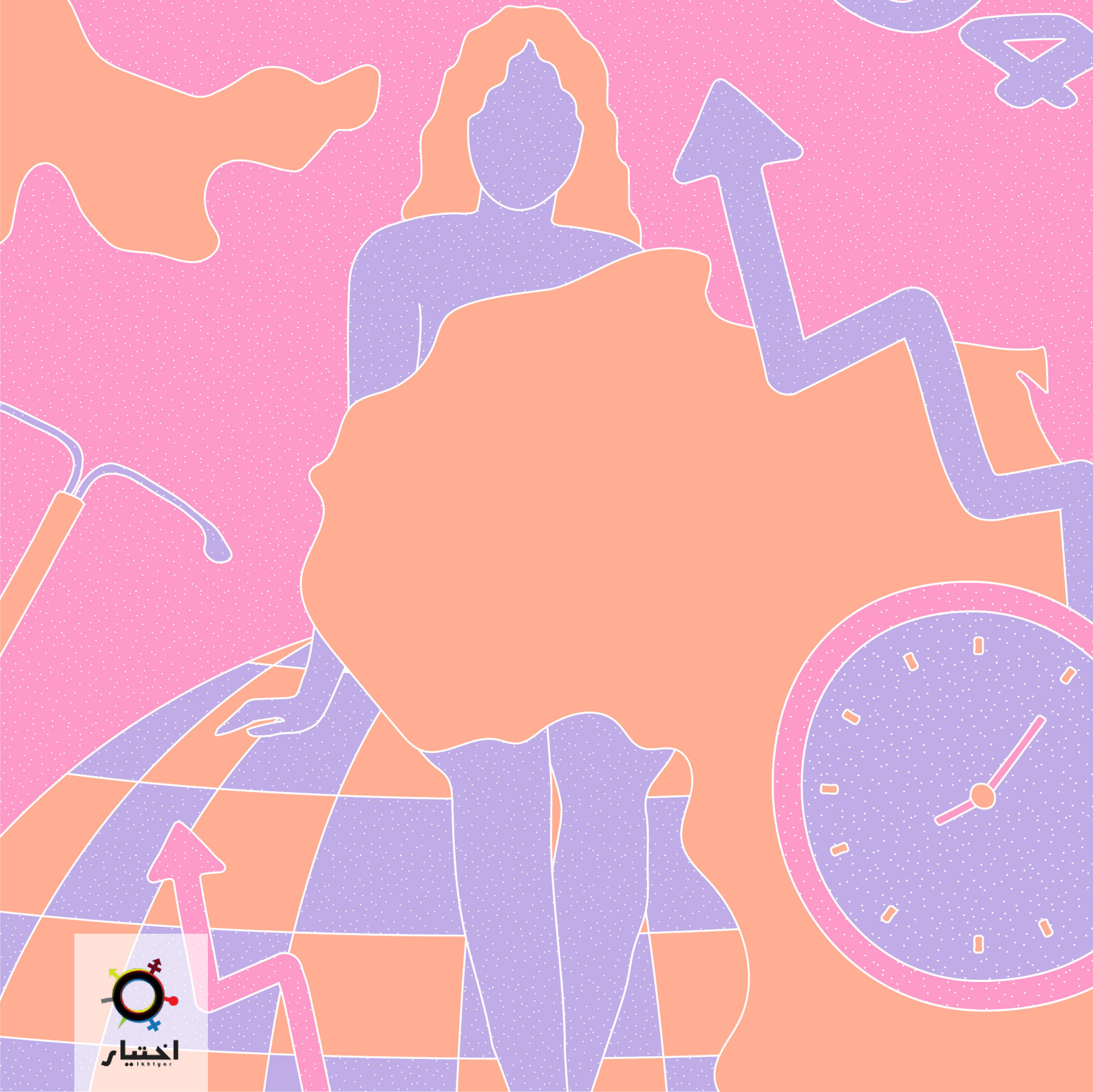


CAIRO

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Initiated by:

Nana Abuelsoud

Author:

Marina Samir

Reviewed by:

Nana Abuelsoud and Sally Alhaq

Translated by:

Samaa El-Turky

Edited by:

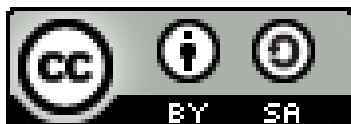
Naira Anotun

Illustrated by:

Salma Elkafrawy

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TIMELINE

THE INTERNATIONAL CONTEXT

Late 19th century

US criminalizes abortion and the dissemination of information about birth control.

1907

A public policy is issued in the US giving the government the right to sterilize “unwilling and unwitting people.”

1910-1920

Legislation is issued in over thirty US states designating certain categories of people as incapable of controlling their reproductivity, and allowing government-forced sterilizations.

1927

The first World Population Conference is held in Geneva, organized by Margaret Sanger and attended by scholars from various fields.

1929

The Great Depression; social care organizations distribute contraceptives to the poor.

Post-World War II

A growing body of literature presents population growth as a threat to human existence and well-being.

1954

The second World Population Conference in Rome.

1965

The third World Population Conference in Belgrade. Population growth crystallized as a matter of interest not only for demography scholars but also the international community.

Late 1960s

USAID becomes the largest international donor to provide financial and technical aid to support family planning programs in the Global South.

1970s

UNFPA becomes the main multilateral agency concerned with population.
- Liberal American feminists working in development advocated for Women in Development approach (WID)

1974

The World Population Conference in Bucharest, where overpopulation and development are linked to one another.

1980s

American feminists of color start developing the reproductive justice framework. Feminists in the Global South and feminists of color in the Global North start to criticize and organize against international population policies.

1984

The International Conference on Development in Mexico. The conference marks the beginning of the conflict over the right to abortion at an international level.

March 1991

The first preparatory meeting for the International Conference on Population and Development in Cairo 1994 (ICPD). The six priority issues of the conference are agreed upon.

May 1993

The second preparatory meeting for ICPD Cairo; attended by members of civil society from across the world. Programme of Action of the conference is agreed upon.

1993

World Conference on Human Rights in Vienna, where the indivisibility of human rights is recognized.

April 1994

The third preparatory meeting for ICPD Cairo; height of conflict between feminists and the religious coalition led by the Holy See over the wording of the Programme of Action, in relation to sexual and reproductive health and rights.

September 1994

The International Conference on Population and Development (ICPD) in Cairo.

THE LOCAL CONTEXT

Late 19th century

The beginning of major migration from rural areas to the urban city.

Early 20th century

The elite attempt to establish control over the field of population within the framework of the national independence movement.

1920s

Philanthropic feminist organizations increase their work with poor mothers in urban and rural areas, “modernizing” them through new practices of health, hygiene, and childrearing.

Late 1920s

Migration from Upper Egypt and of Nubian workers to urban centers is seen as an issue that must be contained.

Mid-1930s

Population of Egypt now conceived of as a homogenous mass that can be quantitatively measured and regulated.

1937

First national conference on birth control is held, sponsored by the Egyptian Medical Association.

1954

First meeting of ministerial committee is formed to study population trends to provide recommendations on population policies that conform to national development goals. As part of this, it documents the attitudes among different demographics and assesses the acceptability of the use of contraceptives.

1965

The Supreme Council of Family Planning is established.

Late 1970s

USAID objects to the developmental approach of Egypt's population policies and pushes for direct fertility control programs.

1977

Mary Assaad publishes her research on FGM in Egypt, accompanied by a review of previous research.

- USAID funds Egyptian programs to control population through fertility control programs.

1981

Egypt signs the Convention on Eliminating all Forms of Discrimination Against Women (CEDAW).

Mid-1980s

The National Council on Population is established.

- Independent feminist and human rights organizations are formed following reform of the law of association.

- Cairo Family Planning Association participates in establishing the Inter-African Committee for the Elimination of Harmful Traditional Practices, based in Geneva and Addis Ababa, and the National Committee for the Eradication of Female Circumcision (EFC).

Late 1980s

Ministry of Health clinics—mainly sponsored by USAID—promote IUDs, although the pill had been the most common contraceptive in use among Egyptian women.



1992

The Egyptian Society for the Prevention of Traditional Practices Harmful to Women and Children emerges from the EFC as an independent organization. It carried out activities throughout the country, explaining the health implications of FGM.

1993

Egyptian civil society organizations start the preparations for ICPD through workshops in Cairo as well as across Egypt.

1994

The FGM Task Force is formed.

INTRODUCTION

Twenty-five years have passed since the Cairo conference—the International Conference on Population and Development (ICPD) that took place in September 1994—and in 2019, ICPD25 took place in Nairobi to revise and assess how to implement ICPD’s outputs. This seemed an opportune time for us to explore the written memory of the conference and revisit the defining historical moments that contributed to creating ICPD Cairo. Reproductive rights were recognized at the conference as fundamental human rights, making the Cairo conference a pivotal moment in the history of sexual and reproductive health and rights, both globally and locally. It also saw an escalation of fierce disputes between religious forces (Islamists and the Holy See) and feminists over the ownership of women’s bodies and the right of women to freely decide for their bodies. The heavy involvement of feminists advocating for social justice during both the conference itself and the preparation period was a key element impacting the conference’s outcomes.

What was achieved during the Cairo conference relates to a long history of local and international population policies that placed the responsibility for poverty on the shoulders of the poor and conceived of women’s bodies—especially of the most marginalized—as a means of achieving their goals. These goals were essentially to plan communities in such a way that served the benefits and preserved the privileges of northern countries and the national ruling classes in the Global South. This can be seen in the enforced sterilization of women of color in the US or family planning programs enforced on Third World countries by donors that acted to conceal the many violations committed against Third World women. Neither women of color—women of African, Native, Asian, and Latin American origin—nor feminists in the Global South were passive in the face of this violence. They formed an intersectional movement that targeted the concepts at the heart of the population control paradigm. The

movement also criticized liberal feminists who had as a key demand the legalization of abortion. Globally feminists of color proposed a critical stance toward the concept of “the right to choose,” which dominated liberal feminist discourse and the field of reproductive rights in the US. Suggesting that liberal feminists were blinded by their privileges to the violations against the least privileged women, these feminists deconstructed the contexts in which the act of “choosing” takes place, referring to how economic, institutional, and social factors constrain the choices available to women.

Looking into the impact of Cairo 1994 on our local context, we can see it was a decisive moment in terms of work on combating FGM (Female Genital Mutilation). Conducting the ICPD in Cairo presented an opportunity for Egyptian feminists to coordinate their efforts and build relationships with other feminist and development groups to expand their working network, as well as their outreach inside and outside Cairo. Since the 1970s, Mary Assaad and Aziza Hussein had been producing and collecting knowledge related to FGM using a methodology that prioritized knowledge that came from women’s lived experiences. Their discussion-based research became a cornerstone of the efforts made to address FGM in later years. Thus the FGM Task Force, formed at the time of the Cairo conference, created an intersectional feminist discourse that sought to understand women’s positionality within their communities and was attentive to the various dimensions of FGM as a practice. The more the Task Force worked, the more the discourse developed and addressed different particularities related to women’s contexts and lives.

This research seeks to document the role of feminists in engaging with population policies enforced by states and international bodies, with a focus on feminists in the Global South—particularly Egyptian feminists—as well as feminists of color in the Global North. We explore how these feminists contributed to revealing the classist,

patriarchal, and racist dimensions of population policies and programs. They used international arenas to negotiate for resources to be directed toward the sexual and reproductive health needs of the least privileged women. The ICPD Cairo conference is a historical starting point within this research, allowing us to draw a general picture of the local and international forces that determine the policies that impact our daily lives and establish limitations within which we can make choices and live our lives.

The research also seeks to document part of the history of Egypt's population policies and their relation to shifting political realities, looking at changes in the approach of the state across different historical eras. These changes affected the status of Egyptian women, according to their class, which itself played a determining role in shaping their lived reality. The research attempts to understand how Egyptian feminists engaged with population policies across different moments. In particular, it explores how the FGM Task Force was able to impact women's lives through organizing, outreach, and formulating a discourse that focuses on understanding the power dynamics of FGM as an accepted and normalized social practice.

We drew on research papers and books that tackle discourse, concepts, and questions of terminology related to sexual and reproductive health and rights at the international level from the post-World War II period until Cairo 1994. We believe that to fully understand the local impact of the Cairo conference, four axes must be investigated historically. The first of these is understanding the nature and forms of the family from a local perspective, taking into account the various factors that impacted the structure of the family and women's positions within it. This leads to the second axis, which is an exploration of how population policies of the post-independence Egyptian state dealt with the family as the first site of intervention to create model citizens. As we are concerned with conceptualizing the feminist movement as a po-

litical one, the third axis concerns the methods employed by the feminist movement to engage with the state's population policies in the twentieth century and how it addressed the family and women's bodies. Finally, we explore women's positionality in the various structures of power, as well as examining the impact of these discourses on limiting women's lives to their reproductive roles and at the same time excluding them from contributing to the formulation of these policies and discourses.

The majority of the resources are in English, highlighting our own positioning during the research and writing processes and a sense of responsibility toward any text that would narrate this history in Arabic. In an attempt to engage more stakeholders in the research, we reviewed the final draft with doctor and feminist Aida Seif el Dawla, an Egyptian feminist who attended Cairo 1994 and one of the founders of the FGM Task Force. We also discussed the draft with a group of Egyptian feminists^[1] who are concerned with reproductive justice for feedback on how we approached the conference and to highlight any gaps or sections that need further development.

INTERNATIONAL CONTEXT

An international discourse around overpopulation emerged in the post-World War II period, particularly at the World Population Conferences in Rome (1954) and Belgrade (1965). Relying on a neo-Malthusian framework,^[2] demographic researchers treated overpopulation as a key cause for the high rates of poverty and an obstacle to achieving the global elimination of hunger—a key development goal.^[3] A growing body of literature argued that if unchecked, population growth would lead to mass starvation.^[4] Many governments thus approached overpopulation as a matter of national security and supported family planning programs, which sought to control women's reproductivity.^[5] It was at Belgrade that population growth crystallized as a matter of interest not only for demography scholars but also the international community.^[6]

The International Conference on Human Rights in Tehran in 1968 added a new dimension to the discourse of population control by introducing the language of rights. In the Declaration of Tehran, population growth is presented as a barrier to individuals' enjoyment of their social, political, and economic rights. The document states that population growth "in some areas of the world hampers the struggle against hunger and poverty" and "impair[s] full realization of human rights." While the language of human rights was integrated into the overpopulation crisis discourse, the almost exclusive focus on the promotion of birth control and family planning programs,^[7] shows that neo-Malthusian thinking and methodologies remained dominant.

