

Bein Bahrain¹: Representation and Local Situation: Female Circumcision in Egypt from a Cross-Cultural Perspective

Hebatalla Omar

Nagoya University, Nagoya, Japan

Email: hebatalla.omar.abdelaziz@gmail.com

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Abstract

Representation, which is affected by global discourse about female circumcision, does not reflect the reality of the practice. This study focuses on female genital mutilation (FGM) in Egypt, particularly the gap between the representation of female circumcision and the local situation. Applying description design and based on the regional context, the study sheds light on problems pertaining to the representation of female circumcision according to two dimensions. The first dimension concerns data representation of female circumcision from a cross-cultural perspective and the second dimension examines female circumcision with reference to the film Bein Bahrain. This study aims to contribute to research that provides a space for dialogue in relation to the cultural backgrounds of each region and to identify the policies that are appropriate for each region. It was found that there are treatments in the world that are not dissimilar to FGM. However, these treatments are not considered concerning in the same way that FGM by the United Nations. Thus, in addition to the four types of FGM classified by the World Health Organization (WHO), there are two types of female circumcision based on implementation: First World implementation and Third World implementation. Furthermore, it became clear that the media representation which promotes a zero-tolerance policy does not reflect the reality of FGM in Egypt. The study concludes that there is an urgent need to reconsider the zero-tolerance policy to protect the lives of many girls.

¹In 2018, with the cooperation of the United Nations and Japan, the Egyptian National Women's Council produced a film called Bein Bahrain بين البحرين, which means "between two seas". The film focuses on the theme of female circumcision and the problem of domestic violence in Egypt. It is centred on the Bein Bahrain region, which is located on the Jazirat adh Dhahab (the Gold Island) on the Nile.

Keywords

Gender, Discourse, FGM, SDGs (Sustainable Development Goals), Gender Socialisation, Zero Tolerance, Media Representation

1. Introduction

In Egypt, despite the long history of the abolition movement and the criminalisation of female circumcision², the rate of female circumcision is still high. Female circumcision, or so-called female genital mutilation/cutting (FGM/C), is a practice that occurs in parts of Africa and Asia. In Africa, it is widely practised in the region from West Africa to East Africa. At present, more than 200 million women have experienced FGM/C, which statistically accounts for about 5.5% of the world's female population. Of these women, 90% have undergone Type I or Type II FGM according to the World Health Organization's classifications (World Health Organization, 2008: p. 5; Ball, 2018: p. 13).³ FGM is said to be practised in 40 countries across the world (Assaad, 1980: p. 3), including 28 African countries (Tag-Eldin et al., 2008: p. 270). The term FGM is now used to refer to all types of female circumcision; the WHO defines FGM as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" (World Health Organization, 2008: p. 1). The United Nations states that about one in four women, or 52 million women worldwide, has undergone FGM performed by health care workers. The international zero-tolerance policy adopted by the United Nations bans all forms of FGM, including procedures performed by medical personnel.

The criminalisation of female circumcision in Egypt involved several stages of legislation (Omar, 2021a: pp. 265-266). In the final stage, the government submitted a bill to increase the punishment for FGM on 28 March 2021. The bill was sent to the Legal Department of the State Department for consideration. In addition to increasing the prison sentence for those who practise circumcision, the bill specified punishments for guardians who chose to have girls circumcised, as the procedure was said to cause permanent disability. The prison sentence would be less than seven years unless the circumcision led to death, in which case imprisonment would be 10 years or more (BBC Arabic, 2021). However, the

²In this research, the term female circumcision will be used, as it is the most common term in Egypt (Omar, 2021a: pp. 260-263). While the term FGM will be used when quoting other research or reports, such as the United Nations or the World Health Organization reports.

³The WHO/UNICEF/UNFPA Joint Statement classified FGM according to four types: Type I, partial or total removal of the clitoris and/or the prepuce (clitoridectomy); Type II, partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision); Type III, narrowing of the vaginal orifice via the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation); and Type IV, all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterisation.

attempted abolition of female circumcision under the zero-tolerance policy may result in the methods of female circumcision shifting back from medical procedures to traditional methods, and being performed in clinics that are not equipped to manage the procedure safely. In addition, despite the international community's insistence on zero tolerance for female circumcision, treatments that are similar to FGM/C Types I and II are permitted in the United States and some of first world's countries (Boddy, 2016).

Egypt is one of the countries with a high rate of female circumcision (Figure 1). It is also the country that has the highest medicalisation rate (Ismail et al., 2017: p. 1; van Rossem, & Meekers, 2020: p. 1). Egypt has a long history of female circumcision medicalisation, and families are increasingly seeking medical procedures rather than traditional methods to minimise pain and complications. 78% of female circumcisions were performed by doctors or other health workers using medical procedures, while about 22% were performed by midwives or traditional methods (UN Children's Fund, 2016: p. 2). Dayas (traditional birth attendants) performed more circumcisions in rural Upper Egypt than in other areas; however, even in rural Upper Egypt, the majority of all circumcisions were performed by medical personnel (El-Zanaty, & Way, 2005: p. 214). There are many medical studies of the prevalence of female circumcision in Egypt (Tag-Eldin et al., 2008; Rasheed et al., 2011; Amin et al., 2017). However, anthropological studies of female circumcision in Egypt are scarce, and the current situation of female circumcision in Egypt has not been clarified. For example, Dalal et al.'s (2010) study told that in most cases, FGM is performed by a senior female member of the family and/or someone in the neighbourhood, without anaesthesia and presence of any trained medical personnel, due to the poverty and lack of access to medical facilities. The instruments used for FGM could be sharp stone, broken glass, an iron piece, a tin lid, razor blades, knives, scissors, needles or any other sharp object. The instruments are usually not sterilized before or after usage (Dalal et al., 2010, p. 42); however, this representation does not relate to the situation of female circumcision in Egypt. In an anthropological study of female circumcision based on her experience in Egypt in the 1980s, Hoodfar (1997) addressed the issue of female circumcision in Egypt and clarified the meaning of female circumcision for those living in poverty. A different study was conducted by the Egyptian feminist El Saadawi (1980). However, Hoodfar's study and El Saadawi's research are somewhat outdated and do not address the current controversy regarding female circumcision in Egypt. More recently, Maria Frederika Malmström's research (2016) was conducted on the politics of female circumcision in Egypt, where she addressed the problem of female gender identity. However, as Malmström stated, this research was limited to the information she received and the discussions she had with the people to whom she spoke; thus, it could not be generalised to all Egyptian people (Malmström, 2016: p. 3). In addition, a case study in Japanese conducted by Hebatalla Omar (2021a), which examined the historical and religious aspects of female circumcision in Egypt and the double standard of un-

