

ined the ways in which Middle Eastern men are subordinated by economic impoverishment (Ali, 1996, 2000) or by the hierarchical and often humiliating relationships within all-male institutions such as the military (Kandiyoti, 1994; Peteet, 2000; Sinclair-Webb, 2000). Yet, a repeating theme in the small but growing literature on Arab masculinities is one of homosocial competition between men in the realms of virility and fertility, which are typically conflated (Ali, 1996, 2000, Lindisfarne, 1994; Ouzgane, 1997). According to Ouzgane, a scholar of contemporary Arabic literature, virility emerges as the "essence of Arab masculinity" in the novels of some of the region's most eminent writers (Ouzgane, 1997, p. 3), with men in these stories both distinguishing themselves, and being distinguished from other men, through the fathering of children, and especially sons. If this is, in fact, the case, as much of the literature from this region suggests, then the experience of male infertility for an Arab man can only be "imagined" as an extremely threatening and emasculating condition, particularly in a world where the performance of masculinity is homosocially competitive and men work hard to sustain their public images as "powerful, virile" patriarchs (Ouzgane, 1997, p. 4; see also Delaney, 1991).

#### Male Infertility in the Age of New Reproductive Technologies

Given this theoretical background, I became intrigued by the question of how male infertility relates to masculinity among Arab men, and I decided to explore the question on an empirical level. Over the past 20 years, I have studied infertility in the Middle East, primarily in Egypt and primarily among women seeking infertility therapy (Inhorn, 1994, 1996, 2003a). Viewing the consequences of male infertility almost exclusively through women's eyes, I have shown how wives suffer some of the consequences of their husbands' infertility, in terms of reproductive blame, expectations to seek treatment, conspiracies of silence over male infertility and sexual dysfunction, and marital disruption, including in some cases male-initiated divorce (Inhorn, 2002, 2003b). However, in 1996, I interviewed for the first time more than twenty-five infertile men who were presenting with their wives to Egyptian in vitro fertilization (IVF) centers (Inhorn, 2003a). Through these couple interviews, I was able to imagine for the first time how men *themselves* might feel about their infertility, particularly when long-term treatment had failed to improve their conditions. As I discovered through my conversations with a number of Egyptian husbands, many men had lived for years with knowledge that their sperm were "weak" and incapable of producing a child. "Weakness" was the cultural idiom with which they glossed their male infertility problems, and it seemed that many infertile Egyptian men had taken this idiom to heart, feeling that they were somehow weak,

defective, abnormal, and even unworthy as biological progenitors. Not surprisingly, few men in the study had told anyone, including their closest family members, that they suffered from male infertility. Male infertility was described variously as an "embarrassing," "sensitive," and "private" subject for the Egyptian male, who would necessarily feel *ana mish raagil*—"I am not a man"—if others were to know that he was the cause of a given infertility problem.

In addition, many of these infertile Egyptian men had suffered through multiple harrowing infertility therapies. Traditional biomedical therapies to overcome male infertility, which include surgeries for varicoceles (varicose-type dilations of the veins in the testicles) and estrogen-containing hormonal drugs, are widely prescribed by physicians who specialize in men's reproductive and sexual problems in the Arab world (Inhorn, 2003a). However, these therapies have been heavily criticized in the West for being largely unproven, ineffective, and rife with unpleasant side effects, including effeminizing hot flushes, breast enlargement, and fat deposition in the thighs and buttocks (Devroey et al., 1998; Howards, 1995; Kamischke and Nieschlag, 1998). In short, male infertility is often as intransigent to treatment in the Arab world as it is in the West, leading to a condition of irreversible sterility and unwanted side effects for most infertile men and their wives.

However, a new reproductive technology called intracytoplasmic sperm injection (ICSI; pronounced "ik-see"), has promised to change all of this. First developed in Belgium in 1992, ICSI is a variant of IVF that has allowed thousands of severely infertile men to father children with their own sperm. As long as one spermatozoon can be retrieved from an infertile man's body—including through painful testicular biopsies or aspirations—this spermatozoon can be injected directly into the ovum with the aid of a micromanipulator and a high-powered microscope, thereby forcing fertilization to occur (Devroey et al., 1998). Despite its relatively low efficacy rates of less than 25 percent per cycle, ICSI has become widely available in IVF centers in the West, where it has now helped thousands of severely infertile men to father their own biological children.

By 1994, only two years after its discovery, ICSI had arrived in Middle Eastern IVF centers, which, by that time, were flourishing in many Arab countries. Curious about the implications of ICSI for male infertility and masculinity, I decided to return to the Middle East to initiate a new study on male infertility in the era of new reproductive technologies. Locating my study in two busy IVF clinics in Beirut, Lebanon, I spent eight months in 2003 interviewing 220 Lebanese, Syrian, and Lebanese-born Palestinian

men about their childlessness. Of these men, 120 were infertile (based on spermogram results and World Health Organization criteria for male infertility), and 100 were fertile but were married to infertile women. Each man who participated in the study completed a reproductive history interview, as well as a more open-ended ethnographic interview revolving around "the four Ms": medical treatment seeking, marriage, morality, and masculinity. The study produced some fascinating findings, especially surrounding the effects of the Lebanese civil war on reproductive disruption (Inhorn, 2004).

In terms of masculinity, however, the findings were rather surprising and unexpected. Most of the men who agreed to participate in my study stated with conviction that male infertility "has nothing to do with manhood," insisting that they had never equated their own infertility with feelings of emasculation. Although some men explained that the general public might view male infertility in this way, they insisted that male infertility is a medical problem—"like any other medical condition"—and thus should not represent a crisis of masculinity, nor a conspiracy of silence.

Indeed, ICSI seems to have given infertile Lebanese men new hope that their male infertility problems can be overcome through technological means. In other words, the arrival of ICSI in Lebanon—and the aggressive advertising of ICSI by many Lebanese IVF clinics—has served to both medicalize and normalize male infertility, leading to increasing openness about this reproductive health problem. For infertile men who have reached Lebanese IVF clinics, many have adopted a medical model of infertility that serves to diminish feelings of impaired masculinity. As a result, many of these men have told their friends and family members that they are trying ICSI at an IVF center. Indeed, families—at least close relatives on both husbands' and wives' sides—are often heavily invested in infertile men's ICSI quests.

Although ICSI has served to diminish feelings of hopelessness, despair, and emasculation among at least a subset of treatment-seeking Arab men, it is important to point to wider societal views of male infertility that undoubtedly still affect many Arab men who are infertile. As one Lebanese man who was pursuing ICSI reminded me,

In Lebanon, yes, male infertility does affect manhood. Men don't want to admit they can't have children. They're not men any more. But this is not the view of people inside treatment. People who are "in" know it is a medical problem. So we don't feel this problem of manhood or womanhood.

In other words, because I was interviewing treatment-seeking men, many of whom had been infertile for years and

had accepted their infertility as a God-given medical condition, my sample was probably biased. Furthermore, the majority of Lebanese men in my study were highly educated, with at least a high school diploma and many with advanced degrees. Virtually all of them were literate, and many of them had spent considerable time outside of the country, including in the West. Many of these men had educated, working wives, and thus presented to IVF clinics as "career couples." Presumably higher levels of education and satisfaction with professional careers may have offset the potential effects of emasculation and contributed to men's acceptance of a medical model of male infertility.

Having said this about the men who did agree to speak with me, it is extremely important to say something about those men who did not. Indeed, a significant (although undetermined) percentage of men who were asked by their IVF physicians, clinic staff members, or by me directly to participate in my study refused, outright, to become my informants. On any given day, one, two, or even more men who were asked to participate in my study declined to be interviewed, even after careful description of the benefits of the study and its guarantees of confidentiality. Reasons for refusal, if given, were of three general types: "not in the mood to talk," "not enough time" (even though most men spent hours in the clinic waiting for their wives to complete ICSI procedures), and "this is something confidential" (i.e., a secret not to be shared even in a confidential interview).

This issue of male non-response, first noted by Lloyd (1996) among men in Western infertility studies, may mean many things in Lebanon. According to most of the Lebanese IVF physicians and clinic staff members, non-response in my study was probably due to masculinity issues—namely, the sensitivity and "shyness" of most Lebanese men to reveal their reproductive problems to anyone, including a Western researcher.<sup>1</sup> They argued that male infertility is, on some level for some Lebanese men, deeply humiliating—something to be hidden rather than revealed. In fact, when I first arrived at one of the Lebanese IVF centers and explained my study to the clinic staff members, a nurse predicted bluntly that my study would never succeed because of the stigma and secrecy surrounding this topic. She described how couples with an infertile husband tried to "hide from each other" in the recovery rooms, and would sometimes stay there for hours if they saw an acquaintance who might expose their secret to the outside world. Although her prediction about my study's inherent failure did not come to pass, her point was well taken. At least some men in Lebanese IVF clinics probably refused to speak to me out of feelings of stigma and emasculation. Those who did agree to participate were probably the ones who felt least diminished by their infertility for reasons of education,

supportive wives and family members, and idiosyncracies of personality and resilience. Even so, a number of men in my study did admit to feelings of emasculation and "differentness," and spoke of their "shock," "sadness," and "frustration" over being infertile. As one infertile man who was a pediatrician explained,

"Manhood. It's really an important factor in society. I know this as a pediatrician. The first thing people ask for at the first baby visit is to check the [male] baby's reproductive organs. They're worried from the first moment of life if [the child has] normal reproductive organs, and if he will have a normal sexual life. It's about his future manhood. It's a strong feeling. And it's a deficiency if you can't have children. I do think people feel this. I would assume they do, because it's a secret kind of thing, male infertility. In my own case, who knows about this [his male infertility problem]? My wife doesn't want anyone to know. So we come here [to the IVF clinic] in secrecy."

#### Future Directions for Research

Clearly, male infertility is a condition that rebounds on Arab masculinity in important ways. Because neither male infertility nor masculinity have been well studied around the globe, including in the Arab world, the potential for future research in this area is great. This is especially true in the era of the new reproductive technology called ICSI, which has spread around the globe and has reached the flourishing private IVF industry in the Middle East. Because ICSI represents the first real solution to male infertility, it has the potential to overcome infertility among millions of Arab men, with effects on masculinity that are profound.

Already in Egypt, Lebanon, and in many other Middle Eastern countries, ICSI has helped thousands of men to overcome their male infertility, fathering healthy babies with their own unhealthy sperm. As shown in my studies described above, the emasculation of male infertility evident in Egypt in the mid-1990s is giving way to improved feelings of technological confidence among Lebanese men who are accessing ICSI in the new millennium. In Lebanon, many infertile men in IVF clinics have begun to view male infertility as a simple medical condition that can be overcome through technological means. Thus, the effects of male infertility on manhood are no longer considered as important in light of this new medical-technological solution.

Having said this, it is extremely important to point out that ICSI will remain out of reach of many infertile men in Arab countries. Not only is the technology expensive - between U.S. \$2,000-\$5,000 for one trial of ICSI in most Middle Eastern IVF centers - but the globalization of ICSI has been uneven in the Arab world. For example, whereas Lebanon has approximately 15 IVF centers for a population of 3 to 4 million, neighboring Syria has only a handful of IVF centers, leading hundreds of infertile Syrian men to cross the border each year in pursuit of ICSI in Lebanon.

Similarly, Arab men in the Western diaspora often choose to return to the Middle East to search for affordable ICSI. In the U.S., a single cycle of ICSI can cost between \$10,000-\$20,000, and is usually not covered by health insurance. In my ongoing study of male infertility in the Arab-American community of southeastern Michigan - home to the second largest diasporic population (estimated at 200,000 to 300,000) of Arabs outside of the Middle Eastern region (Hassoun, 1999; Hudson et al., 1999) - I am finding that many infertile Arab immigrant men are poor political and economic refugees from Iraq, Lebanon, and Yemen. Almost all of them have come to the U.S. over the past ten years, have variable English-speaking skills, and are employed in working-class service jobs (mostly in restaurants and gas stations) without health insurance benefits. As a result, they have few economic resources to pursue diagnosis and treatment for male infertility, and particularly ICSI, which is usually presented as the "only hope" to overcome their infertility. This fact is very demoralizing to this population of recent Arab immigrant men, who often ask whether ICSI can be performed effectively in the Middle East and whether it is less costly there. Clearly, future studies of male infertility among Arab men need to examine the ways in which the actual costs of ICSI services - including accessibility to non-elites by virtue of partial state subsidization (as is being tried in some clinics in Egypt) or partial insurance coverage (as is being tried among some professional syndicates in Lebanon) - affects infertile Arab men's sense of hope for these technologies, as well as their feelings of masculinity.

