وَأَحْظَىٰ عِنْدَ الرَّوْجِ" (Do not cut severely as that is better for a woman and more desirable for a husband).

Messages on law

Most fathers were unaware that in 2008 a law was passed to criminalise FGM/C and that both physicians who practise FGM/C and parents who cut their daughters are liable to punishment. Most young women, however, were aware that whoever performed FGM/C, be it a physician, nurse, or *daya*, was subject to imprisonment or a fine if proven guilty. Some young women also knew that parents may face punishment. Only young women from urban Sohag were unaware of the criminalisation of the practice. Digging deeper into the subject, it appeared that most young women were not aware of the reporting mechanisms or the criminalisation terms with only a few women from Cairo reporting that they had been taught at school about the prison terms for performing FGM/C. None of the young women mentioned the child help hotline, which is used to report cases and is advertised in the campaigns.

Except for mothers from rural Gharbeya, many mothers were aware that physicians may be subjected to punishment for performing FGM/C. Mothers were unsure, however, about the kinds of punishment physicians could face. A few mothers in Cairo reported that they had not seen the law being enforced and thus did not know its terms. Some mothers knew that a physician's license may be revoked if caught practising FGM/C. One mother in rural Sohag mentioned that fathers, in particular, may face punishment, just like physicians. In urban Sohag, a mother said she knew from television that parents may be expected to pay a fine, but she was not sure how much. Views on the effects of the law on the practice were mixed. Some mothers noted that many physicians refused to perform FGM/C fearing punishment. However, a few mothers believed that physicians were still practising FGM/C. Further, some physicians reportedly only performed the practice in girls' homes, rather than in their clinics, while others reportedly referred parents to their trainees and junior colleagues.

Messages on health consequences of FGM/C

Almost all fathers, especially those who were ambivalent about their stance, noted that they lacked information on FGM/C. Some fathers who described themselves as ambivalent about FGM/C seemed to lean more towards FGM/C abandonment mainly because they had heard that FGM/C causes sexual frigidity and therefore, harms marital relationships. Fathers who were against the practice were aware that FGM/C is harmful and mentioned some of the adverse consequences, such as: possible complications during delivery, psychological harms, as well as negative effects on sexual relationships and marriages. Fathers who supported the practice perceived sexual frigidity as a positive thing. These fathers reported that they received shallow and unconvincing information about the harms of FGM/C.

Young men's knowledge about the harms of FGM/C was minimal. They considered women's decreased sexual desire a benefit, particularly in an era reportedly marked by increased temptations because girls could befriend boys and wear pants, which they believed could cause arousal. Young men stated that women in Western countries are sexually immoral because they are uncut. Further, they believed that physicians would not perform FGM/C unless it was medically sound, and thus, because all physicians reportedly supported it, young men did not believe FGM/C was harmful. When asked about the harms of FGM/C, a few young men said they had heard that it could cause psychological distress. However, they believed that psychological issues could be reduced if girls were cut at a much younger age (2 to 5 years) instead of the current age range (10 to 13 years). One young man was reportedly told by his teacher that FGM/C should be performed before a girl matures. Besides not knowing the negative effects of FGM/C, young men also expressed concerns about the health consequences that girls who are uncut might face. One young man expressed his worry that if a girl does not get cut, she would have to get treated for years and would have problems during delivery. This young man had also heard that uncut girls can get poisoning. Another thought that if a girl is uncut, she might have problems during urination. Even young men who were against FGM/C barely knew the negative effects of FGM/C. These young men reported that they had been told that FGM/C causes problems after marriage for various reasons including bleeding during sex, bad odours, and lack of sexual enjoyment.

Although young women and mothers seemed to be well-informed about the harms and health consequences associated with FGM/C, they indicated that they lacked appropriate medical information on why FGM/C is wrong or harmful. The vast majority mentioned that FGM/C can cause bleeding, low libido, psychological problems, complications during delivery, and death. Unlike young men and fathers, young women and mothers did not perceive a lack of sexual arousal as a benefit. Furthermore, some mothers stated that sexual dissatisfaction led many men to have extramarital affairs or to divorce their wives. A few mentioned that FGM/C can cause weak joints, ovarian inflammation, uterine complications, infertility, and menstrual delay or complications. Some noted that although they were cut, they did not suffer from any of these complications and found it difficult to understand why FGM/C is harmful. The conflicting information received made most of them believe strongly that they need to consult a physician.

Some mothers who were supportive or ambivalent about FGM/C stated that uncut women may suffer from infertility, high arousal, and sexual disorientation. Like men, some of these women thought that cutting girls cut at a younger age would prevent psychological problems because girls would be less likely to remember the experience of getting cut. Additionally, some women believed that FGM/C can help the girl grow and build up her body. Some mothers also mentioned that it is done for beautification/cosmetic purposes.

Responses of women, men, and religious leaders to FGM/C abandonment campaigns and interventions

Some fathers had heard about the harms of FGM/C, but found messages unconvincing for several reasons: 1) they believed that cases of girls who died undergoing FGM/C are an exception; 2) they had seen healthy cut women in their communities and families; 3) they believed that the harms of FGM/C are exaggerated in the media and seminars because they focused on rare consequences such as death and severe bleeding but did not highlight more common and less severe consequences that occur to any cut girl; and 4) they did not find some of the harms convincing because the explanations were not detailed. For example, they noted that the messages did not explain what psychological damage occurs to a girl, nor how it happens. As such, they believed that the damage could be avoided if a girl is cut at a young age (2 to 5 years) so that she does not remember the event. Some young men similarly expressed that the advertisements exaggerated the harms associated with FGM/C and believed that it is a simple, harm-free procedure. Some mothers expressed similar views, noting that many women have been cut but still lead happy lives, even after marriage.

Most interviewed fathers and young men, regardless of their stance on FGM/C, described the television advertisements addressing the practice as shallow, unconvincing, and confusing. Both fathers and young men, as well as young women, noted that advertisements lack the information they were seeking, such as clear statements on medical aspects and religious rulings about FGM/C. According to these participants, advertisements do not clearly state the harms of FGM/C and do not include clear statements explaining whether FGM/C is *halal* or *haram*. They believed that campaigns did not portray prominent *Azhar* sheikhs or prominent physicians. Some young men who claimed to remember one advertisement noted that the message from the advertisement was “No to Negligence”, not “No to Circumcision”. According to them, this meant that the advertisement was not against FGM/C as a procedure but against having the procedure done by untrained people.

In some instances, men also noted that during television shows, sheikhs would dispute each other, as would physicians. Illustrating this point, a father from rural Sohag mentioned, “*I saw a television show where they invited two sheikhs to talk about FGM/C. One was against the practice and the other was supportive of the practice. They kept criticising each other until one of the sheikhs got offended and left the show in the middle.*” Consequently, they noted that the television messages left them with a lot of unanswered questions, which they found frustrating and confusing. The contradictory messages also made it difficult for them to take a stance against FGM/C. However, for some fathers, the confusing messages from the advertisements prompted them to seek the opinion of a local physician or sheikh and depending on what they were told, they decided whether to support or oppose FGM/C. Similarly, young women and mothers sought answers from physicians and sheikhs so that their decisions were informed by both religious and medical perspectives.