iversalism. However, the representation of and discourse about the phenomenon in its regional context have not been examined from a cross-cultural perspective. As the meaning and position of female circumcision differ from region to region, research is needed to reconsider the practice in each region in order to understand the phenomenon in its cultural context and from a cross-cultural perspective. This understanding of the phenomenon situated in its cultural environment will improve the policies that aim to address the phenomenon in an appropriate manner, thus saving the lives of many girls. In addition, this understanding will reduce the risks resulting from conducting the practice in secret using traditional methods in unequipped or unlicensed clinics after denying access to medical treatment due to the criminalisation of the practice (Amin et al., 2017: p. 25). The broader importance of this study lies in the fact that this phenomenon concerns not only Egyptian women, but also millions of other women and girls around the world.

The author's first encounter with the issue of female circumcision as a problem related to gender studies was in 2019. Prior to 2019, the author believed that female circumcision had almost disappeared from Egyptian society. The author's perception of female circumcision was affected by the media, which focuses on the ban on and criminalisation of female circumcision, and by the change in male and female circumcision Social manifestations in Egypt. For example, although female circumcision parties are rare in Egypt, the author frequently heard about the female circumcision noqta prior to the 1990s *نقطة* (also called noqoot)⁴, and gifts that was given to the circumcised girl. However, the practice of exchanging female circumcision noqta and gifts disappeared after the 1990s. By contrast, male circumcision parties are still common in some areas in Egypt, as well as in many Islamic and non-Islamic countries. In addition, the male circumcision noqta (given to the circumcised boy's family, not to the circumcised boy, as male circumcision is usually performed on new-born infants) is still common in Egypt. After beginning to study gender studies in 2019 and conducting a review of the studies related to Egyptian women, the author found that FGM was an important topic in Egypt, as well as in studies of gender, sexuality and anthropology related to African, Muslim and Middle Eastern women in general. At that time, the author's question was as follows: While the social manifestations show evidence that female circumcision in Egypt is in decline, why is it considered to be an essential topic in studies related to Egyptian women? The author began to analyse the data related to the history of the phenomenon, including the related media sources, policy strategies, laws and statistics. Moreover, since 2019, the author has frequently discussed female circumcision with numerous Egyptian friends and relatives, which led the author to realise that some people still support the practice. The author was also surprised to discover the existence of similar plastic surgeries in Japan. The author discussed the possibility of holding interviews with some Japanese doctors, however they refused. In addition, due to the protection of personal information, conducting an inter-

⁴Money that is given as a gift on happy occasions such as births, marriages, success and circumcisions.

view survey with Japanese girls and women who have undergone the treatment was not possible, as the privacy conditions are different from those for women in Third World countries whose photos adorn research papers and reports (e.g., [Insight, 2010](#); [United Nations Children's Fund & Gupta 2013](#); [World Health Organization, 2010](#); [UNICEF, 2020](#)).

The film *Bein Bahrain* focuses on a method of female circumcision practised by barbers that is currently rarely performed in Egypt ([UNICEF, 2020](#); p. 8). The film is far from being an accurate reflection of the current circumstances of female circumcision in the target area, which has led to questions from Egyptian intellectuals, such as what is the target audience of the film? ([El-Gamal, 2019](#)). While the purpose of the film appears to be to support women and to address their social problems, can it play a role in changing the beliefs of those who are represented? ([El-Gamal, 2019](#)) For example, would it have been more effective if the money used to make the film had been used to develop a project, such as a school or a hospital. Although there are many aspects of cooperation between Egypt and Japan, and despite the excellent impression of Japan that is generally held within Egypt, there was dissatisfaction with the financial support from Japan to the film *Bein Bahrain*, which will be discussed in detail later.

This study will focus on the problem of female circumcision in Egypt by re-considering the phenomenon via local and global perspectives in order to discuss the effects of the problems with the representation of and discourse about the issue of female circumcision, which impede efforts to abolish female circumcision. This study also aims to create a space for dialogue in order to bridge the gap between global discourse and local contexts to counter the debate regarding globalisation versus localisation, which resulted from the effects of representation and the double standards in global discourse addressing the issue of FGM. Firstly, after shedding light on the meaning and position of female circumcision in Egypt, the gap between the global discourse on female circumcision and the local situation in Egypt will be discussed. The study will then discuss how female circumcision has been represented in the data and in the film *Bein Bahrain* in comparison to the actual situation in the region. Finally, the study will propose a solution to address the problem of female circumcision via a perspective that is more compatible with the reality of Egyptian society while benefiting from the Western and Japanese models.

2. The Research Design and Analysis Method

Female circumcision in Egypt has a very sensitive nature. In 1994, Concurrently with ICPD⁵, CNN aired footage of a girl undergoing circumcision without concealing her face or showing any attempt to rescue her, which sparked widespread controversy in Egyptian society ([Omar, 2021a](#): pp. 265-266). The ICDP was also seen as blatant international interference in Egyptian affairs ([Omar, 2021a](#): p. 267). Moreover, in countries that ban the practice, girls refuse to admit that they

⁵International Conference on Population and Development held in Cairo at 1994.

have been subjected to female circumcision for fear of legal repercussions. Thus, Statistics, surveys and interviews will not provide accurate indicators due to the sensitive nature of the phenomenon in Egypt. Most of the data currently available for FGM are mainly based on self-reported data or data collected through oral reporting by participants (Karmaker et al., 2011: pp. 2-3; Bjälkander et al., 2013: pp. 1-2). On the other hand, applied qualitative research and its interpretative design, especially case studies, cross-sectional studies and some forms of historical and comparative case study analysis enable researchers to link the phenomenon to social change and delve into the phenomenon's characteristics of Gender and Gender socialisation. Thus, this qualitative research will discuss a theoretical case study of the problem of the representation of female circumcision in its regional context from a cross-cultural perspective. A case study approach provides analyses of representations of context-dependent knowledge or practice (Flyvbjerg, 2001: pp. 66-87). The study will identify two cases related to the representation of the female circumcision problem. Based on descriptive design using content analysis and semiotic analysis, this study will shed light on the representation of female circumcision from two dimensions. The first dimension is the Textual representation of female circumcision from a cross-cultural perspective to shed light on the discrepancy between the presentation and analyses of figures and percentages in the data related to female circumcision in Egypt and the actual situation. Then, the second dimension examines the media representation of female circumcision via an analysis of the film *Bein Bahrain* to shed light on the problem of media representation. The study aims to deepen the understanding of the problem in its regional framework on the one hand and cross-cultural frameworks on the other. Finally, to present a comparison of this regional framework for the problem with similar practices in other cultures to create a space for dialogue to propose appropriate solutions to this problem in a way that preserves the life of women and their right to self-determination Regardless of cultural backgrounds.

