

EGYPTIAN WOMEN'S PERSPECTIVES ON FEMALE GENITAL MUTILATION

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MUTILATION**

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The present project is an exploratory study about the perspectives and attitudes of Egyptian women towards the act of Female Genital Mutilation (FGM). To explore these perspectives, the principle investigator interviewed 12 Egyptian women in Alexandria, Egypt in 2015. Participants' age ranged between 23 and 74 years. Interviews were translated, transcribed, and the content analyzed using a thematic content analysis. The five identified themes were: the view on FGM in Egypt vs. around the world, the origin of FGM, FGM's role in religion vs. culture in Egypt, the impact of FGM on a woman's private life, and FGM's role in the future of Egyptian women. Data was then analyzed using data emmersion for content related to those themes. The resulting paper identifies reports on findings related to the themes, in effort to present a more holistic idea of the facilitators, barriers, and norms surrounding FGM

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PREFACE

One thing I want to clarify is my use of the term ‘Female Genital Mutilation,’ thereafter FGM. For a long time, this act was referred to as ‘Female Genital Circumcision,’ which painted an image of an act analogous to the circumcision of men. However, as both the physical act, the health effects, and the motivation behind the two are different, a new term needed to be adopted for the resistance efforts that want to spread knowledge and awareness of the negative impact of FGM on women. Today, many prefer the term ‘Female Genital Cutting’ as a more neutral term that avoids inherent condescension in cultural contexts. However, both circumcision and cutting are usually shortened to ‘FGC.’ I choose to title this act as ‘Female Genital Mutilation’ (FGM) both as a means to avoid confusion in the shortened form of the term ‘FGC’ vs ‘FGM’ as well as to make implicitly clear my personal view on the topic.

In this research I specifically focus on FGM in Egypt using data gathered from participants who reside across the city of Alexandria. Alexandria is distinct in that it is a metropolitan center, but also has characteristics seen in the non-urban districts of Egypt. Residents of Alexandria range from rich to poor, and from urban to villager.

This research would not have been possible without the endless help and support I

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1.0 INTRODUCTION

Female Genital Mutilation (FGM) is practiced in at least 25 countries across Africa, Egypt, Yemen, and among immigrant populations in Western countries (Yoder 2004). FGM ranges from symbolic practices, where the clitoris is simply pricked gently with no resulting consequence, to infibulation, suturing, and closing of the vagina. Effects of FGM vary based on the level of cutting that takes place, as well the age FGM is enacted.

In most cultures a girl undergoes FGM before hitting puberty, between the ages of 8-12. Since the procedure is done without numbing or painkillers, in these cases, the girl will have a memory of the ritual, which brings forward the psychological trauma and consequence that the girl carries forward with her (El-Defrawi 2001). The level of FGM that takes place affects the levels of complications that can ensue. Often times, unclean instruments, cut, and improper care leads to infections in the vaginal area, which causes urinary infections, blood contamination, vaginal cysts, pelvic infections, and death. In some cases, the vagina closes itself up as it heals, which can cause accumulation of menstrual fluid. Later in life, vaginal penetration is painful, and childbirth can prove fatal for infants as prolonged labor can cause still-born births and brain damage (Mackie 1996).

The rates of FGM fluctuate drastically along the African continent, with a 5% frequency rate in Niger, to 99% in Guinea (Yoder 2004). By region within Africa, “FGM prevalence in

northeastern Africa ranges from 80%-97% while in eastern Africa rates range from 18%-38%” (Yoder, 2004, 31).

Just as rates fluctuate across different countries, reasons for practicing and the continuation of FGM differ across societies. It is difficult to determine the rate of FGM globally due to the diversity of views, outlooks, and reasons for enforcing it. These reasons range from aesthetics, to sexual and moral practices (Yoder 2004).

There has been a significant amount of research done on FGM in general, and some on FGM in Egypt. This research seeks to look at FGM with a focus on understanding the act using a holistic approach that examines where the act falls in the intersection between politics, culture, and religion of Egypt, all with the intent of putting an end to it.

This research tries to answer the following questions: how are changes in perceptions today on FGM taking place in Egypt? How prevalent are these changes in perceptions, what societal level do they occur at, and what seems to be the most impactful method to this change?

This paper begins with some background on FGM. First, I describe the physical act, and then label its propagation into societies using cultural and religious beliefs. I contextualize the history of FGM on a global context, both in Egypt, and in Western countries. After providing a historical picture of the practice, I focus on the period when FGM was made illegal in Egypt in 2008, and the perceived rate fluctuations in the amount of people that practice FGM around this time. This is followed by a description of original research conducted in Alexandria, which involves interviews with Egyptian women and the strategies for analysis, which included thematic analysis.

Chapter IV presents the results of the analysis, supported by direct quotations from participants. This is followed by a discussion of the findings, and the final chapter presents

limitations of the study and recommendations for steps to take to get a more realistic idea of the frequency of FGM rates in Egypt, as well as how to go about effectively decreasing them.

2.0 BACKGROUND

2.1 TYPES OF FGM

FGM refers to the practice of altering the female genitalia. The name given to FGM in the Arabic language is “thr” or “purification.” There are several types of FGM. Type Ia involves the removal of the clitoral hood, sometimes paired with infibulation, the suturing of the vulva. Type Ib includes a clitoridectomy, or complete removal of the clitoris. Type II is the removal of the labia minora, while type III involves the complete removal of the labia majora by narrowing the vaginal opening (Hosken 1981). The effects of FGM vary based on the type of cutting that takes place. The removal of any part of the clitoris in types I, and II leaves behind scar tissue that can cover the vaginal opening; in type III, sepsis and still-births become more common.

2.2 HISTORY OF FGM IN EGYPT

Searching for the origins of FGM is much more difficult than identifying when societies first marked it as harmful and began to move against it. Though it is unclear when it became a common practice, FGM was propagated as part of the beliefs of society throughout the years. As a cultural practice, FGM has survived through many different religions that have moved through

the region, and many levels of religiosity of religions throughout Egypt's history. And today religion is often used as an excuse to reinforce the standardization of the act.

Islam arrived in Egypt in the year 639 (Afaf 1985) and has become increasingly associated with FGM. In reality, Egypt's population is comprised of 90% Muslims, and 10% Coptic Christians, and both groups regularly practice FGM (Osten 2007). Egypt has seen many fluctuations of religiosity as a state over the years. Specifically, the late 1970s saw an escalation of religiosity and religious culture, a phenomenon which some have termed 'Islamic Activism.' Author Saad Eddin describes the progression of this change in his book titled *Egypt, Islam, and Democracy* (2002) "Though an 'Islamic resurgence' followed the Arab defeat at the hands of Israel in 1967, it was not until six months after the war of October 1973 that this resurgence would forcefully express itself in a militant fashion" (vii). Eddin points to the assassination of Egypt's President Sadat in 1981 as an example of the escalating violence of this militarism (Ibrahim 2002). Yet, it was during this era that FGM *became* officially illegal in 2008, though it was still commonly practiced. Despite this evolving history of religiosity and resulting cultures and social norms, FGM has been a practice throughout the years of Egypt.