Many young women were moved by the advertisements, particularly those of the “Enough Circumcision” campaign. Some of the women mentioned that the drama and the intriguing story behind the advertisement is what made it memorable. A young woman from rural Sohag stated, “*The scene I like most about the advertisement is when the father saves his daughter from getting cut at the last minute.*” On the other hand, some young women and mothers believed that the advertisements were abstract and did not explain the harms, nor the legal and religious dimensions of FGM/C. A mother from Greater Cairo explained that television advertisements have limited effects on people for multiple reasons. She stated,

“FGM/C advertisements are similar to that campaign launched about Bilharzia. When the campaign was successful in raising awareness, and bringing down the rates of the disease,

it was stopped, and people went to their old habits of washing their cloths and utensils in murky waters. But if I take my daughter to get cut at a doctor's clinic and the doctors and I got arrested, that is when people will start getting convinced. Advertisements won't convince them with such a strong effect."

A few mothers and many religious leaders also mentioned that the advertisements instilled fear by portraying the harms of FGM/C. However, the depiction was not informative enough.

Fathers, young women, and mothers who had seen posters or flyers against FGM/C said that they were ineffective since they only featured the "No to Circumcision" slogan and did not offer any solid advice or recommendations. Many mothers and young women also mentioned that these posters cannot be read by illiterate people, who are usually frequent visitors of health clinics and are typically strong supporters of the practice.

Fathers noted that before the anti-FGM/C campaigns, the norm was for all girls to get cut, but once campaigns started, some men believed that FGM/C could be harmful, but also believed that religious teachings, considered to be infallible and to promote no harm, were in favour of FGM/C. These opposing views were also echoed by some mothers, which led them to believe that there was a "balance between religion and science" and that FGM/C was only harmful for some girls but beneficial for other girls. In light of this, some fathers and mothers believed that it was best for a physician to determine who needs FGM/C and who does not. Fathers, mothers, and young women who were ambivalent but somewhat supportive of abandonment, particularly believed that a physician has to decide whether a girl *needs* FGM/C based on the size of her labia. Some fathers, and all mothers and young women who were against FGM/C, stated that they would still consult a physician as girls with long labia might need cutting for medical purposes.

Some sheikhs thought FGM/C seminars provide appropriate and convincing content, while others thought the choice of speakers was inappropriate. A sheikh from Greater Cairo noted, "*The session was not effective because no one knew who the sheikh was.*" Many fathers who attended seminars reported that when sheikhs gave talks during these discussions, they were neutral about FGM/C and often advised people to take their daughters to a physician, who would determine if they needed to be cut. This view was echoed by some young women and mothers, who noted that even though sheikhs would say that FGM/C is permissible (*Sunna*), they would then state that the Prophet Muhammad did not cut his daughters and FGM/C is harmful, but would not state clearly that it is *haram*, or would refer parents to physicians. Sheikhs, in person, reportedly supported this view point, with most of them unwilling to indicate directly that FGM/C is *haram*. They also believe that FGM/C as a topic lies in the medical domain. These contradictory messages reportedly left many very confused.

Perceived strengths of and challenges facing FGM/C abandonment campaigns and interventions

Some young women believed that having sessions or classes dedicated to the topic of FGM/C at school is important. These young women stated that they had talked with their parents after attending one of these sessions or classes for the first time. They, therefore, felt that teaching young people would be a way to raise awareness about FGM/C among parents.

Community seminars were seen as spaces for direct communication and a chance to ask questions and get answers by most respondents. These sessions reportedly covered the religious and medical dimensions of FGM/C as most respondents noted that a physician and a religious leader were always invited to give talks at the seminars. Reflecting on this point, a father from rural Sohag mentioned, "*Sessions are generally better because lecturers address your questions directly. If I sit in front of a television advertisement, there is a higher possibility that I may daydream*

or not comprehend what is being said.” Some mothers expressed, however, that these seminars have a limited outreach whereas television advertisements tend to reach a wider audience.

Some young women and mothers believed that films and television series are an innovative way to deliver a message, such as that of FGM/C abandonment. They noted that many people may relate to the messages and that these delivery channels reach a large number of people. Illustrating this point, a young woman from urban Gharbeya stated, “*Yes, films! They depict reality and are very accurate. They are also very appealing to youth.*”

The discussions with fathers revealed that they preferred to follow the norm and were greatly influenced by what they perceived other people in their communities believed in or practiced. Some noted that they did not want their families to be any different from other families in their communities. As one father in urban Sohaq noted, “*I’m too afraid to abandon and others don’t. I’m too afraid to change my stance and others don’t. We all follow what the society dictates on us regarding how we raise our daughters.*” Similarly, some young women noted that even if they personally decided to abandon the practice, their parents, or their potential mothers-in-law, would strongly oppose them. Illustrating this point, a young woman from urban Gharbeya noted, “*I believe that no matter how many times you have seen an anti-FGM/C advertisement and you happen to have parents who are supportive of the practice although you know it’s harmful, you will still follow what they will say to you*”. Some young women also believed that parents would not be convinced to abandon FGM/C unless their daughter or other young girls experienced severe bleeding or died while getting cut. However, a recurrent response to this claim was that parents would typically blame the physician rather than condemning the practice or that they would say it was her destiny. As such, some women felt that health consequences highlighted in advertisements and sessions would not bring about change.

Some fathers and young men said that the advertisements did not capture their attention or provoke men to question the practice. Illustrating this point, one young man from rural Gharbeya stated that he ignored the anti-FGM/C advertisements just like he would ignore an advertisement for a bag of chips. Further, some fathers and young men associated the anti-FGM/C advertisements with Suzan Mubarak, Egypt’s former first lady. Those who were supportive of FGM/C claimed that some sheikhs were anti-FGM/C in order to receive support from Mubarak’s regime, which made them distrust their opinions. They also reported that they completely ignored the advertisements because traditions and religious teachings were more important to them than the government’s agenda to stop FGM/C. Many of them stated that they resented the advertisements and any anti-FGM/C messages, which they believed promoted immorality (*fasad*). In contrast, even though some fathers who were against FGM/C also associated the advertisements with Suzan Mubarak, they did not distrust the government’s agenda behind the anti-FGM/C campaigns.