3. Overview of Egypt

The Arab Republic of Egypt, commonly known as Egypt, is located in the Middle East and North Africa. Its land area is 1,002,450 km², more than 95% of which is desert. Egypt's population had exceeded 101 million by 2021 (Egypt Central Agency for Public Mobilization and Statistics: CAPMAS, 2021). The average age of marriage was 25 years for females and 30.6 years for males (Hamdi, 2019). Females had a slightly higher illiteracy rate than did males. According to the CAPMAS report for 2017, there were four main reasons that illiterate people were not educated: unwillingness of individuals, unwillingness of family, financial constraints, and repeated failure (Table 1).

Egypt ranked 129th in the 2021 Gender Gap Index (World Economic Forum, 2021). According to Egypt's national goals and indicators for 2020, females accounted for 46% of the 2020 general election participants (Fouda, 2021), 20% of

Table 1. Important characteristics of the population in Egypt (CAPMAS Statistical year book, 2019).

Egyptian Population	Urban-rural residence		By Sex		By Age			By Marital Status (18+)		
	Rural	Urban	Females	Males	0 - 14 yrs	15 - 64 Yrs	65 Yrs and older	Married	unmarried	widowed
	57.7%	42.2%	48.4%	51.6%	33.2%	62.9%	3.9%	68%	24%	6.4%
	The average age of Marriage		The overall illiteracy rate for		main reasons that illiterate people were not educated					
	Females	Males	Females	Males	unwillingness of individuals	unwillingness of family	financial constraints	repeated failure		
	25 yrs	30.6 yrs	30.8%	21.2%	37.2%	18.9 %	17.9%	9.2%		

females represented women in parliament, 27% in local parliaments, and 20% in ministerial positions. In addition, the participation rate of females in the labour force was 27%, the proportion of females in professional employment was 41%, and the proportion of small-scale projects for females was 30% (Fouda, 2021).

4. Textual Representation of Female Circumcision in Egypt

4.1. Data Representation

There is a discrepancy between the presentation and analyses of figures and percentages in the data related to female circumcision in Egypt and the situation in reality. Many studies have shown that Egypt had already banned FGM by law by the latter half of the twentieth century (Mustafa, 1966: p. 302; Callender & El Guindi, 1971: p. 31). On one hand, studies have reported that some parents had already stopped seeking circumcisions for their daughters before the 1990s (Assaad, 1980: p. 5). 97% of the ever-married women interviewed in the 2000 EDHS (Egypt Demographic and Health Survey) reported that they had been circumcised (El-Zanaty & Way, 2001: p. 191). 96% of the ever-married women interviewed in the 2005 EDHS reported that they had been circumcised (El-Zanaty et al., 2005: p. 211). In 2015, EDHS reported that 87% of women aged 15 - 49 have been circumcised, the report explained that more than half of girls aged 1 - 14 are expected to be circumcised in the future as the adherence to the custom remains widespread (El-Zanaty, 2015: p. 103; UN Children's Fund, 2016: p. 2). In UNICEF's 2013 report, the percentage of girls and women aged 15 - 49 years who have undergone FGM/C, by country was estimated to be 91% (United Nations Children's Fund & Gupta, 2013: p. 26) **Figure 1**, This contradicts the previously mentioned data provided by EDHS, which the same data is presented in the same UNICEF report elsewhere (United Nations Children's Fund & Gupta, 2013: p. 96).

Although the average age of female circumcision in Egypt is 10.1 ± 2.3 years (Tag-Eldin et al., 2008: p. 272), the data in EDHS' reports and UNICEF's reports examined a wide range of age groups (from 15 to 49 years); hence, the data are

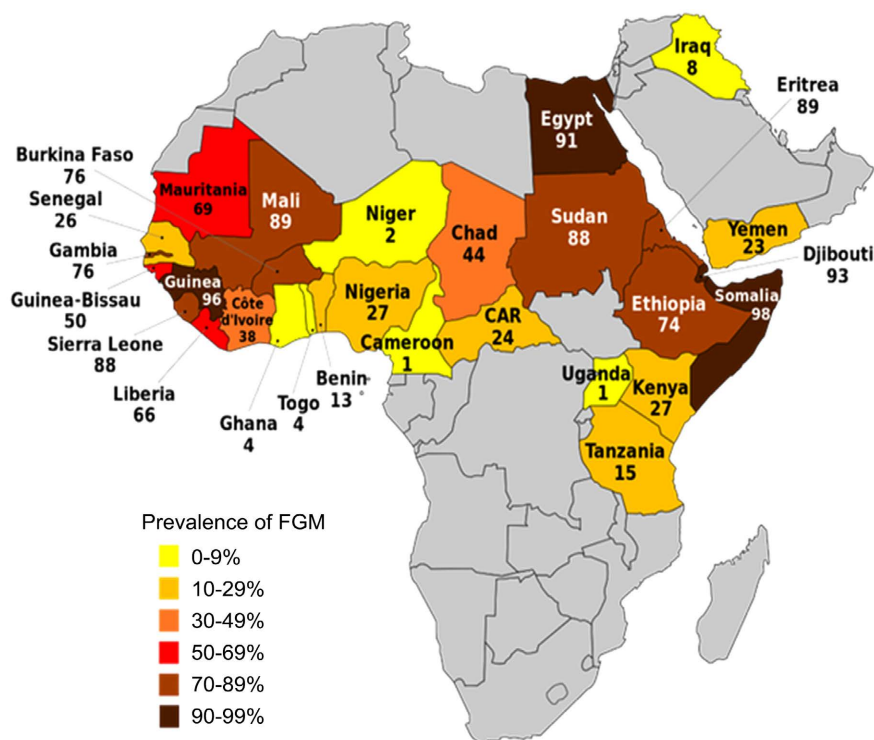


Figure 1. Percentage of girls and women aged 15 - 49 years who have undergone FGM/C, by country (United Nations Children's Fund & Gupta, 2013: p. 2, 16).