The World Population Conference in Bucharest in 1974 was a fundamental moment in the development of discourses around sexual and reproductive health and rights internationally. Unlike the previous two conferences, dominated by demographers, the main actors at the Bucharest conference were state representatives, alongside the active participation of members of civil society. The conference was characterized by the strong participation of the least developed countries who criticized the prevailing neo-Malthusian framework. They argued that overpopulation was the result not the cause of underdevelopment, and the problem was not the scarcity of resources but their unjust distribution.^[8] The outputs of the conference included a [Plan of Action](#) approved by 137 UN member states. It stated that governments must "[r]espect and ensure, regardless of their overall demographic goals, the rights of persons to determine, in a free, informed and responsible manner, the number and spacing of their children." In other words, it asserts that the right to determine the number and timing of children overrides the state's population control priorities.^[9]

In addition, the Plan of Action asserts that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children." The

first draft did not have this wording, and many participant states objected to the inclusion of the term “individuals” as they feared it might enable unmarried couples to access contraceptives and because it entailed an implicit acknowledgement of families outside the framework of the heterosexual married couple.^[10] The Plan of Action also tackled the essential role of women in relation to population policies. It stated that equality between men and women in the family and community was one of the key pillars for the successful realization of development goals. Crucially, it suggested that the improvement of women’s economic and social status—with women having the opportunity and capacity to plan births—would contribute to lower birth rates.^[11]

These moves were made against the backdrop of the advocacy of liberal feminists in the field of development in the 1970s, known as the Women in Development approach. They highlighted the gender bias of the approach of the major donors—notably USAID, the UN, FAO, and the World Bank—and called for the integration of third world women into their programs and practices. These discussions about how women were deprived from the benefits of various development programs resulted in the Percy Amendment to the US Foreign Assistance Act requiring US foreign aid programs to encourage and promote the integration of women into the national economies of developing countries.^[12]

This was the period—the 1960s and 1970s—known as second wave feminism in the US. Dominated by white middle class women and their concerns, the feminist movement was focused on calling for legislative changes in relation to women’s status in the labor market, equal pay, and equal right to access credit cards and apply for mortgages.^[13] The right to work was not of particular interest to women of color engaged with the movement because they had long been compelled to labor outside the home. In terms of reproductive rights, women of color agreed that access to contraception and

abortion was a right, but they were concerned to raise the ceiling of these demands. They called for an end to forced sterilization of African-American women, other women of color, and women with disabilities—an issue which was not considered a priority by the white women dominating the movement.^[14]

Neo-Malthusian mechanisms have been used historically to control specific population categories through population policies and programs targeting refugees, racial and ethnic minorities, persons with disabilities, and the poor in the Global North and South.^[15] From the late 1960s onward, the US played a pivotal role in providing financial and technical aid to spread and support family planning programs through the United States Agency for International Development (USAID). Different means were employed to impose such programs on the governments of the least developed countries. Between the 1960s up to 1993, USAID spent \$3.9 billion on activities related to population, dedicating the largest proportion of this aid to African countries.^[16] In the 1970s, UNFPA became the main multilateral agency concerned with population,^[17] and between 1983 and 1991, expenditure on various population-related activities in Africa increased by 300 percent through UNFPA and USAID aid. In 1991, family planning programs represented one-third of this aid.^[18]

A consideration of the history of US birth control policies reveals their racist, classist, patriarchal, and colonial nature. In early nineteenth century America, contraceptives and abortion were legally and socially accepted, but by the end of the century, dissemination of information about birth control was restricted and abortion had been criminalized in every state apart from Kentucky. Criminalization came within the framework of nativism in the wake of alarm about the difference in birth rates between the “best” people (the rich, well-educated, white Protestants) and the “inferior” (the poor, uneducated, Catholics, Jews, migrants, people with mental health

issues or disabilities, the “sexually deviant,”^[19] and criminals. Race suicide theorists tried to convince the “best” that their continual use of contraception would lead to their own elimination.

These efforts failed to change the reproductive patterns of the elite, and so, in a shift of tactics, instead of criminalizing contraceptives to compel the “best” to reproduce, attention was turned to limiting the reproduction of the “inferior” categories.^[20] In 1907, a public policy was announced giving the government the right “to sterilize unwilling and unwitting people.” As a result, legislation was issued in over thirty states, designating the “insane,” “feeble-minded,” the “dependent,” and the “diseased” as incapable of controlling their reproductivity.^[21] Coerced sterilization was thus used as a means of controlling “undesirable” populations.^[22] These ideas gained in popularity, especially in the context of the economic devastation during the Great Depression in the 1930s.^[23] Reports focusing on the high birth rates of families depending on governmental aid programs inflamed popular rage and led to a push for the distribution of contraceptives to the poor through welfare organizations.^[24]

When the US occupied the island of Puerto Rico in 1898, population control was a major priority. Buttressed by the argument that the increasing population would cause a social and economic crisis, public policies were issued targeting population growth. Programs of population control imposed by US-colonization and designed by the Eugenics Council—funded by American governmental bodies and individual donors^[25]—were given institutional legitimacy by the passage of Law 116 in 1937. Permanent sterilization was promoted through home visits made by health carers, the provision of financial support related to the surgery, and employer favouritism of sterilized women. More than one-third of women surveyed in a 1968 study did not know that sterilization through tubal ligation was a permanent procedure that could not be undone.^[26]

India provides a clear example of US and UNFPA putting pressure on the governments of third world countries to adopt population policies that sought to curb population growth through coercive means. When India faced mass starvation in 1965, US President Lyndon B. Johnson refused to send food aid unless the government approved and incentivized sterilization.^[27] Such pressures formed the backdrop of Indian government decision-making. In the 1970s, concerned about the impact of population growth on development goals, the government established population targets, setting up punitive disincentives to large families and turning a blind eye to mandatory sterilization targeting the poorer classes in many Indian states.^[28] Moreover, the World Bank granted India with a \$66 million loan between 1972 and 1980 to support sterilization programs. At the time, India's family planning programs were the largest recipient of international aid among all countries in the Global South.^[29]

The discussions during the second International Conference on Population in Mexico 1984 laid bare deep contradictions between the participant states. There was minimal political will to end the control of women's bodies or to state their right to decision-making over their bodies, reproductivity, and sexuality. Nevertheless, the recommendations added the right of individuals and partners to receive information, education and proper means that empowered them to freely and responsibly plan for the number and spacing between children. They also recommended that any legislation and policies related to family planning that were based on discriminatory or compulsory incentives and disincentives should be made consistent with internationally recognized human rights.^[30]

With domestic US politics impacting the international arena, however, it was at the Mexico conference that the fight around the right to abortion crystallized. The period following the passing of Roe v. Wade^[31] in the United States saw the formation of

feminist groups raising the slogan of “the right to choose” along with the spread of “pro-life” groups vociferously fighting against abortion. The US representatives and the Holy See announced their unified decision at the conference not to include abortion as a method of family planning. Also during the conference, US President Ronald Reagan announced the “global gag rule” whereby US federal funds related to family planning would not be available to NGOs that promoted or performed abortion as part of their programs.^[32] International donors, including USAID and the World Bank, heavily pressured the governments of the least developed countries to adopt full-scale family planning programs—with an emphasis on the use of contraceptives—into their domestic policies.^[33]

Another important point with regard to the Mexico conference was the decision not to make any explicit announcement rejecting China’s One-Child policy, which had attracted significant attention from the international community. Adopted in the late 1970s and modified in the 1980s, China’s One-Child Policy relied on a neo-Malthusian understanding of resources and population, justifying the drive to control overpopulation in order to achieve higher incomes. The policy formed a fundamental plank in achieving the Chinese Communist Party’s economic and political vision.^[34]

The gains that were made at the Bucharest conference were limited by the Mexico conference, which allowed governmental demographic goals to override the rights of couples and individuals to decide freely the number and spacing of children.^[35] The recommendations also stated that “[i]n order to provide women with the freedom to participate fully in the life of society, it is equally necessary for men to share fully with women responsibilities in the areas of family planning, child-rearing and all other aspects of family life.” The final document of the conference also made clear that the crucial role of women in reproduction

was invisible in the previously followed population policies.^[36]

During the 1980s, feminist women of color in the United States, along with feminists in the Global South started to organize against prevailing policies and programs of population control. They highlighted their racist, classist, and patriarchal bias, and the ways in which they targeted poor, marginalized, and indigenous women. They launched campaigns against reproductive methods that are permanent, difficult to remove, under the control of medical service providers, or were injurious to women's health.^[37] These feminists developed the concept of "reproductive justice" as a counterpoint to the reproductive rights framework espoused by pro-choice groups who worked on legalizing abortion without taking into account the experiences of women of color, who were subjected to forced sterilization and other long-term means of birth control through coercive means.

Women of color advanced the concept of reproductive justice to "recognize that the control, regulation, and stigmatization of female fertility, bodies, and sexuality are connected to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality."^[38] They critiqued the pro-choice discourse's reliance on the concept of freedom of choice as coming from a neoliberal framework that prioritizes the rights of the individual and perceives control of the body as key to freedom. This vision of individual rights is blind to the social context in which the individual must make their choices and is thus unable to see how, for women of color, the "right to choose" is limited and framed by their race and class. It also made invisible the many ways in which governments and states regulated populations, disciplined bodies, and imposed control over sexuality, gender, and reproduction.^[39] Feminists of color drew attention to the economic and institutional obstacles women of color must navigate. Their concept of choice-making meant that for women to actually be

able to decide what happens to their bodies, multiple alternatives had to exist and be legally protected.^[40] The movement set the social and economic status of women of color as one of its main priorities, focusing for example on the inability of marginalized women to access basic medical care or insurance services.^[41]

Reproductive justice groups worked along four main axes. The first of these was defining reproductive rights to include community needs. The second was leading the fight against population control programs, and asserting the inseparability of the right to have children and the right not to. Thirdly, they organized themselves on the basis of race and ethnicity to create spaces that resist internal and external oppression and engage with other movements. Finally, they sought to promote new understandings of political inclusiveness such that social movements could be built across historical divisions, and new coalitions created.^[42]

Feminists from the Global South highlighted how governments focused on family planning services rather than ensuring primary healthcare services are made accessible to all women. They also cited research showing that high quality education opportunities and the empowerment of women through access to education, mobility, and credit would be more efficient strategies in reducing fertility rates in the long term than the family planning programs adopted internationally.^[43] Challenging the central idea that overpopulation that was a crisis threatening human existence, in the documents prepared for the Cairo conference, they showed how militarism and the consumption trends of the Global North impacted environmental and economic stability far more than overpopulation.^[44]

The feminist perspective on sexual and reproductive health and rights required structural and fundamental changes in gender structures and the distribution of power

and resources. These ideas were unpopular in a context dominated by family planning and maternal and child health programs that approached women's bodies as a means to achieve population goals.^[45]

At the World Conference on Human Rights in Vienna in 1993, feminist participants argued that the UN system failed to properly promote and protect women's dignity and human rights.^[46] The conference's Plan of Action recognized women's right to access high quality health and psychological care services throughout their lives, as well as the right to access the widest range of family planning services. The document recognized the indivisibility of human rights and urged member states to eliminate all forms of discrimination against women and guarantee that they enjoy their rights equally.^[47]

THE LOCAL CONTEXT

WOMEN AND CLASS IN THE PRIVATE AND PUBLIC SPHERES

Historian Judith Tucker explores different determinants affecting women's position and power, with the family playing a key role. She calls for a conception of the family unit that draws attention both to the requirements of material production and the ways in which the family both reflects and structures material and social life.^[48] Consequently the characteristics of the family are not formed based solely on its function in relation to material production, but also the wider functions of reproduction of the conditions of existence. The requirements of reproduction entail designating and dividing the roles of caring and upbringing of children based on age and gender, and women were assigned the roles in relation to both the reproductive and productive functions of the family unit.^[49] In Egypt, class and access to property played a crucial role in how far women engaged with production or were assigned a role more limited to reproductive functions of the family unit.

Tucker documents two types of family structures in tension with one another in nineteenth century Egypt. The first was the patrilineal extended family. When a woman from one of these families would marry, she became part of her husband's family properties, and all her activities and children and even her inheritance were subject to the power of her in-laws. Consequently, these families considered the marriage of daughters either as an opportunity to forge a coalition with another family or as something to be mitigated against by depriving the daughter from her inheritance and properties, so their ownership would not be transferred to the husband's family.