Some fathers reportedly asked physicians about FGM/C and were told that anti-FGM/C advertisements are *wrong* and that FGM/C is *necessary* for some girls. For example, one man stated that he asked a physician after he saw the advertisement and was informed that FGM/C is not completely *wrong*, but rather it should be practiced only on girls who *need* it. He stated that he was convinced because when he took three girls for a check-up, the physician said that only one of them *needed* FGM/C. Another man reportedly asked a physician about FGM/C and was told that “*partial circumcision*” is not harmful. Some young women expressed concern about the information received from medical practitioners noting that they performed FGM/C for profit, which made them take contradictory actions or give contradictory information. Most of the mothers stated that they had taken their daughters to physicians for an examination in order to determine whether FGM/C was necessary. Only a few mothers reported that physicians refused to examine their daughters. Therefore, fathers, mothers, and young women wished they could see a united front

from religious leaders and physicians. For example, fathers who were ambivalent but somewhat against FGM/C noted that they were waiting for a clear religious stance from the *Dar Al-Ifta* to reaffirm their anti- FGM/C stance. On the other hand, fathers who strongly supported FGM/C were not willing to change their opinion by hearing one convincing side but instead wanted several religious and medical entities to unite against FGM/C for them to reconsider their stance. These fathers also noted that having religious entities divided made it hard for them to believe that FGM/C is harmful or to support abandonment.

Community-level responses on the perceived prevalence of FGM/C

All interviewed fathers who were against FGM/C thought that most people in their communities have abandoned the practice while those who supported FGM/C thought that most people in their communities practise FGM/C. These opposing views were also observed in FGDs comprising both FGM/C proponents and opponents. Those who were ambivalent about their stance on FGM/C often thought that their communities included both people who practise FGM/C and people who have abandoned the practice. However, those who were ambivalent about FGM/C but tended to support abandonment believed that FGM/C had decreased in their communities.

Similarly, all young men who supported FGM/C believed that nearly everyone in their community practises FGM/C. These young men described FGM/C as “normal as breathing” and believed that all girls should be cut. They also appeared to oppose the idea that a physician should decide whether a girl needs to be cut based on the size of her labia. They argued that if FGM/C was harmful, previous generations would not have practised it, and stated that they knew that 97 percent of women in Egypt are cut. They also explained that their sisters are cut and are fine and, therefore, they could not imagine the harms of FGM/C. These young men expressed their desire to see all physicians support FGM/C and sheikhs not speak against the practice. Further, they noted that they were suspicious of physicians and sheikhs who were against FGM/C even stating that if Dr. Magdi Yacoub (a renowned Egyptian-British cardiothoracic surgeon) said that he is against FGM/C, they would not trust him. In contrast, the group of young men who were against FGM/C and had been told that FGM/C is *haram* believed that very few (3%) people in their village still practise FGM/C. One of them noted that he would follow the actions of most people including practising FGM/C if most people practised it.

The vast majority of young women believe FGM/C is still widely practised because there is still a lack of awareness. As an example, they explained that some parents are afraid that their daughters may be infertile or incapable of giving birth when they get married if not cut. Most women, however, added that FGM/C was on the decline among new generations. Similarly, most mothers mentioned that the majority of people in their community cut their daughters, but rates are on the decline. Some stated that a few families do not disclose if they have cut their daughters. Illustrating this point, a mother from urban Sohag noted, “*A lot of people stopped the practice after hearing that there is a fine and they may be subjected to imprisonment.*”

Religious leaders interviewed believe that the majority of Muslim and Christian scholars now advise people to seek the consultation of a physician. However, some of them explained that a few do not prohibit the practice because there is no justification in religious scripts that would allow this. There were accounts of some sheikhs (usually of old age or belonging to conservative/Salafi groups) still believing that FGM/C is honourable (or a *Makrama*) as they rely on the *hadith* that is commonly used among supporters. Coptic priests noted that none of them support the practice because it is not mentioned in the Bible.

The opinions of NGO workers on the prevalence of FGM/C within the communities they work with varied. Some, especially those from Sohag and Al Gharbeya, believed that FGM/C is rarely practised in urban areas whereas others, especially those who were residing in rural areas,

believed that FGM/C is still practised in urban areas, especially in slums or unplanned areas. Most NGO workers believed that the prevalence of the practice was declining in rural areas but was more common in these areas, compared to urban settings. They also noted that prevalence varies from one place to the other because of the infrequency and the discontinuation of FGM/C abandonment activities as well as interference from FGM/C supporting groups in some areas.

It was also noted by NGO workers that there are multiple reasons why people still practise FGM/C. One of the most cited reasons was that it is seen as a tradition that needs to be preserved and a practice by which everyone must abide. Supporting this view, one NGO worker from Cairo noted, *“A woman is always influenced by the surrounding environment and the women around her. She cannot tell them that she did not cut her daughter, or she will face many problems.”* Other reasons included people’s lack of knowledge on the harms of FGM/C and its prohibition by the *Dar Al-Ifta*. NGO workers also noted that people who are supportive of FGM/C are convinced that it is a religious requirement and believe that an uncut girl experiences itchiness and rashes, which can lead to infertility and complications in delivery. They also noted that families fear that their daughters may become promiscuous if not cut and wanted to ensure their chastity. Employees of NGOs also mentioned that the rise of medicalisation provided leeway for people to practise FGM/C as some physicians would refer to it as a beautification process and some religious leaders would send families to physicians for a consultation on the need for FGM/C. Some NGO workers added that profitability caused some physicians and nurses to encourage FGM/C and obstructed their fear of the law and their adherence to medical ethics.

With respect to factors associated with abandonment, NGO workers noted that people’s increased knowledge about the physical, social, and psychological harms of FGM/C is a primary factor. They also believed that the more people knew of uncut girls who were polite and well-mannered, the more likely they were to abandon the practice. Illustrating this point, an NGO worker in Greater Cairo stated,

“The experience of knowing of an uncut girl who is well-behaved and respected within her community and comparing her with a girl who is cut yet promiscuous widens the horizons of people. It convinces them that the issue is related to education and parenting rather than whether this girl is cut or not.”

In addition, workers mentioned that people’s awareness of the law and the religious prohibition of FGM/C motivates them to stop the practice. They also highlighted the dialogue between community members that was perceived to improve the diffusion of knowledge and information on the topic, ultimately breaking social barriers and allowing for more understanding. Moreover, NGO workers mentioned that more physicians are against the practice and play a major role in convincing people to leave girls intact.

Community attitudes towards FGM/C

Most fathers interviewed in urban Sohag and urban Gharbeya were against FGM/C. Those in rural Gharbeya had mixed opinions. Those in rural Sohag and in Cairo were largely supportive of FGM/C. In contrast to fathers, most young men interviewed were supportive of FGM/C. However, in one FGD held in rural Sohag, young men reported that they were against FGM/C and thought it was *haram*. Although they were against the practice, they noted that a few girls (1%) might need FGM/C to improve their sexual life in marriage. Some even thought that girls who are not cut probably have a deformity that prevented them from getting cut.