Indeed, in my current Arab-American study, diminished masculinity seems to be more pronounced for recent immigrant men than among the men I interviewed in Lebanon. Perhaps economic and social marginalization in the U.S., coupled with a male infertility diagnosis, leads to synergistic feelings of emasculation. Furthermore, many of the men in my Arab-American study are newly diagnosed cases, who have yet to come to terms with the meaning of male infertility in their lives. Perhaps in my current study I am beginning to capture some of the secret feelings of emasculation that were beyond my reach in Lebanon, due to the high non-

response rates of infertile men. Perhaps, too, in a U.S. setting, where childlessness is considered socially acceptable, if not always desirable, non-response rates are lower, because Arab men feel more comfortable speaking with a researcher about their infertility, including their feelings of lost manhood. Perhaps over time, as more Arab-American men of diverse backgrounds and acculturation levels participate in my study, I will be able to assess how Middle Eastern masculinities can change in a diasporic Western setting, where the very definition of manhood, at least in the society as a whole, may be less bound to the achievement of patriarchal fatherhood (Van Balen and Inhorn 2002). Do Arab-American men, especially those who are second- or third generation immigrants, continue to equate fertility with manhood? Or do they forge new meanings of manhood in a society where paternity and fatherhood may no longer be the essence of masculinity? These are research questions that I hope my study will eventually answer.

In conclusion, my study of male infertility and masculinity among diverse groups of Arab men is, to my knowledge, the first of its kind. But it is a study that I hope will be repeated by other researchers in diverse Middle Eastern settings. Together, such studies can make a significant contribution to the social scientific and public health knowledge of male infertility as an important reproductive health issue in the Arab world. Furthermore, investigation of this topic is timely, given the exciting possibilities afforded by the newest new reproductive technology, ICSI, which has made its way to the Middle East. There, gender studies are also shifting from an almost exclusive focus on women to a new interest in Middle Eastern men as men, whose masculinity is molded in particular, culturally regnant ways. Thus, studying male infertility in the era of ICSI will contribute in unique ways to the emerging field of masculinity studies in the Middle East, and will help to bring this once intractable, potentially emasculating, and still hidden condition from behind its veil of secrecy.

#### END NOTES

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Egypt and Lebanon," in *Medical Anthropology Quarterly* (Vol. 18, No. 2, 2004).

Although I was initially reluctant, as a female researcher, to conduct a study exclusively on male infertility in the Arab world, Arab male colleagues convinced me that it might be easier for an Arab man to speak about his reproductive troubles with a female researcher than with a male, given the homosocial competition over fertility/virility described in this article. Also, my American nationality may have affected my ability to speak with some Lebanese and Syrian men during the U.S. invasion of Iraq. I have written about this in a forthcoming article on "Privacy, Privatization, and the Politics of Patronage: Ethnographic Challenges to Penetrating the Secret World of Middle Eastern, Hospital-Based In Vitro Fertilization" (Social Science & Medicine, in press).

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## New Constructions of Masculinity: Understanding the Dynamics of Conflict: Insights from the Case of Algeria\*

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Competing interpretations of gender roles have played a central role in the recent conflict in Algeria. It is impossible to understand this without exploring the desperate circumstances of many men in Algeria, and throwing new light on the debate on the 'crisis of masculinity'. Nearly all the accounts I have read by women of their experience of the conflict highlight the issue of gender separation and difficult, painful relations between men and women, which leaves both parties in distress. This article is an attempt to explore the way in which masculinity is constructed and represented in Algeria, and to look at the range of possibilities available to young men in particular.

To understand these possibilities I am using three different sources: the independent press, feature film and novels. I will look at newspaper accounts of the position of the hit-tistes<sup>1</sup> namely the young unemployed men in contemporary Algeria; the fictional representation of the Afghans (Algerian men who, on returning from Afghanistan in the early 1990s formed the backbone of the Islamist militias) and the treatment of masculinity in Algerian film. I will situate this in a socio-economic-legal context and draw out some implications for understanding the relationship between constructions of masculinity and the vulnerability of young men in situations of conflict.

I would like to begin by discussing a well-known Algerian film, *Omar Gatlato* made in the late 1970s by the director Merzach Allouache. Omar Gatlato refers to the expression *gatlatu al-rujula* literally 'machismo killed him'. The film affectionately highlights male posturing and alienation (Allouache 1976). It was made during a more stable and prosperous period in Algeria's history, but it illustrates the problems facing young men at the time, and suggests ways in which the situation would later develop. The central character in the film is Omar. In a semi-documentary style, Omar recounts his daily life in the Bab el Oued neighbourhood of Algiers. What Omar says, and the camera shows are two quite different stories. While he dresses himself carefully we discover that he is still living with his parents, grandfather and sisters (some unmarried, another divorced) in a tiny flat. He has an un-pressured bureaucratic job in the service des fraudes but it lacks direction. We see the demoralised routine of office life, casual and liberal phone calls, reading the sports sections of the newspapers, and the occasional raid on (female) illegal street traders in jewellery. The overwhelming impression we are given is of the ineffectiveness of these men's lives. So during the raid the women escape sanction and reprimand the bureaucrats for interfering in their attempt to earn a liv-

ing. Omar's close circle of friends, other young men like himself, look longingly at young women from a distance: Omar sees one woman he likes on his way to work everyday. As she shakes bedding from her window, they exchange discreet signs of recognition. But his male circles of friends are his mainstay and they spend their leisure time together listening to chaabi and hindou music or attending football matches. When Omar loses his prize possession, a tape recorder, in a street robbery, he buys a replacement 'hot' from a friend. Unknown to his friend, it contains a cassette with a short message from a woman. He is fascinated by what she says about her life and despair, and he discovers that she works in the same office as he. He arranges to meet her but after an enormous build-up in which he gets drunk and finally manages to stand in his best suit on the other side of the busy street watching her waiting for him. Omar is torn between his friends who are simultaneously cheering him and calling him back because they don't want to lose him. Across the road, divided by the stream of traffic which would normally provide no obstacle, Omar is powerless to approach her and soon gives up. To save face, he tells himself he will meet her another day.

Three important themes emerge from this film. First it shows the gender segregation of Algerian society and men's hidden fear of women - a theme which is frequently evoked in other works (Allel 2001). Second it exposes men's relative powerlessness, alienation and aimlessness. Third, it draws attention to divisions between men and women who are living in overcrowded conditions and who scrutinise one another closely. Although Omar lives with his sisters, he has a very limited number of interactions with them. He doesn't know why his sister was divorced. He is uneasy about the physical proximity with her, but is powerless to change it. Events take place under the watchful eye of his friends and peer group. His male friends are all watching him and cheering when he stands poised to cross the road.

In retrospect the times of Omar Gatlato, the 1970s, were relatively untroubled years in Algeria. But the 1980s saw considerable turbulence, the beginnings of structural adjustment, a rushed and incomplete process of democratisation and the emergence of the fundamentalist FIS (Lloyd 2003). The 1990s were years of terrible conflict and pressure on socio-economic structures. This has resulted in a social crisis, which has acutely affected many young men who form an active and vociferous minority especially significant in the volatile contemporary situation.

### The Changing Status of Men in Algeria

As a whole, the world changing structures of production and reproduction, shifts in education, and the labour market and family organisation have weakened the 'tra-

ditional' roles associated with male dominance such as the role of breadwinner and head of the family and have given rise to the idea of masculinity in crisis or at risk (Bourdieu 2001; Chant 2000). Young lower income males are especially vulnerable to insecurity and marginalisation (Cornwall 1998). There is evidence that men's anger and confusion arising from this crisis may be expressed in increased violence and alcohol/drug abuse so their position is clearly an essential part of any analysis of conflict (Chant 2000).

In the next section I look briefly at the legal and socio-economic position of men in Algeria to reveal how this crisis is played out there.

Family relations and the legal position of men and women in relation to household members is determined in Algeria by the Family Code (1984) which is based on an interpretation of the shari'a. Since the recent changes to the Moroccan Family Code, the Algerian law is the most restrictive in the Maghreb. It established man's dominance over women, the husband as the head of the family, men's right to repudiate their wives, and institutionalised sexual inequality in inheritance. A woman's consent to her first marriage is mediated by a male guardian who can deny her choice of husband, and the code legalises polygamy although this is quite rare in practice (Saadi 1991). A great deal has been written and debated about the impact of the Family Code on women, but we should also be looking at its distorting consequences on gender relations in general (Marouane 1998).

Despite this pre-eminent legal status, men's position in the household is rendered problematic by extremely difficult social conditions. A look at demographics and family/household conditions reveals the extent of the pressure of change.

In the 1980s demographic boom, population grew at over 3% a year. In 1997 38% of the population was under 15.2. Life expectancy in Algeria is similar to Morocco and Tunisia at 66 for men and 69 for women. Since the launch of the National Programme for the Control of Demographic Growth in 1983 there has been a gradual acceptance of contraception, and fertility rates are slightly higher than in neighbouring countries but falling (UNDP 1998). Recent studies such as that recently published by Kamel Kateb suggest that there have been

*... the Algerian law is the most restrictive in the Maghreb. It established man's dominance over women ...*

basic changes in patterns of marriage running directly counter to the thrust of the Family Code (Kateb 2001). While marriage remains a near-universal institution in Algeria (almost 97% of all adults are married at some time) the average age of women at marriage rose – from 18 in 1966 to 25 in 1992 (Oufreha 1998).<sup>3</sup> With a convergence in the age of spouses it is less common to find older men marrying younger women who they then try to dominate. So despite the Family Code, marriage is becoming more equal. Oufreha also found that the preference for male children is declining: 92% of Algerian women told the PAPCHILD survey that they would prefer female children to males (Oufreha 1998). This suggests that there may be important changes in women's self-perception and the way in which they negotiate patriarchal family structures which clearly has implications for men (Lacoste-Dujardin 1986).

*In Algeria girls have traditionally been pressured to drop out of secondary school leaving the terrain open to their brothers ...*

Living circumstances can be extremely difficult: the building of new housing stock has failed to keep up with population growth.<sup>4</sup> Even in 1977 housing occupation was going beyond the level of 6-7 persons per unit. Despite the mushrooming of buildings since the 1980s, state initiatives lack coherence and the earthquake of 2003 exposed the failure to apply proper building controls.<sup>5</sup> The conflict of the 1990s

has accelerated, and the flight from the countryside to the cities exacerbated overcrowding (Boumedine 1996). So the overcrowded conditions in which the fictional Omar was living in the 1970s have worsened.

Analysis of the crisis of masculinity also draws on evidence of male failure in education and employment (Chant and McIlwaine 1998; Hern 1998). In Algeria girls have traditionally been pressured to drop out of secondary school leaving the terrain open to their brothers, but recent figures show that more girls complete their education and do better than boys at their studies. Boys are more likely to drop out or have to repeat school years. Although girls are younger than boys in the final year of secondary education, they represented 55.3% of successful candidates in the baccalaureate exams in 1996.

In many countries men's failing integration into the family is associated with women entering the labour force in significant numbers (Moore 1994). But this is not really

true of Algeria. Women only constitute about 10% of the population in paid employment. There are also high levels of unemployment running at about thirty percent and surveys show soaring levels of urban poverty.<sup>6</sup> Thousands of local businesses have closed involving the loss of many previously stable jobs. The growth areas are too frequently insecure and informal.