affected by past rates of female circumcision and do not reflect current rates (Figure 2). For example, UNICEF's 2020 report showed that almost 9 in 10 girls and adult women between the ages of 15 and 49 and, in most prefectures, 7 in 10 girls and adult women, had undergone this practice (UNICEF, 2020: p. 4). In addition, according to the 2020 UNICEF's report, the treatment rate for women aged 6 months to 14 years in Egypt was 14% (UNICEF, 2020: p. 7). The report states, "four out of five girls under the age of 15 experienced FGM by medical professionals, of which 80% of girls aged 6 months to 4 years experienced FGM by medical professionals" (UNICEF, 2020: p. 9). However, as mentioned previously, the average age of female circumcision in Egypt is 10.1 ± 2.3 years.

UNICEF's January 2020 report states that the analysis primarily features data collected from Egypt's Health Issues Survey 2015. While the prevalence of FGM may have changed slightly in the intervening years, there is no reason to believe that data collected today would yield dramatically different results... Data from other countries with a decline in practice reveal that progress tends to be gradual. Therefore, the 2015 data estimate the current situation fairly closely (UNICEF, 2020: p. 1). However, the same report also states that "there is evidence that the FGM rate has declined, especially since 2000" (UNICEF, 2020: p. 12). In another report, UNICEF argued that for years, FGM/C was considered a taboo subject and there was little or no public discussion about the practice. However, in 1994, when Cairo hosted the United Nations International Conference on Population and Development (ICPD), the health consequences of FGM/C drew widespread attention

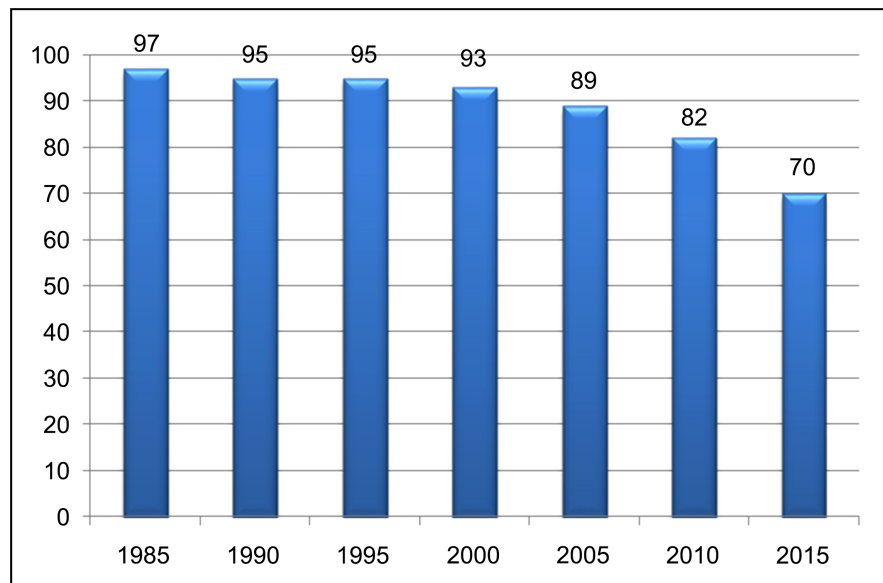


Figure 2. FGM Rate for Adolescent Girls and Women aged 15 to 19 years (UNICEF, 2020: p. 12).

(World Health Organization, 2008: p. 18). However In fact, the origin of the Egyptian movement against female circumcision can be traced back to 1904. As Omar argued, the ICPD had a negative impact on the issue of female circumcision in Egypt. It also led to widespread resentment when CNN aired footage of a girl undergoing circumcision without concealing her face or showing any attempt to rescue her. The ICDP was also seen as blatant international interference in Egyptian affairs (Omar, 2021a: p. 266).

As mentioned, in Egypt many families are reported to have abandoned female circumcision since the second half of the twentieth century (Assaad, 1980: p. 11). However, there are many factors that affect the accuracy of these data (Bjälkander et al., 2013: pp. 1-2). As most of the data that are currently available for FGM are based on self-reported data or data collected through oral reporting by participants (Karmaker et al., 2011: pp. 2-3; Bjälkander et al., 2013: pp. 1-11); clinical laboratory results are rarely available. Moreover, in countries that ban the practice, girls refuse to admit that they have been subjected to female circumcision for fear of legal repercussions. Therefore, the data related to female circumcision in Egypt may not reflect the numbers accurately.

4.2. Religion and the Representation of Female Circumcision

Some Egyptians Islamic scholars associate female circumcision with Islam (e.g., Abu Ishaq al-Heweny⁶). However, the most famous Egyptian Islamic scholars deny this connection. For example, Ali Gomaa, Egypt's former Grand Mufti (Supreme Islamic Justice), stated that female circumcision was prohibited by Islam (CTV News, 2007). On 30 May 2018, Egypt's Dar al-Ifta al-Misriyyah, a

⁶Islamic ruling on female circumcision - Sheikh Abu Ishaq Al-Huwaini.
<https://www.youtube.com/watch?v=8mXOeSx2sIo> (retrieved on August 10, 2022).

government agency that advises on Islamic law, declared that female circumcision was strictly banned (Omar, 2021a: p. 286). There is a commonality between the scholars who emphasised the relationship between FGM and Islam and those who denied that female circumcision was prohibited that both of them emphasized the prohibition of cutting the or damaging the clitoris. Scholars who defend Sunnah circumcision have pointed out that, unlike hood resection surgery, khefad خفاض refers to cutting a small portion off the clitoral hood without damaging the clitoris itself. The most common forms of female circumcision in Egypt are Types I and II. Of the circumcisions in Egypt, 73.6% are Type I and 26.4% are Type II (Ismail et al., 2017: p. 1; van Rossem, & Meekers, 2020: p. 1). Type I is commonly known as the Sunnah (that is, the Islamic) type. However, female circumcision in Egypt has a longer history than that of Judaism, Christianity and Islam, and is practised by Muslims and Christians (Assaad, 1980: p. 5). There is more than one reason for female circumcision in Egypt; it is not only based on religious traditions, but it is also often done for reasons related to views about beauty (El-Gibaly et al., 2019: pp. 7-8) and cleanliness (Tag-Eldin et al., 2008: p. 272).