^[50] The second family structure was the nuclear family that was based on partnership between the husband and wife, and was often characterized by fewer children and women's greater involvement in productive economic activities. Class was a crucial element in determining family structure. Because upper class families had to preserve a large number of family members, women's role was confined to a reproductive role; they would be isolated in the harem, leading secluded lives and forbidden from engaging in any labor or activity outside the home. On the other hand, poor families could not afford to isolate and seclude the women, who played a key role in these families' social and economic activities.^[51] Tucker argues that "family structure, initially shaped by different class needs for female labor, had come over time to influence the ways in which women were permitted to work and live."^[52]

Tucker cites the longstanding debate about the extent to which women playing a role in social production or work outside the family enhances female independence by allowing her to escape from the economic and social control of the family. A key argument in this debate is how the historical emergence of the state led to the creation of a public sphere, clearly demarcated from a private sphere. The more that these spheres were sharply differentiated, the more that women were excluded from the public sphere due to their roles as child bearers and nurturers, and the more women were separated from

one another and thus more vulnerable to male power in the family.^[53]

While family structure, access to property, and participation in the public sphere were important factors determining women's status, so too were ideological understandings of women's roles. Such understandings were well-established and reproduced through the family, as well as formal and informal culture. An emphasis on certain characteristics—which were usually negative and placed women in an inferior social status—were often rooted in past material conditions but which was sustained and developed in ongoing processes of production and reproduction that entail the subordination of women.^[54] Particularly at times of fundamental and rapid change in the political, economic, or social status of women, the desire for stability often strengthened these dominant ideologies that entrenched women's inferior roles and status.^[55]

During the Ottoman occupation of Egypt, structural changes Muhammad Ali imposed on the Egyptian production system led to greater woman's engagement with the labor market, although specific data is hard to obtain. With the failure of Muhammad Ali's economic project, conditions for farmers deteriorated as they lost their land, and debts accumulated. Women bore these pressures, in addition to that of returning to their homes, as their economic activities lost value in the new economic system.^[56] Later, when the British occupied Egypt, it supported the growth of Egypt's agricultural sector as a main step to reducing the country's foreign debt through projects of rural infrastructural development, while it was not keen for local industry to develop. Britain also attempted to solve the problem of the farmers' bankruptcy, by reforming systems of taxation, forced labor, and conscription but the pressure especially on small landholders continued and the rate of farmers who did not own land increased, leading to mass migration to the capital.^[57]

Poor women, especially migrants from rural areas to the city, faced major obstacles in finding jobs as they did not have the required training or skills. In 1907, women who were engaged with unpaid labor represented the bigger percentage of women workers, and the number of unemployed women was three times greater than unemployed men. There was no strong industrial sector in Cairo, and so the only paid work available to women tended to be poorly remunerated work in the service sector. Due to the few opportunities available and the poor pay, many resorted to sex work. ^[58] There are no statistics that accurately reflect the number of sex workers in Cairo at the time, but some estimates suggest that the number could have been up to thirty-five or forty times higher than official data. This would mean that in 1921, when the licensed number of sex workers was 906, that the true number of sex workers would have been up to 35,000 to 40,000.^[59]

NATIONAL MODERNITY IN EGYPT: FAMILY AND PROCREATION

The nuclear family in Egypt had, by the interwar period, become a site of regulatory controls according to Omnia El Shakry who identifies reproduction and reproductive politics as a key locus of nationalist ideology. The population discourse of this period normalized monogamous sexual activity within the parameters of the modern family associated with particular habits of health and hygiene. Thus the nationalist class considered poor women's ignorance of these standards to be the cause of high rates of child mortality. Reproduction was discussed within the framework of reforming, reorganizing, and modernizing society,^[60] which required a two-pronged process. The first was to demonstrate women's reproductive roles and the responsibility of rearing modern and healthy children, while the second was relegating men to manage birth control in their capacities as heads of household or social reformers. With reproduction now framed as a political issue and national concern, women were excluded from any role in forming the discourse around reproduction.^[61]

El Shakry argues that “to create the modern family (indeed modern citizens) required the creation of new dispositions (self-governance, self-improvement), new habits of cleanliness and hygiene, and the cultivation of new sensibilities appropriate to the order of the modern world.” As such, motherhood came to be seen as a social function that had to be carried out according to certain scientific standards in order to produce able, healthy children who would not die at an early age, and would consequently enter the production process. Within this framework, women were seen both as the cause of and solution to underdevelopment, and thus a priority field of intervention for the national project. Motherhood and childhood care programs were established in mid-twentieth century Egypt targeting mainly rural and working class women, based on principles of the modern family and focused on inculcating healthy habits of hygiene and childcare.^[62]

While the government was a key actor in institutionalizing reform of the practices of motherhood among poor women, it was the women’s philanthropic movement that paved the way for intervention in the family lives of poor urban and rural women. Child mortality was understood as the result of poor women’s ignorance about sanitation, hygiene, and nutrition, while these mothers were also faulted for their inability to teach their children disciplined habits. Philanthropic organizations and government clinics thus sought to promote modern habits and practices of hygiene and childcare. The state provided a range of services through maternal and child health clinics, as well as a focus on provincial hospitals to provide antenatal care, natal care, and initiatives to improve the skills of midwives.^[63] Egypt’s feminist philanthropic movement began around the turn of the century with dispensaries for poor women and children, such as the Mabarrat Muhammed ‘Ali societies. The Egyptian Feminist Union, in particular, played a major role in efforts to modernize poor women—it administered hospitals and clinics servicing poor women and children, established centers to teach

home arts, sewing, weaving, embroidery, and handicrafts, and provided vocational training and literacy classes.^[64]

As the Egyptian elite moved toward independence from British occupation, they attempted to assert their control over the field of “population,” which became a new object of governance in the post-independence era. Various census mechanisms and tools were employed to document population trends and the relation between population and resources. Detailed information was documented and categorized, including mortality average, the number of members in the family, class, social rank, and education.^[65]

In the early twentieth century, the population question was considered a problem of particular populations, and as such, there was a focus on controlling the migration of workers from Upper Egypt and Nubians from the south to protect the major cultural centers in the north from being taken over by these two population categories. By the 1930s, however, Egypt’s population was approached as a homogenous mass that could be quantitatively measured and studied, observed and regulated, rather than a group of discrete populations and groups (Nubian, Sa’idi people from Upper Egypt, foreigners etc).^[66]

With the extreme deterioration of the economic and social status of Egypt’s agricultural workers associated with the Great Depression, population came to the forefront of political discussion. It was in the interwar period, however, that the question of population came to be tied to nationalist concerns and taken up as a priority. The elite class—whose views were propagated in journals, public newspapers, the women’s press, and through religious institutions—conceptualized overpopulation and poverty not as the result of the unjust distribution of property and wealth, but of declining

public health and poor knowledge of sanitation and hygiene. Increasingly identified as objects of moral and material improvement, farmers and poor women were targeted for regulation. Middle class reformers approached social reform as a question of population management, and the targeting, reorganizing and reintegration of farmers and poor women into proper social practices and lifestyles was seen as necessary for advancement into the modern world. With farmers, this took the form of rural reconstruction projects and model village programs, while women were targeted through motherhood and childhood health programs in both rural and urban areas.^[67]

The increased concerns around population culminated in the first national conference on birth control in 1937, sponsored by the Egyptian Medical Association. The discussions at the conference were heavily influenced by Wendell Cleland's *The Population Problem in Egypt*, published the previous year and which was the first book to comprehensively discuss the population issue in Egypt. Cleland believed that "a study of the known resources of modern Egypt leads one to conclude that they are quite inadequate to support so great a population on any higher standard of living than present, and, furthermore, if the quality of people is of any importance, then somehow a limitation of numbers must be brought about."^[68] Advocating policies that encouraged birth control, Cleland suggested that the density of population, the scarcity of arable land, low standards of living, and high rates of unemployment among agricultural workers all pointed to overpopulation. Unlike Malthus, he did not believe that poverty and misery would lead to reduced population growth rates. Rather he thought that the rural and urban poor procreated limitlessly, even as they were "half-living listless people," suffering from malnutrition and disease, thus reducing the efficiency of labor overall."^[69]

The participants of the conference^[70] were divided between opponents and proponents of birth control policies, and turned on different ideological understandings of

“the people,” and women and the poor in particular. In their different ways, they approached poor women’s bodies and subjectivities as a site for theorizing, dominating, reorganizing, and redirecting in the interests of the nation and the state. This essentially amounted to the control of women’s bodies in such a way as maintained their class and social privileges. Discussions on birth rates reflected these statesmen’s understandings of which women had the right to procreate, and should even be encouraged to do so, and which should be the target of birth control. Even the views of those upper class women who had played such a central role in propagating new practices of sanitation and childcare among poor women through their philanthropic organizations were excluded.

The relationship between worker productivity, the reproduction of the population, and overpopulation was one of the main subjects discussed during the conference. The proponents of birth control argued that high birth rates were associated with poor standards of living because the increase in the number of family members was not met with an increase in income, leading to malnutrition, overcrowded unsanitary living conditions, and child labor. Furthermore large families, they suggested, could not provide proper childrearing, leading to moral corruption in society. High birth rates would in turn affect labor productivity, while the high rates of child mortality (65 percent of overall mortality in 1937)^[71] were considered a serious loss in productivity. Reformers even measured the cost that the state bore as expenditure on nutrition, healthcare, and education on children who were unproductive “human waste” because they died before reaching an age where their productive efforts would be of benefit to the state.^[72]

Eugenics was explicitly discussed as a main theme at the conference, understood in the Egyptian context less in terms of race than of the question of eliminating physical

and mental “defectives” from the national body. This was to be done through both positive eugenics—encouraging the best to procreate—and negative eugenics—preventing the less physically and mentally able people from procreating. Proponents of negative eugenics did not stop at encouraging the use of contraceptives, but also called for sterilization, imprisonment where necessary, and withholding social care services as a means to compel people not to procreate. The general good of future generations and of the nation justified depriving those with untreatable physical or mental conditions.^[73] There were other participants who wanted to encourage birth control rates because they believed that reducing the population would inevitably mean also reducing the numbers of healthy and sane people. Scientific journals in Egypt carried articles at the time calling for a law making medical testing, including of STDs, compulsory before marriage and citing Nazi German initiatives of sterilization and marriage licensing pending medical tests.^[74]

The objections to birth control came from a nationalist or Islamist framework. Opponents of birth control saw that it was a priority to create and maintain a national ruling class that would be able to lead the nation on the path of modernization and progress. They slammed birth control as anti-nationalism and national suicide, suggesting that it would be the middle classes who would primarily use contraceptives, leading to reduced birth rates among the creative and productive class with grave national consequences. Notably, some of them questioned Neo-Malthusian assumptions, objecting to the purported inevitability of the inverse relationship between the size of the population and standards of living, pointing to new methods in irrigation and the possibilities of improving public health.^[75]

Those advocating a pronatalist position pointed to the contradiction between limiting reproduction and the military and defense needs of the nation, referring to policies

followed by Fascist Italy and Nazi Germany that encouraged reproductivity through tax-exemption for parents and preferential employment of married individuals in the public sector. Egyptian women were thus urged to procreate to produce more soldiers for the nation and ignore misguided ideas about women's liberation. One participant, a Muslim Brotherhood member, argued that it should be an Islamic nation like Egypt not Europe leading the way on social welfare. He pointed to European countries that provide tax exemption for parents and free education, while in Egypt poor families were struggling to survive. Asserting Egypt's commitment to the Islamic shar'ia, he lambasted the state for pursuing birth control rather than effective social policy to address the poverty of the workers.^[76]

Those participants who proposed that the best classes be urged to procreate and the poorer classes from urban and rural areas be targeted by birth control policies believed that the poor had higher birth rates for various reasons. They asserted that the poor did not realize the responsibility of marital life and cared less for their children, that early marriage was prevalent because they approached marriage solely as a way to be sexually active, and finally, that the poor were ignorant of all methods of birth control.^[77] These arguments came in for criticism from some other participants who suggested that they reflected a lack of knowledge of the realities of the lives of modern farmers. They argued that farmers had large families because children were the main providers—given their role in harvesting and agricultural work, children were like capital.^[78]

The 1937 conference saw the first religious fatwa issued by the Grand Mufti of Egypt regarding birth control. Sheikh Abdel Maged Selim issued a fatwa regarding the permissibility of child spacing if there were fears that the child would behave in a disturbing way due to general social and religious decline, or if there was no guarantee that the child would receive proper care because of the pressures faced by the par-

ents.^[79] Hassan al-Banna, Supreme Guide of the Muslim Brotherhood, objected to the fatwa, invoking the concept of jihad to argue that Islam mandates procreation in order to have a large Islamic army in a state of permanent readiness. The Islamists also refused to narrow the discussion on population to Egypt's nationalist concerns, asserting that Islam was a nation and all the Muslim lands one, suggesting that the increase in population in one country might make up for the decrease in another. Al-Banna, and Issa Abduh, another member of the Muslim Brotherhood, believed that birth control came from a fear of poverty, which itself revealed a lack of faith in God and his generosity. They equated birth control with the killing of children, because it prevented a life from coming into existence. Arguing that intervention in childbearing was permissible only if there was to be harm to the mother's health or to society by unsound offspring, Abduh refused fear of material need as a sound basis for action. He blamed the state for not caring for the destiny of the family, leaving the heads of households to bear the brunt of economic pressures during the interwar period. For the Muslim Brotherhood, social welfare projects both addressed these material difficulties and constituted a critique of the failures of the secular state.^[80]

There were doctors among the participants who warned of the hazards of excess childbearing. They also pointed to the moral and ethical benefits of birth control, because it meant the avoidance of criminal abortion.^[81] Although there were no statistics, abortion was believed to be relatively widespread among poor women driven by poverty and desperation. In other words, science-based birth control could eliminate the criminal practice of abortion, associated with the dangerous underclasses.^[82]

Proponents of birth control argued that it would encourage marital bliss and thus aid in the prevention of the social perversions of prostitution, adultery, homosexuality, abortion, and celibacy. They stated that the large number of bachelors in Egypt was

a key cause of social anomie.^[83] They also believed that birth control practices would encourage early marriage without the couples bearing the pressures of procreation which would uplift individuals. The opponents, also speaking in moral terms of sexual perversion, believed that birth control was itself a form of sexual deviation suggesting that coitus interruptus caused premature ejaculation and sexual dysfunction in men, and psychological and neurological diseases in women who did not orgasm.^[84]

Zahya Marzouk, member of the Egyptian Association for Social Studies, made a speech at the conference in which she expressed her disappointment at the male domination over the entire conference. She criticized the arguments and discourses circulating at the conference for ignoring women's role in procreation. Meanwhile, she built her argument on the idea that procreation and childrearing were mainly the task of women, and in order for them to fulfill that task correctly, they should avoid the risk of early marriage and excessive childbearing. She warned against homelessness and child criminality as a result of unwanted children, and referred to studies to prove the psychological harm inflicted on children when they were raised in large families.^[85] The only other speaker to address gender, Abbas Ammar, tackled the topic of women's liberation by criticizing the Egyptian women's movement for failing to put birth control on their agenda. He suggested women could not be liberated if procreation took all of their time, and that birth control would help women fulfill their duties of social reform in addition to their domestic duties.^[86]

THE FAMILY IS THE FOUNDATION OF THE SOCIETY

“The family is the foundation of society, based on religion, morals, and patriotism.” Article 48 of the 1954 Constitution

“The state shall found organizations that facilitate the balance between women's work and their familial duties.” Article 43 of the 1954 Constitution

Articles 48 and 43 in the 1954 Constitution reflect the centrality of the nuclear family in terms of both biological and social reproduction. The family had become the primary site for interventions in the interest of the social formation of citizens. Moreover, the nuclear family played a key role in producing norms of femininity and masculinity, and entrenching the moral mores that ensured the sustainability of the social structure as required for production and wealth accumulation. As such, family was the first and main arena in which women's bodies were disciplined and subjected to domination and control, as their bodies were prepared to fulfill their social and reproductive roles in accordance with the state's population policies and moral framework.