2.3 HISTORY OF FGM IN THE WESTERN WORLD

Similar to Egypt, FGM also appeared in the spotlight in the western world once it was branded deviant and a movement started against it. The Prohibition of FGM Act of 1998 made FGM a crime across the UK. Five years later, in response to an increase in Somali and Sudanese immigrants to Britain, the Female Genital Mutilation Act of 2003 was enacted to differentiate between 'cultural mutilation' and 'cosmetic cases' (Dustin 2008). This distinction highlights one

of the biggest challenges facing the FGM opposition movement: if FGM is a cultural act, should someone hailing from outside of the culture be allowed to help put a stop to it? There have been many studies conducted to look at the negative impacts of FGM. However, the extent to which the data on FGM in different regions overlap is limited; as author Jean Fourcroy argues in “Customs, Culture, and Tradition—What Role Do They Play in a Woman’s Sexuality?” (2006). FGM cannot be studied on a global scale, as it is so closely tied to the context in which the woman lives. She makes the point that social norms in a community and religion often influence a woman’s sexual satisfaction. (Fourcroy 2006). For this reason, this study was conducted in Egypt rather than with Egyptian women living in America.

2.4 FGM IN EGYPT TODAY

Though it has been a historic act throughout Egypt’s history, FGM has seen a recent change in numbers, specifically over the past couple of decades. In 1989 in Egypt, around 27.2 million girls, a prevalence of about 80.5%, underwent FGM, mostly type I; 77% of these were performed while under anesthesia by medical professionals (Hosken 1981). In 2008, the prevalence of FGM in Egypt was 50.3%; 46.2% in government urban schools, 9.2% in private urban schools and 61.7% in rural schools” (Hosken 1981). Officially, these data show a decrease in FGM rates. This could be caused by a change in attitude, as FGM was legally banned in Egypt in 2008. However this decrease could also be due to an increase in population numbers, accompanied by stable FGM numbers. Additionally, this change may be only superficial, with the act so culturally normalized that it remains hidden and protected by the structure and judicial setup of the country. For example, 2014 saw the first doctor ever prosecuted for performing the

procedure in a hospital setting after it caused the death of a young female. The doctor and the girl's father were acquitted of all charges in November of 2014, before the court overturned the ruling in January 2015, jailing the doctor for two years, and suspending the father from work for three months (Bushra 2015). This suggests that the official FGM ban is not always imposed.

However, studies show that the more people become aware of the negative impacts of FGM, the less likely it is to continue. In 2011, Ghada Barsoum, a professor and researcher, led a study in which the experimental group underwent significant education related to FGM. The researchers found that “more than 78 percent of women in the intervention group retained the information that FGM has negative health consequences...and 81 percent of women in the intervention group stated that the information they had received made them re-evaluate their views concerning circumcision of girls” (Barsoum, 2011, 1).

A study conducted in Ismailia, Egypt, found that women who had undergone FGM

complained more significantly of dysmenorrhea (80.5%), vaginal dryness during intercourse (48.5%), lack of sexual desire (45%), less frequency of sexual desire per week (28%), less initiative during sex (11%), being less pleased by sex (49%), being less orgasmic (39%), and less frequency of orgasm (25%), and having difficulty reaching orgasm (60.5%) than the uncircumcised women (El-Defrawi, 2001, 467).

The data on the physical trauma caused by FGM in Egypt are plentiful. However, getting accurate statistics about how widespread this act still is remains difficult. A study conducted on fifth year medical students at the University of Alexandria found that most students were unaware of the prevalence of FGM in Egypt and its health impacts. Therefore, when asked their opinion of FGM, 52% supported the practice and 73.2% were in favor of medicalization of FGM in effort to reduce its risks (Mostafa 2006). If adopted, this would take Egypt back at least eight

years, before FGM had become officially illegal. These examples may indicate that FGM is not necessarily on the decline, as it is likely under-reported.

3.0 METHODS

This paper is based on interviews with Egyptian women that took place in Alexandria; this city was chosen specifically for its size and diversity. Alexandria has a population of 4.1 million people, comprised of 95% Muslims, and 5% Coptic Christian (Juergensmeyer 2006). It is the second largest city in Egypt, and a leader of education, politics, and change in the country.

Contact was made with an individual who works in a district of Alexandria, Egypt, called Bahri. The contact identified potential subjects and approached them in person.

Due to the sensitivity of the subject matter, the main criterion that potential subjects had to meet was willingness to be interviewed. Being an Egyptian--born female who speaks Arabic enhanced the investigator's ability to blend into the population and to obtain data. The principal investigator interviewed women between the ages of twenty-three and seventy-four.

After giving consent to participate, women were interviewed face-to-face by the investigator and audiorecorded with permission. Research was conducted at a place convenient for the woman, safe for both her and the interviewer. Confidentiality of the data was maintained by not recording any information that could identify the woman, such as name, address or phone number; all participants have been assigned a number and will be referred to by that number in the text that follows .

During the interviews, the women were asked several demographic questions (see Table 1) in addition to seven questions developed in consultation with the investigator's advisor. The questions in Arabic and English, are provided in Figure 1.

1. How old are you? حضرتك عمرك كم سنة؟
2. Where were you born?
 - a. And is this where you grew up? ولدتي فين؟ هل تربيتي هنا؟
3. Do you live with your family? هل تعيشي مع أهلك؟
4. Did you go to college?
 - a. If so, what did you study? هل إنت رحتي الكلية؟ دراستي إيه؟
5. What do you think the general opinion of FGM is around the world?
في رأيك, ما هو الرأي العام عن ختان الأنث عالميا؟
 - a. What about here in Egypt?
ما هو الرأي العام في مصر؟
6. What role does FGM play in Egyptian culture (if any)?
ان وجد, ما هو الدور الذي يلعبه ختان الاناث في الثقافة المصرية؟
7. What role does FGM play in religious culture (if any)?
هل يلعب الدين دور في ختان الأنث؟
8. How was FGM started in Egypt?
كيف بدأ ختان الأنث في مصر؟
9. How does FGM impact a woman's private life?
كيف يؤثر الختان على حياة المرأة الشخصية؟
10. Do you see FGM playing a big role in Egyptian women's futures?
هل سيكون للختان مكان في مستقبل المرأة المصرية؟