One theory regarding the origin of female circumcision indicates that it may be rooted in beliefs about the bisexuality of ancient Egyptian gods. It has been argued that female circumcision in Egypt may have been Islamised in the form of folk beliefs around the seventh century (Omar, 2021a: p. 268). According to the ancient Egyptian belief in bisexuality, all men and women have bisexual souls. The female soul resides in the male penis, and the male soul resides in the female clitoris. For healthy sexual development, the female soul must be excised from the male, and the male soul must be excised from the female. Therefore, circumcision was essential to allow boys to become men and girls to become women (Meinardus, 1967, pp. 388-389; Assaad, 1980, p. 4). Some Egyptian women still believe that the clitoris will grow like a man's penis if left uncircumcised. Some have argued that this is subconsciously related to ancient Egyptian beliefs (El Dawla, 1999: p. 128), while others have claimed that female circumcision originated in Greece or Rome (Amin et al., 2017: p. 24; Dalal et al., 2010). Another theory claimed that it was introduced into Egypt during Ethiopia's invasion between 747 BC and 656 BC (Omar, 2021a: p. 268).

4.3. The Representation of Female Circumcision in Relation to Patriarchy and Cross-Cultural Gender Socialisation

Following the cultural anthropological work of Johann Jakob Bachofen, numerous studies have argued that patriarchy is the cause of gender discrimination and domestic violence (Millett, 2016). The same theory might affect the representation of female circumcision. Some researchers, such as Hosken (1979), associated FGM with virginity and understood it to be a patriarchal practice (Omar, 2021b: 144). However, the reason for female circumcision is multifaceted and varies significantly across cultures (Akindola, & Abiola, 2019: p. 189). As Bordo (2004; 1999) emphasised the importance of a critical analysis of culture while

maintaining an emphasis on exploring the practical, material and bodily implications of cultural representation. The problem with the representation of female circumcision cannot be understood without understanding the phenomenon in its local context, as well as its intersection with the global socio-cultural representation of the vagina.

In their study, [Braun and Wilkinson \(2001\)](#) shed light on the problem of socio-cultural representations of the vagina across Western societies. They identified and reviewed some paradoxical socio-cultural representations of the vagina in Western societies and found that, in Western culture, the vagina has been described as absent, passive, vulnerable, dirty, smelly, shameful, dangerous and inferior to the penis.

In the context of Japanese plastic surgery, surgery is being performed to remove accessory skin refers to the anterior, fold-like skin between the labia majora and the labia minora. Also Vaginal and vulvar reduction surgery is being performed⁷. The advantages of reducing the enlarged labia minora in a procedure that is similar to FGM Ttype I is introduced described as it protect from feeling pain when wearing underwear or trousers, or when riding a bicycle, protect from having difficulty urinating, and help to get rid of dirt, which causes odour⁸.

In the US, a surgeon explained the benefits of Clitoral Hood Reduction, which is similar to female circumcision, that virtually any woman who is struggling with the physical, cosmetic, or emotional symptoms of a long clitoral hood can benefit from a clitoral hood reduction. Some of the most compelling potential hoodectomy benefits include: Increased sexual sensation, Enhanced clitoral stimulation, Stronger, more frequent orgasms, Better ability to reach climax, Improved cosmetic appearance of vulva, Decreased discomfort with intercourse, More natural, feminine, youthful-looking vagina, Boosted self-confidence, and Improved relationship with partner ([Otto, 2021](#)).

Another clinic in the united stated explained the benefits of Clitoral Hood Reduction as follows: Without clitoral hood, clitoris would be overly sensitive to touch and irritants, like friction from clothing rubbing against it. Clitoral hood makes a lubricant called sebum that helps it glide smoothly over clitoris. This function is similar to the foreskin that covers the tip of a penis⁹.

The above practices are the same as FGM Types I and II, and the merits claimed are incompatible with the global discourse in the international community.

In Egypt, some doctors have claimed that female circumcision has certain medical benefits, as follows: Labia minora secretions accumulate in the foreskin

⁷Miyabi Plastic Surgery, <https://www.miyabi-keisei.com/treatment/josei/> (Retrieved on June 16, 2021).

⁸ACE Clinic, https://ace-clinic.com/blog/22977/?gclid=Cj0KCOjwl92XBhC7ARIsAHLI9amvfAxIS0VaZIOuPRBD5-qbNEeiQFXgqtF00eEpdDESdu0buA3BfUwaAr98EALw_wcB (Retrieved on June 16, 2021).

⁹Cleveland Clinic, Clitoral Hood Reduction, <https://my.clevelandclinic.org/health/treatments/22259-clitoral-hood-reduction> (Retrieved on June 16, 2021).

and stink. It gives off an unpleasant odour and can lead to vaginitis. In addition, one of the benefits of female circumcision introduced is the reduction of labial hypersensitivity, which can be 3 cm long at the time of erection. The detrimental swelling of the vaginitis causes repeated pain in the same place. Many doctors who have performed female circumcisions have denied that they have performed FGM/C, and call the practice “refinement” instead. Some have likened the procedure to the removal of an extra finger (El-Gibaly et al., 2019: p. 9). One doctor claimed that, in most cases, only the labia minora was cut and not the clitoris, except when it had expanded and protruded from the labia minora, resulting in repeated infections, foul odours, bleeding and sexual arousal. He described some complications of not removing the abnormal labia minora, such as arousal and dyspareunia. In addition, the extras [skin] are not normal and may suffer from fungal infections or bleeding from strong rubbing. Some stated that, if the procedure was not done, it could cause dyspareunia, which could be a reason for divorce for some couples (El-Gibaly et al., 2019: p. 9).

