

To what extent have recent combating strategies been effective in influencing public perception on Female Genital Mutilation practices in Egypt?

Political Issue: Female Genital Mutilation in Egypt

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Introduction

Female genital mutilation -FGM- involves the partial or total removal of external female genitalia or other injuries to the female genital organs for non-medical reasons (WHO). Despite the practice offering no health benefits, more than 200 million girls and women alive have undergone FGM in over 30 countries in the Western, Eastern, and North-Eastern regions of Africa, and some countries in the Middle East and Asia (UNW) - with many more victims not surviving the procedure due to immediate and long-term complications.

Not only does this political issue hold regional and global concern/implications, but according to UNFPA demographic and health surveys, Egypt, my home country, continues to have one of the highest FGM rates in the world (UNFPA). As a young Egyptian woman, with female family members who have undergone FGM, this issue appeals to me personally as an opportunity to understand the different paradigms within my home country in regard to FGM and grasp what factors influence people's opinions on this matter and its persistence.

Therefore, the political issue I will be exploring can be articulated as **“To what extent have recent combating strategies been effective in influencing public perception on Female Genital Mutilation practices in Egypt?”** - a topic that will address the efficacy of nationwide anti-FGM frameworks and how and why opinions on female circumcision might be changing within Egyptian communities; whilst also allowing for conclusions to be drawn about why FGM practices are still prevalent. The relevant key concepts are **human rights**, particularly the rights of women and children in Egypt, which will be explored through the foundational theories of **universalism** and **cultural relativism**. As well as the concepts of **liberty**, specifically negative

liberties, in the context of medical and bodily autonomy, and **justice** in order to evaluate the strategies and policies in place to combat FGM.

The Engagement Activities

For my engagement activities, I aimed to address different aspects of my research question and explore a variety of stakeholders' perspectives.

Firstly, I reached out to Dr. Shaima Abdel-Ilah, a member of the National Press Authority and the official spokesperson for the Coordination of Youth Parties and Politicians. As a state-affiliated political actor, who was directly involved in national initiatives against FGM since 2003, she was able to provide me with a general overview of the situation in Egypt and how it has progressed over time - on a **national scale**. This experience was invaluable as it prompted a further area of research about the role of media and journalism in spreading anti-FGM ideologies; she also played an instrumental role in connecting me with journalist Noha Lamloum.

Following my phone call with Dr. Shaima (see appendix A), I was provided with the contact of Noha Lamloum, a journalist who specialized in covering women's issues, whom I directly correspond with via WhatsApp and interviewed in an online meeting (see appendix B). Not only could I benefit from the primary research that she had conducted on the topic, but I also gained insight into how different groups of people responded to her works that shunned FGM practices.

Finally, I conducted interviews with three FGM survivors who came from different socio-economic backgrounds (see appendix C); their perspectives on the matter allowed me to understand how culture and environment influenced the way in which FGM was perceived by Egyptian women.

I had attempted to reach out to the National Council for Women (see appendix D) and the UN Women's Regional Office for Arab States (see appendix E); however, despite multiple attempts at contact - through emails and phone calls - I received no response. In fact, I even visited the UNW building and was, not unsurprisingly, turned away. Through these attempted engagements, I realized the sensitive nature of the topic I was researching; because high-profile key stakeholders in the matter, both state and non-state actors, had very stringent regulations over what requests of communication were actually forwarded to representatives of their respective organizations.

Analysis of the Political issue

Current situation in Egypt

According to the 2021 Egyptian Family Health Survey, approximately 86% of Egyptian women aged 15-49 have been subjected to female genital mutilation (Fahmy); this is despite the practice being officially criminalized by the Egyptian Parliament in June of 2008 (Farouk).