Figure 1. Interview Questions Translated into Arabic and English

Table 1. Demographics of Participants

Participants	Age	Place of Birth	Marital Status	Education Level
Participant #1	54	Alexandria	Married	6 th grade
Participant #2	57	Alexandria	Married	4 th grade
Participant #3	57	Alexandria	Married	Elementary
Participant #4	56	Alexandria	Married	Bachelors
Participant #5	34	Alexandria	Married	Bachelors
Participant #6	39	Alexandria	Married	Bachelors
Participant #7	28	Alexandria	Married	Pharmacy
Participant #8	27	Alexandria	Single	Bachelors
Participant #9	27	Alexandria	Single	Bachelors
Participant #10	23	Alexandria	Single	Bachelors
Participant #11	56	Alexandria	Widowed	Not attained
Participant #12	74	Alexandria	Widowed	Not attained

These pre-determined questions served as a guide for the interview. However, often times the open-ended nature of these questions allowed the participants to lead the interview in directions not necessarily included in the guide, as they expressed and touched upon several topics as they talked. Interviews were usually done one-on-one; however, a few times participants preferred to be interviewed in groups, which often led to debate amongst the participants during interviews.

Data were collected in Arabic, translated and transcribed by the principal investigator, and then reported out with no identifying information as a summary. As such, any mistakes in the translation are the fault of the investigator. The interview transcripts were analyzed using a thematic content analysis approach. The investigator immersed herself in the data by reading and re-reading the transcripts, in order to identify content related to themes that emerged. Across the 12 interviews, a total of 26 themes were identified and assigned codes. Table 2 in the appendix shows the codes and their definitions.

4.0 RESULTS

Thematic analysis of the data revealed 5 themes, which result from the questions that were asked during interviews. Those themes are used to organize this chapter and to report out the findings.

4.1 GENERAL OPINION OF FGM IN EGYPT VS AROUND THE WORLD

When asked the question, “What do you think the general opinion is of FGM in Egypt and the world?” the overarching assumption of all the interviewees was that FGM was not practiced in the rest of the world and therefore, they tended to focus on FGM in Egypt. One participant explicitly stated her lack of knowledge about FGM, and the source of any information she had on the topic:

Honestly, I don't know what other countries think. What I hear about this comes from this country, things I hear on TV, educational cases that portray it as wrong, ads all that warn against FGM (Participant 10).

All 12 participants started from a historical context, stating FGM's traditional role in society. The one-fourth of the sample that still practiced FGM acknowledged a change in perception in society today, but challenged this with their own opinions. One participant commented:

When we were young, FGM was a must. Now, the doctors say no, it's not allowed because it causes big problems between spouses, it causes many things...but we haven't really seen those problems. But still, a girl must ...you know [get it done] (Participant 1).

Participants separately identified similar guidelines to determine whether or not they carried out FGM on their daughters. These included cleanliness, the size of the girl's clitoris, and FGM as protection. First, many see FGM as a part of general vaginal cleanliness, which explains one of the terms for it in Arabic, 'tahara,' which translates into "clean" or "pure." When asked about the general opinion of FGM in Egypt, Participants 2 and 3 both used the term to refer to those who have undergone FGM. Participant 2 said:

Some like it, and some don't. My daughter at the moment doesn't want to purify her daughter. I still have 1 girl who I haven't purified.

Therefore, a woman who has undergone FGM is called "pure."

Second, FGM is viewed as a way of reducing the size of the clitoris. If a girl's clitoris is too large, it could hinder her self-control. One participant expanded on this by tying the idea of self-control to the effect it would have on the girl's marriage:

When she gets married, and lives with her husband, it's said that some women, have been made by Allah...they're very small [referencing the clitoris]. Others, also by Allah's will, are much larger. This is who needs to see the doctor. Because the woman with a big one makes life tough for her husband. She makes life tiresome for him. The ones who have it smaller, are normal in my opinion. So it depends on the size Allah created her with. Some women should have it done (Participant 1).

This reason was also given frequently by the non-practicing participants, but in a way that refuted the act. All of the participants valued modesty in a girl; however, they did not all see FGM as a catalyst for instilling these morals:

I have two daughters, their father and I never thought about doing it to them. It's about common sense, and how you bring up your children. We are always there to

tell them, 'be careful of this' or 'don't do this, this could cause problems' etc. (Participant 6).

This value of chastity is tied to the third given reason for practicing FGM, which was that FGM works to protect the girl from bodily impulses. The clitoris is seen as something that may tempt her into doing things dictated as immoral in Egyptian society, such as giving in to pre-marital sex. Participant 1 talked about her daughter in this context:

I'm waiting to take her to a doctor to see whether or not she is eligible to have it done. See, if a girl stays with it until she's much older, she does bad things. She gets exposed to bad things. It's not something she can control, it's because of the thing that she has [clitoris].

The three FGM-practicing participants explicitly stated these three reasons separately; however, those who do not practice FGM also highlight these FGM motivators in their conversations. One such participant offered up an alternative view to her own by commenting on cleanliness and size:

I had an old friend about my age who said that it's all about cleanliness, and her relationship with her husband is absolutely fine. And in Islam, they say, do it only if it's a little too big you know? The mother knows, if one of her daughters has one that's too big, she'll prefer to take it down a notch. I have two daughters, their father and I never thought about doing it to them (Participant 6).

Another non-practicing participant commented on the protection aspect of FGM:

It's illegal now. But the doctors still do it off the record. The man would take the girl...to the doctor, and then bring her back. Because in their minds, it protects their daughters (Participant 12).

Only two participants did not use social class to explain how frequently FGM was practiced in Egypt. Instead they, described it as commitment to tradition:

It's just that the traditional people are hardheaded and want to always follow tradition no matter what. Those are the people that still do it (Participant 11).

Some are hardheaded and see it as cleanliness (Participant 12).

In both contexts, participants 11 and 12 described an inherent change in perception by the larger society towards FGM, with its only remaining followers labeled as ‘traditional.’ The concepts of tradition and class overlapped frequently in all the remarks made by participants. Often times, traditional was intermittently alternated with lower class. One word that came up frequently was ‘kora,’ a word used for “outskirts” or a non-metropolitan area. Most villages are described as being part of the ‘kora,’ including the outskirts of major cities, such as Alexandria. Participant 9 talked about these places as a prime spot for FGM historically:

Back then it was taken for granted that FGM would take place in a woman’s life, especially in the kora, in the more basic or poorer areas, more so than Alexandria or Cairo. There was still some there too, but much less than in the kora. Now, or maybe I should say in the last ten, fifteen years, there’s been a lot of warning against FGM (Participant 9).