Recently the Algerian press highlighted the growth of the informal economy. Young men can earn well by selling places in the queue for visas in front of the French consulate in Algiers.<sup>7</sup> Their clients are mainly women, older people and people living outside the city. Labour is divided between those who queue and those who find customers. Work starts with the queue at four in the morning. They charge about 300 dinars (about 5 Euros) for a place near the front but when the queue is longer it can rise to as much as 4000 dinars (about 60 Euros). This compares favourably with the minimum wage of 8000 dinars,<sup>8</sup> or the daily wage of a building worker at 400 dinars. Those who work like this can earn 16,000 dinar (about 242 Euros), which is the equivalent wage of a secondary school teacher.

The catastrophic floods in November 2001 drew attention to the growing numbers of people in insecure employment. Two examples published in the daily newspaper *El Watan* give a flavour: 17 year old Samir sells second hand clothing in the Belcourt area of Algiers. His elder brother is a hittiste who at the age of 26 asks him for money to buy cigarettes. Samir gets up every morning at 7 and goes to work where he earns about 7000 dinars a month (about 105 Euros) and has the right to take one or two items of clothing for himself. He has no time to do anything apart from work. Another young man, Mohammed left school in the 4th year of primary education when his father abandoned his wife and children. He began running errands at the Triolet market in Bab El Oued, then selling and carrying crates of fruit. He then got a job in a shoe factory as a posteur, earning 2 dinars a piece. When the factory was inspected he was told to say that he was an apprentice although he was actually doing the work of a qualified worker sometimes doing unpaid overtime, with no paid leave. The factory was destroyed in the floods of November 2001 and he like many others had to start again.<sup>9</sup>

#### Different Roles

Given these constraints on men's positions within the family, education and employment, what are the roles open to young men in contemporary Algeria? Here I discuss two extreme cases: that of the hittiste and that of the Afghan. They are not the only possibilities available, but they illustrate the difficulties faced by many.

#### Hittistes

The word hittiste derives from the Algerian Arabic *hit* meaning wall: the hittistes are men who prop up the walls of Algeria's towns and villages. Their domain is the street; they observe life and take advantage of any opportunities, which may arise but are essentially aimless. Their presence in the streets reveals that there is no room for them at their parent's home and that they lack the resources to have their own private spaces. Hittistes are not necessarily unqualified, but they are victims of high levels of unemployment and lack of opportunity. Algerian popular discourse is full of references to the unrealised dreams of the hittiste who may fantasize about migrating, becoming a famous singer like Khaled, or a world class footballer like Zinedine Zidane, or even use his wit like the comedian Fellag who draws his material from street humour.<sup>10</sup> It is no coincidence that these stories of success are of people who have left Algeria. The hittistes are a visible reserve army for any subversive activity since migration is not an easy possibility.

#### Afghans

In the early 1980s, one of the obvious directions for the disillusioned dreamer was to go and fight in Afghanistan. In Algerian literature of the 1990s there are many accounts of the impact of the returning veterans of the Afghan wars on local communities in the late 1980s (Allouache 1995; Boudjedra 1991; Boudjedra 1992; Boudjedra 1993; Boudjedra 1995; Khadra 1998; Khadra 1999; Sansal 1999; Sansal 2000; YB 1998; YB 1999; YB 2001).

Yasmina Khadra's<sup>11</sup> novel *Les Agneaux du Seigneur* is set in the late 1980s and early 1990s at the outset of the civil conflict in Algeria in the remote village of Ghachimat (Khadra 1998). It traces the way in which the village is gradually implicated in the conflict. Old animosities are channeled into the conflict, helping to determine people's positions. Women play a subordinate role in the novel except for two women: Sarah the virgin of the village who is pursued by a number of suitors who compete for her hand. The other woman is Mère Osmane, the mother of one of the main Islamist terrorists, who controls events from behind the scenes.

In this novel, Khadra shows how the Afghans' command over their communities arises partly from their challenge to the Algerian authorities and partly from prestige attached to their experience of hardship either in prison or in travelling (or both). Their experiences outside the country set them apart from those who remained in the village. The novel opens with the return from prison of Cheikh Abbas who brings Islamist ideas to the village. Although he did not go to Afghanistan he is portrayed as someone who has had exceptional experiences, and therefore, is worthy of respect. But Kada Hilal, a schoolteacher, gives

up his love for Sara who marries a policeman and sets off to Afghanistan. Kada is given a rapturous send-off by his peers when he decides to go to Afghanistan (p. 95). When he returns he automatically takes command of the situation because of his new won authority, based on experience. Another form of authority comes from social status. In some instances (as with Issa Osmane known as Issa la Honte) his position is partly determined by his role under colonialism or during the war of independence in the 1950s.

We can trace the history of the eruption of religious zealotry in post-independence Algeria to the early 1980s when for a short time a group captured the town of Laghouat on the edge of the Sahara and forbade women to work outside the home, and insisted that people should only eat dates and milk and walk barefoot. They were eventually chased

away by the police. But in the next decade groups such as these launched other attacks (especially towards the border with Tunisia) Significantly, such men grew up in the urban slums where their tirades against government corruption found an audience among young people who were acutely aware of social inequalities.<sup>12</sup> Islamic Fundamentalist groups aided by the Saudis and others rapidly responded to social crises such as the earthquake in the autumn of 1989, and began building a popular base<sup>13</sup>, while many others were recruited to go to Afghanistan (Mahfoud Nahnah, current leader of the MSP and member of the present government, has recently recognised that he sent some thirty groups of Algerians to fight in Afghanistan in the early 1980s).<sup>14</sup> As they returned in the early 1990s from Afghanistan the first references to Afghans began to surface.<sup>15</sup>

One of the militias, the GIA (Groupe Islamique Arme) was dominated by the "Afghans". Tayeb al-Afghani was one of its early leaders. Al-Afghani was the nom de guerre of an Afghan War veteran and former smuggler who had commanded an Arab group in Afghanistan.<sup>16</sup> The GIA and its Afghans were active around Algiers in the mid 1990s. While the FIS military wing, and the AIS largely confined their attacks to military and government targets, the GIA concentrated its death squads on foreigners and Algerian intellectuals in and around the capital. For some time, it was viewed as the champion of young, uneducated and mostly unemployed Algerians who were turning to militant Islam.

*Men wearing ties and collars were accused of working for the government and thus were targets for assassination.*

People's position towards the Islamistes was expressed in the kind of clothes they wore and their beards which were grown and shaved off depending on the political climate.<sup>17</sup> Men wearing ties and collars were accused of working for the government and thus were targets for assassination.

Following the Concorde Civile of autumn 1999, the Algerian authorities have been involved in a controversial attempt to end the conflict by offering an amnesty to members of the Islamist militia who were prepared to call a truce. The return of the so-called repentis to their communities in the early months of 2000 has given rise to agonised analyses of their effects, particularly on Algerian youth. One analysis published in the independent daily newspaper *Le Quotidien d'Oran*<sup>18</sup> wrote of 'the terrorists, these new heroes'. *Le Quotidien* shows how they are telling stories to fascinated groups of youth about war activities, ambushes, assassinations, the fraternity of the maquis, and their exploits with women. Since they have been cultivating a myth about their heroism, their sheer return from the war alive is a victory in itself. Many commentators believe that the repentis are acting like conquerors, and seeing their new position (which involves considerable social support) as the right one. The psychologist Fatima Karadja is not surprised by their attempts at self-glorification, but draws attention to the way in which many have transgressed human taboos, mutilating bodies, booby-trapping corpses and committing rape. She argues that they need to go through a more sustained process of treatment in which they recognize what has happened to them. There is deep concern about the possibility of another generation of young men being indoctrinated especially in the present situation.

**Conclusion**

The idea of a crisis of masculinity is present in the case of Algeria for several reasons. Firstly we are talking about a crisis of identity which goes back many years, to massive social dislocation during the colonial period and which persisted even after independence. This identity crisis was underscored by problems in housing, education and employment which have given rise to massive migration in the ranks of the hittistes, and the under/unemployed. There is enormous unrealised potential which comes to the surface when we study accounts of survival strategies, and responses to disaster. Accounts of the way the population of Bab el Oued responded to the November floods or how young men worked to save victims of the earthquake of 2003 shows a capacity to show goodwill and contribute socially.

The Family Code was introduced in an attempt to re-establish what was seen as Algerian, particularly Islamic values. But what many women experience as intolerable oppression also involves a distortion of gender relations which has presented young men with the possibility of wielding power, inside the home having been denied power outside because of unemployment.

In the 1980s another set of options opened up, represented by the growth of Islamic Fundamentalism and the adventure of the war in Afghanistan. This had a brutalising impact, but we should not lose sight of the positive values of experience, knowledge, travel, action, which require to be harnessed in a less destructive manner. Alongside the valuing of sensational and violent exploits, there is also respect for the attempt to take control of one's life. It is striking that young men's main alternatives to the tedium of their lives at home lies outside the country either joining foreign wars or migrating.

**END NOTES**

\* Thanks to the ESRC for funding this research The role of migrants in sustaining or resolving conflict Grant no. R000239716. 1. They are young, but they don't move around, they are just there, always in the same place, their backs to the wall, a blank gaze, they watch the time go by, they are called hittistes. Definition: Hittiste : a masculine name derived from the word "Hit" which in Algérois means "wall". Deeper Definition: All young people who can find nothing better to do with his life than to practice hittisme is a hittiste. Intellectual Definition: A youth leaning against a wall because he has no personal space at home or particular activity in society. Hittiste speech : young people speak of "dégoutage" the key word of the 1990s. They also say "Leguaia" to express a confused feeling, a mixture of distress and disturbance. Hittiste joke: "instead of breaking down the Berlin wall the

Germans should have sent it to us' This typically Algérois humour enables us to pose the question : "Given the birth rate are there enough walls for the hittistes?" <http://www.lesouk.org/arhittistes.htm> (accessed 21 January 2001). 2. <http://www.un.org/esa/population/publications.wpp2000/annex-tables.pdf> (accessed 27 March 2004). 3. EASME/PAPCHILD survey 1999 conducted by the Office national des statistiques among 6,694 households. 4. A report published in 1963 emphasised the need to build 100,000 housing units a year in order to replace housing destroyed by the war. But no action was taken, partly because of the illusion of abundance created by the departure of Europeans who left empty accommodation behind them. Between 1973-4 an initiative to build 1,000 socialist villages, realised only 350. The Ministry of Housing, Urbanism and Construction was established in 1977.

5. More than 786,000 building permits have been issued in the last twenty years. Often plans are not realised: land is being privatised, the cost of raw materials increases, and building standards lax. 6. *El Watan* 23-24 novembre 2001. 7. AFP 28 janvier 2001 8. In Jan 2001 the national minimum wage was 8,000 dinars (about 212 ). 100 dinars =1.51. 9. *El Watan* 5 janvier 2002. 10. Fellag says about the sources of his compassionate humour: 'While I was writing Un bateau pour l'Australie, I was in a café in Algiers in 1989 and I heard a dialogue between two youths: 'Yesterday one of my cousins came from back home. He slept in my bed. And you? Under the cupboard. It's a good job my cousin is in temporary transit' When I got home, I wrote twenty pages in one go. That 'my cousin is in temporary transit' was all theatre.' 'Fellag le rire grâce', René Solis Liberation vendredi 26 mars 2004. 11. Yasmina Khadra is the nom de plume of Mohammed Moulessshoul, an ex-army officer. Many of 'her' readers suspected that Yasmina was not a woman (style of the novels, treatment of the themes and the male/female characters). 'Yasmina Khadra se

démasque Entretien' Le Monde des livres, Yasmina Khadra, ancien officier supérieur de l'armée algérienne, révèle son identité. 11 janvier 2001. Also Guardian 3 January 2002. 12. *Independent* 15 October 1988. 13. *Sunday Telegraph* 8 April 1990. 14. *El Watan* 6 novembre 2001. 15. On the role of Afghans in the Casbah. *Daily Telegraph* 8 Feb 1992; *Sunday Times* 3 Feb 1992. 16. He became a symbol of the Afghans and Islamic fundamentalism in Algeria when he was captured after an attack on a police station at al-Gummar in south-eastern Algeria near the Tunisian border in November 1992. That triggered a wider conflict between the fundamentalists and the Algerian army. Other splinter groups, hard-line, anti-Western radicals, emerged, such as the Organization of Free Islamic Youth, held responsible for the murder of Islamic moderates who advocated dialogue between the FIS and the government, and the Movement of the Islamic State: Compass). 17. Robert Fisk 'Going underground at the barbers', *The Independent* 10 February 1992. 18. *Quotidien d'Oran* 10 février 2000.