Most of the young women were ambivalent about the practice. They were aware that FGM/C is harmful and may cause many short and long-term physical and psychological complications. However, they still believed that it was necessary to consult physicians and sheikhs to be fully convinced. As with young women, most mothers, except those in urban Gharbeya who had mixed

feelings about FGM/C, were against the practice as they believed it had harmful consequences. Many, however, stated that they would have to consult a physician first.

Some of the religious leaders (both Coptic and Muslim) were against the practice while others had taken a neutral stance. Those that were impartial to FGM/C justified it by saying that nothing in the religious script either supports or prohibits the practice. It was noticeable, however, that most religious leaders believed that it was best for people to consult a trustworthy physician to know whether FGM/C was necessary or not. It was also clear that even among those who were against the practice, none referred to its prohibition and some sheikhs even seemed unaware of the *fatwa* made by the *Dar Al-Ifta*.

Who do communities consult on FGM/C?

Fathers often reported that they discussed FGM/C with sheikhs or physicians. Only the group in urban Sohag mentioned talking about FGM/C with friends and/or wives. Those who were against FGM/C were reportedly told by sheikhs that FGM/C is wrong, which was the main reason why they were now against FGM/C. It was evident from the discussions that when a popular sheikh forbids FGM/C or talks negatively about the practice, men are largely influenced and follow his teachings. Men who were ambivalent about FGM/C reported that they were told by physicians that FGM/C is not wrong for some girls and that they should bring their daughters in for a check-up to determine whether she needed to be cut or not. One man asked a physician and was told that "partial FGM/C" is not wrong. Fathers who supported FGM/C either did not ask anyone about FGM/C or had asked local sheikhs and imams who often referred them to physicians who would not forbid or advise against FGM/C. Despite most men saying they trusted a *Mufti* or *Azhar* more, they stated that they would ask a local sheikh when they needed information because that is the person available to them.

Most young men reported that they did not talk about FGM/C. This was true for both those who supported and those who opposed FGM/C. They stated that the topic is considered taboo and that parents do not explain topics like FGM/C to their children. They also believe that it is a subject that is discussed only between the mother and daughter. As a young man in Cairo noted:

"In the local family bound community of Al Marg (a Cairo slum area), you can't discuss these matters openly. Mothers and fathers believe that the NGO working here is rude and is driving people to immorality. You may find a mother and her daughters sitting so you approach them to inform them decently on the matter but if anyone overheard you, they may start getting speculative and shout at you for discussing such issues. It's a closed community here so people will see it as impolite and sinful though they do not really comprehend why they are very defensive."

Two young men reported that they had asked physicians about FGM/C. One was told that FGM/C creates a lot of problems for women and another was told that FGM/C is necessary and that a girl should not get married unless she is cut or else she will suffer from many health problems. One young man in rural Gharbeya had searched the topic on the internet and asked a physician to explain it to him. Young men in rural Sohag who were against FGM/C reported that they had only heard shallow information describing it as *haram* and had not tried to investigate further. Some young men noted that they would rely on their parents' experiences rather than on knowledge from other sources. Underscoring this point, one man said he would follow traditions and his father's teachings regardless of the information that he received regarding FGM/C.

Most young women stated that they felt embarrassed discussing FGM/C with their parents or older relatives. They believed that they would face rejection if they were against the practice. Some of them mentioned that they were more comfortable discussing the matter with their sisters or peers. Explaining this point, a young woman from rural Sohag mentioned, "*You can discuss the topic with*

your younger sister but never with your mother. For her, FGM/C is not a matter of discussion." Most mothers stated that they consulted their friends and neighbours who usually advised them to cut their daughters. One of the mothers said she talked with her son to stop him from cutting his daughter and he fully obeyed.

Community perceptions about the roles of physicians and sheikhs

Fathers and some young men prioritised the religious stance over all opinions on FGM/C. They all expressed the importance of knowing the religious ruling on FGM/C; when they discussed the topic, they addressed the religious opinion more often than any other. While some valued the medical opinion and following traditions, religion was more influential. Fathers noted that they usually went to a sheikh if they needed information about FGM/C. Local and trusted sheikhs were noted to have great influence on a father's stance on FGM/C. For example, one group of fathers who were against FGM/C said that they were convinced by their local sheikh that it is not a religious practice. This group of fathers noted that they would go back to practising FGM/C if they found out that it is a religious obligation. They also felt that there is a lack of statements from the MoHP, the *Dar Al-Ifta*, and *Al Azhar* on their stance regarding FGM/C, and they were waiting to hear a clear position. For example, ambivalent fathers who were somewhat supportive of abandonment wanted clear religious direction from the *Dar Al-Ifta* to reaffirm their anti-FGM/C stance. However, some fathers noted that they needed a religious ruling to be backed up with proof from scriptures, while others wanted a united opinion that includes both a religious ruling and the support of physicians.

Fathers who supported FGM/C believed that it was ordered by the Prophet and noted that they only cared about *Shaaria* law and *Sunna* and did not care about physicians' opinion. These fathers also noted that they would not follow, or be easily convinced, by a sheikh who opposes FGM/C. Further, they stated that they only followed religious proof (*hadith* and Quran verses) and argued that unless several prominent *Azhar* sheikhs provided proof that FGM/C is *haram*, they would not be convinced otherwise. Similarly, young men who supported FGM/C noted that they could also be convinced to abandon FGM/C if several prominent sheikhs (especially *Mufti* and *Azhar*) and physicians provided proof that FGM/C is not a religious practice or that it has medical harms.

Some fathers who supported FGM/C noted that if several physicians told them not to cut, they would insist on going to another physician, or waiting a year, before taking their daughters to the physician to be cut. These fathers did not care about the medical harms of FGM/C and were not very open to receiving new information or learning more about the topic. There was, however, a group of fathers who supported FGM/C, considered religion the ultimate truth, and believed that Islam would never promote FGM/C unless it was beneficial, but who also believed that Islam encourages people to seek advice from scientists. These fathers believed that the best approach is to seek the opinion of a physician who will determine the need for FGM/C depending on the size of the labia.

Young men who were against FGM/C held contradictory views. For example, many of them thought that physicians had more accurate information about the harms of FGM/C than sheikhs. These young men noted that if a sheikh said that FGM/C is *haram*, but a physician said that FGM/C is necessary, they would follow the physician's orders. However, when asked whether they would follow religious teachings or scientific information about FGM/C, most said that they would follow religious rulings. Also, they all agreed that the *Mufti's* ruling is more important than that of local sheikhs. But, they also said they would ask a local sheikh if they were interested in knowing more about FGM/C.

The majority of young women were slightly more inclined to choose the opinion of physicians over that of religious leaders. A young woman from urban Sohag stated, "*People became more aware after the 'No to Circumcision' advertisement and would take their daughters to a physician who*

would tell them don't cut her and they would follow his suggestion." Another young woman from urban Gharbeya noted "I would ask the opinion of a doctor because if there are medical harms, then religion would certainly not support this harmful practice." Some still indicated that both the opinions of religious leaders and physicians are equally important, since they need to also understand whether FGM/C is permissible or prohibited by religion. In some instances, they mentioned the importance of knowing the legal aspect by consulting a lawyer or a legal officer.

