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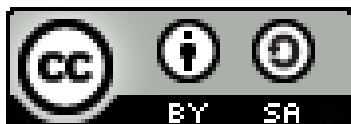
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One day, talking to a friend, I wondered aloud why women from older generations, who experienced harm for the sole reason that they were women, engaged in similar harmful practices against younger generations. In other words, why do women who have experienced pain reproduce it? I believe that women's behaviors and choices are determined by social and political context, by historical accumulation more than they are by individual will. This is the context that sets the frameworks through which women are able to resist and negotiate.

As we talked, my friend said that although her mother, who was herself circumcised, adhered to "customs and traditions," she was grateful she didn't subject her to FGM. My friend was born in 1989.

At this point in the discussion, I remembered the day I discovered that my mother had also been circumcised. Standing in the kitchen, I had asked my mother whether FGM was a custom in my grandmother's village.

"Yes," she said automatically.

Taking no pause to think about the answer, I asked her, "And you, Mama, were you circumcised?" My mother answered for the second time, "Yes." I tried to wrap my head around these two yeses. As usual, tears were my immediate reaction.

"Why are you crying?" my mother asked me. I could not answer her, because I myself did not know why.

My mother tried to calm me down saying, "My family didn't mean to harm me. They were uneducated, and they thought they were doing what was best for me. But your father and I are educated. We learned that it is wrong, and didn't do it to you or your sister."

In the moments that followed, I felt very angry with my grandmother, whom I had never met. Questions started mounting inside me: Why did my grandmother commit this violation against my mother and aunts—her daughters. I was born in 1994, when there were public campaigns and discussions around FGM; I would never have thought that my date of birth could contribute to my good fortune.

In one of the storytelling workshops that I helped organize in Deir Darnaka village in the governorate of Assiut, the participants discussed their experiences with FGM, and the impact it had on their relationships with their bodies and their sex lives. Twelve out of fourteen participants had been subjected to FGM, and ten out of these twelve had decided not to have their daughters circumcised. Surprised by their decision, we asked them about it. Their answers revolved around the role played by awareness raising campaigns to combat FGM carried out by the Eparchial Development Office of the Catholic Church in the village. Is this what my grandmother needed in order not to circumcise my mother? Awareness raising campaigns? Did my grandmother not experience the same psychological, physical, and sexual harm that the women of Deir Darnaka spoke of as a result of being circumcised? Did my grandmother need someone to make her aware of what she herself had gone through and felt the impact of? I imagine she felt all this, so why did she inflict it on someone else? And why was my mother able to break the cycle while my grandmother did not dare come near?

Researching the development of international and domestic discourses on sexual and reproductive health prior to the 1994 International Conference on Population and Development in Cairo, I tried to trace the circumstances that shaped the realities and informed the choices of my grandmother and my mother. My mother's family roots extend to the countryside, where in the nineteenth century the population was subjected to measures imposed by Muhammad Ali to transform Egypt and integrate it into the global economy. With the failure of the Muhammad Ali project, conditions in the countryside deteriorated and its poorer residents began migrating to Cairo in large numbers looking for work.

As part of the fight for independence from the British and the creation of a national body, Egypt's elite sought to assert control over the population, which became a new field of governance in the post-independence period. They went to great effort to neutralize the notion that unfair distribution of wealth and property was one of the main reasons for the deterioration of the conditions of the great majority of Egyptians. Rather, it was overpopulation that was the root of the crisis.

The national elite targeted poor rural and urban women as the site of backwardness, attempting to educate them by reshaping their behaviors as mothers and teaching them the rules of personal hygiene, proper nutrition, and childrearing. They considered the poor women's ignorance of these standards to be the primary reason for the deaths of their children at a young age. The high child mortality rate preoccupied the national elite to a great degree — they were kept up at night concerned at how many of these children passed away before the state could benefit from their productivity.