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# Female Genital Mutilation and Constructions of Masculinity in Twentieth Century Egypt

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Masculinity in Egypt has traditionally been in part a function of control of female sexuality; Female Genital Mutilation (FGM) is one instance of this. Likewise notions of femininity have served to encourage FGM among women, as the practice can be interpreted in part as removing or reducing a portion of the female anatomy that is popularly considered more properly male in terms of both structure and function; this has been considered a necessary precondition for marriage. In recent years, as anti-FGM educational campaigns have become more common in Egypt, anecdotal evidence indicates there has been some shifting of these ideas, as educated men sometimes show a preference for “uncircumcised” girls as marriage partners, believing that they will be more sexually responsive. Yet this too is tied to notions of femininity and masculinity – in this case, enlisting female sexuality in the service of male sexual pleasure and prowess. If FGM is to be combated effectively, social space for unmarried women must be created, anti-FGM campaigns must broaden the scope of their activities to include male audiences, and men must be educated about the biological and psychological components of sexuality.

**FGM as an Essential Component of Masculine and Feminine Identity**

Both sex and gender can influence an individual's role in society. Sex is the biological identity that describes the presence of the X and Y-chromosomes during conception, resulting in the formation of a male, female, or intersex individual; an individual's gender is based upon society's expectations and treatment of an individual.<sup>1</sup> Gender is what creates the idea of masculinity and femininity as expectations to which males and females must adhere. These expectations are better defined as gender stereotypes – behavior considered the norm or ideal, which creates a shared gender identity.<sup>2</sup> Such stereotypes are defined as “socially shared beliefs that certain qualities can be assigned to individuals based on their membership in the female or male half of the human race.”<sup>3</sup> Yet, the definition of what is masculine and what is feminine changes depending on cultural norms. Such constructs are best understood as ones that are in a constant state of flux within particular cultures, and all cultures develop their own patterns of gender construction.<sup>4</sup>

Nevertheless, the differences in gender that emerge across cultures often construct women and men as gender opposites – a man is what a woman is not, and a woman is what a man is not. Often, stereotypes define men as strong, aggressive, and intelligent, while labeling women

as weak, submissive, and ruled by emotion.<sup>5</sup> One common manifestation of masculinity has historically been control of women; in the traditional view, “humanity is male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being.”<sup>6</sup> This control by men of women has taken many different forms in various cultures and across time periods, including attempts to control female sexuality.<sup>7</sup> Yet at the same time, many of the practices that have evolved to support and demonstrate masculinity within a society also, by extension, support the society's notions of femininity. As one scholar has argued, “men often attempt to police the mobility and conduct of their sisters, daughters, companions and comrades, sometimes – quite often in fact – with the complicity of their mothers and other senior women.”<sup>8</sup> For women, as for men, upholding the expected roles of each gender is something that supports the social order and guarantees the individual a place within the society, whereas “violating sex roles [gender expectations] has the most negative consequences amongst those who believe that conformity to sex roles is important.”<sup>9</sup>

In many African countries, including Egypt, FGM has historically been one means of enforcing control of women's sexuality, and hence of reinforcing traditional gender roles and expectations within society.<sup>10</sup> In Egypt, women are seen as sexual beings, whose innate, intense sexuality must be controlled and regulated in order for society, and the family, which is seen as the basis of society, to function properly. Here, “according to dominant gender constructs, men and women each have a different part to play.... women's inherent sexuality is believed to be constantly endangering the social harmony of society (by tempting men) and is, therefore, best controlled through women's modesty and their remaining as much as possible within the private sphere of the family.”<sup>11</sup> FGM is part of this process, as it is believed to be crucial to proper socialization and behavioral norms.<sup>12</sup> Although there are many procedures that fall under the general category of FGM (e.g. clitoridectomy, excision, female circumcision, female genital cutting), in Egypt, the procedure generally entails removal of part or all of the clitoris and sometimes the labia minora as well, in the belief that circumcised women will not be sexually aggressive.<sup>13</sup>

Fatima Mernissi has argued that there are two contradictory yet coexisting conceptions of female sexuality in Islamic culture – what she refers to as the explicit theory of women's passive sexuality and the implicit theory of women's active sexuality. The passive sexuality theory holds that women are best, and perhaps solely, fulfilled in passive roles and in their submission to men. According to this view, men are and must be the sexual aggressors and women the passive recipients of their attentions. The key to a woman's femininity, according to this view,

is the experience of pleasure through suffering and subjugation – a masochistic view of pleasure that is deemed quintessentially female. According to the active sexuality theory, women naturally possess significant power through their sexual appetites and desires and through their attractiveness to men. Women therefore need to be controlled and their sexuality restrained so that men can fulfill their social and religious obligations without distraction – women and female sexuality must be restrained for the good of society.<sup>14</sup> FGM conveniently fits both these theories of sexuality. In terms of the passive sexuality theory, in removing the anatomical locus of sexual pleasure, the practice confirms the woman's passive role in intercourse and the man's role as sexual aggressor. The procedure itself likewise causes physical pain and suffering, which this theory holds is actually a source of feminine pleasure. In terms of the active sexuality theory, FGM removes the anatomical source of sexual pleasure, which serves to control female sexuality, enabling men to go about their business without facing constant temptations by women or constant demands for sexual services from highly sexed women.<sup>15</sup>

The physiological basis of these beliefs is open to question; indeed, many medical professionals and psychologists argue that even women who undergo forms of FGM more severe than those practiced in Egypt are quite capable of experiencing sexual desire and achieving orgasm.<sup>16</sup> Others take the view that the absence or mutilation of the clitoris makes orgasm impossible to achieve, and the psychological effects of the procedure, coupled with real and potential medical complications achieve the end that the practice is designed to achieve – physical control of female sexuality.<sup>17</sup> Nevertheless, the fact that in the popular imagination, it is the clitoris itself that causes women to be excessively focused on sex and sexual gratification and hence the removal or reduction of that organ is believed to “tame” a woman's sexuality is what is crucial in analyzing the practice.

Another reason FGM has been practiced is the belief that it cleanses, purifies, and beautifies the female genitals, thus making them appear more feminine. This belief stems from two sources: first, the understanding of sexual pleasure as a male prerogative and second, the understanding of the clitoris as a sort of small penis, an unnecessary and de-feminizing appendage that ought to be removed.<sup>18</sup> The first of these beliefs is tied to a dualistic view of the sexual act itself; the male role in intercourse is to achieve pleasure, the female role is to receive the biological matter necessary for reproduction. Thus, “the most effective method of preserving a girl's chastity and of guaranteeing her fidelity after marriage, is purely and simply to amputate the organ capable of procuring her any erotic pleasure. Removing the clitoris, an organ

unnecessary for fertilization, also means reducing a woman to her primary function: motherhood."<sup>19</sup> The second of these beliefs stems from cultural ideas about masculinity, femininity, and the body. In Egypt, there is a "belief in the presence of one sex of a characteristic of the other sex. In women, this presence is thought to take the form of the clitoris, hence the need to remove it. Disencumbered of this virilising appendage – the clitoris – the woman can now assume her true feminine nature and the capacity to bear children....It is only by undergoing excision that a girl becomes a complete, separate woman and is then ripe for marriage."<sup>20</sup>

The social importance of marriage reinforces the practice of FGM in Egypt, according to many experts. In Egypt, as in many other Arab and African countries, women as a group have comparatively fewer opportunities than men for education and career; even those who do become educated and seek a career outside the home are faced with a dilemma. As Nahid Toubia has argued,

In Middle Eastern societies, the overwhelming majority of women (85% in some countries) are illiterate, and work opportunities outside the home are scarce. Women's work is restricted to the home, the family business, or land. Survival outside the family is physically impossible.... there is still no 'social space' to accommodate her if she remains unmarried. Hence, Arab women... can survive only within the institutions of marriage and the family – they have no other choice.<sup>21</sup>

Despite the centrality of FGM to gender identity in Egypt, and although FGM seems to have been practiced in Egypt to some extent for thousands of years,<sup>22</sup> the public debate on the topic is a relatively recent development. The next section reviews anti-FGM campaigns in Egypt and their connection to gender construction.

#### FGM and Masculinity in 20th Century Egypt

In 1954, prominent activist Aziza Hussein was serving on the social committee of the UNGA, whose agenda included "unhealthy traditional practices." She did not know what this meant, and thought perhaps there were some types of extreme surgery occurring in Africa. However, she recalled, the members of the committee "did not come out openly to spell out what they meant. Apparently the problem [of FGM] had surfaced worldwide and had been camouflaged as usual."<sup>23</sup> Hussein related that she and many of her upper class, reform-minded colleagues were not aware of the problem, and in fact believed FGM to be illegal.<sup>24</sup> Hussein, speaking of her experiences in the 1950s, related her surprise,

[we were challenged] to produce the text of the law, but it was not to be found. Only a ministerial decree had been

passed assigning a committee to study female circumcision in Egypt and to give its recommendation. The terms of these recommendations were so ambiguous as to be shocking. The doctors, if they take any heed of it at all, can find an official backing for their performance of the superficial excision. Traditional midwives, it is true, are forbidden to perform surgical procedures including female circumcision but they continue to do it and nobody takes them to task. Moreover, the committee referred to divergent religious interpretations as regards degree of excision, leaving it largely to the discretion of the public.<sup>25</sup>

Ministerial decree #74 of 1959 created a committee to study FGM and its consequences. The committee determined that only qualified medical doctors would be legally permitted to perform the procedure, that only the less severe forms of FGM should be allowed, that FGM would be banned in health units governed by the Ministry of Health as a first step towards eliminating FGM, that *dayas* (midwives) would not be allowed to perform any sort of surgery, including FGM, that FGM is harmful, and that Islamic legal authorities agreed that complete excision is contrary to Islamic law, though they differed regarding partial excision.<sup>26</sup> According to Hussein, the fact that the decree did not ban the practice outright appeared to contradict an older law banning unnecessary and unprofessional surgery.<sup>27</sup>

In 1963, the Cairo Women's Club was asked by Mahmoud Karim, a prominent gynecologist and family planning activist, to include female circumcision in educational and research agendas. Hussein described the response of the CWC in 1994:

We refused outright; it would compound our problem, we said, to address two controversial issues at the same time. Furthermore, none of us could see any relationship between family planning and female genital mutilation.... Sexuality and the status of women did not yet figure on our reproductive health agenda. Nor were we even conscious of the gravity of the situation. Taboos had prevented us from even hearing about it – taboos perpetuated by ignorance and misconception, preventing public discussion and objective handling of the issues.<sup>28</sup>

Even after the UN experiences of Hussein and despite the ministerial decree, not much attention was given to the practice and its persistence. Nawal El Saadawi recounted the problems she faced when attempting to do research on the question of women and sexuality in the 1970s, noting the absence of reputable research on FGM and sexuality. Some of the first works published in Egypt on the topic appeared in 1965 and addressed both the issue of medical complications from the procedure as well as the more controversial issue of its impact on female sex-

uality and desire, yet these works were few and far between, and none addressed the relationship of the practice to constructions of masculinity.<sup>29</sup>

Hussein continued her work in 1975, spurred on by her participation in the UN Decade for Women Conference in Mexico City and the international attention being given to the practice there. Upon returning to Egypt, Hussein decided that the Cairo Family Planning Association should become more actively involved in the emerging international discussions on FGM.<sup>30</sup> Egyptian women's organizations and NGOs were, in Hussein's words, "suddenly bombarded with questions about female circumcision in Egypt prompted by the writings of Egyptian doctors, particularly Dr. Nawal Sa'adawi, although we were under the impression that the practice was illegal. In fact, the only legal prohibition extended to traditional midwives, who were forbidden to perform surgical procedures including female circumcision, but continued to do so."<sup>31</sup>

By October 1979, the CFPA had organized the first public seminar on the topic, entitled "Bodily Mutilation of Young Females," held as part of the International Year of the Child. It explored the religious, medical, social, and legal aspects of FGM, thus breaking the taboo on discussing the practice.<sup>32</sup> In Hussein's view, it was "a course in sex education for the public at large, the likes of which had never been experienced before. The question dealt basically with the way taboos can perpetuate ignorance and violate the female child's body in the name of chastity and hygiene...."<sup>33</sup> The outcome of the seminar was the formulation of a plan of action, which included urging the media to begin an educational campaign about the dangers of FGM, encouraging women's groups and existing female social service personnel in urban and rural areas to undertake educational campaigns, and pushing for inclusion of information about FGM in school and university curricula.<sup>34</sup> The argument that FGM should be included in educational materials was a new one, which included male audiences and held the potential for linking the practice not only to the reproductive health of women, but also to notions of masculinity, sexuality, and power.