In contrast, most mothers seemed to prefer following the opinion of a religious leader over that of a physician. One mother from rural Sohag explained, "A doctor's opinion may be influenced by the fact that he'll be earning money for cutting my girl whereas nothing influences the opinion of the sheikh." Some, however, noted that physicians' opinions were often aligned with sheikhs' opinions. The majority of mothers also expressed that the religious leader has to be affiliated with *Al Azhar* to ensure that he is well-educated on religious interpretation.

Physicians' Perspectives on FGM/C and FGM/C-related Campaigns, Messages, and Interventions

Messages extracted from FGM/C campaigns and interventions

Messages on religious rulings

All physicians noted that there was no mention of FGM/C in Abrahamic religions. Although some physicians mentioned two commonly used *hadiths*: إذا التقا الختانان وجب الغسل (if the two circumcised parts meet or if they touch each other, it is necessary to proceed to ablution) and اخْفِضِي وَلَا تَنْهَكِي فَإِنَّهُ أَنْضَرُ لِلْوَجْهِ وَأَحْظَى عِنْدَ الزَّوْجِ (if you cut, do not overdo it because it brings more radiance to the face and it is more pleasant for the husband), all the physicians believed that these *hadiths* are not credible, based on the information they received from the media. They noted that although most physicians used to believe that FGM/C is *Sunna*, many had changed their stance especially after receiving religious information and more accurate interpretations of the previously mentioned *hadiths*. Some even mentioned that *Al Azhar* and the *Dar Al-Ifta* have prohibited FGM/C and called it *haram*. As one male physician from Gharbeya noted, "A strong campaign was held against Salafists to reaffirm their stance against FGM/C and that it is *haram* and we, of course, follow what the Azhar says."

Messages on the law

Most physicians knew that FGM/C is punishable by law. Their information on the types, terms, and durations of punishment varied, however. Some thought that only those who performed the procedures were liable for punishment while others thought that both the parents and the person performing the procedure were liable for punishment. A few knew that the FGM/C abandonment law had been recently amended.

Most physicians had heard stories of girls who suffered as a result of undergoing FGM/C and may have even died. However, they shared that none of the physicians in such cases were held liable for their actions because the parents would not report the incident. Some physicians, though, believed that just a few physicians were prosecuted if the girl died and usually the prosecution happened on the basis of a "medically incorrect procedure" rather than FGM/C. Explaining this point, a male physician from Cairo noted, "Prosecutors usually take a case not because a girl underwent an FGM/C procedure but because the girl died during the procedure." Physicians confirmed that FGM/C is criminalised, but the law is not enforced because of the lack of reporting and proper monitoring.

Sources of information

Physicians received information on FGM/C from multiple sources that are not necessarily limited to SMCs and interventions. These sources generally include the NPC, NCW, MoHP, hospitals/health units, *Al Azhar*, the Coptic Church, and medical schools. The majority of physicians had also watched television advertisements against FGM/C and a few recognised the Child Helpline 16000. A few physicians mentioned seeing news or documentaries on television. One of these physicians reported seeing a parliamentarian speaking positively about FGM/C on television and saying that FGM/C is good for a woman to lower her sex drive.

Except for two physicians, most doctors said they were not taught anything about FGM/C at medical school. Explaining the lack of training on FGM/C, one female physician from Gharbeya noted that *“FGM/C was not discussed in the medical school curriculum. I knew about FGM/C from the very first year of my hospital residency.”* Some also mentioned that very few medical journals or magazines, whether in English or in Arabic, covered the topic.

Most of the physicians had attended either training or awareness-raising sessions or conferences (part of the SMC efforts) that focused mainly on the medical consequences of FGM/C and had a specialised physician as a speaker. Other sessions would sometimes include discussions with legal officers or religious leaders on legal and religious dimensions. The sessions were reported to target obstetricians and gynaecologists, but no reasons were provided for the exclusion of other medical professionals.

Most physicians had seen SMC posters or billboards that often depicted the medical harms of FGM/C. Some of these posters also highlighted the criminalisation of FGM/C and would add Quranic verses or proverbs supportive of doing no harm. These posters or billboards were reportedly seen on main roads and in hospitals, health units, or social clubs. In addition, some of the physicians reported that they had accessed information on FGM/C on the internet, either in video form or text. Some physicians had also searched for information in religious books like the Quran or Bible.

Perceptions and responses on content and frequency of communication messages

Most physicians believed that communication messages were usually supportive of FGM/C abandonment. They noted that the messages highlighted the protection of girls from physical and psychological harms as well as the conservation of their social status. They also mentioned that the messages aimed to instil fear among those who practise FGM/C and to raise awareness about the criminalisation of FGM/C.

Some physicians reported that many people including other physicians, especially those from rural Upper Egypt, believed that religious institutions that promoted the abandonment of FGM/C campaigns were working with the government to serve Western agendas that propagated immorality in predominantly Muslim societies. Illustrating this point, one male physician from Gharbeya noted, *“They kept saying that Al Azhar is siding with the government to get funds from France and America.”*

Most physicians believed the content targeted the public, instead of physicians alone. Some, however, expressed that there was some content tailored precisely to medical professionals. Explaining this point, a physician from Gharbeya noted,

“There are some messages that target doctors whereas others may talk to mothers, fathers, or the girls themselves. There are also messages that target the public at large to mobilise and encourage more people to report incidents of FGM/C.”

Views varied amongst physicians on the frequency and availability of FGM/C messages through the different sources. However, they agreed that the timing of airing and organisation of messages

was usually suitable. However, they noted that these messages were not currently available. Some of them mentioned that the availability of the messages was directly aligned with the country's priorities and interests during a given time period.

Perceptions and responses on effectiveness of communication approaches and content

Interviews with physicians revealed opposing views about the effectiveness of communication methods and content. On the one hand, physicians in Sohag believed that most Egyptian physicians had stopped performing FGM/C procedures out of fear of ruining their professional reputation and getting imprisoned. A less common reason was that physicians had been convinced that it is either medically harmful or religiously prohibited. On the other hand, some physicians mentioned that declines in the practice were only temporary and coincided with the death of a girl at the hands of a physician. Others still believed that there was no significant change after the criminalisation of the practice and instead noted that FGM/C was being increasingly driven underground and may not be referred to as FGM/C as a method of cover-up. Explaining this point, a female physician in Cairo stated, *"Doctors know that it is illegal but still practise it. If they want to perform it in a hospital, they would admit the patient for a 'cosmetic' procedure, not an FGM/C one."*

Some physicians believed that measuring or evaluating the degree of effectiveness is difficult as the practice is being driven underground because parents and physicians are afraid of punishment. Others noted that the effectiveness may only be temporary and would stop with the end of the FGM/C abandonment interventions. For example, one female physician from Sohaq explained,

"FGM/C abandonment advertisements used to run repeatedly on television for some time period which made people receptive to the message. However, when the advertisements stopped, people went back to their old habits and the interest in the topic just generally decreased."

