

Attitudes and Values of Egyptian Opinion Leaders towards FGM/C:
A Qualitative Investigation

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Finally, it should be noted that the views expressed in this paper are those of the authors and do not reflect those of UNICEF.

EXECUTIVE SUMMARY

Although initiating a public dialogue on the issue of FGM/C could be very helpful in changing attitudes and behaviors regarding the practice, it is important to identify best channels and approaches to present the issue to the public so as to achieve the greatest impact and minimize any negative reactions. The present study has been commissioned by UNICEF to address the following objectives: (1) explore general knowledge, attitudes and values of Egyptian opinion leaders namely media professionals and intellectuals from other disciplines towards the practice of FGM/C and their willingness to participate in tackling it; (2) outline a number of communication approaches to publicly address FGM/C; (3) explore different message appeals and frames that opinion leaders consider could have some impact on their target groups; (4) explore potential constraints that could impede public discussion of FGM/C.

The sample for the present study included 21 highly respected opinion leaders representing various disciplines, namely mass media (8), medicine (4), religion (3), politics (2), social and behavioral sciences (4). A list of participants' names and specialties is provided in the Appendix. The above opinion leaders were interviewed in depth by a public health physician using an interview guide. All interviews were tape-recorded, transcribed and content-analyzed.

The study findings suggest that opinion leaders' knowledge about the practice was somewhat limited. Many participants believed that FGM/C was limited to lower socio-economic groups or those living in rural areas and that it was mostly performed by traditional healers. Although most participants were aware of the negative health consequences associated with the practice, some of them believed that such negative health consequences could be prevented if the procedure is performed under proper medical supervision.

The study results also showed some confusion about the religious foundations of the practice. Many participants, including the Christian priest, said that FGM/C was a purely social tradition that has nothing to do with religion. The two Moslem religious authorities believed that FGM/C was not a requirement but a praiseworthy practice for women, but one of them was more inclined to believe that since the practice has been shown to have negative health consequences, it should be abandoned.

The majority of participants were totally opposed to the practice, while two participants indicated that they were mostly opposed to the conditions under which the procedure is performed i.e. without anesthesia, by unskilled personnel who take too much off the girl's genitals. Three participants, on the other hand, strongly supported the practice on the basis of religious, moral or cosmetic grounds.

Most of the interviewed opinion leaders believed that it was culturally appropriate to put the issue of FGM/C for public debate, although many of them argued that there were other pressing social and health problems in the Egyptian society that are more worthy of such attention. Participants emphasized that FGM/C should not be treated as separate, but addressed along with other social and health issues such as illiteracy, unemployment, drug abuse ... etc. Moreover, participants emphasized that interventions to stop FGM/C require concerted efforts of several agencies such as Ministry of Health and Population, Ministry of Education, medical schools, Ministry of Information, religious institutions as well as local NGOs. A high level of involvement of international agencies in the issue of FGM/C was not recommended by many of the study participants. Moreover, most participants were of the opinion that legislation to ban the practice would not be effective.

As to the role of mass media, the majority of participants believed that the media could play a pivotal role in changing public attitudes about FGM/C as long as the topic is properly presented. It was recommended that a sensational approach be avoided and instead a more factual approach be used. Soap operas were suggested as the most attractive and effective way to convey messages against FGM/C to the public. Panel discussions that include a physician, a

religious expert and a social scientist were also mentioned as helpful but not as appealing as soap operas. Participants however, cautioned against discussing the topic of FGM/C in talk shows since directors have little control over what is said by the audience or the callers. Most convincing approaches, according to those interviewed opinion leaders were the health consequences approach and the religious expert, i.e. that the practice is not a religious requirement. The human rights / child rights approach was believed to be only suitable for addressing a more sophisticated public.

Many of the interviewed media professionals expressed willingness to present work on FGM/C if they are provided with accurate data on the subject. Interestingly, most of the interviewed media professionals indicated that there were no significant restrictions to presenting a topic like FGM/C on television, radio or in the press as long as it is done in a culturally sensitive way. Although media professionals indicated that the approval of senior officials is not required, they believed that getting support from higher authorities would encourage more T.V. producers and script writers to work on this topic.

Based on the above findings the following is recommended:

- The issue of FGM/C can be raised in public debate along with other salient social and health issues such as unemployment, drug abuse, illiteracy ... etc.
- Part of awareness-raising campaigns against FGM/C should be directed at Egyptian intellectuals and opinion leaders. They need to know that the practice of FGM/C is prevalent in both rural and urban areas and among different socio-economic groups. Awareness-raising campaigns should also explain the physiology and anatomy of the female genital system and emphasize that sexual desire is not determined by a woman's genitals but by her brain.
- A clear statement from Al-Azhar about the status of FGM/C in Islam is greatly needed to resolve the confusion around this issue in the minds of opinion leaders as well as the public. It is also important to direct part of the awareness raising campaigns at community religious leaders (Moslem and Christian).
- Awareness-raising campaigns should highlight the long-term health consequences that can not be prevented by medicalization e.g. psychological trauma, sexual complications .. etc.
- Media professionals should be encouraged to discuss the issue of FGM/C on their programs or in their writings. Workshops and seminars may be helpful in raising media professionals' awareness about FGM/C. It may also be helpful to provide media professionals with reading materials that cover different aspects of the practice, such as health, religious, social, gender ... etc. Support from senior officials on television or at the Ministry of Information to interventions against FGM/C is needed in order to encourage more media professionals to work on the subject.
- Soap operas could be the most effective way to convey messages against FGM/C to the public. Panel discussions on television can also be helpful as long as the speakers are well selected and prepared.
- It is important that all programs discussing FGM/C are based on accurate scientific data and that the topic be presented in a serious manner.

- FGM/C should not be treated as a standalone issue but as part and parcel of a development package to tackle other social and economic issues in Egyptian society. The concerted efforts of different agencies such as Al-Azhar, Ministry of Health and Population, Ministry of Education, medical schools and most importantly local NGOs are greatly needed.
- Last but not least, there is a dire need for well-designed studies that examine long-term physical, psycho-sexual and social consequences of types I & II FGM/C, especially those that can not be prevented by medicalization.

BACKGROUND AND JUSTIFICATION

In Egypt the practice of female genital mutilation / female circumcision (FGM/C) is almost universal. It is prevalent among most social, ethnic, religious as well as age groups. According to both the 1995 Demographic and Health Survey (DHS) and 2000 Demographic and Health Survey (DHS), 97% of married women of reproductive age (15-49) in Egypt have been circumcised. Main reasons for performing the practice are conforming to tradition, reducing the girl's sexual desire and contributing to the girl's cleanliness/hygiene (El-Zanaty & Way, 2001). A clinical study conducted in 1996 on a sub-sample of the DHS confirmed these figures (Egyptian Fertility Care Society, Population Council ANE OR/TA Project and Macro International, 1996). Although FGM/C was practiced as early back as the time of the Pharaohs to control women's sexuality and to ensure their cleanliness and beauty, both Muslims and Christians in Egypt tend to associate FGM/C with religion.

Interventions to discourage the practice of FGM/C in Egypt started as early as the 1920s by a number of NGOs, but gained their greatest momentum after the 1994 International Conference on Population and Development (ICPD). Most of the above interventions against FGM/C have been in the form of awareness-raising lectures and seminars at the community level, where the health hazards associated with the practice and the religious standpoint vis a vis FGM/C are discussed (Abdel-Tawab & Hegazi, 2000). On the other hand, the use of advocacy activities to create a social and political environment that is opposed to the practice has been very limited. While Egyptian newspapers and magazines occasionally feature news stories about FGM/C, the topic is rarely discussed on Egyptian television.