This class-separation link was also used by those who self-identify as being a part of the lower class:

It’s normal for the lower class, for people like us. As for the bigger, higher levels, educated people, I’ve never been among them. Here, with us, it’s a must (Participant 1).

Participants 7 and 8, both of whom identify as affluent, were surprised to hear about the high rates of FGM in Egypt:

I thought most people were like us; it’s common knowledge now that FGM is wrong, and that it’s detrimental to the woman, but apparently there are many who think otherwise, which really surprises me (Participant 7).

When asked about who shared their opinion within Egypt, they both had similar answers:

Most of them are on our cultural or social level, mine, and my friends’ these are the people that I grew up around and we definitely aren’t for FGM. But there are other people that we don’t interact with who see FGM as a necessity (Participant 7).

The ones I live with are against it. The ones that are of a higher class...the ones that I meet. Because I haven't met anyone for it (Participant 8).

Interestingly, when asked who still practiced FGM, participant 8 cited the 'falaheen,' or villagers, and the 'saeed,' or those who live in a part of Egypt named the "Said," which is also considered a portion of the 'kora.'

Participant 10 drew a bigger picture by equating FGM with other problems found in the 'kora classes.'

Just like there are a lot of other problems there, such as child marriage, and lack of education, FGM also exists. And this goes back to levels of education, everywhere. Alexandria and Cairo, of course, have the highest levels of education. (Participant 10).

Back then, FGM had to happen. Now, with different ways of thinking, and knowledge, they found that there were a lot of negative consequences. A girl can end up not even wanting to get married because of it, she hates men, or hates the idea of marriage, because of the surgery. Back then, it was considered a part of respectful manners for a girl to have that stuff removed, so that a girl doesn't become, you know. But now they've actually proved that there are women who have had it done that still "walk weird." So there's no relationship between the two (Participant 4).

By painting FGM as a part of a larger problem, this participant ties education level with frequency of FGM directly. Class separation and education levels bring forward the second theme of the interviews.

4.2 ORIGINS OF FGM

Four participants did not know anything about the origins of FGM in Egypt, while the other eight speculated. Many of them cited education, or lack thereof, as a means of FGM propagation.

Participant 2 identified herself as “uneducated” and Participant 1 proclaimed herself and her family from among the ignorant. When asked if she knew how FGM started in Egypt, she said:

They call it the Days of Ignorance¹. This topic is really big in the lower class and uneducated areas, like the Aryaaf...and its percentage is higher than Alexandria. It's present here in Alexandria, but in some places yes, others not. In the Aryaaf, it's everywhere. Some who live there are now getting educated, and now they don't do it...but for someone who is ignorant, like myself, I've only gone up to sixth grade (Participant 1).

Participant 4 tied the origin of the act to the Islamic religion, claiming that,

It started from when they did it at the time of the Prophet when they used to ride camels, and it became exaggerated from there (Participant 4).

Participant 6 also commented on religion, but she called FGM an “Arab norm” that has been exaggerated:

It came in with the spread of Islam, because if you say the religion commands us with something, you have to do it. They exaggerated things. The Prophet said to do it only if it's bigger than normal. But now everyone says to always do it (Participant 6).

Participant 12 connects FGM to African tradition:

We came into the world and it was like that. It's an African culture thing, more than it is religion. It's definitely African rooted, Southern Africa, I would always hear that (Participant 12).

Conversely, participant 5 answered this question by looking at the broader picture and talking about the historically patriarchal tendencies of societies:

It came about as they tried to metaphorically tie up the girl; they thought FGM would make a girl behave as what was deemed respectful. But now they have proven that as long as a girl has a good upbringing and remains close to her religion, she won't think about bad things, or do anything wrong (Participant 5).

¹ "Jahiliyyah" or "Days of Ignorance" is a term used by Arabs to refer to themselves before Islam came about.

The question of where FGM originated brings forth conversation about how it continues to still be propagated in today's society. Those who consider themselves uneducated, such as Participant 1, as well as those who have obtained a higher degree both identify lack of education as a contributing factor to whether FGM is practiced. Participant 8 identifies the majority of the Egyptian population as villagers and therefore, practicing FGM: "In Egypt as a whole? Most are for it [FGM]. The falaheen (villagers), and saeed, are all for it" (participant 8). Participant 6 explains this by providing a connection between social class, education, and cultural differences:

In places like this, it's extremely tied to the traditional lower class. There are a lot of places in Bahari like that. A lot of them live on tradition, and cultural norms. Education, and social class creates the big gaps between cultures when it comes to this topic. In Egypt, this [lower] social class is the majority (participant 6).

When told the frequency of FGM in Egypt today, participant 9 immediately identified her location as a contributing reason for the discrepancy between the reported rate and what she thought the rate actually was:

That is very strange to me honestly. Maybe. Maybe it's a true number. But, the thing is I live in Alexandria, and I know that there are other places that things are different, where it's normal, but as far as I know, it's not that high. Especially now. Yeah, I think that's a little weird (Participant 9).

4.3 ROLE IN EGYPTIAN CULTURE VS. ROLE IN RELIGION

Participants were asked about what role FGM played in Egyptian culture and religion. The participants who practice FGM all agreed that the practice was both cultural and religious.

It's both a part of culture and religion. Officially now though, they say, 'no, don't do it FGM is wrong.' Some doctors now look at the girl and say it shouldn't be done. It's in the religion. I think it should be done, regardless. But if I took my daughter to the doctor and he told me that this one shouldn't have it done, of

course I would listen to him. But still, I believe a girl must get it done (Participant 2).

In the religion they used to say that it's not permissible. Now it's permissible. But I have a kid in 4th grade that I still haven't purified. My friend told her the other day, she said, I'm going to take you quick one day without you even knowing. My daughter told her well then I won't be going anywhere with you (Participant 3).

They also describe how media circulates information regarding the connection of FGM to religion around the country:

In regards to religion, I listen when women call in and ask sheiks [on the religious programs]. Some sheikhs on TV say that FGM is not permissible, and some say it's permissible. So it's dependent on the husband. Some men accept women who haven't had it done, and some don't. So as long as it's done with the man's acceptance, that's it. It's not haram. If the husband wants her with it [clitoris], then that's okay. Its presence can cause problems, and its lack of presence can also cause problems (Participant 1).

There's a lot a warning cases against FGM. They warn people against it, on TV, on programs, on a many things. There are also religious opinions that say that it's not permissible for it to take place, others say it's not permissible for it not to take place (Participant 9).