They also noted that their efforts to encourage parents to abandon the practice were not effective because other physicians will perform the procedure. Physicians also noted that they had to limit their discussions on the health consequences with patients to avoid stigma. Illustrating this point, one physician, who usually promoted FGM/C abandonment in rural clinics in Gharbeya, said,

"Locals believe that we are strangers, coming in dressed differently and expecting to spread immorality. So, we limit our messages on FGM/C abandonment to protecting a girl's health only."

Most physicians felt that advertisements targeted to physicians were very conservative and did not thoroughly cover the multiple complicated facets of FGM/C. Some physicians also found the advertisements irrelevant and old and noted that they often depicted a lot of sadness, darkness, and crying, which did not reflect the reality. Others thought the advertisements were incomprehensible and inconsistently aired in the media.

In contrast, physicians thought the content discussed during sessions and lectures was usually thorough and appropriate for medical professionals. The speakers were said to have made efforts to use various methods (i.e., oral presentations, slide shows, or visual content) to ensure that the information was well processed and could be remembered by the attendees. The information received from these sessions and lectures was reported to be consistent and physicians could always refer to medical books if they want to learn more.

Most preferred type of message and method of communication for physicians

Physicians' preferred methods of communication varied and included medical school curriculums, self-driven research, short films, social media channels, posters, and medical journals. However, the most preferred medium was television advertisements, which were perceived to deliver a clear,

concise message and could easily reach physicians. Sessions and open discussions were the second most preferred method of communication since they provide a space for dialogue and direct communication. However, physicians noted that not all of them had time to attend such sessions.

Most physicians believed that religious messages would be the most effective with Egyptian physicians. A few said that a moral message would be very effective in awakening a physician's conscience as no physician likes seeing his/her patient in pain for no valid reason. Others were divided, with a few believing that medical content is more appealing to physicians while some believed that the legal dimension was a key reason why many doctors have now abandoned the practice. Underscoring the importance of highlighting the legal dimensions, a male physician in Cairo noted,

“Forget about the television advertisements and campaigns. This is just a waste of money. MoHP should address all doctors the same way they reach out to them during vaccination campaigns. A letter or statement issued by MoHP or the Doctors’ Syndicate should be distributed to all health units, hospitals, and all doctors informing them of the law. Also, heads of the Doctors’ Syndicate need to be completely convinced by FGM/C abandonment.”

Some physicians believed that if a prominent physician, who is trusted by many in his/her profession, publicly advocated against the practice many will follow suit. Some of the names mentioned were Professor Sir Magdi Yacoub, Dr. Hassan Khairy, the head of the Doctors’ Syndicate in Egypt, and Dr. Mona Mina, the deputy head of the Doctors’ Syndicate. On the other hand, some of the physicians felt that the views of prominent doctors did not matter because physicians’ decisions were usually based on extensive knowledge and research. Supporting this view, one male physician from Gharbeya noted,

“That was long ago. Doctors now own international degrees from some of the best universities. They do not stop studying and researching. That is why you would not find the one leader/role model who is followed and praised by the rest.”

Who would physicians ask for more information on FGM/C?

Some of the physicians noted that they would not seek advice from other people as they felt it was highly unlikely that they would find someone who is more knowledgeable on the matter than themselves. They also said that they would rather rely on literature and information available on the internet. Nevertheless, some physicians noted that they would ask officials at the MoHP for medical information, *Dar Al-Ifta*, and *Al Azhar* for religious interpretation and prominent lawyers for legal guidance.

What information do physicians need to support FGM/C abandonment activities?

A fraction of the physicians were satisfied with their level of knowledge and did not require any additional information. These physicians also indicated that they were not going to change their stance on FGM/C. Others, by contrast, said that they needed more information, especially on the religious or medical aspects. A female physician from Sohag stated,

“FGM/C is not studied in medical schools. We study what the reproductive system looks like, but we are not taught anything about the harms of FGM/C and its long-term health consequences.”

Physicians proposed a few recommendations to ensure FGM/C abandonment amongst fellow medical professionals. One of the recommendations highlighted the importance of strong law enforcement. They believed that if practising physicians were imprisoned, had their licenses revoked, and the issue was covered extensively in the media, other practising physicians may

eventually abandon the practice. However, some of them believed that subjecting the parents to imprisonment was not a good idea as it made people afraid of reporting physicians to the right authorities.

Testimonials from girls and women who had experienced negative consequences of FGM/C were also believed to be useful in changing the stance of a small segment of physicians. Testimonials were also perceived to make the campaigns more relatable to those who were cut. Physicians also noted that television channels that promote FGM/C needed to be shut down to avoid confusing viewers. Physicians also suggested providing a series of unified training sessions and workshops to religious leaders who would, in return, address physicians. In addition, physicians recommended the integration of FGM/C information within school curriculum to ensure that young generations are well-informed.

Discussion

Egypt has witnessed extensive efforts to accelerate FGM/C abandonment and yet, despite these efforts, FGM/C remains widespread. Therefore, there is a need to understand the perspectives of different target groups to draw lessons that can improve existing programmes and inform the design and scale up of effective SMCs and interventions that can drive a shift in attitudes and behaviours towards FGM/C abandonment. We found that most FGM/C campaigns were currently on hold due to funding shortfalls. Nonetheless, our research revealed that FGM/C abandonment activities in Egypt fall within the dominant mass communication paradigm described by Lee (2008), which uses a vertical top-down approach to share information or services via mass media. However, these activities cannot be considered SMCs as they do not address the four primary components of the social marketing mix. Below we discuss the findings as they relate to the four “Ps” of the social marketing mix: product, place, price, and promotion.

For FGM/C abandonment programmes, the “*product*” refers to abandonment. However, interviews with community members, physicians, religious leaders, and NGO staff revealed that the thinking and interpretations of abandonment varied significantly. Further, study findings indicated that people were exposed to contradictory messages and that the perceived benefits of abandonment were not always clear. As a result, many people were ambivalent about FGM/C abandonment because they could not picture the benefits of the “product”, which is completely abandoning the practice. For example, although some young people noted that they were in favour of FGM/C abandonment, they still noted that they would first consult a physician before deciding on the practice. The exposure to contradictory information might also explain why women reporting recent exposure to FGM/C-related information were more likely to support the continuation of the practice than those reporting no recent exposure. It is plausible that women reporting recent exposure may have been exposed to messages that promote FGM/C, especially given the rise in conservative groups following Egypt’s political and social upheaval in 2011. This unexpected finding on the association between recent exposure to FGM/C information and women’s attitudes to FGM/C may also reflect a bias stemming from the type of information an individual is likely to remember; that is, women against abandonment may be more likely to remember media messages supporting abandonment.