The influence of mass media on people's attitudes and behaviors can not be overemphasized. In fact, NGOs working on FGM/C argue that broadcasting messages against FGM/C on television would enhance the credibility of their campaigns in the community (El-Katsha, Ibrahim & Sedky, 1997). To effectively address public attitudes towards FGM/C, it is important to initiate a public dialogue on the issue in order to encourage acceptance of norms of non-practice. This could be achieved by communicating critical FGM/C messages to the public through key media programs where intellectuals and public figures (who are credible and respected by other social groups) would give out the message. However, prior to the introduction of the issue in the media a "framing"¹ analysis of the best way to present the issue must be undertaken to decide on the communication and message approach necessary to create the impact desired.

UNICEF has thus commissioned this qualitative study on the values of opinion leaders and media professionals regarding FGM/C to support the FGM/C sub-project objective of initiating a public debate on FGM/C in the larger context of addressing harmful practices against women. Findings of this study will be used to design appropriate communication strategies and media messages that establish a positive environment that is unfavorable of the practice of FGM/C. These communication activities would reinforce anti-FGM/C attitudes and hence would enable those who are socially pressured to abandon the practice.

OBJECTIVES OF THE STUDY

1. Explore general knowledge, attitudes and values of Egyptian opinion leaders namely media professionals and intellectuals from other disciplines towards the practice of FGM/C and their willingness to participate in tackling it.
2. Outline a number of communication approaches to publicly address FGM/C.

¹ Framing refers to the way an issue is phrased in the media and the extent that the communication approach used will affect the public conceptualization of the issue in the desired direction.

3. Explore different message appeals and frames that opinion leaders consider could have some impact on their target groups.
4. Explore potential constraints that could impede public discussion of FGM/C.

RESEARCH METHODOLOGY

The sample for the present study included 21 highly respected opinion leaders representing various disciplines, namely mass media, medicine, religion, politics, social and behavioral sciences. The latter group included a professor of law, a professor of economics, a professor of behavioral sciences and a professor of psychology. A list of participants' names and specialties is provided in the Appendix. The breakdown of participants by discipline, sex and religious affiliation is shown in the table below.

Breakdown of Study Participants by Discipline, Sex and Religious Affiliation

	N
<i>Discipline</i>	
Media professional	8
Physician	4
Social and behavioral scientist	4
Religious authority	3
Politician	2
<i>Sex</i>	
Male	13
Female	8
<i>Religious affiliation</i>	
Moslem	18
Christian	3

The following considerations were taken into account in selecting participants for the present study: (1) that they represent various disciplines, (2) that they include male as well as female Moslems as well as Christians, (3) to select individuals who have an influence on public opinion either by virtue of their positions or their popularity. In order not to bias the study results, the investigators tried not to include participants with publicly known opinions about the practice of FGM/C or who are known to be engaged in activities to promote or stop the practice.

An initial list that is composed of 35 potential participants was prepared in consultation with UNICEF staff, with the aim of reaching a final sample of 21 opinion leaders. Under each discipline potential participants were ordered based on the above criteria and their potential contribution to the study. Each participant was approached through a telephone call, in which the purpose of the study was explained to him / her and an appointment for a face-to-face interview were scheduled. Whenever a participant declined to be interviewed, or was contacted several times but an interview could not be scheduled with him / her, the next participant on the list was contacted. It is noteworthy that only three opinion leaders frankly refused to be interviewed because they believed they were not knowledgeable of the topic or because they believed it was inappropriate to participate in a study that would affect the image of the Egyptian society.

Opinion leaders who agreed to participate in the study were interviewed in-depth using an interview guide that covered the following three major topics: (1) knowledge about the practice of FGM/C, its prevalence, reasons for performing it and religious standpoint vis a vis the practice; (2) their own personal opinion about the practice, perceived benefits / negative consequences and factors which lead to perpetuating the practice; (3) opinions about the need for immediate intervention to stop the practice and suggestions for most appropriate strategies to address the practice; (4) appropriateness of using mass media for discussing the topic of FGM/C, best ways to present the topic and anticipated obstacles. The above interview guide was pretested with two opinion leaders, a physician and a social scientist. As a result of the pretesting several questions were modified while others were added to the guide.

The above interviews were conducted by a public health physician with extensive experience in qualitative interviewing. All interviews were tape-recorded, transcribed and content-analyzed. Participants' permission was sought before using the tape-recorder. Also to protect confidentiality, participants were assured that their responses will be presented in an aggregate manner, i.e. their names will not be linked to the opinions that they express. Each interview lasted an average of 90 minutes while the entire data collection process lasted about 8 weeks.

STUDY RESULTS

1. Knowledge about the Practice of FGM/C

Very few participants knew that the practice was widespread among all social groups in the Egyptian society and in both rural and urban areas. Most of the interviewed participants believed that the practice of FGM/C was prevalent many years ago but now it is only present in rural areas, especially rural Upper Egypt and that it was limited to lower socio-economic classes. Two participants suggested that it is difficult to make a correct estimate about the prevalence of the practice since such a topic is a taboo and people rarely talk about it in public.

"In the past, maybe tens of years back, the practice of FGM/C was widespread in Egypt, but I think that it has started to decline, now it is probably limited to some rural areas, but I do not think that anyone who has achieved a reasonable amount of education would do it ... (a statement made by a university professor).

"هو كان في الماضي يمكن من عشرات السنين كانت طبعاً منتشرة في مصر لكن يعتقد إنها بدأت تنحصر في الوقت الحالي. يمكن بقت مقصورة على بعض المناطق في الريف... جائز إنما ما أعتقدش إن أي حد تلقى درجة من التعليم معقولة بيقوم بهذا العمل" (أحد أساتذة الجامعة).

Most participants were shocked upon learning that 97 % of married women in Egypt aged 15-49 are circumcised. However, three participants contested that figure saying that it is either incorrect or fabricated. According to those participants, only a small proportion of families today circumcise their daughters.

"This study is incorrect and has ulterior motives .. I can count to you now more than one thousand families who have not circumcised their daughters.. I would say the percentage among young girls does not exceed 25-30 % ... " (a statement made by a religious authority).

"ده بحث مغرض يعني أنا ممكن أعدلك وإحنا قاعدين دلوقتي أكثر من ألف أسرة لم تختن بناتها... يعني النسبة في الفتيات الصغيرات ممكن تكون 25 أو 30%" (أحد القيادات الدينية).

The majority of respondents believed that the operation was mostly performed by traditional healers such as a health barber, a *daya* or a gypsy. Very few participants knew that recently most cases are done by physicians.

"Unfortunately, this procedure is performed by the daya .. only a small proportion of families namely those who are educated enough have the doctor do it so they can do the operation without complications..." (a statement made by a media professional).

"للأسف الشديد اللي بيعملولهم العملية دي هم الدايات... نسبة ضئيلة منهم اللي هم بيعملوها عند دكاترة... يعني اللي هم مثقفين كفاية بحيث أنهم عابزين يعملوا العملية دي بس من غير مضاعفات" (أحد الإعلاميين)

According to interviewed participants, the main reason why parents circumcise their daughters is to curb the girl's excessive sexual desire and hence to ensure her good conduct. A few participants mentioned religion as the main reason for performing the practice, while one participant mentioned that parents do it for cosmetic reasons.

"Parents believe that if a girl is not circumcised she will be too excitable and she will disgrace her family so circumcision is a way of taming her in order to reduce her sexual desire .. I think this is the main part to it, but also sometimes people think that FGM/C is a religious requirement or that it is favored by religion .. (a statement made by a university professor).