Assuming the lens of universalism, female genital mutilation can be viewed as “a blatant violation of the human rights of girls and women” (WHO), as it breaches articles 3 and 5 of the UDHR: the right to life, liberty and security - which is particularly relevant in cases where FGM

has resulted in the death of its female victim - and the right to not be subjected to torture and cruel, inhuman or degrading treatment (“Universal Declaration of Human Rights”). FGM practices are classed as removing and damaging healthy genital tissue thus interfering with women’s natural bodily functions and offering no acknowledged benefits - this can be recognized as a form of violence and torture. However, the ethical theory of cultural relativism suggests that values are culturally and individually determined. As a result, many communities - typically within Northern and Western Africa and parts of Asia, use sociocultural value systems as a justification for FGM practices. Dr. Shaima Abdel-Ilah believes that such ideologies “have been ingrained into [Egyptian] society for centuries and inherited over the years...particularly in rural areas in Upper Egypt” where 75% of FGM cases occur (Ministry of Health and Population). This practice is seen as a way “to purify” (survivor ‘S’) young girls by removing the receptors and nerve tissue responsible for socially unacceptable sexual urges. Hence, acting as a ‘guarantee’ for premarital virginity - a religiously motivated value - and protects the femininity and “marriageability” (James) of young women.

Due to stigma and unequal access to sex education and education about female anatomy, some women are misinformed about the supposed harmlessness of FGM and are not aware of the risks it could present. Therefore, like survivors ‘S’ and ‘N’, they genuinely and fully believe that post-FGM complications such as hemorrhaging, infections, turbulent pregnancies, and sexual and menstrual problems are “normal” and do not indicate any danger but rather indicate that a woman has “officially grown up”. Therefore, lack of education can be identified as another reason that FGM practices persist in Egypt - which is corroborated by the national rates of

female circumcision being the lowest amongst women who have completed secondary and tertiary education (Fahmy).

Interestingly, 74% of FGM cases in Egypt are medicalized FGM (UNFPA), meaning that they were carried out by medical professionals and/or health-care providers - this is exemplified in the experience of survivor 'T' who recalled the FGM practitioner wearing a white coat and using surgical tools. This occurrence stems from the belief that a medicalized procedure offers a relatively reduced risk of complications. Thereby, indicating that lack of education does not solely dictate the prevalence of FGM because in these cases there is, in fact, an awareness and understanding of the dangers posed by FGM - with medical professionals, who have garnered further education, are the ones conducting the practice. Healthcare providers who perform FGM are typically members of FGM-practising communities themselves, hence, they are still subject to the same social norms and value systems that justify female circumcision. Thus, demonstrating the degree of influence that sociocultural conventions hold on the practice of female genital mutilation.

Evaluating the efficacy of combating strategies

FGM was officially criminalized by the Egyptian Parliament in June of 2008 and felonized in 2016 with the penalty being recently increased a prison sentence of up to 20 years (Farouk). The updated law mandates a minimum of seven years in prison for convicted FGM practitioners and three years for anyone who is proven to have requested or sought out FGM (El-Faizy). This demonstrates a rights approach to establish and reinforce justice frameworks on a national scale and indicates governmental regard for women's rights in Egypt. Such strategies

consolidate the legal support and potential consequences that citizens can legitimately expect from the government - which in turn reassures victims that their rights are protected by legal grounds and threatens practitioners. However, even though these laws have been fully executed in cases such as those of Raslan al Fadl in 2016 (Fadel), in some instances, especially in the earlier years of the law being implemented, corrupt activities such as speed money enabled the doctor responsible for Sohair al-Batea's death to be released 6 months later on parole (Begum). Despite this, as Dr. Shaima pointed out, it is important to recognize that these instances were more common at the onset of the implementation of these justice frameworks and that "there has been a drastic improvement" over the last decade.

