



Men's and women's perceptions of the relationship between female genital mutilation and women's sexuality in three communities in Egypt

Introduction

The practice of female genital mutilation (FGM) is still widespread in Egypt, with 91% prevalence in 2008 (Demographic Health Survey (DHS)). The limited reduction in spite of many years of campaigns against the practice indicate a limited understanding of factors influencing decision-making. Particularly there is limited understanding of sexual concerns influencing the continuation or abandonment of FGM.

This study was therefore designed to understand and document local concepts and experiences of sexuality among Egyptian women in relation to FGM, and to investigate the links between FGM and marriageability, gender roles and sexual pleasure.

Methods

This qualitative mixed-methods study was carried out in two villages in Upper Egypt and a large slum area in Cairo.

Data were collected through a total of 25 focus group discussions, 13 for women and 12 for men (two age cohorts over and under 35), and a total of 31 in depth interviews (8 with women, 6 with men, 6 with local religious leaders, 4 with community leaders, and 7 health providers including doctors, nurses and traditional birth attendants (dayas)). In addition, 6 case studies with women, and 4 intergenerational life histories (grandmother, mother and, when possible, daughter) were conducted.

Findings

Support for FGM was deeply rooted in people's mind, and the major motivation was a belief that FGM was a necessary and effective way of ensuring women's virtue. It was believed that women's sexual desire resided in the clitoris, and that by cutting it, women's sexual desire would decrease. This was believed to be a necessary and useful measure to ensure premarital virginity and marital faithfulness. Exposure to pornographic films, particularly popular among the young men, further strengthened the belief that lack of FGM leads women to promiscuous and excessive sexuality.

While FGM was not considered a direct prerequisite or necessity for marriage, it was believed to strengthen girls' prospects indirectly through its expected effect on sexual virtue.

While FGM was believed to reduce sexual desire, it was not believed to have a negative effect on women's sexual pleasure, neither on marital happiness. Sexual desire in women was not seen as important, as sexual desire and initiating sexual relations was considered a "man's job". Also, both men and women used male sexual satisfaction and pleasure as the major criteria for judging to what extent marital sexual life was satisfactory for both partners.

For women, whether or not they were content with their sexual life, related little to their experience of sexual pleasure, but was more interrelated to wider relational aspects such as passion, affection, kind treatment and absence of domestic violence, as well as socioeconomic factors such as financial security.

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Many women experienced considerable discomfort during sexual intercourse. However, they rarely interpreted this as a consequence of FGM, but rather saw it in relation to other experiences, especially multiple pregnancies or a weakened immune system.

The role of medical doctors has been increasing, both in the performing of FGM, and in counselling parents. Some doctors considered that certain girls “need” FGM. Women, and some young men, sought medical opinion on whether or not to perform FGM on their daughters.

The age at which girls were subjected to FGM had increased in Egypt. This was explained by the fact that physicians preferred to deal with older children, considering that this would reduce the risks of serious complications.

Men valued FGM as a means of keeping their daughters chaste before matrimony and their wives faithful during marriage. However, husbands also worried about the negative effects of FGM on their own sexual life. Most men considered sexual happiness as an essential part of their marital happiness, and feared that FGM might reduce their own sexual pleasure. However, they were not concerned over whether FGM reduced the sexual pleasure of women.

Local religious leaders play an important role in decisions around FGM, but their views were conflicting. This reflects often contradictory messages from official religious scholars and religious figures that are portrayed in the media. A confusion as to the correct religious standpoint was also identified among the lay women and men in the study.

Many participants saw FGM as a family affair and a personal decision, and were sceptical and critical towards official interference, including legal regulations.

Looking across generations, it seems that while support for cultural changes that strengthen the position of women, e.g. reduced support for public defloration at marriage (dokhla baladi), and increased support for girls' education and women's work, attitudes were more mixed with regards to FGM. Some of the young men and women

expressed support for FGM, however, participants who had been exposed to anti-FGM messages were more likely to relate FGM to sexual problems and less likely to impose it on their daughters.

Policy implications

- Mainstreaming comprehensive sexuality education in schools will help youth to understand the functions of the reproductive system and correct existing misconceptions about sexual desire, sexual anatomy and sexual practice and morality.
- Political support for eliminating the practice is important to keep the topic high on the agenda.
- Health-care providers should receive comprehensive training on all aspects relevant to FGM, including its relationship with sexuality.
- Medical students and physicians, nurses, midwives, as well as other health-care providers, should be trained in sexual counselling to deal with couples' sexual problems, and to be able to counsel parents against FGM for their daughters.
- Inclusion of sexuality sensitive anti-FGM messages in popular media should be encouraged, particularly in popular movies, drama and soap operas that are shown on television.
- Comprehensive training of religious leaders on all levels on female anatomy, sexuality, tradition and religion, and discussions that support them in publicly speaking against FGM.
- Community-based programmes should develop sound anti-FGM messages correcting misconceptions about the link between the clitoris and sexual drive/desire and chastity.
- FGM should be included in a package of education and training to eliminate harmful traditional practices such as manual defloration (dokhla baladi), early marriage, and girls' lack of education. Such educational packages could be easily introduced through community programmes.

- More research on sexual and psychological complications of FGM is required using different methodologies.

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