"ختان الإناث مرتبط بأنه لو تُركت الفتاة بغير تختين فستبقى متهيجة دائماً وعندها رغبة جنسية وقد تمرغ شرف الأسرة في التراب...فتختينها هو نوع من تهذيبها فتقوم تقل رغبته...أعتقد أن هي دي الجزء الأساسي لكن أحياناً في بعض ناس بيعتقدوا أن الدين يأمر بذلك أو يستحسن ذلك" (أحد أساتذة الجامعة)

In addition, participants mentioned a number of factors, which in their opinion have contributed to continued existence of FGM/C in Egypt. Illiteracy, low socio-economic status of women and the prevailing social image of women as sex objects were some of the factors that have resulted in perpetuation of the practice. Moreover, one participant argued that FGM/C has continued because it has never been put forth for public debate so people would know its advantages or disadvantages.

"Under the prevailing social and economic conditions in the Egyptian society .. when a woman's primary role is to be a housewife and to bear children, it would be such a horrible thing if a girl does not get married .. so a girl who is known to have strong emotions or who can easily fool around would have lower chances of getting married and thus families are keen on this practice ... (A statement made by a professor of social sciences).

"في ظل الظروف الإجتماعية والإقتصادية السائدة في المجتمع المصري...يعني حكاية أن الوظيفة الأساسية للمرأة أنها تكون بتعمل في البيت وتكون مسئوليتها الأساسية الخلفة...فالبنات اللي ما تتجوزش دي مسألة فظيعة جداً...فالبنات اللي يُعرف عنها أنها ملتهبة المشاعر أو ممكن بسهولة تخون أو تلعب بديلها فرصتها في الزواج حنقى أقل ومن ثم الأسرة لازم تشجع العادة دي" (أحد أساتذة الجامعة)

2. Attitudes about FGM/C

First participants were asked if they believed FGM/C was a religious requirement in Islam or Christianity. One Moslem religious authority asserted that circumcision is not a must, nor a *Sunna*, but a praiseworthy practice for women. Another Moslem religious authority argued that the issue is debatable in Islam and that the Prophet's sayings that are believed to support the practice are not authoritative i.e. it has not been confirmed that he actually made such statements. According to this religious authority as well as one media professional, the issue is debatable and so each person is free to make his /her own decision about that practice.

Many participants, including the Christian priest, confirmed that FGM/C was a purely social tradition that has nothing to do with religion, while two participants were not sure if it is a religious requirement or not. Several participants argued that since FGM/C is practiced by Moslems as well as non-Moslems, and since it is not practiced in many other Moslem countries then it cannot be a religious requirement. Moreover, two participants added that there is no evidence to suggest that the Prophet's daughters were circumcised. However, one of the two Moslem religious authorities refuted this argument by saying that not all the Prophet's actions have been recorded and the fact that it is not known if the Prophet's daughters were circumcised or not, should not mean that they actually were not.

"FGM/C is not a religious requirement but a praiseworthy practice .. a person can choose whether to do it or not .. I personally did not circumcise my daughters because I did not think there was enough religious evidence to make it a requirement ... (A Moslem religious authority).

"ختان الإناث ليس بواجب إنما من المستحبات...يعني لي أن أقوم أو ما أقومش به...فهو متروك لي كخيار وليس بواجب...فأنا ما ختنتش بناتي لأن لم تتوافق قناعتني أن ما جاء في هذه الأحاديث يأمرني بختان بناتي" (أحد القيادات الدينية)

"I don't think it has anything to do with religion .. I am saying this because in Upper Egypt both Moslems and Copts do it while in Saudi Arabia this practice does not exist ... (a statement made by a professor of social sciences).

"أنا يستبعد السبب الديني خالص...السبب بسيط أن هذه في الصعيد يمارسها الأقباط والمسلمون وهذه العادة في السعودية لا يمارسها أحد" (أحد أساتذة الجامعة)

When asked about their own personal opinions about the practice, the majority expressed disapproval of the practice because they did not think it was necessary to guarantee a girl's good conduct and because the practice had serious health consequences. Such consequences, according to many participants, included psychological trauma to the girl, reduced sexual fulfillment and lower self esteem. Two of the participants added that the practice reinforces the concept of male dominance in the girl's mind as well as a perception that sexual expression is shameful or dirty. Such perceptions would affect her sexual relations with her husband in the future. Three participants went even further to suggest that FGM/C may be responsible for drug use or extra marital relations because men are not having satisfying sexual relations with their wives.

"I am against all forms of oppression of women ... I believe that cutting off a part of one's body is not the way to control one's instincts ... controlling one's instincts comes from the brain ... (a statement made by a politician).

"أنا ضد أي قهر يمارس ضد المرأة وأنا يقول أن المفروض أن النبي آدم مش بتر جزء من أعضائه هو السبب الأول أو الأخير اللي حيكبت جماعه في اي تصرف ولكن كبت الجماع بيحي من العقل" (أحد السياسيين).

"This operation poses a trauma to the young girl because she is hit in a sensitive part of her body without any anaesthesia .. and when she finds that her loved ones like her mother and aunt are watching and not offering any help this poses another psychological trauma to her ..it makes the issue of sex and that part of her body become like a nightmare for her .. (a statement made by a physician).

"بتشكل صدمة لهذه الطفلة فهي بتضرب في مكان حساس وبدون بنج ويتلاقى الأم وخالتها وعمتها والحبايب واقفين يتفرجوا عليها...الموقف ده يمثل صدمة شديدة لها وتجعل فكرة الجنس عندها أو الإقتراب من منطقة الجنس منطقة رعب بالنسبة لها" (أحد الأطباء)

Two participants did not have strong opinions about the practice. In principle they were not opposed to the practice, but they were opposed to the conditions under which the procedure is performed i.e. without anaesthesia, by unskilled personnel who take too much off the girl's genitals. The above participants indicated that could change their mind about the practice if there is enough scientific evidence to prove that the practice is dangerous even if done under proper medical conditions.

"I don't really disapprove of the practice .. but I do not accept mutilating the girl in such a manner .. however, if it is done in a civilized way by a skilled surgeon, it could be like a cosmetic surgery .. on the contrary it would be a nice thing ... (a statement made by a physician).

"أنا مش من الراضين قوي...يس مع أنهم يقضوا فعلاً على البنبت بهذه الصورة البشعة...يعني هي لو اتعملت عملية تجميل يعني لو يعملها جراح أو اخصائي فاهم هو بيعمل أيه بالعكس ممكن تبقى لطيفة جداً" (أحد الأطباء).

Three respondents, on the other hand, strongly supported the practice of FGM/C, one on religious grounds, one on moral grounds and one on cosmetic grounds. The first participant believed that since FGM/C is recommended by religion, then it should be done regardless of whether research shows that it is beneficial or not. The second respondent believed that FGM/C was necessary to curb women's excessive sexual desire. That respondent argues that some

women would go insane if their intense sexual needs are not fulfilled. The third respondent, on the other hand, believed that the procedure was necessary because if left uncut, the clitoris would grow excessively and would look ugly.

The above three participants did not believe that the negative health consequences were due to the procedure itself but attributed them to the poor conditions under which the procedure is performed. The above participants also confirmed that the procedure does not have any long-term psychological or sexual effects as long as it is done properly i.e. the "right amount" of skin is cut off.

"Abandonment of this practice would have very serious consequences .. I believe that performing this procedure by a physician is necessary to curb women's sexual desire so it would not exceed the permissible limits .. we need to control the pace of this society by stabilizing women's sexual desire (a statement made by a media professional).

"أن تُزال هذه العادة نهائياً ده شيء خطير للغاية... أنا مؤمن أن الختان على أيد طبيب ضرورة كما أنني مؤمن أنه لابد من تقنين شهوة المرأة حتى لا تخرج عن الحد المسموح ولايد من ضبط إيقاع المجتمع عن طريق أن هذه الشهوة يبقى فيها إستقرار" (أحد الإعلاميين)

"FGM/C does not pose a problem in real life .. you (FGM/C activists) are making up those problems .. I want to see an honest study that says that a circumcised woman is infertile.. that she is depressed or that she has sexual problems .. I doubt that all these allegations are true .. (a statement made by a religious authority).