Another notable strategy to mention is the creation of the National Committee to Eradicate FGM which was established as a joint program of the UNFPA and UNICEF in 2019; which alongside the National Women's Committee enacted a multitude of communication campaigns ("National Strategy for the Empowerment of Egyptian Women"). In particular, the #ProtectHerFromFGM campaign utilized a variety of mediums and social media platforms to raise awareness about the risks of FGM and the resources available to support victims and provide education and information - such as the national child helpline. Researcher and journalist Noha Lamloum pointed to the success of the #ProtectHerFromFGM as one of the main factors that allowed her to find women who were willing to share their stories, stating that it empowered girls "so [they] spoke without embarrassment [or at the most] refused to answer except after requesting anonymity." The online popularity of such social movements generated social and cultural power which materialized as a gradual degradation of the social stigma and taboo surrounding FGM - and indirectly, surrounding female sexuality - that enabled young women to speak on their

experience with little to no fear and shame. FGM has been a part of the social fabric of the Egyptian community for centuries, but over time, a tangible change is observable with the percentage of mothers who intend to circumcise their daughters in the future has declined to only 13% in 2021, compared to 35% in 2014 (Ministry of Health and Population). Mothers and female guardians are crucial stakeholders which is why this statistic is a projection of positive change. In fact, all three FGM survivors mentioned a female guardian, whether it was a mother, aunt or older sister, who organized for the midwife/doctor to come in and sometimes even held the girls down while they were violated. Also, both Noha Lamloom and Dr. Shaima indicated that in their experiences the mothers were most insistent on FGM, therefore, changing the value systems of mothers and educating them against FGM protects the negative liberties of young girls and gives them freedom from external coercion to undergo such practices.

Conclusion

In conclusion, recent combating strategies - such as legal frameworks and social movements and informative campaigns such as #ProtectHerFromFGM - have been majorly successful on a national and community-based level in influencing public perception on female genital mutilation practices in Egypt. The role of human rights in FGM discussions is hotly contested, with many communities and even survivors pointing to culturally relative beliefs to justify and normalize the practice, and large organizations and government bodies pointing to the UDHR and alleging a brutal violation of the rights of women and girls. However, following the effectualization of countering tactics, national statistics and surveys presented a clear decrease in the prevalence of FGM; meanwhile, online discourse demonstrated the beginning of a shift in ideology through a decrease in the stigma surrounding FGM and female sexuality. This is

because these approaches addressed the main factors that contribute to the persistence of FGM: sociocultural conventions and lack of education. My engagements brought me invaluable insight into the nuances and paradigms associated with female genital mutilation and deepened my understanding of the political issue by providing me with substantial first-hand accounts that authenticated information from my complimentary research and added further details. Despite this, all of my engagements generally led me to similar conclusions, which is why if I embarked on this journey again I would try to find individuals who support FGM practices like trying to contact an FGM practitioner; moreover, I would better familiarize myself with the formal procedures that could have allowed me to engage with the National Council for Women and the UN Women's Regional Office for Arab States.

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Appendices

Appendix A: Engagement #1: Conversation with Dr. Shaima Abdel-Ilah

(please note that this conversation has been translated into English from Arabic)

Me: Hi, thank you so much for taking the time out of your day to speak to me. As you know from my propositional document, I'm currently conducting a research based journalistic style assignment that is focused on unpacking female genital mutilation in Egypt as a topic.

Dr. Shaima: Ofcourse, yes, it's my pleasure to help you. I'm glad to see young people so enthusiastic about understanding the nuances of political issues. When discussing FGM in particular, I think it's really important to acknowledge that even though female circumssion is still a devastating issue to see within Egyptian communities, that we've come a long way in the last decade or two - and especially in the last couple of years.

Me: Yes, ofcourse! I've come across a lot of different strategies that have been implemented in recent years to combat it whilst conducting my preliminary research. But I was hoping you could enlighten me on some of the key takeaways from your experience with FGM.

Dr. Shaima: Obviously you know that it's a criminalized practice here in Egypt, we have laws and policies that have been implemented and reinforced in more than one case. Nowadays, practitioners of this act are tried and they- we've been working towards this for years. I was personally involved with the fight against FGM in its very early stages, at the start of my career, and no I feel like, yes you know, there have definitely been a lot of ramifications recently in regards to the law surrounding female genital mutilation in Egypt.