Governmental institutions and philanthropic organizations—considered to be early feminists' first spaces of involvement in social and political activities outside the home—took it upon themselves to educate mothers from low-income backgrounds on maternity skills and the rules of hygiene for infants. They saw that the best way to advance the sha'abi social classes was social reform in those areas. One of these organizations was the Heliopolis Association, which established a free clinic in the popular (sha'abi) area of Heliopolis. It held hygiene competitions among low-income households, giving awards to those homes with the highest levels of hygiene. These competitions were part of what made up awareness raising programs run by charity organizations.

In search for a better life, in the 1930s my grandmother migrated from the countryside to Cairo where she and my grandfather lived in a room in a shared apartment on the outskirts of Heliopolis. She gave birth to nine children, the youngest of whom was my mother, born in 1966. I tried to imagine my mother's life, having to live in a single room with eight siblings and her mother and father. My mother told me that my aunts were the ones who “chose” to marry at an early age (between fourteen and eighteen).

As I read and researched, many questions came to my mind: Did my grandmother cross paths with any of the activities of these organizations? Was it possible that she encountered some of these “feminists” who had tried to “urbanize” her so that she could “progress” to the level of a “good mother”? Was this what she needed to improve her life conditions? How did my grandmother feel about the campaigns launched by these organizations that blamed her, and women like her, for their poverty and poor health?

Around the time my grandmother migrated to Cairo, the first national conference on birth control was held. Analysing the narratives circulating at the 1937 conference reveals the centrality of class in the debates that were taking shape around population growth. Participants discussed the impact that making contraceptives available to all Egyptians would have on the reproductive behavior of different social classes. Opponents and supporters, alike, blamed the poor—especially women—for their role in sustaining and even increasing poverty rates. When the poor reproduced, they passed on their poverty to their children, and poverty brought disease, hindering production. While the birth rates of these women was to be curbed, several participants highlighted the importance of maintaining the growth of the middle and upper classes to forge an educated, civilized, and refined social class, necessary to lead the nation toward progress and development.

And at the heart of all this, they discussed the importance of preserving the family unit as one of the pillars of the social system, and the first space through which the state's attitudes regarding reproduction could be enforced. A dominant feature of the discussions at the conference was contempt and stigmatization of the poor, along with those who had mental illnesses and incurable hereditary diseases. Women's lives were discussed in terms of their reproductive, educational, and nurturing roles. How to maintain control of the reproductive labor and sexuality of women through the institution of the family was the conference's central question on which a resulting strategy was built.

My grandmother and others like her were the main targets of the mother and child health programs, and later on, the family planning and birth control programs. This was not only because she was a woman, but also because she was poor. My grandmother did not contribute to making any of the policies directed at her reproductive and sexual life, and she was not seen as a person who possessed thoughts, feelings, desires, dreams, or wishes for her life, her future, and the future of her children. Amid the social and political "reform" process, my grandmother's body was seen as a target for control and direction, and a means toward implementing national population goals.



Despite my prior knowledge of a smattering of this information, as I continued to read in more detail, I felt very heavy. The knowledge drained me. A sense of helplessness pervaded my research and writing. How can I, how can any of us, change the impact of centuries of policies, practices, and discourses that strip us, as women, of our humanity and alienate us from our bodies? I remembered a sentence written by one of “The Closet Writers:”<sup>1</sup> “The truth is that my father, my mother, my family, doctors, the hospital, and the Ministry of Health own my body.” I wanted to add that politicians, the state, and international organizations also owned our bodies.

I wondered how my grandmother felt about her own body amid all this. Did she have a space in which she could share her feelings? Did she feel a sense of alienation when she thought about her painful FGM experience? Was there really space for her to “choose” not to circumcise her daughters? What does choice mean in a context where circumcision is seen as a guarantee of “chastity,” the guarantee of a woman’s ability to marry, when marriage is an economic necessity and a way to escape harsh living conditions, a space to envision a new beginning for a less burdensome life—even if it is a dream that cannot be realized? Did my aunts really choose to marry at the age of fourteen?