"الختان لا يمثل مشكلة في الواقع... أنتوا بقى اللي كبرتوا المشكلة... أنا عايز بحث نزيه يقول هل المرأة المختونة عقيمة؟ هل المرأة المختونة كنيية؟ هل المرأة المختونة عندها أضرار في العلاقة الزوجية... أنا أشك في كل هذه الأشياء" (أحد القيادات الدينية)

3. Suggested Strategies for Ending the Practice

All participants who were opposed to FGM/C were asked if they believed immediate intervention was needed to stop the practice of FGM/C. Only four believed that such immediate intervention was necessary. The majority of respondents were of the opinion that, although FGM/C is an important issue, it should not take precedence over other social problems in the Egyptian society such as unemployment, illiteracy, overpopulation, drug use, ... etc. According to those participants, efforts to stop FGM/C should be part of a comprehensive development package that tackles all those problems, along with FGM/C.

"Illiteracy in our society is a disgrace .. it is the main cause of all our problems .. if you eradicate illiteracy, FGM/C will automatically decline ... (A statement made by a religious authority).

"الأمية في شعبنا عار... الأمية هي أحد أسباب كوارثنا ومشاكلنا... لو قضيت على الأمية الختان حينئذ لوحدته" (أحد القيادات الدينية).

As to best strategies for tackling the problem of FGM/C, most of the suggestions focused on raising public awareness against the practice. According to the study participants raising public awareness should highlight the health hazards associated with the practice and more importantly should emphasize that FGM/C is not a religious requirement.

"You can only do it through awareness-raising .. people should know if it is beneficial or not .. if the medical opinion says that it is wrong then researchers and government agencies should inform the public .. (a media professional).

"مافيش غير التوعية... إذا كان الرأي العلمي بيقول أن دي غلط يبقى من واجب العلماء وأجهزة الدولة أنهم يفهموا الناس أن ده غلط" (أحد الإعلاميين)

According to several participants, awareness-raising efforts against a deeply entrenched practice such as FGM/C need to be part of a social revolution to change values and perceptions

about the role of women in society and to change underlying social and economic conditions. For this to be achieved, concerted efforts of several agencies such as Ministry of Health and Population, Ministry of Information, Ministry of Education, medical schools, religious institutions as well as NGOs are needed.

"There should be joint efforts .. also a higher authority such as the National Council for Women or the National Council for Childhood and Motherhood should adopt the issue, especially as these two bodies have their own channels with the various ministries ... (A media professional)
"لازم يبقى تضافر للجهود... كما ان لازم يبقى فيه سلطة أعلى شوية مثلاً يعني المجلس لبقومي للمرأة أو الأمومة والطفولة لازم يتبنوا الموضوع وخصوصاً أن هم عندهم قنواتهم مع الوزارات المختلفة" (أحد الإعلاميين)

"Women's employment is very important... open the doors for women to work and all your problems will be solved: family planning, female circumcision ... etc. (a professor of social sciences).
"توظيف المرأة مهم جداً... إفتحي مجالات لتوظيف المرأة تحل لك مشكلة تحديد النسل ومشكلة الختان..." (أحد أساتذة الجامعة)

Participants made a number of suggestions as to the possible role that could be played by the different agencies to help abandonment of FGM/C. This section will present suggestions related to a number of agencies other than mass media whose role will be discussed in considerable detail in the next section. According to study participants, the Ministry of Health and Population should raise physicians' awareness against the practice. Moreover, MOHP clinics should provide counseling services for women to help them overcome their social and psychological problems and gain greater control over their own lives. There were also suggestions to provide FGM/C messages to mothers during prenatal, postpartum, family planning or child immunization visits.

According to several participants, changing social norms and values should start as early as elementary school since these children are the mothers and fathers of the future. Also, at such an early age it is easier to inculcate new ideas rather than wait until they have reached adulthood by which time their ideas have become established. School curricula should cover subjects such as human sexuality, gender roles, human rights... etc. The topic of FGM/C can be discussed in a culturally sensitive manner under any of the above subjects.

"I think we should focus more on school children than on adults because the latter are already stuck on their ideas ... we can teach kids in the primary or secondary school about FGM/C as part of the human biology or hygiene curriculum .." (a statement made by a media professional).
"أنا أعتقد أن الولاد الصغيرين دول هم اللي نهتم بيهم أكثر من الناس الكبار لأن دول خلاص تركيبة فهمهم وقفت عند هذا الحد... أنا رأيي لازم نبدأ بالمدرسة الإبتدائي والثانوي في دروس الصحة اللي بياخدوها دي..." (أحد الإعلاميين)

There was some disagreement among participants regarding the potential role of medical schools in ending the practice of FGM/C. While four participants argued that it is important to highlight the negative consequences of FGM/C in the Ob/Gyn, psychiatry and public health curricula of medical schools, one physician, however, suggested that discussing the procedure of FGM/C in the Ob/Gyn curriculum may encourage physicians to perform the procedure. This physician also argued that it is not possible to discuss negative consequences of the practice in the medical curricula since there is not enough evidence on such negative health consequences, especially if the procedure is performed under proper medical conditions. Another physician, who partially supports the practice of FGM/C, argued that the procedure should be taught in medical schools, not with aim of ending the practice, but with the aim of teaching physicians how to do it properly.

"If only I put one word in the Ob/Gyn curriculum that these parts are the ones concerned with sexual sensation and that their removal would have serious consequences .. only these two words would be sufficient for the physician .." (a statement made by a physician).

"لو أحط كلمة واحدة في منهج النساء والولادة أن هذه المناطق مناطق الإحساس الجنسي وإزالتها تؤدي إلى تداعيات خطيرة...كلمتين زى كدة يبقى كفاية للطبيب" (أحد الأطباء)

"It is very serious that it is not taught in medical schools .. this is a reality .. millions of girls from all social strata are circumcised every day ..." (a statement made by a physician).

"ده شيء خطير أنها ما تدرشش في كليات الطب...ده واقع بيحصل ملايين البنات بتختن يوميًا على كافة طبقات المجتمع المصري" (أحد الأطباء)

Resolving the public's confusion around the positions of Islam and Christianity with regard to FGM/C has been suggested as crucial for ending the practice. According to those participants, the public needs a definitive statement from religious leaders that abandoning FGM/C is not wrong. Al- Azhar and the Church are expected to play a key role in resolving this confusion in the public's minds as well as those of some religious leaders. One participant, however, believed that FGM/C interventions should stay away from religion or else they "will get into endless debates". According to that participant, FGM/C interventions need to emphasize that the practice is harmful, has no benefits and that it does not guarantee good conduct.

"The Imam of each village is its gatekeeper or its Minister of Information .. no matter what you say or what I do .. it's no use .. whatever the Imam says in the mosque the worshippers will convey it to their families .. I therefore think that changing people's perceptions should start by educating the Imams ..." (a media professional).

"قائد الفكر في القرية أو وزير الإعلام هو إمام المسجد...مهما حضرتك دخلتي مهما أنا دخلت لا فائدة على الإطلاق...اللي بيقله إمام المسجد بينقله الراجل المصلي إلى بيته...باعتقادي الشخصي أن عملية تطوير القرية تبدأ بتعليم الأئمة..." (أحد الإعلاميين)

"The first thing you need to do is take it out of their mind that it (abandoning FGM/C) is wrong... unfortunately some Moslems and Copts believe that if Sheikh El-Azhar or the Pope makes a statement then he is trying to please the government ... but when it comes from a priest in a small church or the Imam of the mosque that they go to, then they will be convinced ... (a politician).