As mentioned, The problems with the representations of the vagina and external female genitalia motifs are apparent in the views of American, Japanese and Egyptian doctors, and have some of the views introduced by Braun and Wilkinson (2001) in common: These include the vagina as vulnerable and abused, the vagina as disgusting or smelly and the vagina as sexually inadequate. It is also known that Arab philosophers were influenced by the philosophy of Aristotle (Imām, 1996a) and Plato (Imām, 1996b), which scorned and denigrated women and women’s bodies. However, there are many differences in views of female circumcision, as well as ways to address it. For example, as mentioned previously, Hosken (1979) associated FGM with virginity and described it as a patriarchal practice. However, the main decision makers in Egyptian FGM are women, while men play a minor role (Tag-Eldin et al., 2008: p. 272). As Seif El Dawla stated, “What seems puzzling about FGM is that women themselves appear to defend this painful custom” (El Dawla, 1999: p. 128). Some Egyptian fathers have recently filed lawsuits in Egypt against the mothers’ circumcision of their two daughters despite the fathers’ opposition (e.g., DW News, 2018). Thus, it cannot be straightforwardly assumed that the main reason for female circumcision is patriarchy. Moreover, as discussed in the previous section, female circumcision in Egypt intersects with male circumcision, as both have a strong relationship with folk beliefs that are strongly rooted in the beliefs of Egyptian society. Furthermore, the same word is used for both female and male circumcision. However, this is not the absolute meaning of female circumcision in Egypt, as FGM has various meanings; while some associate the practice with Islam or with maintaining virginity until marriage (El Dawla, 1999: p. 129; Assaad, 1980: p. 5), some women consider it to be for reasons of appearance and personal hygiene (Assaad, 1980: p. 14). Some circumcised women have commented that circumcision did not cause sexual dysfunction and had no effect on their orgasms (Assaad, 1980: p. 8). Many women undergo female circumcision due to a

desire to conform to social standards of feminine beauty. This can have an impact on doctors; for example, some local doctors who refuse to perform FGM surgery may be boycotted (El-Gibaly et al., 2019: p. 5).

As mentioned previously, although the term FGM is now used to refer to all types of female circumcision, the WHO defined it as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (World Health Organization, 2008: p. 1). There are treatments in the world that are not dissimilar to FGM. However, these treatments are not considered concerning in the same way that FGM by the United Nations.

5. Representation of Female Circumcision in Bein Bahrain

5.1. The Film Bein Bahrain

This section discusses Bein Bahrain as another example of representation. In 2018, with the support of the United Nations and Japan, the Egyptian National Women’s Council produced a film called Bein Bahrain. The film focuses on the theme of female circumcision and the problem of domestic violence in Egypt. It is centred on the Bein Bahrain region, which is located on the Jazīrat adh Dhahab (Island of Gold) on the Nile. The film begins with a scene in Bein Bahrain, but does not clarify that the film is set in this area. The central issue in this film is the issue of female circumcision in Egypt. However, it does not touch on its meaning or social background; instead, it introduces a circumcision method that has almost disappeared in Egypt. Only this circumcision procedure and the death of a girl due to blood loss are depicted in this film. The scene depicts an older circumcision procedure that has almost disappeared from use (UNICEF, 2020: p. 8).¹⁰ The artistic exaggeration in the film may have been acceptable if the film had not addressed a sensitive social topic, particularly as it was produced with the support of foreign aid. The film portrays Egyptian women as inferiors who need help; it ignores the diversity of types of circumcision and the numerous reasons for female circumcision, as well as the multiplicity of women’s views of female circumcision

In addition, the characteristics of the region were not shown in the film, which focused on depicting impoverished and oppressed women living in villages and slums. However, an examination of the characteristics of societies with a low quality of life, particularly in the Bein Bahrain region, reveals that stories and films are not the only way to implement change. Furthermore, the film reflected power relations without including the diversity of women’s voices.

An examination of the production team involved in the film reveals that the film’s producer was an American-born Egyptian who had studied economics in France before returning to Egypt to study at the Egyptian Movie Institute. The script was written by a Tunisian screenwriter and the film was directed by an Egyptian-American. In brief, a team that was unfamiliar with daily life in Egypt

¹⁰ *Female Genital Mutilation in Egypt Recent trends and Projections* February 2020 <https://data.unicef.org> (Retrieved on September 16, 2020).

played a major role in the making of the film.

5.2. The Bein Bahrain Region

The Bein Bahrain region is located in the south-western part of Cairo, the capital of Egypt, in an area called Jazīrat adh Dhahab in Giza Province (**Figure 3**). The Bein Bahrain region is one of many slum areas that have spread across the Egyptian province as a result of the increasing population and migration from the rural areas to the cities in recent decades.

A year before the film was made, the development of Jazīrat adh Dhahab, where Bein Bahrain is located, had featured frequently in Egyptian newspapers, as its development was planned according to the slum development policy the “Haya Karima initiative”¹¹ (Life of Dignity initiative: مبادرة حياة كريمة), (Abou-Shaqqa, 2021) which shed light on previously unknown areas that have since become famous, such as Bein Bahrain.

The Bein Bahrain region lacks all basic infrastructure and services, such as education, medical care and sewerage. The only way to get to Jazīrat adh Dhahab is via a sailing vessel across the Nile. The Jazīrat adh Dhahab Development Project began in 2017; however, its inhabitants initially refused and resisted development (Fayez, 2017). The government held a community council to reassure



Figure 3. Location of Jazīrat adh Dhahab on a map of Egypt@Google Maps.

¹¹An initiative launched by Egypt to advance villages, slums, facilities, the health and education sector, and others. The Japanese government has recently contributed to this initiative. https://www.hayakarima.com/about_en.html (retrieved 1st May 2021).

them and to convince the inhabitants of the need for and importance of development. This shows that it is not easy to raise awareness of FGM through films. Given that the Jazīrat adh Dhahab region has a special characteristic due to the lack of infrastructure, hospitals, police stations and schools, it is not easy to determine whether they consider female circumcision to be a concern or not. Therefore, it is important to improve education, medical care and security in order to abolish FGM in the region.

5.3. The Problem of “Representation of the Other” in the Film

Bein Bahrain oversimplifies the issue of female circumcision and presents the stereotypical view that Egyptian women undergo a female circumcision procedure that is no longer in common use. Bein Bahrain was very successful at international festivals and won many awards. However, even when it was shown in cinemas, the audiences were very small, and the film did not earn much. Despite it becoming available to watch for free on the internet, the number of views remained low. Director AnasTolba said:

He does not care about revenue, because the films’s idea is unusual. And it is shown at many international festivals. He considers that revenue is not a measure of success. He attributes the decrease in the revenue to the rare content of the movie which may look strange to the viewer however he values the reaction of the audience at the Aswan Festival and The Brooklyn International Festival He continues, most of the Aswan International Festival participants were young men and women from the target segment of the film. The Brooklyn International Festival participants were from all countries of the world, from different cultures, and they all understood the true meaning of the movie and were very impressed (Salah, 2019).