Unfortunately within our communities, this is a cultural norm, it has become accepted by many as the "natural course of things". As you know of course, particularly, in the more rural areas where we have the farmlands and the *Saaida* (Egyptian phrase to describe rural populations), these notions are social conventions that are almost impossible to change. They've been ingrained into society for centuries and have been inherited over the years, but these perceptions have decreased a huge amount as the government has held many campaigns - as I was telling you, I personally worked on this issue 20 years ago, so can you imagine? I used to work to combat the issue and I was receiving training on FGM and we traveled to rural Upper Egypt when I was only a couple years older than you are now. So I worked on this ages ago, the government has really come a long way since and honestly the fact that these campaigns were able to even cause a change and influence ideologies that have been passed down for generations is incredible. And let me be frank with you, in all honesty, the women themselves in rural Upper Egypt are the ones that are so close minded and fixated on these traditions and beliefs, probably even more so than the men in those communities - it's truly the strangest thing! I saw cases where - but genuinely though we have come a long way, to be honest, nowadays its rare to hear about a girl that faced female genital mutilation and was severely harmed and you can do additional research into this, but back then there were so many cases where the young women would die. There were doctors who performed these procedures, but now there's penalties and consequences, so they're scared to continue practicing, it's become a very huge thing nowadays - there's so much more increased awareness compared to back when I first looked at this issue. Some parents are even deterred from making their daughters undergo it, not necessarily because of a fundamental shift in their mindset, but because they fear the legal consequences that they could potentially face. And whilst its true that such a thing isn't the ideal solution, if it saves some young girls from having to go through such a violating experience, then it is definitely something that should be celebrated.

The reality of the situation is that you're not fighting against a group of doctors who perform FGM or whatever it is, you're fighting an ideology. I'm sure you understand what an ideology is - its something so strong that has been passed down from generation to generation and ingrained into their thought process, that FGM is a necessity, almost as though they are compelled to do it. You and I might not understand it, but they truly and completely believe that their behavior is rational and doesn't need to be justified - because it just makes sense to them. In order to combat

this sort of “enemy” per say, you need a lot of time to enact genuine change. So you’ll see all these campaigns and policies and fines - and the media, the media played a big role in this. You’d see an advertisement where, it’s so upsetting to see these sort of cases, where they’ll publicize stories of young girls, poor souls, who underwent FGM and unfortunately passed away - may god rest their souls - so it helps people of that mentality to begin to process that FGM is dangerous. They’ll share a story of a young woman who didn’t survive the procedure and there would be shock - that shock allows them to understand just how dangerous it is. You didn’t used to hear about this, so some families genuinely are uneducated about the complications that can be faced from such a procedure, let alone think it would end in their daughter dying. It seems like an evil and malicious act, but it’s done from a place of good intention most of the time, which is why education goes a long way in achieving results. Campaigns that focused on educating and informing women about the dangers of FGM recieved the most attention and had the biggest impact, because it helped them understand why.

So yes whilst it's still prevalent, and there’s likely many cases that are hidden or covered up, we’ve certainly come a long way ,comparatively speaking. There’s still more that can be done of course, there always is, but it is crucial to acknowledge the change that we’ve seen in our communities and the fact that we are striving towards completely eradicating these practices.

Me: Thank you so much! Truly, I can’t explain how valuable this has been, I definitely agree with a lot of your points - particularly about the time needed to genuinely change generation-old ideologies that exist within our culture. I did want to ask you though, since you have such a rich experience in dealing with FGM in Egypt, could you perhaps connect me with one of your colleagues so I can further engage with stakeholders of this issues.