Other participants explained that Islam sanctions FGM, but within limits:

In Islam they say, do it only if it [the clitoris] is a little too big, you know? (Participant 6).

But this stuff, at the time of the Prophet PBUH², they did it because they used to travel by camels, and there was a lot of friction in that area. Then people took it and thought that if a girl didn't have it done, then she was bad (Participant 4).

² PBUH stands for Peace Be Upon Him, a phrase Muslims say after saying Prophet Muhammad's name as a means of showing respect.

Participant 4 ties the continuity of FGM in modern society to norms and traditions, but concurs that it may have started with religion:

It's a cultural thing, norms and traditions. Maybe in religion it happened because of the camel, but that doesn't apply to us today (Participant 4).

Some participants explained the nature of the relationship between culture and religion in Egyptian society.

The culture of Egypt is based off of religion. They think it's religion. So it may not be a religious thing per se, but the Egyptian culture makes it so. It does not stem from religion, because from what I know, the Prophet Muhammad (PBUH) did not do it to his daughters (Participant 8).

It's mostly culture. It's the religiosity culture, rather. Our societal culture deems FGM necessary. It's not even a matter of religiosity. People just like to hold on to the norms of tradition of the older society, then turn it into religion (Participant 6).

Participants 5, 7, 9, and 10 all agreed that FGM was cultural and had little to do with religion:

It has no place in religion. It's Egyptian culture, just like any norms that we were brought up with (Participant 5).

Of course, I'm not an expert, this is my opinion. But I think that it's not something Islamic. I don't believe that the religion tells us to do this in respect to women. But some people say that there are sayings of the Prophet or something, on the subject, unfortunately I don't know it. But I see it as having more to do with culture (Participant 9).

The religion [Islam] doesn't order this. It's definitely cultural, and has nothing to do with religion (Participant 10).

FGM is a part of the cultural norms of Egyptians, it's not religious. There aren't any sayings of the prophet that advocate for it. People are already convinced that they have to do FGM, so when you question them, they tell you it's religion. Before they even would have thought that it was a part of religion, they knew it as cultural norm. That's what they think is right. So in order to convince you, they

tell you it's religion. They don't actually care if it's religion or not, they may not even be religious (Participant 7).

4.4 IMPACT

Participants were asked how FGM affects a woman's private life. The impacts that participants cited differed depending on the role that each woman saw FGM playing in society. Women who perceive FGM as negative often talked about the psychological consequences of FGM, whereas those who supported it did not bring up this topic.

It causes psychological damage, and it has a physical effect. It causes problems (Participant 10).

Since it's not done to babies, she'll remember it, so that might give her shock. And of course maybe later when she grows up, she won't be able to enjoy, or live life normally with her husband (Participant 9).

Naturally, I think FGM affects the girl; it would leave behind bad memories. I've never tried it, but I think that's natural. There's no anesthesia, no numbing, and it's done when the girl's memory is fully functional. So to her, it would be a horrifying memory (Participant 7).

When asked if FGM was done to babies, which would take care of the memory trauma,

she responded with the following:

Then that steps outside of the psychological realm. Then we need to talk medical. Medically, they say that it is not beneficial at all, and it's actually the opposite, that it affects her marriage life. That's what would remain with her if she had it done as a baby. Psychologically it's damaging if they can remember it, but otherwise, it's damaging later in life too, she won't be happy, or comfortable. Even though they say that they do FGM so that the girl comes out respectful, it actually has no relation to it at all (Participant 7).

Others, including those who practice FGM, commented on the role of FGM in a woman's

marriage, and specifically, her sex life:

A girl can end up not even wanting to get married because of it, she hates men, or hates the idea of marriage, because of the surgery (Participant 4).

But, and pardon me for saying so, we've heard that those who don't undergo it...she always wants [sex] all the time (Participant 2).

Some guys want their women to always have sex with them, and some men get tired really quickly. There are no negative impacts for the women per se (Participant 3).

I've heard that it impacts the relationship between a man and wife. I don't know though, I haven't gone through it so I can't be sure (Participant 5).

A lot of times people will say, this woman is cold, this one obviously has it completely off, things like that (Participant 3).

Participant 6 bases her assumptions about the impact of FGM on what she was seen through media outlets:

I've seen it in a TV show, A Girl Named Zait. Do you know her? **No**. If you see it, a mom has a nine years old girl, does it to her, and it caused deep psychological damage. It affects her personality, and it makes her live in constant fear. For example, if I'm a little innocent girl, and my first psychological trauma is something like this, it's not easy (Participant 6).

The participants who practiced FGM also provided insight into the different levels of impact FGM can have depending on the type of FGM that takes place.

Doctors now usually take off only a little piece. This piece is what causes problems for the woman, or it causes problems. Some doctors take off a little more depending on the woman. This causes a woman to be a little cold. She never wants to do anything sexual. This also causes problems. Either way can cause problems. It depends on the woman, it depends on the man. Some men welcome it. If she has a smaller one, it's not important. But if she has a large one, she always wants her man by her side. Some men like that, or realize that it's not her fault, others say no and take her to the doctor's...Besides the possible marital problems, FGM has no effect on a woman's private life in any way. She walks normally. She leads a normal life. Only when she gets married does it become clear whether it'll cause problems or not (Participant 1).

For the guy, it's negative. But for the woman, it's normal. Men probably see it as something bad. But I can't speak for all men or all women. For example where we come from in the Saeed, there they take [the clitoris] completely off (Participant 2).

Here, [in Bahari] they leave a piece (Participant 3).

4.5 FUTURE ROLE

When asked the question of FGM's role in Egyptian women's futures, participants had a variety of answers. Some who see the country as overwhelmingly poor and uneducated, were not convinced of any change in the high FGM rates.

We're far from it going away. Not right now. The people are horrendously convinced by it. Even people in Alexandria, not just in the lower-class villages. To them FGM is an absolute must (Participant 7).

Those who see the country as becoming less traditional and more educated reported the opposite.

As more people get educated now, FGM is on the decline. It's definitely not like it used to be. Depending on the place. Especially the more educated areas" (Participant 6).

The more people get educated, the less it happens. It happens now in the lower-class places. And now even they are beginning to fear for their children's lives as they hear about the accidents and catastrophes that take place (Participant 5).

I think that it's an old cultural norm that our families got used to. Now, they've proved that it's wrong around the world, and that opinion has reached Egypt. And I think that it's going away. The more that people know and learn, the more they understand that it's wrong (Participant 5).