Although the “No to Circumcision” slogan, which is part of the brand identity of the “product”, was well-recognised by most participants, it reportedly tended to instil fear in people rather than encourage people to abandon the practice. Similarly, although many people recognised the “*El Bent Masriya*” and the “Enough Circumcision” campaigns, a recurrent description of these brands was that they were too dark and depressing. Some studies have found that fear-based appeals can be effective in changing attitudes and behaviours. For example, Durkin, Biener, and Wakefield

(2009) found that fear-based appeals increased smoking cessation rates. Similarly, Bayer and Fairchild (2016) argue that although fear-based public health campaigns may be controversial, a growing body of evidence suggests that they are successful in changing norms. In contrast, our findings suggest that negative associations and the use of fear may limit the effectiveness of FGM/C abandonment initiatives. Studies that have found that fear-based appeals are effective may not have focused on a deeply-rooted social practice like FGM/C. Further, most campaigns and interventions in this study were noted to emphasise the harms of FGM/C, which was perceived to have resulted in significant reliance on physicians to either perform FGM/C or to determine whether a girl needs to be cut. The over-emphasis on the health consequences of FGM/C may, therefore, drive the medicalisation of the practice in a bid to reduce the harms of FGM/C, while enabling people to preserve their traditions/culture.

Study findings suggest that although NGO workers are well trained in applying a linear mass communication approach, they need adequate training to create effective SMCs. Although they are completely aware of the drivers of FGM/C and work collaboratively with key actors, NGO workers were unable to apply social marketing principles that would enable the development and delivery of effective messages that promote FGM/C abandonment among different audience. For example, many of them reportedly followed a step-by-step, top-down process that was planned for them instead of adopting a customer-centred social marketing approach. Thus, although implementers noted that there was room for autonomy in identifying communication methods and the type of activities based on the context and the people targeted, there appeared to be limited input from the target audience. In addition, although monitoring and evaluation is a core component of SMCs (Andreasen, 1994; Lee and Kotler 2011), discussions with NGO workers suggested that most evaluations were not rigorous and were often not integrated into programme action plans. Poor monitoring and evaluation systems may hinder efforts to adjust SMCs to enhance their success, as well as impede scale up.

Place is an important element of SMCs because the venues where messages and products are delivered must be relevant and accessible to the target groups. Study findings suggest that FGM/C abandonment campaigns and interventions were inconsistent and infrequent, with the lack of funding being a primary factor. The evidence also shows that people's exposure to information on FGM/C is limited. This suggests that the availability of the information is insufficient in many places and thus, partnerships and collaborations among different actors involved in FGM/C abandonment efforts need to be broadened. Although NGO workers indicated their intention to approach everyone within the family, most initiatives targeted women primarily, or held more appeal to them. Failure to reach men may impede abandonment efforts because men hold significant power in decision-making in the family, which may contribute to the continuation of the practice. As illustrated by Mackie (1996) behaviours may be motivated by the norms of more than one group. For example, during the FGDs, some young men said that they would not marry an uncut woman or would divorce their wife if they found her uncut. Taken together, these findings suggest that information on FGM/C abandonment must be made available to both those who are involved directly and indirectly in the FGM/C decision-making process. Without clear messaging about the importance of FGM/C abandonment that speaks to both men and women, as well as other actors and stakeholders, FGM/C abandonment SMCs and interventions are unlikely to stimulate change in people's norms, attitudes, and behaviours. These findings also highlight the importance of conducting formative research to select areas where interventions will be implemented, understand the target audience's needs, and to pre-test messages as a basis for developing effective strategies towards FGM/C abandonment. Social media analysis shows that there is limited discussion on the topic online. As such, further efforts to use the internet as a channel may need to consider more effective ways of packaging SMC messages to ensure broader reach and impact.

Further research to assess the potential for using social media in FGM/C abandonment SMCs is also warranted.

Price refers to what the target audience has to give up in order to adopt the behaviour. Our study findings suggest that the price of shifting attitudes remains high. Many individuals recognise the harms and bodily violations of FGM/C, which limit women's sexual pleasure and autonomy over their bodies. However, many still believe that the consequences of not complying with the social practice are grave for both the young woman and her family. These findings underscore the need to have clear and strong messages communicated by people who are trusted within the community to encourage abandonment.

Promotion refers to the persuasive communication methods designed and used to change behaviours. Participants noted that they were exposed to a wide range of promotional activities. Among married women, the primary source of information on FGM/C was television. However, many of the qualitative interview participants, except for physicians, preferred community seminars as they provided space for face-to-face communication and dialogue. The secondary analysis also showed a significant association between participation in community seminars and positive attitudes towards FGM/C abandonment among married women. These results suggest that face-to-face approaches may yield positive results.

Results from the qualitative interviews suggested that sources of information slightly differed from one group to the other. For example, religious leaders noted that they often obtained information from group sessions, while some young women read books about FGM/C. While some participants noted that the messages obtained were clear and appealing, many fathers found messages shallow and unconvincing because they did not address their concerns. These results underscore the need to tailor messages and communication tools based on the needs of various target groups. These findings also underscore the need for formative research before designing the campaigns and deciding on the communication methods and messages.

Factors that limit SMCs and interventions for FGM/C abandonment

Fathers and young men were largely unaware that FGM/C is punishable by law. This discrepancy suggests that fathers and young men are often not targeted by the campaigns and interventions, or that existing messages do not effectively reach these groups. Failure to reach males may negatively impact the family decision-making process on FGM/C. In addition, although some groups were well-informed about the law criminalising FGM/C, most people did not understand the reporting mechanism. There was no mention of the Child Helpline 16000, except by one NGO worker. These findings suggest the FGM/C law is poorly enforced, which may result in social norms being given more strength and the justification of legal disobedience. The less people understand how and where to report an FGM/C case, the more likely it is that FGM/C practitioners will continue carrying out the practice without fear of legal sanctions. Limited awareness of the law and reporting procedures thus nullify the effect of the law and limit accountability.

Although the *Dar Al-Ifta* and the Coptic Church have declared that FGM/C is not mentioned in religious scripts, study findings suggest that many people still believed that FGM/C is a religious obligation or norm. Most people had also not heard of the *fatwa* against FGM/C. Religious messages were seen to be overridden with the use of a rhetoric aligned with social norms. These 'religious' messages, influenced by social norms, seem to be convincing, especially to men. Such rhetoric is not confined to conservative sheikhs alone. Some religious scholars associated with *Al Azhar* echoed similar interpretations, which cause confusion and frustration among people.