Nevertheless, the seminar was a landmark event, and in addition to the recommendations already noted, the seminar also concluded that the holy books of all religions of Egypt did not mention the practice and that there were serious health consequences to it. The ministerial decree resulted in more unsupervised operations and in the need for educational work and research; and since numerous misconceptions existed about the benefits of the practice; FGM should be criminalized.<sup>35</sup> As a result of this seminar, the CFPA decided to launch its Female Circumcision Project. Hussein described why this

was done: "We decided to make it our task to break the silence and taboo around this subject, as we had done with family planning, turning it from a taboo into a national movement."<sup>36</sup> The FCP then began issuing numerous pamphlets in Arabic and English on the practice to the public through its family planning clinics.<sup>37</sup> Hussein's focus on an educational, rather than legal approach, stemmed from an awareness of the fundamental role that FGM plays in gender construction.

In 1992, the FCP broke from the CFPA and became its own organization, with the cumbersome, politically correct name of the Egyptian Society for the Prevention of Traditional Practices Harmful to Women and Children<sup>38</sup> (hereinafter referred to as the Society) and undertook an aggressive educational campaign aimed at public health officials, media figures, social workers, and students.<sup>39</sup> The Society was particularly proud of its television campaigns, presenting them in the following light: "One of the major achievements was our full-scale access to the media, particularly broadcasting and TV. After a total black-out on the subject, they [made] female circumcision one of their priority subjects.... [which] resulted in an unprecedented public debate on the subject." Hussein recounted that the Society then limited TV involvement for fear of a pro-FGM backlash against such efforts.<sup>40</sup> Despite this, since the early 1990s, the campaign has increased its momentum, building in part on the International Conference on Population and Development (ICPD), held in Cairo in 1994. One significant change since 1994 is that anti-FGM messages are not only provided by NGOs, but government agencies have embraced and begun communicating the message as well.<sup>41</sup> Egyptian television has also been more open to discussions on FGM in recent years, as part of the general proliferation of talk-shows and news that have occurred in the wake of the expansion of satellite channels broadcast from other Arab countries.<sup>42</sup>

In 1994, during the ICPD, a CNN program featuring a young girl being circumcised by a barber in Cairo was aired. President Hosni Mubarak, facing strong international criticism, agreed to ban the practice of FGM. Due to opposition from religious groups, the Minister of Health then "clarified" the government's position in 1995: "We have no plans to ban this operation... but we are looking at ways for it to be carried out by qualified doctors and under proper medical supervision."<sup>43</sup> Since this was a restatement of the 1959 decree, it did not silence international criticism. Therefore, in 1996, the government issued a ban on FGM which applied to all practitioners, including doctors, at all locations, whether in or out of a hospital.<sup>44</sup> In June 1997, an Egyptian court struck down the ministerial ban on FGM in state and private clinics, while preserving the ban on FGM by those

untrained in medicine. Although not commenting on the practice itself or its legality, the court ruling stated that the ban placed "undue restrictions on doctors" by preventing them from performing surgery.<sup>45</sup>

According to Hussein, this decision was appealed in 1997. The Society and other anti-FGM groups filed amicus curiae briefs with the court of appeals and intensified their public educational campaign.<sup>46</sup> The end result was a decision by the court of appeals that stipulated that "FGM violates the Criminal Law and those who perform it could face imprisonment." Yet, this ban alone will not end the practice, and may have the opposite effect, as journalist Mariz Tadros argued in 2002,

The decree helped legitimize the work of NGOs in the eyes of their constituency but, like all legislation, it offered little hope of engendering social change. Many NGOs themselves knew that an approach based on threatening to punish midwives and doctors who perform the practice could well backfire.... prosecuting the practitioners of FGM could well lead to antagonizing entire communities, especially where the targeted doctor or midwife is well-liked. It also raises the possibility that, should people not be convinced that the practice is harmful, scaring them with legal repercussions could potentially drive the phenomenon underground.<sup>47</sup>

In recognition of the ingrained acceptance of FGM among both men and women, in November 1998, the Ministry of Insurance and Social Affairs conducted a seminar whose goal was "to provide reliable scientific information on women's health, in an attempt to raise people's awareness and encourage them to change their attitudes towards certain practices, especially [FGM] and early marriages." Reaffirming the government's commitment to anti-FGM efforts, Minister Mervat Tallawi asserted:

Confronting harmful practices against women is a tremendous challenge which requires the cooperation of all the relevant ministries, NGOs and United Nations agencies.... These organisations should cooperate in raising public awareness of the negative effects that practices such as early marriage and female genital mutilation can have not only on women but also on society as a whole.... The ministry will continue to take the necessary steps to help the various organisations in their fight against harmful practices against women.

Tallawi was joined in her condemnation of FGM by Minister of Health and Population Ismail Sallam and Sheikh al-Azhar Muhammad Sayed al-Tantawi.<sup>48</sup> In January 1999, Maher Mahran, Chairman of the Population Council, argued at a seminar of the National Council for Motherhood and Childhood that FGM is an

embedded cultural tradition that is difficult to change, particularly when people believe it is religiously mandated.<sup>49</sup> These statements, however, continued to focus primarily on the relationship of FGM to women's health and neglected to address its link to masculinity.

Nawal el-Saadawi's research in the 1970s concluded that education is an effective tool to reduce the incidence of FGM.<sup>50</sup> That view has been repeatedly endorsed by virtually all organizations and individuals involved in the fight against FGM. Yet there has been considerable controversy over the proper methods and content of anti-FGM education. A 1999 study by the FGM Task Force (*quwwat al-amal lil-munahaddat li-khitan al-banat*, a coalition of NGOs and others actively campaigning against FGM in Egypt) discussed the experiences of seven NGOs involved in the campaigns, including Caritas-Egypt, which has been engaged in providing information about FGM to students attending its literacy classes. However, gender attitudes have made its work difficult. Although female teachers distributed information to girls, who appeared receptive to the message, the girls' families were not. Their mothers "were more suspicious, and did not always think it fit that such issues be discussed openly, especially when marital relations were discussed by unmarried teachers. Mothers were also worried that their daughters would remain unmarried if they were not circumcised. Many of the [male relatives of the students], the report continued, could not understand why the issue is being raised now, and why such attention is being devoted to it."<sup>51</sup> Moreover, male teachers were less likely to raise the issue with the boys in the classes, as they "felt that FGM was not a topic that they should be discussing with young boys."<sup>52</sup>

Not only is the gender of the educators and the audience a factor in the success of the campaigns, but so too is western bias. In 2003, Egyptian television began showing an anti-FGM commercial as part of its commemoration of the Year of the Girl Child. Although the commercial was praised for its anti-FGM position, the framework in which the message was conveyed was widely criticized, as it linked abstaining from FGM to upward mobility, westernization, and wealth.<sup>53</sup> Involvement by international, especially western, groups is often interpreted as inappropriate and as a western/Christian attempt to undermine Egyptian / Arab/Islamic society through a reorientation of gender norms. Hussein herself insisted on an Egyptian, rather than an international, approach to eradicating FGM, writing, "the last straw came when I received a communication from some women leaders asking me to join them in signing a statement addressed to Dr. Kurt Waldheim, Secretary General of the United Nations, asking him to work for the elimination of female circumcision. I refused, saying that if the problem concerns

women of my country, the responsibility of tackling it should be mine, not that of the Secretary General of the United Nations."<sup>54</sup> Marie Assad, one of the country's foremost anti-FGM activists, illustrated the problems inherent in western involvement with anti-FGM campaigns, commenting in 2001, "As a person, I'm against [FGM] but when USAID is involved, my interpretation is that they want to destroy the families in Egypt."<sup>55</sup>

Islamist activists have also criticized the rapid increase in anti-FGM efforts since 1994, attributing it to a desire to enforce "the agenda of the International Conference on Population and Development (ICPD), which seeks to obliterate the Islamist wave in the Middle East – a task that has been facilitated by globalization" and which includes Egyptian court action prohibiting the wearing of the *niqab* (face veil) by schoolgirls.<sup>56</sup> The fact that the prominence of FGM in the agenda of the ICPD was largely a result of the previously mentioned controversial CNN documentary that premiered during the conference feeds into these sentiments.<sup>57</sup>

Nevertheless, NGOs and the government remain committed to anti-FGM efforts. The government has revised textbooks to make them more sensitive to gender issues and to portray a more positive image of women: "FGM is now introduced in various subjects and in various grades (in the Islamic religion books for example), and pupils learn that the practice is not of Islamic origin or prescription. In the science curriculum for third preparatory, pupils learn about FGM's harmful physical effects." Yet it is difficult to make teachers use the revised texts when they disagree with their content", as Fatheya Mustafa, vice president of the Centre for Curriculum and Institutional Materials Development has noted.<sup>58</sup> Since, as will be argued shortly, men seem to be more likely to believe FGM is necessary, male teachers may be less likely to use the anti-FGM sections of schoolbooks to reinforce those readings in class. This, in turn, may mean that boys will not be exposed to more anti-FGM education in the future, perpetuating the cycle of more supportive attitudes among men for the continuation of FGM.<sup>59</sup>

This is particularly troubling, since men play a role in choosing to circumcise their daughters. Although women have historically been seen as the primary instigators of FGM, recent work in Egypt is challenging that view, explicitly linking the practice to gender constructions. In 1991, the CFPA noted that, "studies have shown that the person responsible for making the decision in the family to circumcise the girl is primarily the mother, then both parents together."<sup>60</sup> A 2001 survey of university students emphasized male attitudes and male dominated family decisions as primary factors in circumcision choices. It showed that "males were 1.5 times more likely than

females to support the practice of FGM.... The belief that FGM is absolutely necessary in order to make a woman attractive or even an acceptable candidate for marriage appears to be the most compelling reason.... Other factors inherent in the culture, such as male dominance, appear to still exist among the educated population, which may explain why males were more supportive of FGM in our study."<sup>61</sup> The study recommended an approach that centers on education of men and families about FGM, "not just women who are often helpless beside their dominant male counterparts," as an effective means of reducing the incidence of FGM.<sup>62</sup>

Findings of another study conducted in 2001 confirm these views. Although the sample size was small, the study found that "men possess limited knowledge about FGM but hold strong opinions about whether or not their social dependents (sister, wife, daughter) should be circumcised – men are the principal decision-makers in the question of whether or not to circumcise their children; most respondents favored circumcision." The study further concluded that, "men's main reason for supporting circumcision was that it would diminish women's overwhelming sexual desire which threatens male status."<sup>63</sup> In other words, the practice supports the prevalent constructions of masculinity and femininity, and both genders buy into the dominant constructs. Recent work on masculinity in Egypt has focused on such concerns. As Nadia Wassef of the FGM Task Force argues, "For men [sexual performance] seems to mean a lot, everything – so all these men are going out of their minds trying to get their hands on the pill [Viagra]. On the other hand you have women who are perceived to be over-sexed and hence must be quietened down which is why you circumcise them."<sup>64</sup>

A 2000 study sponsored by the NCPD and carried out by Wassef and Abdallah Mansour made a clear link between masculinity and FGM, one of the first times such an argument had been publicly made in the research context in Egypt. Although the study was based on a small sample (fifty men), the study indicated that masculinity is a complex set of attitudes, and that many of these attitudes revolve around power and control, particularly control over sex, sexuality, and women. It also noted the prevalent male fear that masculinity was something that must