"أول حاجة أنك تشيلي من ذهنهم أنه حرام...هو فيه بعض العامة سواء من الأقباط أو المسلمين لما بيتقال رأى صريح شوية من البابا أو من شيخ الأزهر بيتصوروا أنهم بيقلوا من باب أرضاء الحكومة...لكن لما تيجي من قسيس كنيسة صغيرة أو من الشيخ بتاع الجامع اللي هم بيروحوه حقتنعوا..." (أحد السياسيين)

According to interviewed opinion leaders, the brunt of work against FGM/C should be the responsibility of local NGOs. The latter have direct contact with the community and hence could have a strong influence on public's attitudes and behaviors. By virtue of their presence in the community, they can address the issue of FGM/C along with other issues that are of importance to the community. However, participants emphasized that, because of the sensitive nature of the topic, FGM/C should be tackled indirectly and preferably should be integrated into other developmental activities such as literacy classes, vocational training, health education ... etc.

"Most of those people are not educated .. so do not tell me newspaper articles, flyers or lectures .. you need face to face communication .. you need NGOs in the villages ... (A politician)

"الناس دي معظمها مش متعلم فمش حتقوللي نعمل منشورات ولا نعمل مقالات ولا محاضرات...لازم إتصال مباشر...لازم يبقى فيه جمعيات أهليه في الريف وفي القرى" (أحد السياسيين)

"NGOs can play a role in raising public awareness and in community development .. awareness raising against FGM/C can be part of community development .. but this should come in the midst of other things .. it should not come alone ... (A religious authority)

"الجمعيات الأهلية ممكن يبقى لها دور في تنمية الوعي المجتمعي ولها دور في خدمة البيئة ومن ضمن التنمية هذه الجزيئات... بس تيجي في وسط حاجة ما تجيش لوحدها..." (أحد القيادات الدينية)

While participants stressed the important role of local NGOs in the battle against FGM/C, the involvement of international organizations in this topic was not welcomed by most participants irrespective of their discipline. Many participants believed that such efforts were an attempt to impose Western values on Egyptian society. Others saw it as a deliberate effort to tarnish the image of Egyptians and Moslems and to detract the public's attention from other more salient issues. Only two participants believed that the involvement of international NGOs helped in giving momentum to the local movement and in putting FGM/C on the national agenda.

"Now the West's main's issue has become that we Moslems circumcise our daughters .. and in the meantime you see what's happening to the Arabs and Moslems .. I believe this issue has been blown way out of proportion ... (A physician)

"أصبح قضية الغرب دلوقتي أن المسلمين بيختنوا بناتهم في حين أنهم يعني شايقة اللي بيحصل تجاه العرب والمسلمين... أنا حاسس أن هذا الأمر مبالغ فيه جداً" (أحد الأطباء)

"Those things (interventions by international organizations) raise people's suspicions .. we are a country that has recently come out of a foreign occupation and we have a belief that we are being targeted at (by Western nations) .. so when they tell us that FGM/C is bad, we adhere to it more out of nationalism .. for this reason I prefer to use scientific facts ... (A professor of social sciences)

"الحاجات دي بتشير شبهاة...أحنا دولة طالعين من الإحتلال وعندنا عقيدة أن احنا مستهدفين فلما يقولونا أن الختان ده وحش بنتمسك به من باب الوطنية وعلشان كده أنا رأيي أننا نستخدم الحقائق العلمية" (أحد أساتذة الجامعة)

"I believe the story that was presented by CNN was a great step ... I said then how come we do not blame the culprit but we blame the person who photographed the crime..." (A professor of social sciences)

"أنا بتصور أن تصوير عملية الختان بواسطة CNN كان خطوة عظيمة ومدهشة وأنا قلت يومها يعني بقه أحنا لا نلوم القاتل ونلوم من صور الجريمة" (أحد أساتذة الجامعة)

As to the role of legislation in ending the practice of FGM/C, the great majority of participants asserted that issuing a law to criminalize FGM/C would not be effective given the strong belief in this tradition. Many of them argued that with the great majority of the public supporting and/ or carrying out the practice it would be very difficult to pass a law banning the practice, let alone to enforce that law. Three conditions were mentioned as prerequisites for passing such a law through the People's Assembly. First, there needs to be a clear statement that FGM/C is neither a religious requirement nor a praiseworthy practice. Second, there needs to be a definitive medical opinion that the practice is harmful, even when done under proper medical conditions. Third, public opinion should be ready to abandon the practice. Since none of the above conditions has been fulfilled yet, then it will not be feasible to issue such a law in the near future.

According to study participants, one other problem with such legislation relates to enforcing it, as no parent is expected to file a case against the doctor/practitioner who performed the operation unless the girl experiences complications. One participant, however, mentioned that another alternative would be to pass a law that would punish parents who expose their daughters to FGM/C. But again to pass such a law, clearance from the religious authorities as well as definitive medical evidence that FGM/C is a form of mutilation would be needed. Rather than issuing a law against FGM/C, the majority of participants argued that persuasion is the key to changing people's behavior.

"To please the West, you may rush into issuing a law so what will happen is that instead of going to a hospital, people will do it underground which will be even worse .. I am against rushing into this .. you better change the social conditions that have led to this practice ... (A professor of social sciences).

"حتتسرعي علشان ترضي الغربيين بإتخاذ قانون فتبقى النتيجة مثلاً بدل ما يروحوا المستشفى يروحوا يعملوا في الخفاء فتبقى صحياً العن...أنا فعلاً ضد السرعة قوي في الحكاية دي...لازم تغيري الظروف الإجتماعية اللي أدت للعادة دي" (أحد أساتذة الجامعة)

"I am against criminalizing it .. I am for personal choice .. there is a difference between awareness raising and criminalization .. are cigarettes harmful or not .. its hazards are even more than those of FGM/C .. it causes cancer .. why don't you criminalize it then?" (A professor of social sciences).

"أنا ضد التجريم كمبدأ...أنا مع حرية الإنسان...فيه فرق بين التوعية والتجريم...السجائر ضارة ولا مش ضارة...هي ضررها أكثر من الختان...بتجيب سرطان فمش بنجرمها ليه" (أحد أساتذة الجامعة)

"The land needs to be fertile .. you should choose the right time because representatives of the People's Assembly have constituencies which they represent .. if the village or the constituency that he is representing disapprove of such law or are not prepared for such law, they would force him to reject it ... (A politician)

"لازم يكون فيه أرض خصبة...يكون فيه تقدير للوقت...هم نواب مجلس الشعب دول مش لهم دواير إنتخابية بيمثلوها...يوم ما القرية أو الدائرة الإنتخابية بتاعت النائب تبقى رافضة أو مش ممهدة لقانون زي ده حتلزمه أنه يرفضه" (أحد السياسيين)

4. The Role of Mass Media in Ending FGM/C

Participants were specifically asked if the issue of FGM/C could be put for public debate on radio, televisions or the press. The great majority of participants believed that mass media, especially television, could play a pivotal role in changing public attitudes about FGM/C. It was mentioned that Television viewership was very high in Egypt and that people tend to believe information conveyed to them through television. Also, with a large proportion of the public being illiterate, television becomes the main source of information for many people. Several participants mentioned previous health communication campaigns such as the oral rehydration therapy and family planning campaigns as examples of how television can be effective in shaping public opinion and in changing behavior.