Participant 3 made the observation that the more people grow apart from their families, the less traditional they are:

It might not be there in the future. It'll be among the poor people, but it'll be a very small percentage. The other people, outside, they don't do it. The more that people grow apart from their families, the less it happens (Participant 3).

Some were undecided, citing multiple reasons for their indecision. Factors ranged from politics, to the changing Egyptian society. Participant 1 left the future of FGM to men:

When a girl has this thing [clitoris], and she's with her husband, she'll always want her husband. Always. He won't be able to handle it. For example, he has work, he's tired, so to make her calm down, he'll take her to the doctor's, have it done. The future of FGM depends on the man (Participant 1).

Participants also talked about ways to end FGM, and what methods they thought were most affective. Participant 8 sees media as the most effective means of decreasing FGM rates, but cites the lack of spread of technology as a roadblock to this method:

You'll always find it here. Because the country, the Ministry of Health has already made it illegal, and any doctors that perform FGM are punished. It's a law. And even the media warns against it. But if we're talking culturally, it'll always be here. Because there are people here who the media doesn't reach, they don't watch tv, or they don't have electricity. So they will keep living like that, the way they are. Maybe the ministry of Health, the ones in charge, can put people on the ground, to talk to these people. To make them understand. Because there are people who, even if they have access to electricity and TV, they won't understand what's being said (Participant 8).

Conversely, participant 10 sees these public warnings as effective regardless:

I can see it becoming extinct. Especially with the increase of public warnings, people will know more; it will definitely slow down and eventually stop (Participant 10).

5.0 DISCUSSION

5.1 TRADITION VS. SOCIAL CLASS ROLE

All the participants started by talking about FGM in a historical context and, by extension, its traditional role in society; this shows that they all think of FGM as a traditional act, or an old custom, suggesting that those who don't practice FGM think of it as a 'backwards' act that is outdated. Whereas those who continue to practice it consider themselves traditional and, therefore, see FGM as a tradition to be carried on. This is seen from comments on how doctors now discourage FGM because of its effects on marital life, which is a change from how FGM was presented when she was younger; despite this apparent change, So despite the fact that some know there has been a change, they continue on with it, probably because they see it as tradition that doesn't break. This brings up several questions: Is this because she does not know the negative impacts of FGM? Are they not stressed enough in the culture, or has she just never seen anything negative from it?

Social class was a factor brought up by 10 out of the 12 participants to explain who practices FGM in Egyptian society, and all participants who talked about social class used the terms "lower-class" and "traditional" interchangeably. Specifically, those people were referenced to live in the 'kora,' the outskirts of cities and villages. Even those who practice FGM self-identify as lower-class. In the comments on social class, an 'us' versus 'them' mindset is always portrayed. Participant 1 says that "to 'us' [FGM] is a must." Participants 7 and 8, both of

who identify as affluent, also brought up the “us” versus “them” mentality. They say that they thought most people were like them, in their stance against FGM. When asked to expand on who the “us” was in their minds, they would say “those who are on our cultural and social level, the people I grew up around” (Participant 7). “The ones that are of a higher class” (Participant 8). Participant 8 names the villagers and people of the kora as the “them” that she was referring to. Wade challenges this concept in her piece titled “Defining Gendered Oppressions” where she comments on and questions the binary ideas of tradition vs. modernity. Because FGM is sometimes used to define modern societies as liberated, the terms ‘traditional’ and ‘modern’ become synonyms for ‘forward-thinking’ and ‘backwards’ which robs FGM followers of agency, which renders efforts to end the practice ineffective (Wade 2009).

5.2 MEDIA

In the opinions on FGM theme, Participant 10 touched on the idea of media and its influence on the perception of Egyptian women on the topic of FGM, as she admits that the entirety of her knowledge on the topic comes from what she has seen on television. Participant 9 also commented on an increase in warnings against FGM over the last 10-15 years in the media. Overall, however, it seems that the media gives mixed messages on the subjects of FGM. Participant 1, for example, cites listening to conflicting opinions of religious leaders on FGM on televisions. Often times, when the ruling on the permissibility of a matter is unclear in Islam, Muslims leave it up to the discretion of individuals depending on specific circumstances. The indecisiveness of religious leaders, combined with society’s recent change in attitude on FGM, creates confusion that may work to increase the rates of FGM in religious followers. A book

titled *Growing up in an Egyptian village: Silwa, province of Aswan*, talks about the plights faced by a village during a national revolution. The book pinpoints how the Silwa village in Egypt was able to resist change despite political upheaval: by sticking to cultural practices (Ammar 1998). The biggest consensus among participants was that FGM is a part of cultural traditions and norms, not religion. Since FGM is widely viewed as a traditional practice, and Egypt has also experienced recent political upheaval in the last 5 years, these factors can work together to explain any off-record increases in FGM rates. As the country faces difficulty, people stick close to culture and tradition.

5.3 RELIGION

When posed with the question of whether FGM was a part of religion or culture, participants who practice FGM all replied that it was both. Participants 4 and 6 both rooted FGM to Islam, specifically, in the hadiths, or sayings of the Prophet Muhammad, however they both claim that the act has been exaggerated over time. Participants 8 and 6 later bring up an explanation to this as they explain that interdependent nature of culture and religion in Egypt. Participant 6 sums this up when she says “people like to hold on to the norms of tradition of the older society, then turn it into religion.” In a piece titled *Transcultural Psychiatry*, author El-Islam discusses how belief in the devil and evil eye in Arab countries is often times exaggerated to the point where the two are related to every misfortune that strikes a person’s life (El-Islam 1982). This illustrates other examples of cultural beliefs that are often enforced by religious sanctions in the same geographical areas. Another article, *The cultural Elaboration of Biomedical Hegemony*, by Morsy, looks at the Islamization of medicine, which is not categorized as such; rather, it is seen

as a natural progression of biomedicine, not Islamic medicine. This refusal to acknowledge the influence of this evolution is another example of how religion is normalized into culture in Egyptian society (Morsy 1988). These examples parallel Islam's spread into culture, and vice versa, to demonstrate FGM's complex relationship with culture and religion. This suggests that, as religion is clearly extremely influential on Egyptian culture, in order for FGM rates to successfully fall, all religious figures must present a united front against it.

5.4 PATRIARCHY

Participant 1 indirectly brings up the idea of the patriarchal tendencies of society when she comments on how a woman who has not undergone FGM demands too much from her husband sexually. The idea of wanting to protect the daughter's modesty, although it is important to all who are a part of Egyptian society, those who practice it see it as a way of expressing that importance while those who don't practice FGM see it as backwards because they have seen that a woman can grow up and be respectable and modest without it; to them, this is proof that FGM is unnecessary in society. Which brings up the question of, how do the women who practice FGM perceive women who have not had it done? Is FGM seen as a means of lowering the chances that a girl will not uphold societal values? These are all ideas that can argue why FGM takes place outside of the marriage market scheme.