*studies have shown that the person responsible for making the decision in the family to circumcise the girl is primarily the mother ...*

be continually proven, lest it be lost or taken away. Such attitudes were particularly strong among younger men, and only one of fifty articulated the view that sexual intercourse was a means of emotional expression; the other 49 viewed it as a means of enforcing their dominance over their wives. Likewise,

men's answers revealed a great deal of insecurity towards uncircumcised women. Some men were convinced that uncircumcised women would make excessive sexual demands, which they would not be able to fulfill.... All the men's responses regarding masculinity, identity and their perceptions of women clarified their positions on FGM. 'Something about FGM made men feel more secure in their sexuality,' suggested the study. FGM, the men indicated, was a way of keeping women's sexuality in check. This is an important consideration, when women's enjoyment of sex is essential to proving men's sexuality and masculinity. 'In a sense, their ultimate fear was of not being able to satisfy a woman because of being weak. FGM can be seen as a function in the reverse mode: FGM weakens the woman so that a man can satisfy her,' indicated the study.<sup>65</sup>

In addition to the shortcomings of current educational campaigns, legal campaigns against FGM are also inadequate. Legal prohibitions on FGM are not enforced, and as Hussein has noted, doctors have a financial incentive to perform FGM as long as there is a demand.<sup>66</sup> A related problem is ignorance about legal rulings concerning FGM. The 1998 death of a young girl undergoing FGM in a northern suburb of Cairo was the seventeenth such death since 1994. Yet, the girl's family was unaware that the practice was illegal or harmful, and the police investigating the girl's death were not aware "that an order by the State Council, the highest administrative court, had banned the performance of the operation in public and private hospitals and clinics."<sup>67</sup>

### Conclusion

It is difficult to find reliable statistics on the prevalence of FGM or assess the effectiveness of anti-FGM campaigns.<sup>68</sup> Some studies indicate a reduction in FGM, while others do not, and the same statistics are often interpreted differently:

The Population Council [in 1999] points to a decline in [FGM].... A survey carried out on Adolescence and Social Change in Egypt (ASCE) indicates that circumcision rates among single girls are now 86 per cent, 10 percentage points lower than the almost universal prevalence found in the 1995 Egyptian Demographic Health Survey (EDHS) of ever-married women aged 15-49. The ASCE notes that 'there is evidence of a delay and possible reduction in female circumcision following the 1994 International

Conference on Population.' This optimism, believes Fatma El-Zenati, technical director of the EDHS, is unfounded. 'Bear in mind that the almost universal rate of 97 per cent referred to married women. When they were asked whether they would circumcise their girls, 86 per cent said yes. So the ASCE had only confirmed the EDHS's findings. There is no reduction in percentage because we are talking about two totally different groups, unmarried girls and mothers,' explains El-Zenati. She estimates that it will take 10 years before we can observe any significant decline in the practice of female circumcision – if only because the process of informing people, changing their attitude and the reflection of this change in their practice is a lengthy one. 'This does not mean that there is not change in attitude, but it is too early to show any changes since the ICPD [in 1994].'<sup>69</sup>

Hussein evaluated the anti-FGM efforts in the following way: "We believe we have succeeded in at least breaking the taboo and, to a limited extent, changing attitudes and behaviour.... [but] cultural traditions die hard and education is a long-term process."<sup>70</sup>

One way to improve the effectiveness of anti-FGM campaigns is to broaden the scope of their activities to include male audiences and the education of men about the biological and psychological components of sexuality. A new approach adopted by NGOs has been to stress "positive deviance," a strategy whereby NGO workers identify those in a particular area who are going against community norms, determine why they chose to do this, encourage them, support them in their decisions, and attempt to enlist them in convincing others, thus giving them more legitimacy and status within their communities.<sup>71</sup> Although this approach has enjoyed some success among women, NGO experiences in trying to educate men about the issue have not been positive, as men often consider this a women's issue and having nothing to do with them.<sup>72</sup> Tasoni Yoanna Salib, a Coptic nun, doctor, and social worker, noted that the real test of whether anti-FGM campaigns are effective will be in the male response. Although one village in which she works has not had any girls circumcised in three years, Salib is not declaring victory in the anti-FGM campaign there, noting that "The first time that a man marries an uncircumcised woman and [is] publicly proud of it, then our task will have been achieved."<sup>73</sup>

An interview conducted in 1999 with Dr. Aziza Kamel of the Society highlights some of the difficulties Egyptian women face in an atmosphere of changing attitudes about FGM. Kamel related the story of a young woman whose family insisted that she undergo FGM (in this case, removal of the clitoris) while she was a child. The family was conforming to the social pressures and traditional

beliefs concerning the supposed necessity of performing this operation previously described. The girl grew up and married an educated man from a less traditional family. Shortly after marriage, problems developed. The husband was not satisfied with the young woman's sexual responses, a problem he attributed to the excision of her clitoris. As a result of sexual problems, he threatened to divorce the young woman. The young woman's mother brought her to Kamel's clinic, crying and begging the staff to somehow reattach or reconstruct the young woman's clitoris so that her husband would not divorce her and would be satisfied with her sexuality.<sup>74</sup>

Whether FGM is practiced as a means of repressing the sexual drive of women or whether it is avoided as a means of providing an adequate female response to intercourse, what must be emphasized is that in both of these views, the most important thing is seen by men to be their ability to satisfy a woman. How to get satisfaction for the man is the real issue – is it best done by conducting sex in a manner that means the woman does not ask for more (in other words, circumcise her so she is satisfied with whatever level of sexual activity the man is inclined to provide), or is it in making the sex act more pleasurable for the woman (in other words, do not circumcise her so she achieves orgasm and exhibits pleasure more readily, thus stoking the man's ego about his sexual performance)? In either view, the woman is treated as an object, not an active participant, in the sexual act, and the ultimate criterion for decision-making is male sexual pleasure and psychological dominance.

Another means of improving anti-FGM activities would be to create social space for unmarried women. As Toubia, a prominent Sudanese doctor and anti-FGM spokesperson, has argued, campaigns against FGM that base their arguments on the risks of the procedure and/or argue simply that it is not religiously required miss the crux of the issue. The real reason for the persistence of FGM, she believes, is its connection with marriageability and the central role of marriage for women and society. In her view,

one of the most important reasons for circumcising a girl is to ensure that she will not lose her chance to marry; ... this would mean that she loses her chance for a respectable life. Loss of a woman's genitalia is not, therefore, too high a price to pay in order to secure her chances in life through marriage. This is the social significance of female circumcision and its real value. To argue against this practice on the grounds of its physical damage and to attempt to eradicate it through health awareness and education are futile. It is essentially a social phenomenon reflecting the position of women and not a medical problem.<sup>75</sup>

If this view is valid, then it means that barring any fundamental reorientation of Egyptian social norms to create a social space for large numbers of unmarried, career-oriented women, or women who marry later in life, FGM as a practice will diminish only as views about the relative benefits of "circumcised" and "uncircumcised" girls and as marriage partners change. And in Egypt these views seem likely to change only if there begins to be a wider alteration in the social construction of gender. Moving conceptions of masculinity away from power and control and reorienting them in part towards female sexual responsiveness, rather than maintaining them as oriented towards suppression of female sexuality, might, as the anecdotal evidence indicates, achieve this goal. Likewise, reorienting notions of femininity to include sexual responsiveness (within the proper social constraints – i.e., marriage) seems essential as well. Whether educational campaigns against FGM are capable of making and sustaining these arguments remains to be seen.

Whether these arguments go far enough towards a more equitable construction of gender, likewise, is open to debate. Indeed, the seeming emergence among the educated classes of a preference for "uncircumcised girls" as marriage partners is arguably tied to existing notions of masculinity and femininity that subordinate women to men – in this case, enlisting female sexuality, albeit a reformulated one, in the service of male sexual pleasure and prowess. Critics of such an approach might rightly argue that such a reorientation does nothing to change the fundamental ideas of gender or of male dominance in Egyptian society: to be masculine, one must still control female sexuality – but such control would be exercised not through its suppression but through an encouragement of female sexuality as a means of satisfying male marriage partners. Nevertheless, if the goal is reorienting notions of masculinity in a constructive manner to allow for the reduction or eradication of the practice of FGM, thus allowing women to more fully experience their sexuality, it seems a step in the right direction. Although it would not fundamentally change the definitions of gender roles, it would change one part of one manifestation of masculinity, perhaps to the mutual satisfaction and benefit of both males and females.

*One of the most important reasons for circumcising a girl is to ensure that she will not lose her chance to marry.*