"Of course this can be done through mass media as these go into every house .. they go into people's bedrooms .. so this is the best way to reach illiterate people .. through television and radio ... (A professor of social sciences)

"ده طبعاً ممكن يتم عن طريق وسائل الإعلام فهي بتدخل كل بيت وتدخل أوضة النوم مع الناس...يبقى دي أقرب وسيلة للأمين...التلفزيون والراديو أقرب وسيلة إعلام لدينا" (أحد أساتذة الجامعة)

A few participants, on the other hand, disapproved of the use of mass media for discussing FGM/C, not because they thought it was inappropriate but because in their opinion this topic has already received far more attention (from the media) than other social or health issues in Egypt. According to those participants the issue can only be discussed on television if there is something new to be said and when the real motive is to improve the health of the Egyptian public and not to please Western organizations.

"Is the procedure that serious to make it a public cause ... as a media professional I believe that cutting the throats of Palestinians every day and arrangements to eradicate the Iraqi people are a thousand times more dangerous than cutting that piece of skin... (A statement made by a media professional).

"هل الموضوع بالخطورة بحيث تصبح مسألة الختان مسألة قضية عامة... يعني أنا كرجل إعلامي بعقد أن قطع رقاب الفلسطينيين والترتيب لإبادة الشعب العراقي أخطر مئات الآلاف من المرات من عملية قطع هذه القطعة من اللحم" (أحد الإعلاميين)

"I think the attention that this issue has received is enough ... it was put for public debate and was discussed in the mass media over and over again and many people expressed opinions about it - sociologists, psychologists, physicians, religious experts – all levels talked about it I don't think it needs to be discussed any further .. (a statement made by a professor of social sciences).
"أعتقد أن هذه القضية أستوفت حقها بما يتناسب مع حجمها... هي طرحت على الرأي العام ونوقشت في كل وسائل الإعلام وناس كثير جداً قالوا رأيهم من إجتماعيين لنفسيين لأطباء ولرجال دين... عموماً كل المستويات إتكلمت وأبدت رأيها... ما اعتقدش أنها محتاجة تطرح من جديد... (أحد أساتذة الجامعة)

Despite reservations about the salience of the problem, most participants, however, believed that it was appropriate to discuss such topic on television as long as the topic is presented in a culturally sensitive manner. Many participants stressed that the topic should be presented very cautiously and subtly in order not to generate negative reactions from the public. A sensational style should be avoided in presenting the issue, but instead the scientific facts should be presented. It was recommended that program directors be careful in their choice of speakers and presenters in order to ensure high acceptance and credibility by the public. Since the subject will inevitably get into discussion of sexual matters the language used should be serious and scientific with no room for jokes or daring comments allowed.

"All controversial social issues like family planning first people used to say it is embarrassing .. today they talk about family planning methods every day on television .. as long as it is scientific and serious, no one will object ... " (A media professional)
"كل القضايا المثيرة للجدل زى تنظيم الأسرة في الأول الناس كانت بتقول ده محرر دلوقتي كل يوم بيتكلموا على أدوات منع الحمل ما دام بطريقة علمية وجادة ما حدش حيعترض" (أحد الإعلاميين)

"There is a difference between making a program for propaganda and making it to solve a problem.. an approach that is too daring does not solve problems but makes them worse ... (a religious authority)
"هناك فرق بين أنني أعمل برنامج للفرقة وأعمل برنامج علشان أحل قضية... الأسلوب الجريء جداً ده ما يحلش قضية... ده كده يعقد الموضوع" (أحد القيادات الدينية)

With regard to format, the great majority of respondents mentioned soap operas as the most effective way to convey messages against FGM/C. It was mentioned that soap operas are watched on a daily basis by most Egyptians and are believed to have a great influence on people's behavior. Also, according to three of the participants Egypt has very good script- writers and actors who can make very attractive plays and soap operas. Participants mentioned that through soap operas, messages on FGM/C can be indirectly integrated into the fabric of the drama, for example, by showing a girl suffering complications after a circumcision or a couple who are having marital problems because of circumcision and hence such message can appeal to people's emotions. The challenge, according to one of the participants, "is to make a soap opera on FGM/C without making people realize that it is on FGM/C".

Panel discussions that include a physician, a religious expert and a social scientist were also mentioned as helpful but not as appealing as soap operas. Some participants suggested showing real life stories on television of families of girls who died following circumcision or interviews with parents who have circumcised their daughters and others who have not and try to explore the logic that each of the two groups of families has for their behavior. It is noteworthy that several participants did not recommend presenting the topic of FGM/C in talk shows or in call-in shows because in such shows the director has little control over what is said by the audience or the callers.

"It is OK to open it for discussion, but choose reasonable speakers... not those who want to please the West or those who are not sensitive to the needs of ordinary people .." (A professor of social sciences)

"يعني لو حتى تفتحها للنقاش ما فيش إعتراض بس تنقوا الناس العاقلين مش الناس اللي عايزين ينافقوا الغرب أو اللي مش حساسين أبداً للناس البسطاء بتفكر إزاي وعايزين أيه" (أساتذة الجامعيين)

"Drama can play an amazing role in such a topic because it will be integrated within the dialog of the soap opera .. the idea will reach their minds and stir people's emotions more than anything that I could do .. there is nothing more effective than the dialog in a soap opera .. it is very effective especially in rural areas ..." (A media professional)

"الدراما ممكن تلعب دور خطير في هذا الموضوع لأنها ستتم خلال حوار المسلسل..تدخل الفكرة إلى العقل وتتفاعل مع الوجدان أكثر من اللي عمله أنا...لا شيء قدر الحوار في المسلسل التلفزيوني..يؤثر في المجتمع وفي الريف على وجه الخصوص" (أحد الإعلاميين)

"It can be integrated into soap operas which all people watch .. it can be integrated without being discussed openly .. not many people watch one on one discussions .. mini-dramas would be more effective than panel discussions .. people find those discussions boring ..." (a physician).

"يعني هي ممكن تدخل في المسلسلات اللي الناس كلها بتتابعها..يعني هي ممكن تبقى متداخلة من غير ما تبقى مفتوحة..ندوات في التلفزيون لان مش كتير من الناس اللي بتسمع حديث واحد لواحد..ممكن مسلسلات صغيرة تبقى أوقع من الندوات..الناس بتمل من الحاجات دي" (أحد الأطباء)

Participants who were not supportive of the practice were presented with several approaches that have been used in the past in efforts to end the practice of FGM/C, namely the health approach, the religious approach, the social approach and the human rights approach. Participants were asked to suggest the approach(es) which in their opinion would be most convincing to the Egyptian public.

While several participants suggested that a combination of all four approaches would be very helpful, many believed that showing the negative health consequences of the practice would be most convincing. According to the above participants people need to believe that the procedure has negative consequences even if performed under proper medical conditions. One message that was suggested was to tell the public that since this procedure is neither medically nor religiously required there is no reason to expose girls to such hazards even if they were minimal. However, in presenting health hazards associated with the practice, a number of participants warned against putting too much emphasis on the issue of sexual enjoyment since this is the very reason why parents do the operation i.e. to reduce their daughter's sexual desire.

Clarifying the religious stand vis a vis the procedure was mentioned by participants as key to changing people's attitudes about the practice. According to many participants if people realize that the practice is not a religious requirement, many of them will abandon it right away, especially when they are informed about its negative consequences. However, one participant suggested that both religious points of view should be presented honestly, i.e. the one for and the one against the practice, and the public should be left to make their own decision.