However, even if festival participants and foreigners are impressed by the film, this does not necessarily mean that locals will feel the same way. The film did not take the cultural background of female circumcision in Egyptian society, the regional characteristics of the area or the influence of those characteristics on women into consideration. It cannot be said that people living in the area, which has a high risk of mortality due to the lack of hospitals, police stations, safe transportation, schools and other facilities, will be inclined to watch the film. The film’s portrayal of poverty by filmmakers who were educated abroad and who do not understand the problems of the poorer classes leads to a stereotypical view of Egyptian women. It may have been more effective to use the film’s budget for projects aimed at improving women’s lives rather than attempting to stereotype them. Moreover, by using the pretext of helping Egyptian women, the film was supported by funding from Japan, the international community and the National Council for Women, and presents a stereotypical image of a specific region and a stereotypical image of circumcision in Egypt by depicting an outdated circumcision procedure, while ignoring the fact that a similar procedure is practised in western countries and in Japan.

6. Results and Discussion

Despite the significant investment and the long history of the abolition movement, female circumcision still takes place in Egypt, despite the criminalisation of the practice dating back to the 1960s (Assaad, 1980: p. 5; Mustafa, 1966: p. 302). Although female circumcision is declining, the rate of female circumcision is still high (Rasheed et al., 2011). According to UNICEF, more than half of the Egyptian population believes that female circumcision should continue (UNICEF, 2020: p. 4). Comparing the continuous approval rating with the rate of education in Egypt shows that there are also supporters of female circumcision amongst the educated. Female and male circumcision has been deeply rooted in Egyptian society since ancient times; hence, it is considered difficult to abolish the practice entirely. This study aims to create a space for dialogue in order to deepen the understanding of the problem of female circumcision in Egypt. The importance of this study lies in the fact that it concerns not only Egyptian women, but also millions of women and girls around the world.

This practice has permeated Egyptian society for thousands of years, and its causes are multiple **Figure 4**. This is not only the case in Egyptian society; as we have seen in other societies, similar cosmetic surgeries are associated with gender socialisation, which makes it challenging to aim for the complete eradication of circumcision in the near future. A zero-tolerance policy for some societies, while allowing similar practices in other societies, either for political reasons or because of a lack of understanding of the phenomenon in their cultural surroundings, will increase the risk of girls dying due to people secretly resorting to unequipped clinics or practitioners who do not have a medical background.

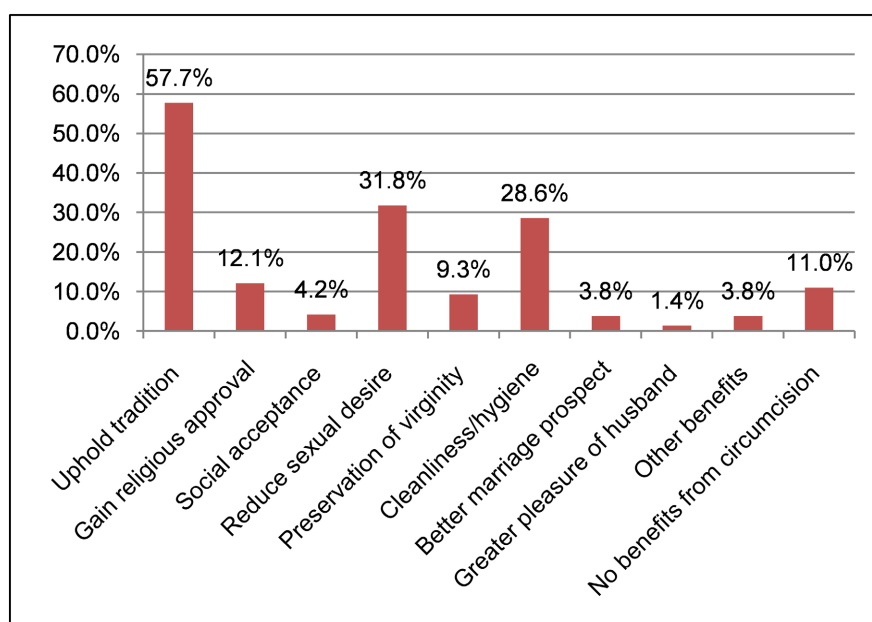


Figure 4. Percentage of ever-married women 15 - 49 who report various benefits for girls if they are circumcised (El-Zanaty et al., 2001: p. 198).

It is also clear that many attempts to promote the eradication of female circumcision by coercion and force such as increasing the punishment for female circumcision, may actually cause resistance and increase adherence to the practice, as well as Also focusing on methods that do not reflect reality, as seen in the film *Bein Bahrain*, and adopting double-standard policies that differentiate between the practice in Third World countries and similar practices in First World countries. May cause resistance and increase adherence to the practice.

Egyptian female circumcision is a complicated issue because there are many different types, factors and reasons for the practice (El-Zanaty et al., 2001: p. 198; Assaad, 1980: pp. 10-14). As discussed previously, it is not easy to determine whether all forms of and reasons for female circumcision in Egypt are due to patriarchy or to simplify social relations by linking support for female circumcision to the marriage market. As mentioned, the main decision makers are mothers. Moreover, there are contextual differences between traditional and cosmetic reasons for female circumcision in Egypt.

Many Egyptians may consider the way in which the film *Bein Bahrain* addressed the issue of female circumcision to be unacceptable foreign interference in Egyptian social affairs, as in the case of the CNN broadcast mentioned previously. By contrast, sharing information about how cosmetic surgery is being performed on external genitalia in the First World could not only save many lives in the Middle East, but could also foster trust between the First World and the Third World.