These were the circumstances in which my mother grew up. She benefited from some Nasserist reforms: she got a free university education and was appointed a governmental job. Then, as a young woman, my mother was affected by the deteriorating economic conditions that accompanied economic liberalization (infitah) in the Sadat era. She did not have the luxury of not working as there was no one she could depend on financially. My mother got married at the age of twenty-seven, which was relatively old compared to her friends and sisters, and she sought to start a family with a partner of her choice.

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<sup>1</sup> The Closet Writers. (2017). Ikhtyar Collective, 6th edition.

“The Closet Writers” is a collection of writings published by Ikhtyar Collective in 2017. It is the outcome of a reading, discussion, and collective writing call launched by the collective in the same year. The publication consists of a selection of texts by Gloria E. Anzaldúa translated into Arabic and nine Arabic texts written by women who participated in the writing group, which was formed in February 2017 to discuss Anzaldúa’s works.

Around the time my mother got married, that is, in the 1980s, USAID was putting pressure on the Egyptian government to adopt directed fertility control programs to replace the developmental approach previously pursued through Egypt's population policies. This involvement in internationally adopted development programs and policies was another consequence of Anwar al-Sadat's infitah, and at this time foreign funding agencies began focusing on Egypt's housing policy with the aim of reducing fertility.

Birth control pills were the most common form of contraception used by Egyptian women. USAID-funded surveys, however, found that women often did not follow the instructions given by family planning clinics, and most of them stopped taking the pills of their own accord due to side effects or if their husbands were away. USAID concluded that Egyptian women were irresponsible and this is when long-term contraceptives—the kind women could not exercise control over—were introduced. IUDs, as well as birth control injections, were brought in, targeted at women in the countryside.

In the 1980s, feminists in the Global South and feminists of color in the Global North began to criticize international population policies for instrumentalizing women's bodies and for failing to consider their sexual and reproductive health. Operating out of this context, some Egyptian feminists began to turn their attention toward female circumcision, treating it as an issue related to women's sexual health. Beginning in the late 1970s, they made efforts to collect and create knowledge related to the practice of FGM. Their first order of business was attempting to understand why mothers who had been subjected to FGM inflicted the same fate on their daughters. What they accumulated through their research and campaigns throughout the 1980s crystallized in the strength of anti-FGM sentiment in the 1990s.

A feminist voice began to form—a voice that tried to listen before speaking, that attempted to understand the different sides to FGM, as an accepted, even normalized, social practice, that treated the practice as a key toward creating a broader and more general picture of the position of women in different social structures. This picture reflects an image of women as active figures in their daily lives, women who try to live by negotiating access on a daily basis to the most basic of spaces, who are



not “ignorant,” but are compelled to give up some of their rights in order to ensure access to other rights that they calculate as more essential for survival.

The voices of these feminists aimed to regain ownership over narratives surrounding women’s bodies and sexuality, to free the pain associated with the practice of FGM from its isolation and silence, and to let this pain out in a space where it could be heard. These voices suggested the possibility of a different life, one in which women’s bodies are not a burden nor shameful, one where their violation is not considered to be “normal,” one that does not require negotiation in order to live.

I think this is what my grandmother needed, and what my mother found. To hear her pain echoed somewhere else, outside of the confines of her own mind. To know that she will not be the only one to break the cycle, that she won’t have to sacrifice the most basic of rights for which she has to negotiate, and often pays for in humiliation and pain. To realize that her pain is real and visible, that her feelings are not insane or hysterical, and that she deserves space in general. This is the true impact of the awareness campaigns. I don’t think that my grandmother needed someone to make her aware of what she had experienced. A wounded person does not need someone else to point out their injury, but they do need to know that if they object, or try to stop the attack, they will not be punished, stigmatized, or cast as insane. I think this is one of the factors that pushed my mother to make the decision not to circumcise me or my sister.

When I came to this understanding, helplessness no longer dominated my emotions. Instead, I feel gratitude toward my mother, who made the decision to make my life less harsh—and gratitude toward the feminists who were able to create a voice that listens that made my mother feel less alone.