"Religion should be my number one approach, but I should not limit myself to it .. I should also say that it is harmful .. there is a religious principle that says that if something is harmful it can not be a religious requirement ..." (A professor of social sciences)

"الدين لازم يكون نمرة واحد إنما ما أقتصرش عليه أقول برضه أن ده مضر صحياً وبعدين أنا عندي قاعدة دينية أساسية بتقول لا ضرر ولا ضرار...إذا كان ده ضار يبقى مش معقول أنه يبقى من الدين أساساً" (أحد أساتذة الجامعة)

"We can tell the people that there is no religious statement that requires FGM/C .. so now we are talking about a social tradition which affects our girls in such and such a way .. I would not mention the sexual desire as this may get us into trouble .. I would say that we are needlessly

exposing the girl to anesthesia, surgery, infection when there is no religious requirement ... (a religious authority)

"يعني نقول أن النص الديني ليس فيه ما يوجب هذا فاحنا خلاص الموضوع ده بقينا نناقشه كعادة والعادة دي ممكن تؤثر على بناتنا في كذا وكذا ويرضه ما نقولش علشان شهوتها ورغبتها... ده ممكن يدخلني في متاهات أخرى... لكن أجيبها أنها ممكن تتعرض لبنج وتتعرض لجراحة وممكن تلوث وده أصلاً مش مطلوب دينياً" (أحد القيادات الدينية)

The social approach, i.e. to show that good behavior is not achieved by cutting one's genitals but by proper upbringing, was also recommended by a number of participants. To convey such message participants suggested showing positive role models on television e.g. pious successful women who are not circumcised and in contrast show women who are convicted of prostitution or of adultery and who are circumcised.

The least convincing approach in participants' opinions is the human rights approach. According to many participants this approach only works with educated people but not with the rest of the population. Also, this approach is misleading because it suggests that people who do the practice are cruel or irrational when the parents' main aim is to insure their daughters' marriageability and happiness.

"One piece of information that should be said is that a large proportion of prostitutes are circumcised .. we can also get statistics on women convicted of adultery .. but to tell people that this is uncivilized or brutal does not make sense ..." (A professor of social sciences)

"المعلومة اللي لازم تتقال أن النسبة الكبرى من ممارسات الدعارة مختونات... كمان قضايا الخيانة الزوجية... لكن حكاية أن دي ضد التحضر أو أن دي حاجة وحشية كلام مالوش معنى... (أحد أساتذة الجامعة)

"Forget about this women's rights and child's rights approach .. these are too philosophical .. the real approach that would make sense to them is the health approach .. that it does harm but springs no benefits ..." (a physician).

"سبيك من مدخل حقوق المرأة وحقوق الطفل والكلام ده... دي كلها مداخل فلسفية... المدخل الحقيقي اللي أنا أفهمولها هو المدخل الصحي... أن هي لها أضرار وليس لها فوائد... (أحد الأطباء)

"Unfortunately, women here do not understand the word rights .. the religious approach and the health approach are the strongest .. if a mother or a father are convinced that this operation will hurt their daughter, no one would do something to hurt his daughter ..." (A media professional)

"للأسف الشديد أن النساء عندنا ما يعرفوش كلمة حقوق أصلاً... هو المدخل الديني أقوى المداخل والمدخل الصحي... لو الست أو الراجل أقتنع أن هو بيؤذي بنته مافيش حد حيرضى يؤذي بنته" (أحد الإعلاميين)

5. Participants' Willingness to Play a Role in the Debate around FGM/C

Several of the interviewed media professionals expressed willingness to work on the subject of FGM/C if they have enough reliable data on the topic, e.g. prevalence of the practice, its geographic distribution, its side-effects and religious standpoint. One media professional said he would be willing to work on the subject if there is "enlightened censorship". Apart from media professionals, only three of the participants from other disciplines could see a role for themselves in addressing the issue of FGM/C.

"I would not do anything unless I prepare for it .. if I get scientific data on its effects, dangers, percent and type of people who practice it, I have no problem doing such program .. this is the role of mass media.. to educate the public about what is good for them, their society and their families ..."

أنا ما بعملش حاجة من غير ما أذاكر لها كويس فما عنديش مانع لو في إحصائيات علمية... يعني أثارها والأضرار والعدد اللي بيمارسها ومين بيعملها... إيه المانع بالعكس ده واجب الإعلام أن هو يبصر الناس بكل ما فيه نفع لهم وخير للمجتمع والأسرة" (أحد الإعلاميين)

However, when asked if they would be willing to attend a conference to discuss FGM/C, the great majority of participants expressed interest although three of them preferred that this be small workshop form so the issue could be discussed in depth and a plan of action be developed. Two participants indicated that they would need to learn more about the topic before they participate in such a conference.

"If it is for propaganda, I won't attend .. but I do not mind if it is a small working group" (a media professional)

"إذا كانت مسألة هليلية مش حشترك... لكن لو مجموعة عمل مصغرة ما عنديش مانع" (أحد الإعلاميين)

"I do not want a big conference .. I'd like a meeting of about 40-50 people so they would develop recommendations and present them to the concerned ministers ..." (a statement made by a physician).

"أنا مش عايز مؤتمر كبير... أنا عايز لقاء على مائدة مستديرة يعني حاجة بتاعت 40-50 نفر بحيث أنهم يعملوا توصية ويقدموها للوزراء المعنيين" (أحد الأطباء)

Finally, media professionals were asked if there were any obstacles that would prevent them from working on FGM/C and if they would be willing to work on the subject, each in his/her own field. While the majority of interviewed media professionals acknowledged that this was a sensitive topic, many of them indicated that there were no restrictions on what they write or present as long as this is done in a culturally sensitive manner. It is noteworthy that interviewed media professionals who previously presented materials on the topic of FGM/C asserted that they did not seek their supervisors' approval before presenting their work. However, the real challenge (according to those professionals) was to find lay people who are willing to talk about their FGM/C experience in public. Another media professional indicated that she can not keep on presenting work on FGM/C because some people would lose interest. According to this media professional such a topic is better handled by reporters / presenters in the Women's section of television or newspapers.

Several media professionals indicated that although approval of senior officials is not required, getting support from them would certainly encourage more Television producers and script writers to work on this topic. Support of senior officials is particularly needed if sensitive issues such as sexual relations are to be discussed in soap operas.

"It would require some approvals but I think it could go through .. of course it takes a lot of courage to do it .. but you would need support from the government .. after all the preparations that you've made you do not want someone to tell you how come you are showing such things on television..."

"هي محتاجة موافقات طبعاً بس أنا بيتهياً لي أنه ممكن يتعرض هو محتاج طبعاً لجرأة شديدة بس لازم يبقى فيه دعم من الدولة علشان ماتجيش تعلمي كل المجهودات دي ويقولوك ازاى بتطوعي الكلام ده على التلفزيون" (أحد الإعلاميين)

"This is not one of the taboos .. it is not a topic that would raise the concerns of the editor in chief .. this only applies to political or sensitive issues .. but if you write on the topic of FGM/C no one would ask you why you are writing on such topic..."

"ده مش من الممنوعات... يعني مش من الموضوعات اللي ممكن تثير اهتمام رئيس التحرير... الكلام ده بالنسبة للموضوعات السياسية أو الحساسة إنما موضوع الختان ده محدش حيقول للتاني أنت بتكتب في ده ليه..." (أحد الإعلاميين)

CONCLUSIONS AND RECOMMENDATIONS

The present study was designed to explore the attitudes of Egyptian opinion leaders towards the practice of FGM/C and to solicit their opinions about best ways to end the practice. Since opinion leaders in any society serve as its “gatekeepers” in the sense that they influence the social norms and can withhold, reshape or advance information that reaches the public, it was important to understand their opinions before designing any large-scale interventions against FGM/C.

The study revealed several encouraging findings. First and foremost, the majority of opinion leaders in this study do not support the practice of FGM/C. In fact, many of them believe that the practice is not only unnecessary but harmful. Also, many of them are aware of the negative physical, psychological and social consequences of the practice.

Second, the topic of FGM/C is not seen by the interviewed opinion leaders as a social taboo. Many of them believe that it is culturally appropriate to discuss the topic of FGM/C in public and in the mass media as long as this is done tactfully and scientifically. It was encouraging to learn that there are no restrictions against presenting a topic like FGM/C in the mass media. The interviewed participants highlighted the important role that television can play in promoting abandonment of the practice. Moreover, they provided several valuable suggestions on best ways to present the topic on television, while several media professionals expressed willingness to present work on the topic of FGM/C.