The World Health Organization argued that FGM/C not only caused long- and short-term physical and psychological complications, but could also lead to death (World Health Organization, 1997: p. 6). The “medicalisation” of this practice was therefore banned due to being a factor that perpetuated FGM/C. However, as discussed previously, there is no cultural or medical need for practices that are similar to FGM Types I and II, and which are widely performed under the name of plastic surgery in some countries such as the US and Japan. In other words, in addition to the typology of FGM used globally, its implementation can be broadly divided into two types: First World implementation and Third World implementation. In the international community, the former is not the subject of criminalisation or criticism, while the latter is the object of significant attention, as reflected in zero-tolerance policies and sustainable development goals. As Korieh mentioned “female circumcision is not unique to non-Western Societies. But the west makes it look so (Korieh, 2005: p. 114)” This reflects the misrepresentation and the double standards involved in addressing the problem of female circumcision. These double standards hinder awareness-raising efforts to prevent female circumcision and lead to mistrust in the decisions of the international community. In an open world in which the global intersects with the local, what happens on one side of the globe is no longer invisible to the other. This intervention being viewed as a form of cultural hegemony and interference in others’ affairs, which may consequently affect ef-

forts to eradicate female circumcision

The second dimension of the result of the misrepresentation of female circumcision is caused by the misunderstanding of cultural backgrounds and the generalisation of unified policies, such as the zero-tolerance policy, without taking regional differences into account. This eventually results in an increase in deaths. As can be seen in the case of Egypt, most of the well-known deaths are cases of deaths that occurred after the zero-tolerance policy, which called for the prevention of medical treatment and the resulting prevention of female circumcision in hospitals (Table 2). In 2007, the Egyptian Ministry of Health issued a ministerial decree no. 271 prohibiting everyone, including health workers, from practising FGM in governmental or non-governmental hospitals and clinics. As some insisted on preserving the practice of circumcision, girls were subjected to circumcision in unequipped clinics, and the deaths were either due to bleeding or to problems with anaesthesia. Female circumcision is being performed in Egypt secretly following the prohibition of medicalisation under the zero-tolerance policy. Thus, there are cases in which parents did not take their daughters to the hospital, even though they were experiencing severe bleeding, for fear of punishment (Assaad, 1980: p. 11). Until recently, bleeding was the main cause of death. In other words, even though the practice of female circumcision has not completely disappeared in Egypt, it has been banned in medical settings and is therefore being conducted in private places or in clinics that are not equipped to handle emergencies, which causes harm to many girls.

Table 2. The most well-known deaths due to female circumcision in Egypt (El-shaykh, 2016; Nabil, 2020).

Name	Year	Age	Cause of death	The location of the surgery	Governorate
Nada	2020	14 Years	nervous shock	private clinic	A village in Assiut Governorate
Mayar Mohamed Mousa ¹¹	2016	17 Years	severe bleeding	private hospital	A village in Suez Governorate
SuheirAlbatie	2013	13 Years	anaesthesia overdose	private clinic	A village in Mansoura
Nermin Haddad	2010	13 Years	Anaesthesia	private clinic	A village in Menoufia Governorate
Budour	2007	12 Years	anaesthesia overdose	private clinic	A village in Minya-Upper Egypt
Karima	2007	13 Years	Bleeding	private clinic	A village in Gharbia Governorate

¹¹Her father was a doctor and her mother is a nurse, and the operation was performed on her and her twin sister on the same day. <https://www.youm7.com> (retrieved 1st May 2021).

Moreover, the Muslim Brotherhood organisation and other hardcore organisations that understand the status of female circumcision in Egyptian society, in which some Egyptian women still support female circumcision, use the practice to gain political interests (Saleh, 2008). When the international community pressures governments to increase penalties for the practice of female circumcision, these hardcore organisations use this as an opportunity to further their political interests; thus, some of them sometimes make the practice not required religiously (e.g., Serour et al., 2013), and sometimes the same persons claim that it is permissible religiously (e.g., Qaradāwī) (Qaradāwī, 2007). Qaradāwī also proclaimed, “Whoever thinks that this (female circumcision) will protect his daughters, let him do so (Qaradāwī, 1993: p. 708)”. These factors increase the risk entailed in zero-tolerance policies, particularly in Egyptian society. Accordingly, based on the situation in Egyptian society, this study suggests that it is necessary to continue to raise awareness about the adverse effects of female circumcision by conducting research based on medical evidences. It is also necessary to reconsider the abolition of the medicalisation of female circumcision based on the zero-tolerance policy in order to save the lives of many girls. Instances of female circumcision procedures being performed in unequipped or unlicensed private clinics following the criminalisation of and ban on female circumcision in public hospitals in Egypt must receive attention, particularly with regard to side effects such as bleeding and problems with anaesthetics. To prevent deaths caused by female circumcision, preoperative medical standards and procedures, such as anaemia tests and other blood tests used in cosmetic surgery on external genitalia, must be provided, similar to the practices in Japan and in some western countries. The right to self-determination must also be given to women, with an emphasis on age standards to ensure that the women who ask for the surgery are of an age that allows them to give informed consent, not only in Egypt but in all countries. In addition, it is necessary to ensure that surgery is performed in a licensed clinic in compliance with international medical standards when there is a medical or cosmetic need. In the First World, it is a cultural norm to refer to all types of female circumcision as FGM and to associate FGM with the sustainable development goals (SDGs) and human rights, while similar practices in the First World are culturally accepted. Advocating for the medicalisation of female circumcision is nothing less than a call to generalise what is actually happening in the world, as discussed in the context of the US, and the UK, and sometimes with the absence of medical indications when performed in (Liao et al., 2012: p. 1). Therefore, there is a need to allow medical treatment in Third World countries as well, together with continued awareness of the dangers of female circumcision and the dangers of the misrepresentation of female genitalia in cultures across the world. As a result of the elimination policies double standards, convincing all Egyptians, particularly some of the educated classes who support the practice, to recognise the danger of female circumcision despite the performance of similar surgeries in the First World will not be easy.

7. Conclusion

This study focused on the problem of the representation of female circumcision in Egypt, where the rates of implementation and medicalisation are high. The meaning and the position of female circumcision in Egypt were clarified first. It was revealed that the zero-tolerance policy was not appropriate for abolishing female circumcision in Egypt. Since there are various meanings and different types of female circumcision in Egypt, including the same meanings related to beauty and hygiene that are present in the US, UK and Japan, it is clear that there is an urgent need to reconsider the zero-tolerance policy. It was pointed out that the implementation of the zero-tolerance policy and the effect of the media promoting this policy could be dangerous if the actual situation of FGM in Egypt is not thoroughly assessed. It was also concluded that, in addition to the four types of FGM as classified by the WHO, the practice can also be divided into First World and Third World types of implementations. Thus, the study emphasised the need to allow medical treatment, together with continuing to raise awareness about the dangers of the practice and the dangers of the misrepresentation of female genitalia in cultures across the world.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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