Dr. Shaimaa: So what approach are you taking to the issue? Because ultimately that affects who I’ll connect you with. Are you looking to perhaps speak to journalists and writers who specialize in female activism and spreading the anti-FGM movement? Or are you more interested in the legal aspects - in which case it would be best to speak to one of the people who contributed to making these policies. I just need to be a little clearer on exactly how you want to look at this topic so I can better help you.

Me: So I’ve already tried contacting the National Women’s council by sending in a formal letter and trying to call them but I haven’t received a response yet. The same is applicable to the UN Women’s regional office for Arab States whom I’ve visited and called on the phone, but yet again I haven’t received any responses.

Dr. Shaima: I think it’s really important for you to remember that this is a sensitive topic and that a part of your research intersects with human rights and legal concerns, which is why some parties might have been hesitant to reach out to you, I recommend that you send me a research

proposal - detailing the aim, purpose and use of your activity - this will help legitimize your stance when approaching actors. I do know a couple people who could potentially help you with this, so just send me that document and I'll forward it to my colleagues.

Appendix B: Engagement #2: Interview with Noha Lamloom

Firstly, introduce yourself and how you would describe your work?

Noha Lamloom is a journalist with 15 years of experience, specialized in covering women's issues, gender trainer at the Norwegian Federation of Journalists and founder of Seha Pedia platform to simplify health information, especially women's health

What is the most common thing you heard from survivors of FGM?

Mothers were a major reason for female circumcision. They were afraid of the idea of marriage and fears of distortions that happened to the genitals

What kind of feedback did you receive about your article on FGM and female survivors? (For example, colleagues, readers, editors, etc.) Did you face any backlash for speaking about this topic?

Some colleagues were shy about discussing the topic and some attacked the girls themselves without a convincing reason.

How difficult was it to find women who were willing to speak about their experience with FGM?

It was very difficult at first, but I worked on the topic during the spread of a hashtag on Facebook to reject FGM for girls, so girls spoke without embarrassment, while some refused to answer except after requesting anonymity.

To your knowledge, how accessible is FGM to an Egyptian woman today? How does it differ from region to region?

The situation has changed a lot from previous years. There are governorates on the map that are free of FGM. Perhaps simple cases in the villages, but the child helpline and the hotline of the National Council for the Child contributed a lot. With the new laws, the rates of female circumcision have decreased a lot

From your experience, as per the conversations that you had with survivors, did you notice a pattern or correlation between socio-economic background and FGM practices? Or did social conventions still carry into more urbanized communities?

There was, of course, a clear difference between the village and the city. The number of cases and the method of FGM is very different. In the city, mothers used to go to the doctors as for the villages, it was different, and customs and traditions were applied in most families so it is done by a midwife.

Appendix C: Engagement #3: Interviewing Survivors of FGM

(please note that this interview transcript has been translated from Arabic into English)

The following interviews were conducted with 3 women of different socioeconomic backgrounds who are survivors of female genital mutilation - their full names have been withheld from the transcript as a protectionary measure, all three women requested that they remain anonymous, hence first name initials are being used to identify their answers. The interviews were conducted separately, however, since the same questions were used throughout, the answers have been compiled all together.

warning: the following contains mentions of violence and sexual assault

Interview Subjects:

T: Middle class, urban, aged 51

S: Lower class, rural, aged 42

N : Upper Class, urban, aged 72

Firstly, I'd like to thank you deeply for agreeing to sit down with me and answer a few questions. I know that this is a sensitive topic and that it can be difficult to answer questions on the matter. If at any point, you feel uncomfortable with any of the questions, you have the right to abstain from answering them and ending the interview if you wish; if at any point you'd like to take a break, please let me know. As previously mentioned, this voice recording will not be shared with anyone, however, the transcript - in which you'll remain anonymous - will be shared with my project examiners.

Even though you will remain entirely anonymous, would you mind just providing me with a little bit of information on your background and upbringing.