Gamal Abdel Nasser attempted to ease the reproductive burden on women because it hindered them from engaging and contributing to production. A law passed in 1964 enshrined the right of all who completed their intermediate school diplomas or college degrees to be hired in the public sector regardless of their gender. Moreover, labor laws obligated employers to give women fifty days paid maternity leave, and to provide nurseries for workplaces that had more than one hundred women workers. Employers were also banned from dismissing pregnant women or women on maternity leave.^[87] Although the Nasser era saw improved engagement of women in education and labor, there was little impact on familial relations.^[88] Nasser approached the institution of the family as a space that could be subjected to the national planning process, and thus, the family itself came to be a central target of planning and reform.^[89]

A National Commission for Population Problems was formed as part of the structure of the Permanent Council of Public Service in 1953 to study population trends in Egypt and their impact on economic growth. It was tasked with assessing the best methods to influence these trends in an attempt to improve the welfare of individuals, families, and society. The committee was also concerned with providing recommen-

dations on population policies that conform to Egypt's national development goals and enhance Egypt's international status. The commission included ministers, demographers, economists, statisticians and physicians, who then formed subcommittees. The medical subcommittee was charged with promoting sex education through audio-visual aids, in addition to establishing family planning clinics to assess how prepared people were to use various contraceptives.^[90] The committee conceived of population as a key factor in the production process, and called for restoring the balance between material and biological production

In 1964, a ministerial committee on family planning was formed and included demographic scientists, sociologists, teachers, psychologists, journalists and religious scholars. The committee looked at family structure, family size, reproductive behaviour, acceptability of different contraceptives, as well as census data. All these efforts were exerted in an attempt to develop a comprehensive population control strategy. Two years later, in 1965, Nasser established the Supreme Council of Family Planning, which was to draw up a national family planning strategy, as well as expand family planning clinics and services across the country to address population growth. The formation of the council was key in the move from research about population issues to the implementation of family planning and population control programs.^[91]

The era Nasser is known for its "state feminism" but this is better understood as being the other side of the coin of the state's patriarchy. The state intervened in individual and familial lives with top-down methods, disallowing any independent or grass-roots-based organizing. Nasser's regime monopolized all forms of political discourse, including feminism. Thus, this type of feminism was not based on the demands, needs, or priorities of women—from any class. It engaged with those demands from the previous era which were in alignment with the state's goals of production and

social welfare. During Nasser’s rule, women could achieve economic independence from their families but were dependent on the state for employment and services, and within families their roles remained largely unchanged. Those policies whereby the state eased some of women’s reproductive responsibilities—such as the provision of nurseries at workplaces—came from a rationale that sought to integrate women in education and labor as a way to limit their reproductivity not because they were seen as inherent rights.

“The State shall guarantee the proper coordination between the duties of woman toward the family and her work in society, ensuring her equal status with man in the fields of political, social, cultural, and economic life without violation of the rules of Islamic jurisprudence.” Article 11 of the 1971 Constitution

Article 11 of the 1971 Constitution, which refers to Islamic jurisprudence when defining women’s roles, reflects the increased influence of religion during the Sadat era, particularly on discourses to do with the family and women’s bodies. Anwar al-Sadat’s rule was characterized by economic liberalization (*infitah*), which greatly impacted women socially and economically. After two decades of the dominance of Nasserist discourse over social and political life, Sadat worked on eliminating all vestiges of Nasserism. As part of this, he collaborated with the Muslim Brotherhood,^[92] releasing prisoners, allowing the exiled leadership to return to Egypt, permitting their monthly newsletter El-Da’wa (The Call), and allowing them space for activity at university campuses.^[93]

Infitah or economic liberalization in the 1970s meant widespread economic deterioration among the middle and working classes leading to increasing migration to the Gulf countries. Public sector salaries were low in relation to spiralling prices, with

women particularly affected as the public sector was the main employer of women.^[94] By the end of the 1970s, discourses against women working outside the home were gaining traction with both Islamist and secularist figures focused on the consequences for the women's families and children. In addition, they blamed women employees for traffic problems and low production. The state's position was not much different from these patriarchal discourses about the "problems" of women's employment, and offered incentives to women working in the public sector to take unpaid vacation or work part-time to better look after their children. Despite the pressures on working women to return to their homes, most of them remained in their jobs.^[95]

Increasing prices due to *infitah* pushed many poor women in both rural and urban areas to engage with the labor market, clearly reflected in the employment patterns of public sector industrial companies. While the majority of men were seeking better salaries in the private sector or in one of the Gulf countries, women preferred the public sector because it provided them with subsidized transportation, child care services, and maternity leave. Factory managers and employers, however, saw that maternity and childcare leave made women too expensive to hire, and some even paid bonuses to male workers to encourage them to stay, even when women proved their high production and efficiency. Managers would promote the idea that women were not suitable for work in industrial production because they were preoccupied with their responsibilities toward their families.^[96]

Population policy in Egypt during Sadat's era established a clear relation between population and development, a concept that was aligned with the *infitah* policies of economic liberalization. The population program targeted mainly rural areas, and depended on a "soft sell" approach—communicating in such a way as to avoid opponents of the programs especially Islamists, and recruiting young female village fieldworkers

locally. Each fieldworker was assigned to a village where they would work under the supervision of a local village-based council. They were tasked not only with spreading information about family planning, but also other developmental activities.^[97]

In the late 1970s and early 1980s, some international donors, notably USAID, objected to the developmental approach that Egypt was pursuing for being too broad and ineffective. They applied significant pressure on the Egyptian government to shift toward a more directed fertility control program. USAID assistance to Egypt's population control program, which began in 1977, was far greater than any other source of international funding — from 1977 to 1983, USAID granted \$87 million to Egypt and pledged a further \$20 in 1985. When it came to renewing the contract in 1983, USAID threatened to cut the grant if Egypt did not adhere to the agency's conditions to which Egypt agreed. The program rested on data from USAID-funded surveys on the use of contraceptives, with the results showing lower than anticipated usage.^[98] In 1985, USAID and other donors pushed for the establishment of a National Population Council, through which it introduced a New Population Plan to be implemented through family planning services in the public and private sector. The plan also highlighted the right of couples to “freely choose” the number and spacing between their children. Despite the fact that survey results pointed to a decreased fertility rate in Egypt, which had dropped from 6.6 in the late 1960s to 3.9 in the early 1970s, USAID believed that it remained too high. In the framework of the Egyptian government's collaboration with USAID, and its adherence to the agency's conditions and populations goals, USAID granted \$102 million to the population sector in Egypt from 1983 to 1988.^[99]

The pill was the most commonly used contraceptive among Egyptian women until the mid-1980s. Research carried out by NGOs under the supervision of USAID, however, found that women were not adhering to the instructions of the family planning

clinics. Some women stopped because of the pill's side effects, if they were sexually inactive, or when their husbands were away. Women were also seen to be heavily influenced by friends and family with regard to their contraception use. USAID thus believed that Egyptian women were “irresponsible” when it came to using the pill and this would get in the way of achieving population control, and they shifted to more “efficient” forms of contraception, such as the IUD. The IUD can be effective for up to eight years and cannot be easily removed by the user without health issues. By the end of the 1980s, Ministry of Health clinics—mainly sponsored by USAID—were promoting IUDs, alongside Depo-Provera injections and Norplant implants. The main target of these interventions was again poor women in the Egyptian countryside.^[100]

International developmental agencies obliged Egypt to adopt policies to liberalize the economy, privatize the public sector, and phase out social subsidies. These same donor agencies provided large financial support to provide contraceptives and to implement population control policies. Their approach rested on the assumption that cutting the subsidies of basic services and commodities would make reproductive costs prohibitively expensive—and thus couples would “freely choose” to procreate less.^[101]

THE EGYPTIAN FEMINIST MOVEMENT AND DISCOURSES AROUND THE BODY AND FAMILY

The beginning of the Egyptian feminist movement is usually traced to the national independence movement in the early twentieth century,^[102] but women were an active part of grassroots resistance much earlier, before and during the Ottoman occupation of Egypt. The private sphere, in the form of the family, was a field of negotiation and resistance, as seen by the use of local law courts by women from all classes in both urban and rural areas. Upper class women often hired an agent or lawyer, while poor women filed their own lawsuits, presenting their cases on issues

such as buying and selling property, debts, and divorce.^[103]

Many of the feminists involved with the national liberation movement believed that it would guarantee some of the rights they had been demanding, but when Al-Wafd took over the government and embarked on writing the Constitution, they realized that their demands did not feature. This led to the establishment in 1932 of the Egyptian Feminist Union, made up primarily of upper and middle class women. They made economic and political demands related to women's status within the framework of the dominant nationalist discourse, framing their call to improve women's status in terms of how it would benefit the state and the nation. The EFU's discourse, nevertheless, understood childrearing as the primary responsibility of women, placing their reproductive role at the center of their lives. They were keen not to take any confrontational position with regard to the state or religion.^[104]

The EFU raised demands related to improving women's status in the family calling for a new personal status law that would abolish polygamy, oral divorce (whereby a man could divorce his wife orally without witnesses), and house of obedience or bayt al-ta'ah (the idea that a wife must remain in the conjugal home and obey her husband in exchange for financial support, and that should she leave the home he has the right to order her back).^[105] The EFU also demanded that a new personal status law grant women greater rights of custody and set a minimum age for female marriage. These feminists were not only interested in reform of the family, but also access to and equality in the public sphere, and thus also called for educational rights, equal employment opportunities, and the right to vote.^[106]

Neither the body nor reproductive and sexual rights were part of this feminist agenda. Their work took the form of programs implemented through charity organizations,

which played a crucial role in the quest to modernize poor mothers and normalize upper and middle class standards of domesticity and childrearing. They saw poor women as primarily responsible for high child mortality rates, because of their ignorance of hygiene and sanitation standards. These women were thus also seen to be a drain on the nation's production rather than contributing to it with healthy children. In this way, Egypt's early nationalist feminist movement contributed to entrenching the understanding of overpopulation as the main cause of poverty, blaming poor ignorant women for child mortality and the continuation of poverty and disease, and putting aside questions of distribution of wealth and poverty.

The attitude of these liberal feminists toward sex work after national independence is revealing of how they perceived less privileged women and their bodies. Through their campaign to criminalize sex work, the feminist movement contributed to establishing frameworks and controls over women's sexual and moral behavior, and entrenching the role of the nationalist state in regulating women's bodies and identities.

Egyptian feminists were part of an international feminist movement that was dominated by western discourses. They nevertheless sought to use international feminist arenas to further their agenda. In the International Alliance for Women's Suffrage (IAW), they were the only participants from a state that had colonial laws favoring European foreigners—known as the Capitulations—and were thus at the margins of the movement. This positioning explains why Egyptian feminists—with Huda Shaarawi and Saizah Nabarawi the most prominent—wanted first to form a national front against sex work, collaborating with local actors they felt had the capacity to influence society, such as Al-Azhar. This campaign formed part of a wider effort to abolish the Capitulations.^[107]

Shaarawi condemned the role played by the Capitulations in regulating “organized vice” and international women’s traffic at the 1924 conference of the International Bureau for the Suppression of the Traffic in Women and Children (IBS) in Austria. IBS and other international organizations provided care and “moral rehabilitation” services and shelters for European sex workers in Egypt. At the conference, Shaarawi demanded that colonial powers allow local authorities to shut sex work premises run by foreigners. Similarly, at the 1926 IAW congress in Paris, Nabarawi called for a resolution requiring that the Capitulatory powers give local authorities the legal power over their citizens in order to facilitate the prosecution of foreign brothel owners and traffickers. In 1929, at the IAW conference in Berlin, a resolution was passed calling on the colonial authorities to pave the way for the Egyptian government to control morality and public health.^[108]

At the IBS conference in 1930, Shaarawi signed recommendations proposed by a member of the British National Vigilance Association calling for the banning of all licensed brothels and an end to services for registered sex workers such as medical check-ups. They also called for amending the criminal code to include severe penalties on any third party, whatever their nationality, on the basis of exploiting the immorality of others, as well as legislation on protection of male and female minors, protection of passersby on the the street from sex workers’ solicitation, and the criminalization of homosexuality. There was an educational element in the recommendations, along three axes. The first related to “simple social hygiene” and the promotion of moral standards equally among men and women, while the second referred to education on social responsibility and the need to work on effective treatment of STDs in parallel to conducting awareness sessions about such diseases. The third axis highlighted the importance of education on remedial work, such as raising funds for refuges. Meanwhile, Nabarawi emphasized that as the Capitulations were still in

place, any state efforts to combat and eliminate sex work were meaningless.^[109]

The Capitulations were abolished in 1937 with a twelve year-transition phase set for their full elimination in 1949. To the disappointment of Egyptian feminists, neither the government, the political authorities, nor the police took any strict measures to eliminate sex work, and so they built relationships with British abolitionist activists. The Egyptian feminists had agreed on holding the 1939 IBS conference in Egypt, but due to deteriorating economic and conditions at the start of World War II, it did not take place. Ultimately, brothels were shut down in 1949 by military decree, and in 1953, sex work was criminalized as part of Nasser's reform project.^[110]

The feminist movement sought to improve women's status in the modern nuclear family through calling for reforms of the personal status law, which was and remains a site of conflict between various social and political forces. In the face of feminist demands to end polygamy, the 1929 personal status law recognized the right to polygamy, because men in the national liberation movement and Al-Wafd Party believed that the nation needed a growing population.^[111] In 1967, an administrative decision was issued to ban police from enforcing women to return to their husband's home, but 'house of obedience' remained part of Egypt's personal status law. While the structural changes and reforms that took place during the Nasser era contributed to broad social acceptance of women's inclusion in the public sphere in education and labor, these changes were not reflected in relations within the family at the social or legal level.

As with all forms of political organizing, there was no space for feminist organizing during the Nasser era, while after Sadat took over the presidency, the Muslim Brotherhood gained a greater sphere of activity. Although there was still no space for independent political work, the Sadat regime was keen to mobilize women's support.