Many religious leaders were seen to be incapable of declaring that FGM/C is sinful and were reported to assume a neutral role by referring people to seek physicians' opinion. The lack of clarity around religious teaching was partly based on religious leaders' belief that FGM/C is a medical

domain. Therefore, they have assisted in paving the way for the rise of FGM/C medicalisation where physicians were said to be responsible for examining the girls and young women and determining whether they needed to be cut or not. These findings underscore the need to target religious leaders who, as shown in the findings, possess extraordinary credibility, powers of persuasion, and a weekly (captive) audience. Equipping religious leaders with comprehensive knowledge about FGM/C may help them guide followers towards abandonment. However, programmes targeting religious leaders must adopt a participatory approach that ensures that change is generated from within (Østebø and Østebø 2014).

For many parents, seeking the best for one's own children is an important moral norm. Most mothers, young women, physicians, NGO workers, and religious leaders believed that FGM/C was harmful to girls. They believed that parenting is the best way to ensure the good behaviour of their daughters rather than cutting her. Some mothers, however, expressed that due to social pressure, especially from their mothers-in-law, they could not openly express their opinion. On the other hand, many fathers and young men believed that girls who are not cut are immoral, adherents of foreign ideals, and are more likely to be promiscuous. Such disparity in moral ideals creates confusion within the family and complicates the decision-making process. It is also seen as considerably challenging to change harmful moral norms as they are sometimes intrinsic and may not be expressed publicly.

The majority of those interviewed noted that FGM/C is on the decline, especially amongst younger generations. Further, most mothers and young women said it was wrong and harmful. Such findings imply that attitudes and behaviours exist that suggest more people will become abandoners and that it is desirable to end the practice. However, some campaigns, such as the "Enough Circumcision" campaign, may have inadvertently implied that FGM/C is a widely-accepted social norm. Portraying FGM/C as a widely-accepted social norm can contribute to the continuation of the practice as people may want to conform to what they think others in the community are doing. Also, the fact that some people believe physicians still widely perform the practice or that practising FGM/C is "as normal as breathing" is worrying.

Health concerns were incorporated within our conceptual framework to address the short-term as well as the long-term health concerns related to FGM/C. We found that women were aware of the harms whereas men, particularly young men, had limited knowledge about health harms. Men and women believed that physicians were the primary cutters and often consulted them about the need for FGM/C. Religious leaders were also noted to refer people to physicians. The increasing reliance on physicians for advice may drive the increasing medicalisation of FGM/C and suggests the need for campaign messages to focus on other aspects of FGM/C, including its prohibition, rather than focusing solely on health aspects. Study findings also underscore the need to train physicians on FGM/C in order for them to support FGM/C abandonment efforts.

Implications for Practice, Funding, Research, and Policy

Programmatic Implications

The study findings show that FGM/C abandonment campaigns in Egypt are recognisable and memorable. However, results highlight the need to strengthen the development of salient and appropriate messages and improve the design and implementation of SMCs to enhance their reach and impact. To improve delivery, reach, and impact, FGM/C abandonment programmes should:

- Promote FGM/C abandonment as a new social norm that is widespread and greatly beneficial to families and individuals within the community. Findings also suggest that campaigns should

refrain from sending a message that FGM/C is prevalent and normal (Wakefield et al. 2010). As indicated by the findings, many people believe that the prevalence of the practice has been decreasing over the years. This perceived reduction presents an opportunity to further leverage change by highlighting the significant change that is taking place in society.

- Train programme managers and implementers on social marketing. They may also need training on conducting formative research to identify the most suitable messages and communication approaches for each target group. Programme managers and implementers should also be trained to undertake rigorous monitoring and evaluation to inform programme improvement and scale up. Adequate resources should also be available for rigorous evaluations that can provide evidence about what, how, and where SMC interventions are working or not, as well as allow comparisons with interventions that use different approaches.
- Include and target men, whether fathers or young men, given their key role in the gender dynamics within the family. Their adequate access to the product and promotions must be ensured. They need to be targeted using messages that address their concerns, especially from the religious perspective.
- Target midstream actors such as religious leaders and physicians to enhance their understanding of FGM/C and promote consistent religious and medical message regarding FGM/C abandonment, as they are clearly very influential in encouraging people to change. Ideally, these actors can be involved in co-designing SMCs to ensure that the campaigns are relevant and appealing to them. Such campaigns and interventions have the potential to generate insights into the problem-solving capacities of people and empower individuals and communities to seek sustainable solutions that could be the lasting foundation for effective and efficient social marketing programmes, campaigns, and interventions (Ozanne and Saatchioglu 2008).
- Leverage the use of new technologies, including the internet, social media (e.g., Facebook, Twitter), and mobile health (mHealth) as they are transforming the social marketing practice (Evans 2016). The use of mobile devices and social media as tools to change harmful social practices is rapidly expanding among younger generations who are more tolerant to change and offers tremendous opportunities to reach populations using the a form of technology with high rates of use, mobile phones.
- Include positive and influential role models in programmes and interventions, such as uncut female leaders who are leading successful lives (e.g., obtaining educational credentials, getting married, having children, holding a job). This would enhance the credibility of messages as well as show the public that abandonment is beneficial, desirable, and not socially “costly”.

Research Implications

Study findings highlight the need for further research to understand:

- How the internet and social media tools can be used to promote FGM/C abandonment in SMCs and interventions. Longitudinal and experimental research is needed to determine which aspects of social media are most central to people's increased awareness. Research is also needed on other social media platforms (e.g., Instagram).
- The socio-demographic, socio-economic, and behavioural factors associated with men's exposure to different sources of information.
- Which messages are most effective among different audiences.

Investment Implications

Study findings highlight the significant challenges posed by the lack of funding for FGM/C abandonment campaigns. To address funding shortfalls, there is a need to:

- Secure sufficient funding to enable sustained programming that enhances the likelihood of FGM/C abandonment among different target groups. Long-term funding may be secured through extensive collaborations with public, private, and civil society sectors. For example, the building of public-private partnerships (PPPs) to address issues of public and reproductive health is recognised at the global level (Reich 2002). Thus, this model can offer sustainable funding for SMCs and initiatives addressing FGM/C abandonment in Egypt.

Policy Implications

The results of this study demonstrated low levels of awareness and enforcement of existing anti-FGM/C laws. To create a supportive environment for FGM/C abandonment efforts, there is a need to:

- Maximise changes in social norms with complementary policy decisions that support opportunities to change, provide disincentives for not changing, and challenge or restrict competing marketing of messages that support FGM/C. Since the anti-FGM/C law is already enacted, targeting policy makers in FGM/C abandonment programmes may increase the likelihood of law enforcement by putting pressure on responsible entities to uphold the law, especially since medicalisation in Egypt is an issue of concern. The law creates the enabling environment, but it requires the political will that prioritises FGM/C abandonment in the country's national agenda.
- Ensure campaigns focus on raising the awareness of community members and key actors, including health professionals, about existing laws against FGM/C.

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