T - My mother died giving birth to me, so I was raised by my father, his wife, who I didn't quite like to be honest with you, and my older sister. Growing up we lived modestly, sure we couldn't

afford some luxuries but we definitely had it better than others. I grew up here in Cairo, and spent my whole life in the city.

S - I'm a farm girl, through and through! Grew up in Upper Egypt far away from all this noise and traffic. I'm the 6th and youngest child in my family - 4 girls and 2 boys. But when I was 19 I moved up here [to Cairo] with my husband and we've lived here ever since. Our eight kids grew up in the city, very different from my childhood but we do our best to provide for them.

N - My father was part Turkish. He settled here in Egypt in the early 20th century and I grew up in a quiet house in downtown Cairo with my 2 brothers and 3 half-sisters. We were a simple family really - my father worked hard for the money he earned and we lived our lives to the fullest.

Could you tell me about your experience with female genital mutilation? The level of detail you choose to provide is up to you, but at the least, could you tell me how old you were when you underwent the procedure?

T - I was 9. I know that for sure because it was in the months leading up to my 10th birthday. My older sister called me into the master bedroom. I just wanted to play downstairs with the other kids, but she told me there would be candy. But there was no candy, her and my stepmom looked very nervous - isn't it ironic that they were nervous when I was the one who was about to suffer. Anyways, they left me alone in the room with the ugliest man I've ever seen, I can still remember his face. He was wearing a white coat, a doctor I think, and had an untrimmed mustache that made him look very scary, I cried before he did anything. Then I saw the blade and cried even harder. It's all coming back to me -

You've given a more than sufficient answer, if you'd like to move on or take a break please let me know and we can do that right away.

No, it's fine I can go on. I think I ran out of tears, I was so little and there was so much blood. My throat hurt from all the screaming. He was laughing and muttering something about how all girls react the same way but that I was one of the loudest cryers he had ever seen and that made me want to cry more. He wasn't efficient, he took his time and it felt like forever. (content warning: SA) His fingers were - let me just say that he definitely didn't just cut up my body, he was a sick man and I had nightmares about him for years after that....Can we stop for a second?

Yes, of course...

S - There's not much to tell. I was 12, right after I became a woman. I had heard from my neighbor that I should be expecting them to purify me soon, but I didn't know what it meant. My

mother told me and my sister that we were going to visit my aunt and when we got to her house her “friend” was waiting with her. She seemed kind and she gave me a sweet, she told me I was doing a good job throughout it all. It hurt so much. But afterwards the hot water made it hurt less and my mom kept giving me sweets for weeks after that. I had officially grown up then.

N - I’m sorry to disappoint you sweetie, it’s really strange but I can’t remember anything about it. I definitely know that I underwent the procedure but I have no recollection of it happening, couldn’t even give you a general idea. I was young though, definitely young. Maybe 9 or 10 or maybe older than that, 14? It’s almost like it never happened, I can’t give you any details with any certainty.

Did you personally face any difficulties or complications immediately following FGM?

T - It hurt to go to the bathroom, I had constipation and they gave me medicine because I refused to go to the bathroom. Everytime I would pee it would bleed and hurt even more than it did at the start; so I stopped using the bathroom. That and the bleeding made me slip unconscious sometimes but that’s all, I think.

S - I wouldn’t say I faced anything severe. I was bleeding a lot and it took a long time to heal so the wound would keep reopening every time I moved too quickly - but that is normal with any scar. I had a bit of a fever and nausea, but those resolved in a matter of a couple weeks.

N - Again darling, I really can’t remember any clear details. But I’m sure it would’ve hurt a lot, probably bled out too.

Do you feel like this experience has had any long term effects on you?

T - It was traumatizing. It affected the way I saw myself and those around me. I resented my stepmom and sister a lot, and I hated going to the doctor for anything. Even now, I don’t go to the doctors unless it's critical. At a young age I became very sensitive to everything from going to gymnastics class to swimming at the beach. Later on, my reluctance caused problems in my marriage, as you can imagine I wasn’t very comfortable with being touched or seen in any way. Sometimes, I think the scar itself still hurts, but I think I’m just imagining that to be honest with you.