He instructed the General Secretary of the Socialist Arab Party to establish an organization for women and youth that was separate from the party. Within the framework of the UN Decade for Women launched in 1975, the government established a larger Egyptian Women's Organization as a part of the political reorganizing of the Socialist Arab Party. It also established the National Committee of Women that included all women leaders of the executive committee in the party. Jehan al-Sadat, the first lady, dominated the governmental discourses about women's rights.^[112]

At the same time, the regime was virulently opposed to any independent feminist organization,^[113] and outspoken feminists faced repression. This was the case with Nawal el Saadawi, who is considered to be one of the first feminists in Egypt to discuss women's sexuality, FGM, and women's position in the family in relation to violence and control over their bodies. At the first International Conference on Women in Mexico, Jehan al-Sadat announced that the role of the women's organization run by the party and of the National Committee of Women was to eliminate the legislative discrimination related to family life and the position of women. In fact, the two organizations worked on family planning, motherhood and childhood programs, and women's education. They did not object to any of the controversial issues related to political Islam's approach to contraceptives, nor push for any real change in the personal status law.^[114]

A rift emerged between Sadat's regime and the Muslim Brotherhood after the assassination of the minister of religious affairs in 1977 when the state sought to distinguish itself from the Islamists internationally and socially, through building a front of men and women against political Islam. In the same year, Jehan al-Sadat launched a campaign to amend the personal status law, addressing polygamy, divorce, and custody of children. This campaign should be seen in light of the regime's need to improve it's

status internationally as it sought economic and political support, especially from the UN.^[115] Mobilizing Egyptian public opinion against the amendments of the personal status law, the Islamists argued that Jehan al-Sadat and the feminists supporting the amendments were trying to imitate the West and separate themselves from ordinary Muslim women, who understood the Islamic wisdom behind the gender division of roles in the family. They argued that these reforms would impact men's right to second marriage, which would violate shar'ia and work in favor of the secular opponents of Islam. Mirvet Hatem discusses how they invoked discourses of masculinity to refer to the threat against men's monopoly of power over marriage and divorce issues. In 1979, a presidential decision was issued to amend the personal status law after the right of some political parties to participate in the political process had been suspended in the wake of the Camp David Accords, putting democratic feminists in an awkward position because they supported the changes themselves while they were opposed to the non-democratic way in which they were passed.^[116]

Sadat's assassination in 1981 followed a period of heavy crackdown and so when Hosni Mubarak took over the presidency, a broad consensus developed around the importance of the state sharing power as part of a process of political liberalization. The judiciary and a legalized Islamist political presence emerged as key. In response to pressure from the Islamist movement in Cairo and Upper Egypt, and in an attempt to contain them, the state agreed to allow them to work within the system. During the 1984 elections, Islamists allied with the New El-Wafd Party, and during the 1987 elections, they allied with the Labor Party. Through these coalitions, the Muslim Brotherhood became part of the parliamentary opposition, further deepening the patriarchal and conservative nature of legislation related to social issues.^[117] In 1985, the High Constitutional Court ruled that Sadat's reforms to the personal status law were unconstitutional, as they were

passed by presidential decree when the People's Assembly was in session and were not of sufficient urgency to justify the use of emergency presidential power. A Committee for the Defense of the Rights of Women and the Family was formed in response to formulate a new law that met the social needs addressed in the 1979 reforms.^[118] Both to avoid an outright confrontation between the feminists and the Islamists, and to save face after withdrawing legislation that had given women new rights as the Decade for Women drew to a close with a conference in Nairobi, the state proposed its own watered-down version of the personal status law, passed in 1985.^[119]

As part of the regime's efforts to gain international support, Mubarak had ratified CEDAW (the Committee on the Elimination of All Forms of Discrimination against Women) in 1981. In the same time period—following Sadat's assassination—reforms to the law of association led to the establishment of human rights and feminist organizations and centers.^[120] The New Woman Foundation, for example, was set up in 1984 with its members organizing weekly meetings over a period of two years to read and discuss international and Arab feminist literature, before they decided to launch their own publication. Hala Shukrallah, one of the founders, reflected that through these readings, they came to understand how women who were historically part of movements for social change, were marginalized, told to return to their homes, and their roles ignored when these movements achieved their goals. Thus, the New Woman Foundation saw the necessity of forming a women's movement, represented by various women's organizations, to push for a feminist agenda both in society in general and within other social movements. The center was officially registered in 1991,^[121] and most of its members were women who had been part of the leftist student movement in the 1970s.

THE CAIRO INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

The UN Economic and Social Council (ECOSOC) resolved in 1991 to conduct the International Conference on Population and Development (ICPD) three years later, as the successor to the population conferences in Bucharest (1974) and Mexico (1984).

^[122] The UN Secretary-General appointed Nafis Sadik, doctor and executive director of UNFPA, as the general secretary of ICPD 1994. UNFPA collaborated with the UN Population Division during the preparatory phase of the conference in order to coordinate the development of the Programme of Action, as well as the logistic and organisational aspects of the conference.^[123] This phase consisted of three central preparatory meetings in New York, with roundtables and local, national, and regional meetings in-between. In the first preparatory meeting in March 1991, the ICPD Preparatory Committee decided on “population, sustained economic growth, and sustainable development” as the main theme of the conference.^[124]

The preparatory committee and ECOSOC agreed on six priority issues for the conference, around which expert group meetings would be convened to provide expertise and a scientific methodology to build recommendations. The priority issues were as follows: (1) population, environment, and development, (2) population policies and programs, (3) population and women, (4) family planning, health, and family well-being, (5) population growth and demographic structure, and (6) population distribution and migration. Five of these meetings were conducted over 1992, and the final one was held in January 1993.^[125] Between August 1992 and May 1993, five regional conferences on population were conducted to assess experiences and expertise and to propose future action.^[126] Meanwhile, Egypt’s request to host the conference was accepted, despite strong objections from Islamists. The Egyptian government as a response reiterated its commitment to ensuring the conference would take place as planned.^[127]

The second preparatory meeting was held in May 1993 and attended by 154 states and almost 400 NGO representatives. The meeting came to an agreement on a draft structure for the Cairo final document, based on a conceptual framework formulated by Sadik, drawing on the outcomes from the regional conferences and expert meetings. It tackled three main axes: the inseparability of population and sustainable development, the need for gender equity and equality, and the importance of meeting the totality of people's reproductive health needs, including family planning.^[128] In a subsequent meeting, Sadik stated that the main objective of the third preparatory meeting would be negotiating and agreeing on the semi-final wording for each section in the Programme of Action, seeking as far as possible to minimize the areas of disagreement to be discussed at the conference itself. She added that the recommendations of state and NGOs representatives, the five regional conferences, the expert meetings, and various NGO meetings were taken into consideration during preparation of the preliminary draft of the Cairo Programme of Action. Most of the comments on the draft—in particular from women's groups—were related to gender equity, women's empowerment, and the changing roles of men and women.^[129]

During the thirteenth meeting of CEDAW in early 1994, a working group was formed to review the outcomes of the World Conference for Human Rights in Vienna in 1993 and was requested to prepare proposals for the ICPD. Its report stated that it should be a priority for the Cairo conference to address the “vicious circle of women's illiteracy, poverty, fertility rates and discrimination in formal and informal employment.” It also referred to the fact that women were among the poorest of the poor, and as such eliminating political, economic, cultural, and social discrimination against women was essential for any population policy.^[130]

The Reproductive Health and Justice: International Women's Health Conference for

Cairo 1994 was held in Brazil in January 1994 after various local and national women's meetings on population and reproductive health issues over the previous year. Attended by 227 women from 79 countries, the main objective of the conference was to formulate a strategy on population and reproductive justice for the ICPD. The statement of the conference voiced strong criticism of population policies that did not address women's right to lives free from poverty and oppression or that did not take seriously women's rights to free, well-informed free choice, and to proper health care. The statement asserted that reproductive services had to be accessible and affordable, and abortion safe and legal. It also recommended that the UN set up a committee on women's reproductive rights and urged governments to redirect military spending toward social programs.^[131]

In a statement issued on International Women's day in 1994, Sadik announced that women's reproductive health and rights would be a central theme at the conference because "without reproductive freedom, women cannot exercise fully their other rights, such as those in education and employment." She stated that high quality health services had to be accessible in order to achieve women's right to health and enable women to exercise their reproductive rights. These services should include various safe and effective methods of family planning in parallel with information education and counselling.^[132] She suggested that the estimated 40 million abortions that occur globally each year are an indication of the unmet demand for proper family planning services. Most of these abortions were unsafe and given that this was a major cause of maternal mortality, the question of abortion was a question of health requiring urgent intervention. In addition, she said that health programs should respond to women's needs over the different stages of life, combat STDs such as HIV/AIDS, and promote safe motherhood. She asserted that family planning was a much broader issue than the provision of contraceptives, and that family planning and pop-

ulation programs are most effective when there are efforts to improve the status of women in general.^[133]

US State Department Counselor Timothy Wirth delivered a lecture sponsored by the Earth Pledge Foundation and the Eminent Citizens Committee for Cairo 1994 in which he stated that women's empowerment, rights, and wellbeing were key to achieving population and sustainable development goals, and were priorities for the Clinton administration, as well as "a key pillar of United States' foreign policy in the post-cold war world."^[134] This perception followed the collapse of the Soviet Union in 1989 and the US taking the position of the global standard bearer of liberalism.^[135] Wirth clarified that new and complicated cross-cutting issues had become prominent in determining global security, replacing the military confrontations between East and West. He pointed, in particular, to environmental degradation; inadequate access to maternal health services, contraception, or abortion; the spread of STDs; and human rights violations. Spiralling population growth lay at the heart of these concerns, he suggested, because if it continued unabated it would mean the destruction of any hope of improving the economic and social status of developing countries. To support this agenda, Wirth announced that the Clinton administration would provide \$600 million for population-related activities in 1995.^[136]

The third preparatory meeting for the Cairo conference, held in April 1994, saw an unprecedented high involvement of NGOs, as well as an unusual amount of media attention. Attended by delegations from over 170 countries and 1,200 representatives from over 500 NGOs from around the globe, the meeting's central focus was negotiating the details of the draft Programme of Action to be adopted in Cairo.^[137]

Delegates agreed on 85 percent of the wording of the program, but there were a few

controversial points around which agreement could not be reached. The proposal to treat unsafe abortion as a question of public health, in particular, met with sharp opposition. The Holy See and numerous countries objected, suggesting that it would pave the way for the legalization of abortion.^[138] With no consensus, various terms were placed in square brackets, meaning they would be subject to further negotiation during the conference. These included “reproductive health,” “fertility regulation,” “family planning,” and “unsafe motherhood.”^[139]

NGO representatives, many present as members of national delegations, employed a number of mechanisms to make their views heard on the issues being negotiated, and a women’s caucus was especially active. The participation of a range of experts and activists working in the fields of population, reproductive health, women’s rights, and the environment meant there was space for discussions, workshops, the informal exchange of information, and the building of networks and relationships.^[140]

During the first reading of the draft, hundreds of amendments were proposed to the 14-chapter Programme of Action. The Conference Secretariat collated and synthesized them, and presented revised drafts of each chapter for further discussion and negotiation. This process took place in open working groups, but mostly in informal sessions. There were also a few closed meetings held to reach a compromise working position working on certain controversial points in the program. The chairs of the working groups presented new versions of each chapter to a full plenary with the aim to reach consensus on the bracketed wording. The Conference Secretariat prepared the final draft of the program, which included population goals for the coming 20 years, and presented action recommendations, as well as estimates for the required resources and funds. These recommendations were drawn from the proceedings of the second preparatory meeting, the regional conferences, the 48th

UN General Assembly, meetings with experts, and various written submissions.^[141]

In parallel to the third preparatory meeting, ten women from a number of NGOs held a press conference to respond publicly to the attack of the religious coalition on reproductive health and rights led by the Holy See. The representative of the Catholic Church had described the Programme of Action as lacking a “coherent moral vision.”^[142] Sandra Kabir, one of the speakers and the executive director of the Bangladesh Women’s Health Coalition, explained how women in Bangladesh were not only fighting difficult economic conditions and cultural restrictions, but also the rise in religious fundamentalism that targeted women. Sonia Correa, representative of the Brazilian Institute of Social and Economic analysis (IBASE), told the audience that although there was a separation between the church and the Brazilian state, the Roman Catholic Church continued to have a strong influence on the government in relation to reproductive health. Irina Dinca, founder of the Youth-for-Youth Foundation, which provided sexual education for adolescents in Romania, said that due to the absence of family planning services and information, women in Romania and other Eastern European countries regularly resorted to abortion as a means of family planning. Program director of the Family Planning Association of Kenya, Margaret Thuo, declared that nobody has the right to force women to have children or not, to dictate to them what family planning methods they should use, or to withhold information on alternatives.^[143]

After the third preparatory meeting, Sadik announced at a media conference that it was not true that either the UN or the Programme of Action proposed legalizing abortion. She asserted that the document highlights the consequences of unsafe abortion—pointing to 250,000 maternal deaths annually. She clarified that compromise language on abortion would likely be found before the conference, adding that the

question of abortion had to be addressed within both the framework of reproductive health and the various national laws and legislative processes. In addition, she mentioned that the Programme of Action put women's reproductive health and adolescent pregnancy firmly on the agenda.^[144] She estimated that international donors would have to provide about one-third of the required resources, and pointed to the US commitment of \$585 million in 1995, and its pledge to increase its financial commitment to \$1.2 billion by 2000.^[145]

THE IMPORTANCE OF FEMINIST ORGANIZING AND AN INTERSECTIONAL DISCOURSE

Involved in preparation for the conference were many civil society organizations including Egyptian developmental organizations that had been working during the preceding two decades on issues related to sexual and reproductive health and rights, such as FGM and child marriage. Feminist organizations and groups—Egyptian, from the Global South in general, and US women of color— participated effectively and strategically in the conference and its preparation. Conflict with religious forces was particularly sharp around abortion, FGM, reproductive rights, and the inclusion of terms such as “gender” and “individuals” in the parts of the Programme of Action on the right to access services related to family planning and contraceptives.^[146]

By the time of the Cairo conference, a strategic coalition of states dominated by religious ideologies had already formed under the leadership of the Vatican. Its main goal was to protect the traditional patriarchal nuclear family, whereby sex is exclusively heterosexual and takes place only within marital relations. The coalition sought to limit the increasing influence of feminist organizations and groups and, employing both religious and cultural arguments, made efforts to delete references in the Programme of Action to safe abortion, individual rights to decide the number and

spacing between children, reproductive rights, adolescent sexual health, and diverse family forms.^[147] It also asserted its objection to including the term “gender” in the program, insisting on replacing it with the term “sex.”^[148]

The Cairo Programme of Action reflected the efforts of feminists from the Global South and feminists of color from the Global North. This influence can be seen in three main ways. The language of sexual and reproductive health replaces the neo-Malthusian framework—with its emphasis on curbing population growth by controlling women’s fertility—that had dominated international population discourses for decades. Secondly, the Programme of Action integrates principles of gender equality—including men’s responsibility for childcare and housework—and women’s social and economic empowerment into the field of reproductive and sexual health. Finally, reproductive rights are recognized as fundamental human rights and not just ends to population and developmental goals.^[149]