Participant 5 explains the origin of FGM as a manifestation of the patriarchal tendencies of society, as she explains how it "metaphorically ties up the girl." Participant five's comment brings forth an interesting view, as she is the only one who explicitly identifies FGM as having a relation to a patriarchal propensity of Egyptian culture. All other participants'

comments touched on the subjects of women's agency and patriarchy, but without it being explicitly stated as such; these comments fell under categories where: 1) FGM should be enacted because it's to the benefit of men, or 2) FGM should be enacted because it's to the benefit of women, or 3) FGM should not be enacted because it's to the detriment of women.

5.5 EDUCATION

Participant 10 helps explain the relationship between social class and the appearance of tradition. Educated people tend to live in certain places in Egypt and therefore, those are the people that might practice FGM less, or have a very different outlook on FGM, whereas those who are less educated tend to live in certain areas, and this lack of education is perceived as tradition. Participant 10 talks about how there are other problems that exist in the areas where FGM is practiced, such as child marriage, lack of education

None of the participants knew where FGM originated, but they all used the question as an opportunity to talk about what propagated FGM across the centuries. It is worthy to note that, as shown in Table 1, of the three participants who practice FGM, the highest level of education obtained between them was 6th grade; everyone who opposed FGM had some level of higher education (excluding the unknown education data for Participants 11 and 12). It should also be noted that the participants who practice FGM referred to themselves as 'ignorant' and claimed that FGM originated from the "Days of Ignorance." The participants are aware of how FGM is perceived to "others" and identify education as a major divide between the "us" vs "them."

Though my data suggests that there is a relationship between education and FGM rate, I want to bring forward an opposing opinion for consideration. The DHS comparative report, which looked at 10,000-12,000 mothers who had at least one child who had undergone FGM, also found a similar trend in their data. However, the report says:

The underlying assumption in relating FGM status to education is that women with more education will be less likely to favor the practice FGM than those with little or no education. At first, it seems reasonable to present FGM prevalence by education because women's education has been associated with many outcome variables related to health and well-being. However, in the case of FGM, it was found that disaggregation by level of education is not helpful, and can actually be misleading. This is because circumcision nearly always takes place before a woman's education is completed, and often before it commences. The presentation of FGM prevalence data by level of education implies that there is a link between FGM status and education, even when there is none (Yoder 2004).

This is an interesting view. Though they make the point that since a woman's education is completed before FGM commences and therefore, the data gives invalid conclusions, I would argue that the level of education does not matter as long as a minimum amount of exposure to education is fulfilled. While determination of this metaphorical line of education using modern education system standards may prove to be ineffective, there is no denying that a minimum amount of exposure to education can sway rates of FGM. Additionally, there are studies that show that the more people become aware of the negative impacts of FGM, the less likely it is to continue. Ghada Barsoum's research, conducted in Egypt in 2011, found that "more than 78 percent of women in the intervention group retained the information that FGM has negative health consequences...and 81 percent of women in the intervention group stated that the information they had received made them re-evaluate their views concerning circumcision of girls" (Barsoum, 2011, 1).

5.6 IMPACT

Participants who do not practice FGM cite psychological trauma as their biggest impact of FGM. Outside of the realm of psychology, there are also physical consequences to FGM. The most cited concern among participants was the woman's lack of sex drive, which would negatively impact her marriage. In his piece titled *Ending Footbinding and Infibulation*, Mackie's main assumption is that FGM and footbinding continue in society only because the marriage market drives them; however, in the case of FGM, the act has a real consequence on marriage. Many studies show that women who have undergone FGM express less sexual desire, and more dissatisfaction with their sex life. Author El-Defrawi researched the psychosexual consequences of FGM in a 250 female sample from Ismailia, Egypt. This study found that the 200 women who had undergone FGM complained more significantly of pain during menstruation, dryness during intercourse, a lack of sexual desire, as well as more difficulty reaching orgasm (El-Defrawi 2001). There is a clear discrepancy in the rationale that the supposedly biggest appeal for marriage is also its biggest deterrent.

Additionally, a study conducted on fifth year medical students at the University of Alexandria in 2006 found that most students were unaware of the prevalence of FGM in Egypt and its health impacts (Mostafa 2006). Inconsistencies in rates and awareness are also the reason I argue that, despite the legal ban, FGM now is not necessarily on the decline as much as it is under-reported. Therefore, I believe that the power for changing the public's views on FGM must take a grassroots approach by starting with talking to people at local villages.

6.0 CONCLUSION

FGM propagated in many countries across the world, taking on different forms in different societies. FGM type Ia, which involves the removal of the clitoral hood, sometimes paired with infibulation, is the most commonly practiced form in Egypt. In his piece titled “Customs, Culture, and Tradition—What Role Do They Play in a Woman’s Sexuality?” Fourcroy states that “a woman’s sexuality must be considered in the context in which she and her partner live, because culture, social customs of the community, and religion often determine the acceptance and achievement of sexual health for both men and women.” (Fourcroy 2006). The interviews in Alexandria highlight the way FGM is seen from an Egyptian cultural perspective, as well as the various impacts FGM may have on an Egyptian woman. In order to understand more why FGM continues despite negative health outcomes, this study was undertaken in Alexandria Egypt. My main question in this project is: how are changes in perceptions on FGM taking place in Egypt? My sub questions include: how prevalent are these changes in perceptions, what societal level do they occur at, and what seems to be the most impactful method to this change? The interview content fell into theme clusters.

The first theme found that the participants who followed FGM practices all had guidelines to determine whether or not they had FGM performed on their daughters. These included cleanliness, the size of the girl’s clitoris, and FGM as protection

The concepts of tradition and class overlapped frequently in all the remarks made by participants, often times with ‘traditional’ intermittently changed with lower-class.

The next theme was the origins of FGM. While no one knew the exact origin of FGM in Egypt, many had speculations; some called it an Arab norm that has simply been exaggerated, others linked it to African tradition. Those who still practice FGM, as well as some who don’t cited religion as the origination of FGM. Those who don’t follow the practice called FGM in a religious context outdated, an idea that does not apply to modern day society. Many also cited education, or lack thereof, as a means of FGM propagation

The theme of FGM in Egyptian culture vs. religion helped divulge the nature of the relationship between culture and religion in Egyptian society: that a part of Egyptian culture is to make culture into religion or vice versa. This allows for religion to be used as a means of sanctioning anything that is normal in Egyptian society.