The study, however, revealed some gaps in opinion leaders’ knowledge about the practice of FGM/C. First, there is a tendency to under-estimate the prevalence of the practice or to associate it with rural residence or lower socio-economic status. Moreover, although many of them are aware of the negative consequences of the practice, some of them believe that such consequences are preventable if the procedure is done under proper medical supervision. It is not surprising then that many of them do not see a need for immediate intervention to stop the practice as long as, in their opinion, it is not widely prevalent and its negative health consequences can be controlled by medicalization. It is important that awareness-raising campaigns emphasize that the practice is prevalent in both rural and urban areas and among different socio-economic groups.

The need for reliable studies that examine the health (physical, psycho-sexual and social) consequences of FGM/C that cannot be prevented by medicalization can not be overemphasized. Unfortunately, most of the literature that examined health consequences of FGM/C was conducted in countries where infibulation is the predominant type, namely Sudan. Thus, very little is known about the health effects of the types of FGM/C that are practiced in Egypt (Types I & II) (Hassan, 2002). It is also worth mentioning that the above literature focused mainly on the immediate complications such as bleeding, shock, infection ... etc. which are to large extent preventable by medicalization, while the long-term physical, psycho-sexual or social consequences of the practice have seldom been studied. The few studies that examined long-term complications used weak study designs, hence it is difficult to attribute such complications to the procedure (Obermeyer, 1999). Last but not least, very few of the above studies have attempted to link health outcomes with the type of practitioner or the circumstances under which the procedure was performed. There is a tremendous need for well-designed studies that examine the long-term health consequences of Type I and II FGM/C, i.e. those that can not be prevented by medicalization.

The religious standpoint vis a vis the practice of FGM/C is a major source of confusion among the study participants, let alone the public. While the Christian priest in this study indicated clearly that the practice is not required by Christianity, the two Moslem religious authorities believed that FGM/C was a praiseworthy practice which is preferable to do, but that abandoning it was not wrong. Although the above opinions by the two Moslem religious leaders do not clearly

oppose the practice, they still leave some room for interventions to stop the practice. **A clear statement from Al-Azhar about the status of FGM/C in Islam would certainly resolve this confusion. Moreover, it is important to involve local religious leaders (Moslem and Christian) in awareness-raising campaigns against the practice since the former are believed to have a tremendous influence on their communities.**

It was interesting to note that some of the opinion leaders in this study believe that FGM/C is necessary for moral or cosmetic reasons. This finding suggests that, like the public, opinion leaders may have their misconceptions about the anatomy and function of the female genital organs or human sexual response. Also, they may share the same norms as the rest of the society regarding the social roles of women and men. **It is therefore important that part of the awareness-raising campaigns be addressed towards opinion leaders in a language and format that is appropriate for their level of education and prominent status.**

The interviewed opinion leaders believed the health argument would be most convincing to the public. Although many FGM/C activists have expressed reservations about this approach which has led to medicalization of the practice in many countries, this approach could still be used with caution. **Messages using the health approach could highlight the long-term health consequences that can not be prevented by medicalization e.g. psychological trauma, sexual complications .. etc.** The above messages could also show the anatomy and function of the female genital organs and could highlight ...the fact that...that sexual behavior is not influenced by a woman's external genitals but mostly by her brain. They should also emphasize that no surgery is error-proof as hemorrhage, cardiac arrest and infection could happen even with a skilled surgeon. A clear statement from religious leaders that FGM/C is not a religious requirement would further strengthen the argument against the practice.

Care should be taken, however, not to over-emphasize the aspect of sexual pleasure in FGM/C as this may inadvertently reinforce misconceptions that the procedure is necessary for curbing women's excessive sexual desire. There are also concerns that as a result of over-emphasizing the sexual consequences of the procedure, some husbands might blame their wives for unfulfilling sexual relations, when in fact such failure could be a result of many reasons other than circumcision.

Soap operas were mentioned as the most effective way to convey messages against FGM/C to the public. Fortunately, in Egypt there are many talented script writers, directors as well as popular actors and actresses who can make appealing soap operas to address the issue of FGM/C along with other social and health issues. In fact, soap operas have previously been used successfully in Egypt to promote norms of small family size as well as use of family planning. Panel discussions on television can also be helpful as long as the speakers are well selected and prepared. **Regardless of the format, it is important that all programs discussing FGM/C be based on accurate scientific data and that the topic be presented in a decent way.**

Lack of knowledge on the subject of FGM/C is major obstacle that prevents many media professionals from discussing on radio, television or newspapers. **Workshops and seminars may be helpful in raising media professionals' awareness about FGM/C.** It may also be helpful to provide media professionals with reading materials that cover different aspects of the practice, such as health, religious, social, gender ... etc. Also support from senior officials on television or at the Ministry of Information to interventions against FGM/C would prompt more media professionals to work on the subject.

Changing attitudes about a deeply entrenched practice like FGM/C requires concerted efforts of different agencies such as Al-Azhar, Ministry of Health and Population, Ministry of Education, medical schools and most importantly local NGOs. FGM/C should not be treated as a standalone issue but as part and parcel of other social and economic issues in Egyptian society . **Efforts to stop FGM/C should be integrated within a comprehensive development package**

that addresses the root causes of the practice, namely gender inequalities. In fact, several local NGOs such as CEOSS (Coptic Evangelical Organization for Social Services) and COST (Coptic Organization for Services and Training) have been successful in reducing the incidence of FGM/C in several villages in Upper Egypt by integrating FGM/C messages in literacy classes, vocational training and problem-solving training, particularly for women (Abdel-Tawab & Hegazi, 2000).

A final word of caution is warranted about the involvement of international NGOs in efforts to stop FGM/C in Egypt. As a result of the current political situation in the Middle East, a substantial proportion of the Egyptian public as well as intellectuals have become suspicious of the ulterior motives of health or social interventions that are sponsored by international organizations. **It is therefore advisable that the lead on all activities against FGM/C and other sensitive topics be taken by local or governmental organizations, while international organizations provide technical assistance when needed.**

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APPENDIX

List of Interviewed Opinion Leaders

1. Abdel-Hakim, Nabil (Professor of Ob/Gyn, Cairo University)
2. Abdel-Sattar, Fawzeya (Professor of Criminal Law, Cairo University)
3. Aboul Azayem, Gamal Mady (Psychiatrist)
4. Abou Zahra, Adel (Professor of Behavioral Sciences, Alexandria University)
5. Al-Mosayyar, Mohamed (Professor of Religious Studies, Al-Azhar University)
6. Amin, Galal (Professor of Economics, American University in Cairo)
7. Badrawi, Nadia (Professor of Pediatrics, Cairo University)
8. El-Kahlawy, Abla (Professor of Religious Studies, Suez Canal University)
9. Fahmy, Amal (Radio reporter)
10. Farrag, Ahmed (T.V. presenter)
11. Fawzy, Moufid (Journalist and T.V. reporter)
12. Fayyad, Samir (Physician and Secretary General of Tagamu' Party for Cairo Governorate)
13. Hefny, Kadry (Professor of Psychology, Ain Shams University)
14. Kharsa, Rola (T.V. reporter)
15. Mansour, Anis (Journalist)
16. Okasha, Osama Anwar (Script writer)
17. Quellini, Georgette (Lawyer and member of People's Assembly)
18. Qolta, Yohanna (Christian priest)
19. Raslan, Osama (Physician and Secretary General of Physicians' Syndicate)
20. Shah, Hosn (Journalist)
21. Sharafeldin, Dorreya (Director of T.V. satellite channels)