Rosalind P. Petchesky attributes these victories to political negotiations among the fronts which were expected to participate in ICPD 1994, before and during the conference. The agendas and budgets of population and family planning groups were under threat given the force of the religious offensive. Realizing the strength of the women’s coalition—and fearing being overshadowed by them—they allied with them, a move that entailed accepting the language of reproductive rights. The other negotiation, which occurred during the conference, culminated in the decision made by several NGOs concerned with reproductive and sexual health to shift from a health to a human rights discourse. This in part reflected the influence of women human rights activists, and in part came from the recognition that a response to the organized religious assault was crucial and that a rights paradigm was useful in this regard because it could be employed to effectively make claims on states and intergovernmental bodies.^[150]

FGM: OUR BODIES AS POLITICAL SUBJECTS

The rise in religious fundamentalism propelled local women's activism and resistance globally. Where the Catholic Church was powerful, including the Philippines, Nigeria, and Latin America, feminists worked in particular on legalizing abortion, reducing maternal mortality, and education about safe sex and condom use. In countries, including Egypt, Sudan, Somalia, Kenya and Nigeria, the focus was on FGM in the face of inaction or support for the practice from supposedly non-Islamist governments.^[151]

The Cairo conference galvanized efforts to address FGM that were the result of accumulated work primarily by Marie Assaad and Aziza Hussein during the two decades before the conference. Assaad was motivated to engage with FGM, when few others in Egypt were, on realizing the extent to which women's health was marginalized in the fields of research and work. From a family and a community that practiced FGM as part of its traditions, she was struck by her female friends' approach toward FGM as a practice that was not harmful, while she perceived it as an abusive act that was related to women's dignity and their status and position in society. Assaad found that she could not proceed in her work on family planning and illiteracy with women and girls in the poor Cairo neighborhood of al-Zabballin without tackling FGM.^[152]

Assaad published her first article on FGM in 1980 after four years of research, laying out her working methods and the framework of her discourse. The FGM Task Force later drew upon and developed Assaad's paper. Apart from providing an overview of the limited research to date, she drew heavily on her own pilot study conducted in 1979, when she interviewed 54 women in a poor neighborhood in Cairo. The study had as its purpose the testing and developing of a set of questions to serve as a basis for larger more systematic studies—to understand the prevalence of the prac-

tice, how the procedure is performed, who is performing it, and what drives mothers to subject their daughters to it—through listening to the women most involved.^[153]

Assaad found that most women who believed in FGM thought it was important for two reasons. First, they believed that the clitoris would eventually grow to be a penis. Cutting the “masculine” part is what enables a girl to grow to be a moral sexually active woman, where sexual activity without circumcision is considered immoral.^[154] FGM was seen to preserve women’s chastity because it reduced the “hyper” sexual libido. Across classes, the physical state of virginity—an undamaged hymen—was considered the most important possession an unmarried woman could have.^[155] In curtailing women’s libido, FGM thus became a crucial practice without which a woman could not get married, and this was the second reason for the prevalence of FGM. In communities where the roles of men and women were clearly demarcated—with women’s value derived primarily from her role as a wife and mother—the status of being a married woman was an economic necessity.^[156] And so, Assaad explains how it is that over generations, “motivated by love and concern for their daughters’ future, well-meaning women have perpetuated FGM and have insisted on inflicting pain on their daughters out of a firm belief in its physical and moral benefits and as a guarantee of marriage and consequent economic and social security.”^[157]

Assaad cites a 1977 study by physician and feminist Nawal el Saadawi, in which she interviewed 160 women from Cairo. El Saadawi found that most of the women were not fully aware of the harms of FGM, believing it was a positive procedure for their daughters’ health, chastity, and personal hygiene.^[158] Another study carried out by T. A. Baasher, regional advisor on mental health for the WHO Eastern Mediterranean region found that the majority of the 70 middle class women he interviewed favored a discontinuation of the practice, while those in favor of its continuation relied on ideas

of reining in women's sexual desire, hygiene, and the traditions of the Prophet.^[159] Assaad also cites major studies going on at the time. One of these, under the auspices of the Cairo Family Planning Association led by Aziza Hussein, sought to eliminate FGM through educational and legal strategies. The project set out to understand the religious, cultural, and historical factors underpinning the practice, in order to educate parents about its medical and psychological consequences.^[160]

Assaad noted that most of the women she interviewed in her study were not aware of the stances of their husbands, men in general, midwives, doctors, religious leaders, or the government. She suggests that this might be an indicator that there was potential to change attitudes if these socially influential actors joined the efforts to combat FGM.^[161] She also encouraged educated women to join the cause, speak out about it, and even provide leadership in the movement against FGM. Drawing upon her pilot study, Assaad made a number of recommendations. She pointed to the need for research on the social and cultural factors undergirding the practice, and the implications for how women view themselves and their roles in society.^[162] Even in the absence of social and economic change, uneducated women questioned FGM once they received new information about it. Assaad attributed this, along with the fact that educated women were increasingly questioning the practice, to new and emerging values related both to health and women's roles. She also argued that given that FGM is a traumatic procedure, the questioning of the practice on the part of a trusted person—whether service provider or friend—would be met with a positive response.^[163]

Assaad presented the outcomes of her research at a 1979 WHO meeting in Sudan, which led to the formation of a multidisciplinary committee, made up of feminists, social scientists, gynecologists, psychiatrists, lawyers, and scholars versed in Islamic jurisprudence. Supported by the Cairo Family Planning Association under the

leadership of Aziza Hussein, the committee organized regular monthly meetings to exchange information and consider future action. Another committee within the Ministry of Public Health, held two public meetings to discuss the WHO meeting and As-saad's findings.^[164] The Inter-African Committee for the Elimination of Harmful Traditional Practices, based in Geneva and Addis Ababa, and the National Committee for the Eradication of Female Circumcision (EFC) were both established in 1985 with the Cairo Family Planning Association as a founding member. The Egyptian Society for the Prevention of Traditional Practices Harmful to Women and Children emerged from the EFC as an independent organization in 1992, carrying out activities throughout the country, explaining the health implications of FGM.^[165] Field work and networking with local bodies and associations in Egyptian villages and governorates was to some extent fruitful. The town of Deer al-Barsha in Upper Egypt, for example, took a public position condemning FGM in 1991 with support and assistance from the Coptic Evangelical Organization.^[166]

There had been an active feminist campaign against FGM in Sudan in the 1970s and 1980s—unlike Egypt—before the rise of an Islamist government brought it to an end. Nahed Toubia, Sudanese feminist and founder of a coalition of African women headquartered in New York, visited Egypt during the preparations for the Cairo conference to ensure that FGM was on the conference agenda.^[167] The work begun by feminists in Egypt in the 1970s on FGM—developing a discourse and working tools—continued until ICPD 1994. In 1993, Egyptian civil society organizations prepared for the conference through conducting local workshops outside of the capital in Minya in Upper Egypt and Alexandria. This was followed by central workshops in Cairo, attended by local representatives from civil society organizations from across the country to discuss the proposed topics of the conference themes.^[168]

These efforts took place in the context of the international NGOs preparing for the Cairo conference having made it clear to the Egyptian government that the conference preparations would not proceed if local civil society organizations were not involved. During this process, Aziza Hussein and Mary Assaad gathered civil society organizations and independent feminists to form a preparatory task force. They, in turn, formed small working groups in various governorates, collaborating with feminists, human rights activists, and development workers.^[169] At the same time, the government was keen to prove on the international stage that Egypt's regime was democratic and allowed freedom of speech. It was thus compelled to enable progressive forces and groups to organize and run activities, as well as secure the conference against threats from Islamists.^[170] Badran identifies a number of interlocking factors that meant the ICPD conference provided an opportunity for the crystallization of a local feminist discourse against FGM. These were the international community's attention to sexual and reproductive health and rights due to the efforts of feminists in the Global South and feminists of color in the US, a mature feminist human rights discourse, the Egyptian government's concern for its international reputation, alongside the insistence of rising Islamist forces on claiming a hold on issues related to gender and the family.^[171]

The coordination, led by Assaad and Hussein, crystallized into the FGM Task Force in 1994. It included women from different classes and generations, both Christian and Muslim, and maintained active links with women and men living and working in rural Egypt. Its members included people involved in several fields of development, including women's rights, health, human rights, education, and legal aid.^[172] Feminists involved with the Task Force included Seham Abd el Salam, Amal Abdel Hadi, Aida Seif el Dawla, Nadia Abdel Wahab, Afaf Mar'ai, and Amal Sherif. Led by Assaad, the Task Force worked under the auspices of two organizations directed by Hussein:

the National Commission of Population and Development, set up by the Ministry of Health to follow up on the ICPD, and the Egyptian Society for Population and Development under the umbrella of the Ministry of Social Affairs. The Task Force had considerable independence, however, and was able to set its own priorities.^[173]

During the Cairo conference itself and over the following period, FGM became a key site of contestation for the Islamists. Badran interprets the Islamist focus on defending FGM to be a reflection of their anxiety about losing control over women's sexuality, and thus losing their social control over the family and morality.^[174] The two most senior religious posts in Egypt—meaning that their pronouncements are highly politicized—are the Grand Imam of Al-Azhar and the Grand Mufti of Egypt associated with Dar al-Ifta. Grand Imam of Al-Azhar Gad al-Haq Ali declared that FGM was an Islamic duty (*farida*), and so to be against FGM was to be against Islam. Muhammed Sayyid al-Tantawi, Grand Mufti of Egypt took an opposite position, issuing a fatwa stating that FGM was not part of Islam, and publicly declared that his own daughters had not undergone FGM. Islamists sought to paint Tantawi as the state's puppet, using as evidence another fatwa he had issued declaring interest on money to be *halal* (permitted) and the fact that he had met with the Chief Rabbi of Israel. And so, Tantawi lost credibility among Islamists and his authority on issues such as FGM was undermined.

Meanwhile, there was some debate among Islamists around FGM. Unlike the Grand Imam of Al-Azhar, most did not consider FGM to be a religious duty but clarified that the practice was not prohibited by Islam, invoking arguments that FGM curbs women's hypersexuality as justification for the practice. There were a few Islamists who supported the Grand Mufti's fatwa, among them prominent Islamist lawyer Muhammad Salim al-'Awwa who published an article in 1994 in *Al-Sha'b* (The People) newspaper, mouthpiece of the Muslim Brotherhood-Labor Party coalition, "Circumcision

of girls is neither required nor praiseworthy” in which he laid out Islamic juridical proofs and philosophical arguments against FGM.^[175]

Nasr Farid Muhammad Wasil, the Grand Mufti who succeeded Tantawi, discussed female circumcision in his first interview after taking office in 1996. He explained that Islam did not mandate or prohibit FGM, and shifted the focus away from religion explaining that if a family has a compelling reason to want or not to want to perform FGM, they should not bring religion into the matter. Wasil declared that it was incumbent, however, on any family seeking to perform FGM to consult with a medical doctor.^[176] No women religious scholars in Egypt issued a statement or article in favor of FGM, but neither did they speak out against it or issue *ijtihad* (independent reasoning) about it.^[177]

Defending FGM was not the concern of Islamists only, but also the medical profession, with the majority of male doctors advocating that FGM be medicalized. Their argument rested on the “social reality” that the majority of girls will undergo the procedure, and so it is better that it be performed by doctors in safe conditions. This view, as Badran argues, ignored another social reality: the social and economic conditions that meant that most women in rural areas and poor women in cities did not have easy access to medical services or modern hospitals. Proponents of medicalization of FGM thus contribute to its perpetuation, while they appear to object to it or simply wait for it to be eliminated.^[178] Directly after the Cairo conference, Ali Abdel Fattah, minister of health, issued a decree allowing FGM to be performed in public and private hospitals.^[179] Feminist and human rights defenders responded by filing a lawsuit against the minister, but it was dismissed on the grounds that the parties did not have a direct interest. During the conference, CNN aired a documentary on FGM in Egypt, including footage of an actual FGM operation being performed on a fourteen-year-old girl. The

documentary revealed the horrors of FGM and helped push the issue center-stage, both nationally and internationally. It was also a time when there was an increasing focus on the harms of FGM operations performed by untrained practitioners.^[180]

After the widely reported death of a fourteen-year-old girl during an FGM operation performed by a medical doctor in 1996, health minister Ismail Sallam reinstated a previously existing ban on the practice of FGM in hospitals. Mounir Fawzi, a gynecologist at Ain Shams University Hospital, and Sheikh Youssef al-Badri, a member of the Higher Council of Islamic Affairs, filed lawsuits against the minister's decision. They claimed that the ban violated the 1971 Constitution, which stipulated that shar'ia was the main source of legislation in Egypt, relying on Gad al-Haq's fatwa to argue that FGM fell within shar'ia's purview. They also invoked non-religious arguments, such as claiming that the decision went against the customs of the majority and that FGM preserves a woman's dignity. Fawzi also used medical and health arguments in favor of medicalization. In July 1997, the Administrative Court of the State Council ruled against the health minister's decision to ban FGM operation in hospitals. The minister, in turn, appealed and in December 1997, the court of highest appeals overturned the previous decision and thus ruled in favor of the ban.^[181] The ruling asserted that FGM did not fall within the purview of shar'ia and so was under the jurisdiction of criminal law, except if the procedure was performed on the request of the girl and her parents accompanied by a medical statement from a hospital head of gynecology.^[182]

It was within this context that the FGM Task Force engaged with various patriarchal forces that worked to preserve their control over women's bodies. In its 1997 position paper, the Task Force stated that its opposition to FGM "is based on a strong belief in a woman's right to maintain the integrity and wholeness of her body and the freedom of her mind; to choose her life and to base her choices on her own evalua-

tion of what should or should not be done.” Given the prevalence of FGM in Egyptian society, the Task Force understood it not as an occasional practice but a normalized social phenomenon that served to maintain a patriarchal hierarchical organization of society. Challenging this hierarchy, they understood, entailed challenging a prevailing value system and a cognitive and mental construct.^[183]

The Task Force introduced itself as a secular front, using non-religious language. Compelled, however, to engage with an increasingly dominant religious discourse, it declared a position on FGM and religion in which it described the role of religion as promoting justice and equity among people, as well as their happiness and welfare. “Any abuse of religion to the detriment of that happiness,” it stated, “is an abuse of religion based on interest, whether personal or political.” While the Task Force stressed that it was in no position to interpret religious texts or make religious pronouncements, it called on those whose role it was to do so to fulfil their responsibility to interpret texts in ways that promote the wellbeing of all. The Task Force sought to demonstrate nevertheless that FGM was not rooted in Islam, referring to the fact that it was practiced by both Muslims and Christians since before the advent of either religion. Several members of the Task Force were doctors, as well as active feminists, bringing together their medical knowledge with a feminist analysis of how patriarchy operates in Egypt. The Task Force took a strong position against the medicalization of FGM, arguing that such efforts would not lead to the gradual elimination of the practice, but rather its entrenchment through institutionalizing, normalizing, and sustaining it.^[184]