The next theme was the impact of FGM on Egyptian women. The cited impacts of FGM on a woman’s private life differed depending on the role that each woman saw FGM playing in society. Women who perceive FGM as negative often talked about the psychological consequences of FGM, whereas those who were for it did not bring this topic up. Others, including those who practice FGM, commented on the role of FGM in a woman’s marriage, and specifically, the negative impacts FGM has on sexual pleasure.

The final theme is the future role of FGM in Egyptian women’s lives. Some, who see the country as overwhelmingly poor and uneducated, were not convinced of any future changes in the high FGM rates. Those who see the country as becoming less traditional and more educated reported the opposite, with an optimistic outlook on the lowering of FGM rates in the coming years.

This research project has potential for further research on understanding changes in perception on FGM taking place on a societal level in Egypt, as well as on how to most efficiently cause these changes. The ability to collect data was limited by the taboo nature of the subject, which limited the number of subjects willing to be interviewed during the short time of the project. This study would benefit from a larger sample, including more women from more diverse backgrounds. More interviews with a more diverse population of people within Egypt would greatly strengthen the results. Although the 12 interviews did allow for reporting results, more data could help solidify the findings. For example, one limitation of this research is the lack of representation of the Coptic Christian minority population in Alexandria. The interviews were all with Muslim participants; the Coptic Christian view would supplement the religious ties theme that was brought up in all of the interviews. A further limitation of this study was that it was only conducted in Alexandria. To expand this study for future use, data should be obtained from the places that often came up during interviews, such as the kora regions, and villages.

Overall, this study found that information about FGM in Egypt is most effectively spread through the media, however, limited media and technology access in target areas is seen as a roadblock to the success of this method. If this project were to be continued, it would be advisable to reach out to anti-FGM campaigns in Egypt. Many campaigns in Egypt see success in driving down FGM rates by involving men in the projects. No data were collected from men, given that the investigator was a young woman in a highly religious and conservative atmosphere.

Though FGM has deep roots in culture and superfluously in religion, this practice has many negative health outcomes for the girls and women on whom it is performed. Because the practice often occurs at an age when the girl is able to recall the event, psychological trauma can

occur. The physical consequences of FGM lead to infections in the vaginal area, pain, discomfort, urinary infections, blood poisoning, cysts, pelvic infections. In some cases, the vagina closes itself up as it heals, which brings about many more difficulties, such as the accumulation of menstrual fluid. During childbirth, inelastic scar tissue buildup results in obstruction and tearing of the tissues around the vagina (World 2006). These complications increase the need for resuscitations after birth by 66%, and the death rates of infants by 15% in type I FGM, 32% in type II, and 55% in type III (World 2006). Cultural beliefs often enforced by religious sanctions demonstrate FGM's complex relationship with culture and religion in Egypt. This suggests that, as religion is clearly extremely influential on Egyptian culture, in order for FGM rates to successfully decline, all religious figures must present a united front against it.

There are many grassroots efforts that exist in Egypt that are working to spread awareness to root out FGM. These efforts must tackle the Egypt-specific reasons contained within Egyptian culture and norms that the Participants have cited in this study. Egypt has launched many efforts over the last 5-10 years, the most recent of which is the National FGM Abandonment Strategy in 2015, which hopes to reduce FGM rates by 10-15% in the next 5 years (Nordy 2015). In 2011, Ghada Barsoum started the FGM-Free Model Project to study the impact of intervention on FGM communities. When exposed to the facts about FGM, many, Barsoum found, change their minds As she makes plain in article: "advocacy and awareness-raising efforts that take a holistic multisectoral approach constitute best practices that must be sustained in order to maintain their impact for future generations" (Barsoum 2011).

FGM was made illegal in 2008 due to a global pressures, and a local campaign project led by Dina El-Naggar. This campaign, however, took a trickle-down approach, as they targetted

influential and powerful people and figures in Egypt. Though the campaign succeeded in illegalizing FGM, the rest of the country has not yet embraced the change. Grassroots interventions that utilize a holistic approach to look at the cross-section between politics, religion, culture, and history of Egypt in effort to first understand and then end FGM are the most effective means of decreasing the rates of this harmful act.

APPENDIX A

Code	Base Word	Definition
ACT	Act	participant describes details about the process of FGM
AGE	Age	participant talks about age at which FGM should be/usually is done
CLASS	Class	participant comments on social structure of society as reason for diversity in beliefs regarding FGM
CULTURE	Culture	participant comments on whether FGM is a cultural act
DEC	Decision	participant comments on who makes the decision to do/not do FGM to daughters (ie doctors, Mom, Dad, husband)
DEMO	Demographics	Demographics, name, age, marriage status, # kids, education
FEM	Feminism	feminism perspective; FGM shouldn't be done because it's anti-woman, enforced by patriarchy, or it should be done FOR the sake of the woman
FEMANTI	Anti Feminism	FGM should be done because it's to the benefit of men
FEMCULT	Cultural Feminism	FGM should be done because the girl deserves it, or it's to her benefit
HEALTHMENT	Mental Health	participant comments on mental health associated with FGM (switch to health first for sorting) pay attention to risk vs physical health
HEALTHPHYS	Physical Health	participant comments on physical

		health associated with FGM
IMPACT	Impact	participant comments on the impact or lack thereof of FGM
METHMEDIA	Method Media	participant tells method that they have heard about allowances of FGM
OPINION	Opinion	participant states their personal opinion about FGM
ORIG	Origin	participant comments on where FGM stems from (tradition, African culture, don't know)
OUTLOOK	Outlook	participant comments on whether they think FGM rates are on the decline, and whether they think it'll ever fade out
PARADOX	Paradox	participant makes statement, followed by a thought or feeling that negates the first statement
PATRI	Patriarchal	participant assigns men power in the scenario of whether FGM should/shouldn't happen
POLIT	Politics	participant comments on current political climate of Egypt as affecting FGM
RELIG	Religion	participant comments on whether FGM is a religious act separate code for those who claim it's religious, and those who claim it's not?)
RESP	Respectability	participant comments on FGM and its relationship with a woman's 'respectability.'
RSNCLN	Reason Cleanliness	participant comments on cleanliness as reason for doing/not doing FGM
RSNEDU	Reason Education	participant comments on education levels as reason for diversity in beliefs regarding FGM
RSNSIZE	Reason Size	participant comments on size of clitoris as reason for doing/not doing FGM
TABOO	Taboo	participant labels FGM as a taboo discussion
TIME	Time	participant comments on difference in what was the norm for FGM historically, or at a different time period, vs now, or states that it's simply tradition

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