S - Medically, no. Maybe I had a little bit of discomfort with my pregnancies, especially with the scar tissue bleeding during childbirth, but again nothing really severe.


N - You know, I never thought about that but I feel it definitely had to have affected me. Could you tell me more about potential long term side effects linked with FGM?

(shows her a list of WHO verified side-effects linked with FGM)


You're sure of all of these? I never considered that my difficulties with my pregnancies and painful menstruation cycles could've been an outcome of FGM rather than a genetic or hereditary thing. I used to have excruciating menstrual cycles growing up to the point where I would often pass out from the pain, I guess I never thought about it too much because many other women in my family faced the same thing when they first got their periods too. My first pregnancy wasn't smooth at all either, there were many scares along the way and doctors weren't sure I could carry my daughter to term. I had faced one miscarriage before her and we were so worried the whole time, and to think it could all be linked to something I don't even remember happening to me.

Appendix D: Attempted Engagement - formal letter reaching out to the National Women's Committee

Rss 15115 مكتب الشكاوي



مشروع التمكين الاقتصادي للمرأة المصرية والوافدة
الدورات التدريبية الحرفية للمصريات والوافدات



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اخر الأخبار

03/08/2022
"ملتقى المنظمات الأهلية بالقومي للمرأة" يعقد اجتماعه الدوري

03/08/2022
المجلس القومي للمرأة يهنئ الفاضلات الجدد اللاتي تم تعيينهن بالمحاكم الابتدائية

31/07/2022
القومي للمرأة يحتتم فعاليات الدورة التدريبية حول " دعم دور مقدمي الخدمات الصحية بالمستشفيات الجامعية للتعامل مع المرأة المعنفه"

29/07/2022
القومي للمرأة يهنئ الذكوروة أمنية العمراني لإختيارها كعمولة لرئيس المؤتمر للشباب

28/07/2022
القومي للمرأة يهنئ اللواء منال عاطف لتفريتها لمنصب مدير الإدارة العامة لحقوق الإنسان بوزارة الداخلية

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طلب مقابلة عن موضوع ختان الإناث بمصر

السلام عليكم ورحمة الله و بركاته

أنا اسمي نورهان فؤاد و عمري ١٧ سنة، أنا طالبة مصرية في الثانوية العامة لكن احرس في مدرسة "GEMS International School" في دبي كجزء من مادة السياسة الدولية في المدرسة، احترت ان أهوم بإجراء ورقة بحثية عن ختان الإناث في مصر و أسباب تواجده في المجتمع المصري بالرغم من جميع التدابير الوقائية الموجودة.

أحد متطلبات هذه الورقة البحثية هي التواصل مع احد الجهات السياسية التي لها تدخل بالشأن و ان استفيد من هذا التواصل حتى استطيع ان احلل هذه القضية السياسية بدقة. لذلك اتواصل معكم على أمل أن تتمكنون من مساعدتي في تلبية هذا المطلب من خلال ربطتي بشخص قد يكون قادرًا على الإجابة على عدد قليل من الأسئلة حول

[أرسل](#)

Appendix E: Attempted engagement - interview questions for the UN Women's Regional Office for Arab States

1. How can you summarize the work that the UNW regional office for Arab states addresses and combats FGM in their efforts to protect women and girls from violence?
2. What are the biggest obstacles that the organization has identified to eliminate FGM practices in the Middle East?
3. To what extent can the continuation of FGM practices in Arab States be attributed to social stigma around discussing female problems and women's rights?

4. How can FGM be linked to a wider global political context in relation to human rights and feminism?
5. What signifies the difference between an old cultural tradition and a practice that is considered an act of violence against women and girls? I.e how would you respond to claims that human rights consideration should be culturally relative when discussing FGM.