The Task Force was critical of some forms of support and solidarity on the part of Western NGOs, arguing that there were interventions that even undermined the Egyptian campaign against FGM. Aida Seif el Dawla wrote, “For us, the struggle against FGM involves promoting the welfare of women and their right to take full control of

their lives, not conducting a battle against women who circumcise their daughters.” This simplifying approach, she argued, resulted in blaming mothers who subjected their daughters to FGM, instead of understanding the power dynamics that informed the daily lives, choices, and decisions of these women.^[185]

The Task Force was also highly critical of the selective employment of a human rights discourse on the part of Western parties, highlighting some violations while turning a blind eye to others. Seif el Dawla offered the example of focusing on eliminating FGM while ignoring health policies that deprived poor women of their right to health and access to the most basic level of primary care, or an organization that advocates for an end to FGM while it supports the privatization of health care services in Egypt. Threats to cut foreign aid to Egypt because of FGM were particularly dangerous for Egypt’s anti-FGM movement because they bolstered the Islamist narrative that FGM, as part of their identity, was being attacked by Western states trying to dominate Islamic societies.^[186] Moreover, they pointed out that policies imposed and pursued by northern governments that impoverished southern countries and deprived them of their self-determination and capacity for self-defense usually lead to worsening women’s status in these countries as lack of national control is compensated for with an entrenchment of control over women and their bodies.^[187]

The Cairo conference provided a space for the building of links between urban activists and NGOs working in rural areas, and relations developed and deepened after the conference. The Coptic Evangelic Organization for Social Services (CEOSS), founded in 1950 and operating in the governorate of Minya, had the longest experience of working with villagers on eradicating FGM, spanning decades. Its working strategy depended on community initiative, and the organization would not go to a village without an invitation. It would then send a few CEOSS workers who would live in the

village for a period helping to set up a general village committee that would work on a range of social issues and a women's committee that would work on eradicating FGM. They did not target village notables but rather ordinary villagers, particularly young people who showed enthusiasm.^[188] Compared to urban areas, men and women in the villages were much less segregated in their everyday life and work, which enabled greater cooperation in efforts to combat FGM. When men were involved, their social authority was used to challenge proponents of FGM. CEOSS workers would gradually withdraw from the village, leaving the efforts to combat FGM in the hands of the villagers.

These local social movements provided an enabling environment for questioning inherited and entrenched concepts about honor, disgrace, and sexuality. In this context, it became shameful for families to subject their daughters to FGM. Some villages successfully imposed bans on the practice, and infractions of these bans were dealt with publicly.^[189] CEOSS announced that eight villages had eliminated FGM by 70 percent. These experiences were a challenge to claims that rural populations are deeply attached to the practice of FGM and thus that those defending it were upholding the desires of ordinary people. Activists found that once villagers were exposed to new ideas and thinking about FGM, they were quick to abandon the practice and develop their own tools for addressing it.^[190]

The FGM Task Force and its supporters did not adopt a superior or dismissive discourse in relation to women who practiced FGM, but rather tried to understand the perspectives and realities of women who did not break the cycle of oppression and practiced FGM on their daughters. In this way, its work located FGM in an analysis of the structural, social, and institutional nature of women's oppression in their daily lives.^[191] Seif El Dawla explained that women's exercise of a right, or a claim to it, does

not simply come down to awareness of that right, but rather depended on their social status, and their economic, social, and emotional resources, along with the social cost of making such a claim. To illustrate, she took the case of divorce, explaining that while a woman might know that it is her right to seek a divorce if her husband abuses her, stops spending on the household, has affairs, or sexually abuses the children, she may still not do so. This is because awareness of her right to divorce, recognized by both religion and the law, does not help her deal with the actual consequences of divorce in Egypt, which include stigma, isolation, loss of family support, or possible separation from her children.^[192] Reading this kind of trade-off as evidence of a woman's lack of awareness or sense of entitlement of her rights, would be an inaccurate oversimplification. What women consider to be an acceptable trade-off, Seif el Dawla explained, depended on their negotiating power—itsself shaped by social class, level of education, occupational status, family support, and social support networks. The simple need of all human beings to be part of a family, relationship, network, or peer group, means they will compromise something of themselves for this belonging, which provides various kinds of support from the psychological to the economic. The injustice arises, Seif el Dawla suggested, because in a patriarchal system where men are privileged, women pay much more for this support.^[193]

Seif el Dawla similarly noted that silence around issues related to sexual violence and women's reproductive health was not a result of women being hostile to a rights discourse or unaware. Rather, it was because women are conditioned not to complain but to cope, their endurance of violence thus being "socially dictated."^[194] Women subjected their daughters to FGM to control their sexuality or to ensure that they were marriageable. Women bear the violence to which they are subjected, to the extent that they are able, but also know that they are accepting something that is unfair. Thus Seif el Dawla exploded the reasoning that women's endurance of violence

is an argument against addressing gender-based violence, whether in a reproductive health framework, or otherwise.^[195]

Following the ICPD Cairo conference, the FGM Task Force ran seminars and lectures about FGM as a harmful practice. Seham Abd el Salam, a feminist doctor, ran several workshops, and over time her methodology developed. She charts this development in a five-stage process, shifting from a top-down approach where she was a lecturer to a more bottom-up participatory approach with her role as a facilitator.^[196] The first model, which she calls “Direct medical education,” was primarily about conveying information about the types of FGM and the immediate and long-term health risks, followed by questions from members of the audience to the lecturer. Participants could not be active contributors in these workshops, and were placed in the position of asking questions to get the right answers from a figure more knowledgeable than themselves.^[197]

Critical reflection on this model led to the development of the next one, which Abd el Salam calls the “Critical medical approach with emphasis on the physical hazards of FGM,” where the content was quite similar to that of the preceding iteration, but with quite different presentation. The participants would form their own conclusions based on the information presented during the workshop. It would begin with pictures and written information about the anatomy and functions of the external female genitalia, then rather than being told the hazards of FGM, the participants would be asked what they thought the potential benefits or hazards there might be to cutting off parts of this anatomy. Abd el Salam noted that this model encouraged the participants to actively engage in a process of critical rational thinking. Its main drawback, however, was that it remained almost exclusively focussed on the medical aspects of FGM, ignoring the social while FGM was a practice embedded in ideas

about the uncontrollability of women's sexuality and the importance of maintaining their chastity.^[198]

Thus in the third model, dubbed the "Integrated Critical Health Approach," discussion of sexual drive and desire was incorporated into the content. The workshop would begin with an image of the human brain, presented as the main sexual organ of men and women, and the limbic system—the brain center that controls sexual behavior— was also explained in a simplified way. A distinction was made between sexual desire, sexual arousal, and sexual satisfaction, with desire beginning in the brain not the clitoris. The brain, it was explained, allows this desire to proceed to arousal if the situation is appropriate in terms of the partner, location, and time, and the clitoris facilitates sexual satisfaction. After this a discussion would be facilitated about real-life situations in which people control their sexual desires based on rational considerations, with the participants interacting with this theoretical idea by giving examples from their daily life. Finally, they would conclude that if they wanted to prevent their daughters from thinking about sex, then they should cut off their minds, not their genitalia. The remainder of the workshop was like the second model, with a presentation and discussion of the anatomy and functions of the external female genitalia. While this model represented an advance from discussing the physical aspects exclusively, it still rested on the idea that people's attitudes change simply upon acquiring new information. Reflection on how attitudes are conditioned by biases and interests led to the development of the fourth model.^[199]

The workshop in this model, which Abd el Salam calls the the "Theoretical Socio-Medical Approach," begins by asking participants why they perform FGM. In the course of the discussion, the facilitator would explain the cultural origins of the beliefs embedded in the participants' answers. They explained that FGM is related to ancient Afri-

can religious rituals, and therefore it is not related to their current religious beliefs, whether Christian or Muslim. The workshop would then proceed like the third model, starting with the brain before going onto the medical information. For Abd el Salam, despite the advances of this model, its major drawback was that like the preceding models, it was still at the level of theoretical knowledge, and did not encourage the participants to link this knowledge to the social politics of the family.^[200] Thus, Abd el Salam developed the fifth model, which she calls the “Comprehensive Approach,” because unlike the preceding models it directly addressed the fact that people have social aims when they have their daughters circumcised. The workshop would begin by asking the participants what they desired for their daughters. Common answers included good health, successful marriages, becoming mothers, good morals, education, and to be a person who is responsible, serves society, and can face life’s difficulties. The workshop then continued like the workshops of the fourth model. In this way, participants were encouraged to question FGM as an effective tool to achieve to achieve the goals they have for their daughters.^[201]

CONCLUSION

As we engaged in the research process, various questions surfaced—some of which we had long been preoccupied by and were shown by our research to be pertinent to the current moment. Our questions go beyond the topics tackled here, but express our reflections as readers of a historical moment that we were not part of, but that is nevertheless crucial to our feminist history.

The first set of questions is about history. How do we read history from an intersectional feminist lens? As feminist interpreters of the past and writers of the present, what is our role toward history? During work on this research, we noticed how a specific narrative of an event could influence or change our perception of its meaning

and impact. This led us to ask further questions of the history of the feminist movement—whose narrative dominates, on what basis do particular narratives get documented, propagated, and sustained, on what basis have other narratives been erased and marginalized?

And so we found ourselves undertaking the necessary task of exploring the changing relations between history and different generations of the feminist movement. Writing a feminist history of particular moments is not only important for the purposes of documentation, but contributes to the sharing of knowledge and experience between the various generations of feminists, as well as the sharing of tools used by feminists in a moment similar to that which we are currently living. We attempt to understand why older feminists did not share these experiences with our generation. We ask how to create channels that enable an intergenerational sharing of history and experience—between ourselves, an older generation of feminists, and the generation of feminists coming after us.

The second set of questions relates to organizing. Through observation and documentation, we noted the impact the closing down of public spaces had on feminists' ability to access space to organize. We saw how feminists from the older generation worked through arenas that we have largely abandoned, particularly international non-governmental organizations. At a time when there were no spaces accessible for independent feminist organizing, they worked with these NGOs, and yet were able to preserve their own orientation as independent feminists. Many of us do not feel our priorities or visions are reflected within international organizations, yet several of us find ourselves working in these spaces after an escalating wave of shutting down independent spaces in Egypt.

So far, there has been no systematic effort to assess the possibility of working within these spaces or influencing them, through engaging and networking with the feminists working there. This is not a call to work for international NGOs; rather, it is a call to reconsider the spaces for work and organizing that are accessible to us. Even if we reach the conclusion that we should boycott these international spaces because we do not share common ground with them, we should choose to do so deliberately, and with full consideration of our reasons, taking into account what available alternatives exist for feminist organizing in the current moment.

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[1] These were Tasneem Hagag, Sandy Abdel Messih, Sama El-Turky, Sherwet Ibrahim, Fatma Emam, Lobna Darwish, Maie Panaga, May Traf, and Nada Wahba.

[2] Malthusian theory is based on the idea of the limitation of resources, with un-

checked population growth being seen to exceed food production. In an essay written in 1798, Robert Malthus proposed that the solution is through organic or natural controls, meaning that the population level would be rebalanced to food supplies through natural crisis (earthquakes, volcanoes, and floods), as well as through human acts, such as war. The theory suggests some protective controls to manage population growth, confined to measures of family planning, late marriage, and bachelorhood. Malthus argued that refraining from sexual relations was a better solution than artificial contraceptives, which would encourage immorality among the poor and working classes.

[3] Peter Jackson, "A Prehistory of the Millennium Development Goals: Four Decades of Struggle for Development in the United Nations," *UN Chronicle* XLIV, no. 4 (December 2007).

[4] Lucia Berro Pizzarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 2.

[5] Methods used in these programs include sterilization, contraceptives pills, IUDs (intrauterine device), and long-term injections.

[6] Lucia Berro Pizzarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 2-3.

[7] *Ibid.*, 3.

[8] *Ibid.*

[9] *Ibid.*

[10] *Ibid.*

[11] *Ibid.*, 4.

[12] Gina Koczberski, "Women In Development: A Critical Analysis," *Third World Quarterly* 19, no. 3 (September 1998): 396-397.

[13] WikiGender, "Intersectionality," (13 September 2019), accessed 28 October 2019, <https://genderiyya.xyz/wiki/%D8%AA%D9%82%D8%A7%D8%B7%D8%B9%D9%8A%D8%A9>.

[14] *Ibid.*

[15] Rosalind P. Petchesky, "Spiraling discourses of reproductive and sexual rights,"

in *Women Transforming Politics: An Alternative Reader*, eds. Joan C. Tronto et al. (New York: New York University Press, 1997), 573.

[16] Working group on Factors Affecting Contraceptive Use et al., *Factors Affecting Contraceptive Use in Sub-Saharan Africa* (Washington: National Academy Press, 1993): 157.

[17] Anthony R. Measham, "Population Policy 1977: A Reexamination of the Issues," *Preventive Medicine* 6, no. 1 (March 1977): 94.

[18] Working group on Factors Affecting Contraceptive Use et al., *Factors Affecting Contraceptive Use in Sub-Saharan Africa* (Washington: National Academy Press, 1993): 156.

[19] This category was seen to include gay and lesbian people, as well as women who have sexual relations outside the framework of marriage.

[20] Simone M. Caron, *Who Chooses?: American Reproductive History Since 1830* (Florida: University Press of Florida, 2008), 3-4.

[21] Kathryn Krase, "History of Forced Sterilization and Current U.S. Abuses," 1 October 2014, <https://www.ourbodiesourselves.org/book-excerpts/health-article/forced-sterilization/>.

[22] Lisa Ko, "Unwanted Sterilization and Eugenics Programs in the United States," *Independent Lens*, PBS, 29 January 2016, <http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/>.

[23] The Great Depression refers to a severe worldwide economic crisis that began with the collapse of the US stock market in October 1929. The crisis continued for ten years and was the longest economic recession of the twentieth century. In the US, reduced investment and depleted industrial production meant mass unemployment and layoffs.

[24] Simone M. Caron, *Who Chooses?: American Reproductive History Since 1830* (Florida: University Press of Florida, 2008), 3-4.

[25] Kathryn Krase, "History of Forced Sterilization and Current U.S. Abuses," *Our Bodies Ourselves*, 1 October 2014, <https://www.ourbodiesourselves.org/book-excerpts/health-article/forced-sterilization/>.

[26] *Ibid.*

[27] Prajakta R. Gupte, "India: 'The Emergency' and the Politics Of Mass Sterilization," *Education about Asia* 22, no. 3 (Winter 2017): 40.

[28] Sneha Barot, "Governmental Coercion in Reproductive Decision Making: See It Both Ways," *Guttmacher Policy Review* 15, no. 4 (Fall 2012).

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[30] Lucia Berro Pizarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 4.

[31] *Roe v. Wade* was a landmark decision issued by the US Supreme Court in 1973, ruling that a woman's freedom to choose to have an abortion was protected by the constitution. According to the rule a woman should face no obstacles to having an abortion during the first three months of pregnancy, while during the second and third trimesters there is an increasing role for state regulation.

[32] Lucia Berro Pizarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 4.

[33] Rosalind P. Petchesky, "Spiraling discourses of reproductive and sexual rights," in *Women Transforming Politics: An Alternative Reader*, eds. Joan C. Tronto et al. (New York: New York University Press, 1997), 572.

[34] Susan Greenhalgh, "Fresh Winds in Beijing: Chinese Feminists Speak Out on the One-Child Policy and Women's Lives," *Signs* 26, no. 3 (Spring, 2001): 854.

[35] Lucia Berro Pizarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 4-5.

[36] *Ibid.*

[37] Rosalind P. Petchesky, "Spiraling discourses of reproductive and sexual rights," in *Women Transforming Politics: An Alternative Reader*, eds. Joan C. Tronto et al. (New York: New York University Press, 1997), 573-4.

[38] Jael Miriam Silliman et al. *Undivided Rights: Women of Color Organizing for Reproductive Justice*, (Chicago: Haymarket Books, 2016), 41-42.

[39] *Ibid.*, 43-44.

[40] *Ibid.*, 44.

[41] Ibid., 45.

[42] Ibid., 42.

[43] Rosalind P. Petchesky, "Spiraling discourses of reproductive and sexual rights," in *Women Transforming Politics: An Alternative Reader*, eds. Joan C. Tronto et al. (New York: New York University Press, 1997), 573-4.

[44] Ibid.

[45] Ibid.

[46] Lucia Berro Pizzarossa, "Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law," *Laws* 7, no. 3 (August 2018): 5-6.

[47] Ibid.

[48] Judith E. Tucker, "Problems in the Historiography of Women in the Middle East: The Case of Nineteenth-Century Egypt," *International Journal of Middle East Studies* 15, no. 3 (August 1983): 328.

[49] Ibid., 329.

[50] Ibid., 330.

[51] Ibid., 330.

[52] Ibid., 330.

[53] Ibid., 331.

[54] Ibid., 332.

[55] Ibid., 332.

[56] Judith E. Tucker, "Egyptian Women in The Work Force: An Historical Survey," *MERIP Middle East Report* no. 50 (August 1976): 7-9.

[57] Francesca Biancani, "'Let Down the Curtains Around Us': Sex work in Colonial Cairo, 1882-1952" (PhD diss., London School of Economics and Political Science, 2012), 81.

[58] Ibid., 78.

[59] Ibid., 88.

[60] Omnia El Shakry, *The Great Social Laboratory: Subjects of Knowledge in Colonial and Postcolonial Egypt*, (Stanford: Stanford University Press, 2016), 167.

[61] Ibid., 167.

[62] Ibid., 174.

[63] Ibid., 176-177.

[64] Ibid., 177.

[65] Ibid., 150-152.

[66] Ibid., 152-153.

[67] Ibid., 147-149.

[68] Ibid., 154.

[69] Ibid., 155

[70] The conference participants were mainly made up of doctors, health inspectors, and university professors. According to Omnia El Shakry (2007, 165), among the prominent participants were Nagib Mahfouz Bey, one of the most well-known doctors at the time; Muhammad Awad Muhammad, one of the first professional Egyptian geographers; and Hassan al-Banna, Supreme Guide of the Muslim Brotherhood.

[71] Ibid., 181.

[72] Ibid., 171.

[73] Ibid., 170-171.

[74] Ibid., 173.

[75] Ibid., 160-162.

[76] Ibid., 183-184.

[77] Ibid., 184-185.

[78] Ibid., 185.

[79] Ibid., 186-187.

[80] Ibid., 187-189.

[81] Abortions could be performed legally in case of medical danger to the woman's health and only during the first three months.

[82] Omnia El Shakry, *The Great Social Laboratory: Subjects of Knowledge in Colonial and Postcolonial Egypt*, (Stanford: Stanford University Press, 2016), 190.

[83] Ibid., 190.

[84] Ibid., 190-191.

[85] Ibid., 191.

[86] Ibid.

[87] Mervat F. Hatem, "Economic and Political Liberation in Egypt and the Demise of State Feminism," *International Journal of Middle East Studies* 24, no. 2 (May 1992): 232.

[88] Ibid.

[89] Omnia El Shakry, *The Great Social Laboratory: Subjects of Knowledge in Colonial and Postcolonial Egypt*, (Stanford: Stanford University Press, 2016), 213.

[90] Ibid., 213-214.

[91] Ibid., 215-216.

[92] Founded in 1928, the Muslim Brotherhood had around one million members across Egypt in the 1940s. The organization was banned in 1954 after an assassination attempt against Nasser, when many leaders were arrested and some fled to Arab and Western countries.

[93] Nemat Guenena and Nadia Wassef, *Unfulfilled Promises: Women's Rights in Egypt* (Cairo: Population Council West Asia and North Africa Office, 1999), 7-8.

[94] Mervat F. Hatem, "Economic and Political Liberation in Egypt and the Demise of State Feminism," *International Journal of Middle East Studies* 24, no. 2 (May 1992): 233.

[95] Ibid., 234-235.

[96] Ibid., 237.

[97] Warren C. Robinson and Fatma H. El-Zanaty, "The Evolution of Population Policies and Programs in the Arab Republic of Egypt," in *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. (Washington, DC: The World Bank, 2007), 24-25.

[98] Kamran Asdar Ali, *Planning the Family in Egypt: New Bodies, New Selves* (Cairo: The American University in Cairo Press, 2002), 32.

[99] *Ibid.*, 33.

[100] *Ibid.*, 33-34.

[101] *Ibid.*, 4.

[102] The literature on women's involvement in politics in the Middle East, in particular, is focused almost exclusively on their role in the various national independence movements in the region. This approach focused only on official politics, Tucker argues, limits the gaze to just a few actors who become known, while ignoring other important dimensions of women's political activities. Throughout history, women have engaged with informal political movements and protests often in response to ruling class or state oppression. Tucker argues that in Egypt the shifting balance between formal and informal politics directly affected the extent and nature of women's political activity. At the beginning of the nineteenth century, women played a key role in protests in the farmlands and streets, but as the century went on, and politics became more formalized, women's participation moved to the margins. See Judith E. Tucker, "Women and the State in 19th Century Egypt: Insurrectionary women," *MERIP Middle East Report* no. 138 (January-February 1986): 9-10.

[103] Judith E. Tucker, "Problems in the Historiography of Women in the Middle East: The Case of Nineteenth-Century Egypt," *International Journal of Middle East Studies* 15, no. 3 (August 1983): 332.

[104] Nemat Guenena and Nadia Wassef, *Unfulfilled Promises: Women's Rights in Egypt* (Cairo: Population Council West Asia and North Africa Office, 1999), 19-20.

[105] *Ibid.*, 22-23.

[106] *Ibid.*, 20-29.

[107] Francesca Biancani, "'Let Down the Curtains Around Us': Sex work in Colonial Cairo, 1882-1952" (PhD diss., London School of Economics and Political Science, 2012), 256-257.

[108] Ibid., 257-258.

[109] Ibid., 258-259.

[110] Ibid., 259-261.

[111] Omnia El Shakry, *The Great Social Laboratory: Subjects of Knowledge in Colonial and Postcolonial Egypt*, (Stanford: Stanford University Press, 2016), 252.

[112] Mervat F. Hatem, "Economic and Political Liberation in Egypt and the Demise of State Feminism," *International Journal of Middle East Studies* 24, no. 2 (May 1992): 241.

[113] Ibid.

[114] Ibid., 242.

[115] Ibid.

[116] Ibid.

[117] Ibid., 244.

[118] Ibid., 245.

[119] Ibid.

[120] Hala Kamal, "A Century of Egyptian Women's Demands: The Four Waves of the Egyptian Feminist Movement," *Gender and Race Matter: Global Perspectives on Being a Woman* no. 21 (August 2016): 11-12.

[121] Nemat Guenena and Nadia Wassef, *Unfulfilled Promises: Women's Rights in Egypt* (Cairo: Population Council West Asia and North Africa Office, 1999), 58-60.

[122] United Nations Population Information Network et al., "A Look Back at the ICPD Process," *Newsletter of the International Conference on Population and Development* no. 22 (December 1994).

[123] Ibid.

[124] Ibid.

[125] Ibid.

[126] Ibid.

[127] Nemat Guenena and Nadia Wassef, *Unfulfilled Promises: Women's Rights in Egypt* (Cairo: Population Council West Asia and North Africa Office, 1999), 48.

[128] United Nations Population Information Network et al., "A Look Back at the ICPD Process," *Newsletter of the International Conference on Population and Development* no. 22 (December 1994).

[129] United Nations Population Information Network et al., "ICPD Bulletin (Complete)," *Newsletter of the International Conference on Population and Development* no. 13 (March 1994).

[130] *Ibid.*

[131] *Ibid.*

[132] *Ibid.*

[133] *Ibid.*

[134] United Nations Population Information Network et al., "ICPD Bulletin (Complete)," *Newsletter of the International Conference on Population and Development* no. 14 (April 1994).

[135] C. Alison McIntosh and Jason L. Finkle, "The Cairo Conference on Population and Development: A New Paradigm?" *Population and Development Review* 21, no. 2 (June 1995): 231.

[136] United Nations Population Information Network et al., "ICPD Bulletin (Complete)," *Newsletter of the International Conference on Population and Development* no. 14 (April 1994).

[137] *Ibid.*

[138] *Ibid.*

[139] *Ibid.*

[140] *Ibid.*

[141] *Ibid.*

[142] *Ibid.*

[143] *Ibid.*

[144] Ibid.

[145] Ibid.

[146] Rosalind P. Petchesky, "Spiraling discourses of reproductive and sexual rights," in *Women Transforming Politics: An Alternative Reader*, eds. Joan C. Tronto et al. (New York: New York University Press, 1997), 575-7.

[147] Ibid., 575.

[148] Ibid., 577.

[149] Ibid., 576.

[150] Ibid., 576-577.

[151] Ibid., 577-578.

[152] Mary Assaad. Archive of Women's Oral History. Women and Memory Foundation.

[153] Marie Assaad, "Female Circumcision in Egypt: Social Implications, Current Research and Prospects for Change," *Studies in Family Planning* 11, no. 1 (January 1980): 7.

[154] Ibid., 4.

[155] Ibid., 5.

[156] Ibid., 6.

[157] Ibid., 3.

[158] Ibid., p.6.

[159] Ibid.

[160] Ibid., p.7.

[161] Ibid., p.8.

[162] Ibid., p.6.

[163] Ibid., p.9.

[164] Ibid., p.9-10.

[165] Seham Abd el Salam, "A Comprehensive Approach for Communication About Female Genital Mutilation in Egypt," in *Male and Female Circumcision*, eds. George C. Denniston et al. (New York: Kluwer Academic/Plenum Publishers, 1999), 321.

[166] United Nations Children's Fund, *Female Genital Mutilation/ Cutting: A Statistical Overview and Exploration of the Dynamics of Change*, (New York: United Nations Children's Fund, 2013), 11.

[167] Margot Badran, *Feminism in Islam: Secular and Religious Convergences*, (Oxford: Oneworld Publications, 2009), 173-4.

[168] Soheir El-Imam, "Marlyn Tadros assure: "Nous sommes prêts", *Le Progres Egyptien*

[169] Margot Badran, *Feminism in Islam: Secular and Religious Convergences*, (Oxford: Oneworld Publications, 2009), 173.

[170] *Ibid.*, 174.

[171] *Ibid.*, 170.

[172] Seham Abd el Salam, "A Comprehensive Approach for Communication About Female Genital Mutilation in Egypt," in *Male and Female Circumcision*, eds. George C. Denniston et al. (New York: Kluwer Academic/Plenum Publishers, 1999), 321.

[173] Margot Badran, *Feminism in Islam: Secular and Religious Convergences*, (Oxford: Oneworld Publications, 2009), 175.

[174] *Ibid.*, 180.

[175] *Ibid.*, 181.

[176] *Ibid.*, 182.

[177] *Ibid.*, 181-182.

[178] *Ibid.*, 184.

[179] This overturned a 1959 ban on FGM operations being performed in hospitals.

[180] Margot Badran, *Feminism in Islam: Secular and Religious Convergences*, (Oxford: Oneworld Publications, 2009), 74.

[181] *Ibid.*, 174-184.

[182] Ibid.

[183] Ibid., 176.

[184] Ibid., 176-177.

[185] Aida Seif el Dawla, "The Political and Legal Struggle Over Female Genital Mutilation in Egypt: Five Years Since the ICPD," *Reproductive Health Matters*, 7, no. 13 (May 1999): 134.

[186] Ibid.

[187] Ibid., 135.

[188] Margot Badran, *Feminism in Islam: Secular and Religious Convergences*, (Oxford: Oneworld Publications, 2009), 178.

[189] Ibid., 179.

[190] Ibid., 179.

[191] Aida Seif El Dawla, "Reproductive Rights of Egyptian Women: Issues for Debate," *Reproductive Health Matters* 8, no. 16 (November 2000): 47.

[192] Ibid., 47-48.

[193] Ibid., 48.

[194] Ibid., 49.

[195] Ibid.

[196] Seham Abd el Salam, "A Comprehensive Approach for Communication About Female Genital Mutilation in Egypt," in *Male and Female Circumcision*, eds. George C. Denniston et al. (New York: Kluwer Academic/Plenum Publishers, 1999), 323.

[197] Ibid., 323-324.

[198] Ibid., 324.

[199] Ibid., 324-325.

[200] Ibid., 325.

[201] Ibid., 325.