## END NOTES

1. Margaret L. Andersen, *Thinking About Women: Sociological Perspectives on Sex and Gender* (Boston: Allyn and Bacon, 2000), 20-5. The binary definition of sex as male and female is being increasingly called into question, particularly with the breaking of the public silence on intersex. In the US and UK, scientific journals and even popular news magazines have been publishing more and more studies and personal accounts related to the phenomenon. See, for instance, Christine Gorman and Wendy Cole, "Between the Sexes," *Time* (1 March 2004), 54-6 for a popular account of recent work on intersex. For more scientific and specialized recent work, see Sharon E. Preves, *Intersex and Identity* (New Brunswick, NJ: Rutgers University Press, 2003); Carrie Paechter, "Learning Masculinities and Femininities: Power/Knowledge and Legitimate Peripheral Participation," *Women's Studies International Forum* (November 2003, volume 26, issue 6), 541-53; Juan A. Tovar, "Clitoral Surgery and Sexual Outcome in Intersex Individuals," *Lancet* (July 2003, volume 362, issue 9379), 247-9; Myra J. Hird, "Considerations for a Psychoanalytic Theory of Gender Identity and Sexual Desire: The Case of Intersex," *Journal of Women in Culture and Society* (Summer 2003, volume 28, issue 4), 1067-93; and Surya Monro, "Transgender Politics in the UK," *Critical Social Policy* (November 2003, volume 23, issue 4), 433-53.
2. Hilary M. Lips, *Sex and Gender* (London: Mayfield Publishing Co., 2001), 8. There has been a proliferation of studies of gender identity, expectations, and stereotyping in and of gay, lesbian, bisexual, and transgendered individuals in the last three decades in the US academic community. See, for instance William F. Pinar, "I Am a Man: The Queer Politics of Race," *Cultural Studies/Critical Methodologies* (August 2003, volume 3, issue 3), 271-87; Michael J. Bailey and Joseph S. Miller, "Maternally Rated Childhood Gender Nonconformity in Homosexuals and Heterosexuals," *Archives of Sexual Behavior* (October 1993, volume 22, issue 5), 461-70; Janet Lever and Sally Carson, "Behavior Patterns and Sexual Identity of Bisexual Males," *Journal of Sex Research* (May 1992, volume 29, issue 2), 141-68; David J. Lutz, Howard B. Roback, and Maureen Hart, "Feminine Gender Identity and Psychological Adjustment of Male Transsexuals and Male Homosexuals," *Journal of Sex Research* (November 1984, volume 20, issue 4), 350-63.
3. Lips, 2. Such constructions are most often generally accepted and understood by the dominant culture (and to some extent even by the existing subcultures), regardless of their basis in reality or experience and regardless of any contradictions or observations and experiences to the contrary.
4. Indeed, "a culture's attitudes and practices regarding gender are deeply embedded in its history, environment, economy and survival needs." Letitia A. Peplau, Sheri DeBro, Rosemary Veniegas, and Pamela L. Taylor, *Gender, Culture, and Ethnicity* (London: Mayfield Publishing Co., 1999), 20.
5. Peplau, 29. Of course, cultures have additional gender stereotypes, many of which ascribe both positive and negative qualities to both genders.
6. Evelyn Ashton-Jones, Gary A. Olson, and Merry G. Perry, *The Gender Reader* (Boston: Allyn and Bacon, 2000), 54.
7. Julia T. Wood, *Gendered Lives* (Belmont: Wadsworth Publishing Co., 1994), 32. See also Mai Ghossoub and Emma Sinclair-Webb, eds. *Imagined Masculinities Male Identity and Culture in the Modern Middle East* (London: Saqi Books, 2000), 20, for a brief discussion of how circumcision of boys and girls fits into public displays of masculinity.
8. Ghossoub, 9.
9. Wood, 33. Male power, influence, and control in traditional Egyptian culture are such social expectations, which, for many, are difficult to violate. This comes forth in various forms including the expectation of FGM.
10. Although most westerners believe such practices to be confined to African and Middle Eastern societies, Mary Crawford and Rhoda Unger, *Women and Gender: A Feminist Psychology* (New York: McGraw Hill, 2004), 271, report that similar procedures were common in the US and Britain until fairly recently, "clitoridectomies were done by physicians to cure upper-class women of too much interest in sex, and one health expert advised parents of girls who masturbated to 'apply carbolic acid to the clitoris.'"
  11. Bahira Sherif-Trask, "Egypt" in *Women's Issues Worldwide: The Middle East and North Africa* (Westport, CT: Greenwood Press, 2003), 74.
  12. For more on the rationale for FGM in Egypt, see Nawaal El Saadawi's groundbreaking work, *The Hidden Face of Eve: Women in the Arab World*, translated by Sherif Hetata (Boston: Beacon Press, 1980), 33-43. El Saadawi related a story told to her by one Egyptian girl. When asked about her circumcision, the woman described it in the following terms: "I did not know anything about the operation at the time, except that it was very simple, and that it was done to all girls for purposes of cleanliness, purity and the preservation of a good reputation. It was said that a girl who did not undergo this operation was liable to be talked about by people, her behaviour would become bad, and she would start running after men, with the result that no one would agree to marry her when the time for marriage came. My grandmother told me that the operation had only consisted in the removal of a very small piece of flesh from between my thighs, and that the continued existence of this small piece of flesh in its place would have made me unclean and impure, and would have caused the man whom I would marry to be repelled by me." El Saadawi, 34-5.
  13. In comparison with some of the other forms of FGM practiced in some sub-Saharan Africa countries (which can entail removal of the clitoris, the labia majora and the labia minora as well as sewing or fastening together the vulva with various materials, leaving only a small opening for urination and menstruation), the Egyptian form of FGM is relatively mild, yet the purposes behind all such procedures are generally similar. It is not the purpose of this article to discuss the historical origins of the practice at length or to debate its relationship or supposed relationship to religious doctrine. These issues have been dealt with at length in the secondary literature. A brief history of the practice, though, can be found in El Saadawi, 39-40, and is included here: "Many people think that female circumcision only started with the advent of Islam. But as a matter of fact it was well known and widespread in some areas of the world before the Islamic era, including in the Arab Peninsula...the Prophet [Muhammad] tried to oppose this custom since he considered it harmful to the sexual health of the woman. In one of his sayings the advice reported as having been given by him to Om Attiah, a woman who did tattoos and circumcisions, runs as follows: 'If you circumcise, take only a small part and refrain from cutting most of the clitoris off. . . The woman will have a bright and happy face, and is more welcome to her husband, if her pleasure is complete.' This means that circumcision of girls was not originally an Islamic custom, and was not related to the monotheistic religions, but was practised in societies with widely varying religious backgrounds, in countries of the East and the West.... Circumcision was known in Europe as late as the 19th century, as well as in countries like Egypt, the Sudan, Somaliland, Ethiopia, Kenya, Tanzania, Ghana, Guinea and Nigeria. It was also practised in many Asian countries such as Sri Lanka and Indonesia, and in parts of Latin America. It is recorded as going back as far into the past under the Pharaonic Kingdoms of Ancient Egypt, and Herodotus mentioned the existence of female circumcisions seven hundred years before Christ was born."
14. Fatima Mernissi, "The Muslim Concept of Active Female Sexuality," in *Sexuality and Gender*, eds. Christine L. Williams and Arlene Stein (Malden, MA: Blackwell Publishers, 2002), 297..
15. Of course, it must be noted that FGM is not practiced in most Islamic or most Arab or Middle Eastern societies. Nevertheless, the fact that the practice is in consonance with the prevailing theories of female sexuality in Islamic societies identified by Mernissi means that in societies like Egypt where the cultural practice of FGM predates Islam, it could continue to exist in a predominantly Islamic culture, and it could be redefined sociologically to coincide with new values and norms.
16. See Lynne Brydon and Sylvia Chant, *Women in the Third World: Gender Issues in Rural and Urban Areas* (New Brunswick, NJ: Rutgers University Press, 1989), 29. A 1995 Egyptian Demographic Health Survey reported that 96 percent of women in Egypt were circumcised, and that half of those did not achieve orgasm. See Mariz Tadros, "Planting the Seeds of Change," *al-Ahram Weekly* (6-12 May 1999).
17. Crawford and Unger, 270.
18. This notion is not unique to Egyptian, Arab, or Islamic cultures. Indeed, Sigmund Freud made similar arguments in his works, when he argued that "The elimination of the clitoral sexuality is a necessary precondition for the development of femininity." Sigmund Freud, *Sexuality and the Psychology of Love*, 196-7, cited in Mernissi in Williams and Stein. See this chapter for more discussion of Freud's ideas and their relationship to Muslim ideas of female sexuality.
19. Wédad Zénié-Ziegler, *In Search of Shadows: Conversations with Egyptian Women* (London: Zed Books, 1988), 94-5.
20. Zénié-Ziegler, 97. See also Mahmoud Karim, *Female Genital Mutilation: Historical, Social, Religious, Sexual, and Legal Aspects* (Cairo: National Population Council, 1999), 69-72 where he discusses this issue as well, noting that the "female" part of the male body is traditionally considered to be the prepuce (foreskin), which is removed during male circumcision.
21. Nahid Toubia, "Women and Health in the Sudan," in *Women of the Arab World: The Coming Challenge. Papers of the Arab Women's Solidarity Association Conference*. Ed. Nahid Toubia (London: Zed Books, 1988), 99.
22. See, for instance, Karim, 50, where he notes the existence of FGM in some ancient mummies and discusses the possible pharaonic and Sudanese origins of FGM. Other sources argue that although FGM was practiced in ancient Egypt, it was brought to Egypt by Ethiopians in the 8th century BCE as part of a fertility ritual that involved FGM and the Nile. See, for instance, Mariz Todros, "Planting the Seeds of Change," *al-Ahram Weekly*, 6-12 May 1999, quoting Seham Abdel-Salam, a doctor from the FGM Task Force.
23. Aziza Hussein, "Female Circumcision," Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, 1999, 2.
24. Amy J. Johnson, interview with Aziza Hussein, Mit Ghamr, Daqahliya, Egypt, August 2, 2003.
25. Hussein, "Female Circumcision," 2-3.
26. "haqa'iq ilmiyya hawl khitan al-inath" Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, 1999. See also "Facts About Female Circumcision," Cairo: Cairo Family Planning Association, 1991, 17; and Zénié-Ziegler, 99.
27. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999.
28. Aziza Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," Egyptian Society for the Prevention of Harmful Traditional Practices to Woman and Child, prepared for the NGO Forum of the ICPD, 1994, 2.
29. See El Saadawi, 38. These two studies were done by Mahmoud Karim [Koraim] and Rushdi Ammar of Ain Shams University and entitled *Female Circumcision and Sexual Desire and Complications of Female Circumcision*. See also Mahmoud Karim, *Female Genital Mutilation: Historical, Social, Religious, Sexual, and Legal Aspects* (Cairo: National Population Council, 1999).
30. See Marion Levy, *Each in Her Own Way: Five Women Leaders of the Developing World* (Boulder: Lynne Rienner, 1988), chapter 6. Levy recounts the Mexico City experience as follows, "The subject aroused international indignation. Aziza warned that world opinion considered female circumcision a serious mark of backwardness and a poor reflection on Islam. She seemed stung by her own ignorance of the practice and by the universal condemnation of it outside the Arab World. She persuaded her colleagues at the Cairo Family Planning Association to launch an investigation of circumcision and then negotiated funding for it from IPPF [International Planned Parenthood Foundation]," Levy, 176.
31. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 2.
32. Amy J. Johnson, interview with Aziza Hussein, Mit Ghamr, Daqahliya, Egypt, August 2, 2003. Hussein noted that the practice was not common among the educated classes or among those of Turkish descent.
33. Levy, 176-7.
34. "Facts About Female Circumcision," Cairo: Cairo Family Planning Association, 1991, 4-5.
35. Hussein, "Female Circumcision," 4-5.
36. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 2. The reference here is to Aziza Hussein's experience in forming the CFPA as the first NGO in Egypt specifically devoted to family planning activities.
37. The Society issued a 1999 pamphlet entitled "haqa'iq ilmiyya hawl khitan al-inath" which cites eight doctors, professors, and health workers as sources. It briefly reviews the historical background of the practice, the opinions of Muslim and Christian religious scholars, the types of FGM found in Egypt, and discusses in more detail the immediate and long-term physical and psychological harms of the practice and the legal responsibilities involved. "haqa'iq ilmiyya hawl khitan al-inath" 1999 by the Society. Another pamphlet issued by the Society reviews the Christian religious perspective on FGM. It argues that the practice has no biblical basis, that the Jewish community never practiced FGM, that it is not mentioned in the Old or New Testaments, that it therefore has no basis in Christianity, that it is not practiced by Christians elsewhere in the Middle East, and that the religion forbids harmful tampering with God's creation, and that therefore it is religiously prohibited to mutilate one's body. Moris Asad, "khitan al-banat min munthar misih" (Cairo: Modern Egyptian Press, n.d.). Another pamphlet discusses in more detail the opinions of Islamic scholars on the practice, noting that the practice is not found in the Qur'an and not found to be a duty in any respect in the sunna of the prophet. It further argues that the prophet treated women with honor, implying that FGM contradicts the overall view of women by the prophet. It also notes the lack of agreement among jurists and concludes that the practice has no positive and only negative physical and psychological effects. Anwar Ahmed, "ara' ulama' al-din al-islami fi khitan al-untha" (Cairo: Modern Egyptian Press, n.d.). A 1985 pamphlet issued by the CFPA in both Arabic and English discusses the relationship between Islam and FGM, and concludes, based on evidence from religious scholars, that Islam does not require and in fact prohibits FGM. It stresses that the happiness of the family is based on comfort, affection, and gentleness, and that it is a duty to treat one's daughters kindly. It notes that there is no mention of FGM in the Qur'an, that Muhammad did not circumcise his daughters, and that the only hadith that mentions circumcision of girls is a hadith with an unreliable chain of transmitters. Moreover, according to the

pamphlet, even if the hadith were reliable, it would mean that only the most minimal amount could be cut from a girl's clitoris, and then only "if the clitoris is abnormally protruding and causes harm to the girl, and this is to be decided by a specialized doctor." The pamphlet then reviews the differing positions of legal scholars of all four Sunni law schools, notes that circumcision of girls is only considered obligatory in the Shafii school, and says that even so, modern legal scholars abide by the general principle that if a practice causes harm then it should not be continued. FGM, according to the pamphlet, is known to cause health harms to women, and therefore, according to this guiding principle of Islamic law, must not continue. Abdel Rahman al-Naggar, "Mawqif al-Islam min khitan al-inath", CFP, 1985, 6. The Society has also distributed the following pamphlets: Aziza Hussein, "Female Circumcision, 1999; Aziza Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," prepared for the NGO Forum of the ICPD, 1994; Abd el-Ghaffar Mansour, "Mawqif al-shari'a al-islamiyya min khitan and inath," n.d.; and Aziza Kamel Mahmoud, "Dalil makafiha khitan al-inath." These are in addition to "Facts About Female Circumcision," issued by the CFP in 1991.

38. The name is sometimes given in the English literature as the Egyptian Society for the Prevention of Harmful Traditional Practices to Women and Children" or simply, "The Egyptian Society for the Prevention of Harmful Practices." Its Arabic name is "al-jami'ya al-misriyya lil-waqaiyya min al-mumarasat al-dara b-saha al-mara'a wal-tifl."

39. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4. That year (1992), the Society calculated its educational efforts in the following manner: "...the following numbers of professionals were given intensive training: 228 nurses, 51 doctors, 284 social workers, 197 TV personnel, 228 broadcasters, 228 public health and medical cadres, 261 nursery supervisors. Those given orientation and information were: 1845 university graduates, 600 students in nursing schools and 200 youth in youth camps. Furthermore, mothers are reached in family planning clinics, religious festivals, at nurseries, maternal and child health care centres, and integrated social welfare services."

40. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4-5.

41. Mariz Tadros, "Five Years for Fathiya," *al-Ahram Weekly* (4-10 February 1999).

42. Amina Elbendary, "TV Meets the Madding Crowd" *al-Ahram Weekly* (14-20 June 2001).

43. "Egypt: Top Islamic Authority Supports FGM," *Women's International Network News* (Spring 1995, volume 21, issue 2).

44. Mariz Tadros, "No Time to Talk," *al-Ahram Weekly* (8-14 June 2000).

45. Douglas Jehl, "Egyptian Court Voids Ban on Cutting of Girls' Genitals," *New York Times* (26 June 1997).

46. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999.

47. Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

48. Gihan Shahine, "Ministry Moves Against FGM," *al-Ahram Weekly*, (19-25 November 1998).

49. He urged further religious education and noted that this was the proper means of reform, since "even educated mothers in Upper Egypt [traditionally a more conservative area] are still convinced female circumcision is [religiously] proper." Rania Khallaf, "Girls Have Rights," *al-Ahram Weekly* (7-13 January 1999). The seminar was held under the auspices of first lady Suzanne Mubarak. FGM has been included in discussion and seminars on domestic violence as well. See Mariz Tadros, "The Word is Out," *al-Ahram Weekly*

(20-26 January 2000), noting its inclusion as a form of violence against women in a recent workshop on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in Cairo sponsored by the German development agency Friedrich-Ebert Stiftung.

50. El Saadawi, 34, states that "The research that I carried out on a sample of 160 Egyptian girls and women showed that 97.5% of uneducated families still insisted on maintaining the custom, but this percentage dropped to 66.2% among educated families." These statistics are based on work in 1973-74 and were published by Ain Shams University.

51. Mariz Tadros, "Progress of Sorts," *al-Ahram Weekly* 4-10 February 1999.

52. Mariz Tadros, "Progress of Sorts," *al-Ahram Weekly* 4-10 February 1999. Tadros noted that the experience of CEOSS, the Coptic Evangelical Organization for Social Services, "reported a success rate in FGM eradication of about 70 per cent in eight villages," yet the report noted that this was after a seven year long educational campaign, and largely due to the unambiguous position of Christian religious leaders. It noted that because Muslim scholars are divided on the advisability and legality of FGM in Egypt, the experiences of CEOSS are not typical. The report reiterated the importance of using religion as a means of educating and eliminating the practice. It further noted that anti-FGM training has not been wholly effective either, noting that many of those trained in anti-FGM educational efforts are nurses, yet nurses have little opportunity to reach out to families and girls to educate them about FGM. The nurses also misunderstood parts of the anti-FGM message, believing that FGM causes frigidity, which can cause divorce, drug abuse by husbands, or husbands abandoning their families.

53. The commercial is described in Fatemah Farag, "The Girl is Egyptian," *al-Ahram Weekly* (22-28 May 2003). This linkage was especially problematic because much of the public debate over FGM is perceived as being instigated by foreigners. Television coverage is particularly vulnerable to such criticism in the wake of the 1994 CNN documentary on FGM in Egypt, which showed graphic images of the procedure. The same year, an international conference on FGM was held in Cairo, which drew delegations from 28 Arab and African countries. The conference, held under the auspices of first lady Suzanne Mubarak, issued a statement saying, "The prevention and abolishment of female genital mutilation (FGM) can be achieved only through a comprehensive approach, promoting behaviour change and using legislative legal tools required to combat the practice of female circumcision." Dina Ezzat and Dahlia Hammouda, "Putting down the Scalpel," *al-Ahram Weekly* (26 June-2 July 2003).

54. Hussein, "Female Circumcision," 3.

55. Quoted in Amira Howeid, "Reluctant Grassroots," *al-Ahram Weekly* (21-27 June 2001). For more on the issues involved with this view, see Kamran Asdar Ali, "The Politics of Family Planning in Egypt," *Anthropology Today* (October 1996, volume 12, issue 5) which discusses the roles, perceptions, and problems of international involvement in reproductive health politics in Egypt. Also see Kamran Asdar Ali, "Global Processes and the Nation State," *Sex Roles* (October 1998, volume 39, issue 7/8), 651-7.

56. Summary of comments by Islamist lawyer Montasser El-Zayyat, in Mariz Tadros, "Veiled Insinuation," *al-Ahram Weekly* (29 July-4 August 1999).

57. "Egypt: UN Conference on Population and Development and FGM," *Women's International Network News* (Autumn 1994, volume 20, issue 4).

58. See Mariz Tadros, "Dad in the Kitchen?" *al-Ahram Weekly* (13-19 September 2001).

59. More recently, activists in Egypt have also begun criticizing male

circumcision, on the grounds that it too is an unnecessary and potentially harmful bodily mutilation. See "Global Women Unite," *al-Ahram Weekly* (10-16 January 2002). These criticisms have not been well-received.

60. "Facts About Female Circumcision," 12.

61. M.F. Allam et al, "Factors Association with the Condoning of Female Genital Mutilation Among University Students," *Public Health* (2001 volume 15), 353.

62. Allam, 354. This recommendation is based on the positive results of such campaigns in rural Kenya.

63. The study, conducted by Nadia Wassef and the FGM Task Force, is based on surveys of sixty men. Its results are summarized in "Challenging the Tradition? Eradicating FGM in Egypt," *Women's International Network News* (Winter 2001, volume 27, issue 1), 42.

64. Fatemah Farag, "Viagra Blues," *al-Ahram Weekly*, (21-27 May 1998).

65. Mariz Tadros, "A Question of Control," *al-Ahram Weekly* (20-26 April 2000).

66. Hussein remarked that, "Our source of disappointment has to do with the increasing number of doctors performing the operation: 20 per cent in 1991 as opposed to 15 per cent in 1986. They see the ministerial decree as a sanction for performing the 'superficial' operation, which they rationalized as the lesser of two evils since it allegedly protects against resort to clandestine operations performed by the traditional practitioners in unhygienic conditions. But it could also be a lucrative business for doctors." Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 5. A tragic story of one family's experience with FGM illustrates the problem Hussein mentions here. The mother of a young girl took her to doctors to have her circumcised. The girl died during the operation from circulatory failure and cardiac arrest, most likely as a result of improperly administered anesthesia. According to an article about the girl's death, "The mother was surprised to learn that the operation is banned in both public and private hospitals. 'This is the first time we hear this today. We are poor and uneducated women; we have never heard that it is banned. If it does harm to a woman's body, why did the doctors not tell us so?' she lashed out. The doctors charged LE 80 for each circumcision." Mariz Tadros, "FGM Claims Another Victim," *al-Ahram Weekly* (23-29 July 1998).

67. Mariz Tadros, "FGM Claims Another Victim," *al-Ahram Weekly* (23-29 July 1998).

68. Girls do not typically receive gynecological exams prior to marriage, and often not until they undergo their first pregnancy after marriage. In some areas, FGM is not talked about openly, although much progress has been made in that regard since the 1970s. Estimates vary widely, and have since the first attempts at quantifying the scope of the practice in Egypt were made in the 1970s. A brief summary of recently published statistics illustrates this. A 1991 CFP publication estimated that not less than 95% of girls in Egypt have undergone FGM procedures. "Facts About Female Circumcision," 12. A 1994 publication of the Society stated that, "A wealth of data has been collected.... The results so far have demonstrated a positive correlation between formal education of girls and the non-practice of female circumcision and vice-versa. Around 65 per cent of girls with above secondary education were not circumcised, and 35 percent were, whereas 89 per cent of girls with primary education and over 90 per cent of illiterate women had been circumcised." Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 4. These statistics are based on surveys of female attendees at the educational programs carried out by the Society. The sample is therefore biased, in that the respondents are located in institutions and forums in which anti-FGM campaigns are situated. Aziza Hussein estimated in 1999

that approximately 90% of Egyptian women have had FGM performed upon them. Amy J. Johnson, interview with Aziza Hussein, Cairo, Egypt, June 1999. A 2000 article said that "Official statistics indicate that... nearly 67 per cent of girls are subjected to FGM." Reem Leila, "Our Bodies, Our Lives," *al-Ahram Weekly* (10-16 August 2000). Another article in 2001 presented the rate of FGM at "98 to 100 percent of women aged 15 to 45." Reem Leila, "Life Changes," *al-Ahram Weekly* (5-11 April 2001). Another report quotes the 2000 Egyptian Demographic Health Survey, which shows that 97% of women of reproductive age have undergone FGM. Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002). As Tadros reports, "The survey was conducted on a nationally representative sample of 15,573 married and divorced women between the ages of 15 and 49." But the report also "suggests that there have been positive changes in peoples' attitudes towards the practice. There is some evidence that support for the practice is gradually changing. Just over eight in ten women with daughters (81 per cent) reported in 2000 that they had a daughter who is already circumcised or that they intended to circumcise in the future. This represented a decrease over the proportion of women with daughters who said in 1995 that they had or planned to have a daughter circumcised (87 per cent). Those who supported the continuation of the practice in 2000 dropped in 1995 from 82 per cent to 75 per cent." Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002). According to a 2003 report, "Most women surveyed (82 percent) were firmly convinced that female circumcision should be continued. Seventy-four percent believed that husbands prefer their wives to be circumcised, and 72 percent believed that circumcision is an important aspect of the teachings of Islam. A surprisingly low number of women recognized the negative consequences of circumcision, such as reduced sexual satisfaction (29 percent), the risk of death (24 percent), and the greater risk of problems in childbirth (5 percent)." Sherif-Trask, 77.

69. Mariz Tadros, "Five Years for Fathiya," *al-Ahram Weekly* (4-10 February 1999).

70. Hussein, "The Role of NGOs in Eliminating Harmful Traditional Practices Affecting Woman and Child," 5-6.

71. See Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

72. See Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

73. Quoted in Mariz Tadros, "Proud to be Different," *al-Ahram Weekly* (7-13 March 2002).

74. Amy J. Johnson, interview with Dr. Aziza Kamel and Mme. Nemat Abul Soud, Cairo, Egypt, June 1999.

75. Toubia in Toubia, 102. Thus, what is needed is not just anti-FGM education, but a fundamental shift in social norms in Egypt, and this entails, among other things, more education and career opportunities for women - women "must be given benefits that will compensate for not complying with social norms." Samia Nkrumah, summarizing some of Toubia's views, in "Action Time on FGM," *al-Ahram Weekly* (19-25 June 2003). Yet the current anti-FGM campaign in Egypt does not fulfill all of these goals. Dina Ezzat and Dahlia Hammouda described the Egyptian approach as "first, promoting the role of legislation in banning FGM. Second comes the role of education and raising social awareness of the problem, which will rely on revitalizing the role of informal leaders within villages and communities to disseminate knowledge on the issue. Third, boosting the role of the media in spreading understanding of children's rights and expanding the scope and impact of the current successful media outreach programme. Finally, enhancing the capacities of local NGOs and providing them with the necessary



# Adolescent Boys' Response to Gender Equitable Programming in Rural Upper Egyptian Villages: Between 'Ayb<sup>1</sup> and Haram<sup>2</sup>

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In the Middle East, as elsewhere, gender roles are transformed in response to a number of influences. The changing socioeconomic conditions in much of the Arab world have created economic disparities, and, at the same time, have meant an increased participation of women in the labor force in many countries. These changes, along with the overall increase in female education, have threatened the "traditional" organization of households and are beginning to redefine female space and boundaries (Ali 1996).

Changing patterns of production and reproduction are also indicative of changes in gender relations which challenge traditional images and expectations associated with men's - as well as women's - roles, such as those of breadwinner, care giver, or head of household. These developments increasingly call for a re-assessment of the roles and responsibilities of women and men, of stereotypical and traditional gender roles, and of existing power relations between women and men.

Inequality in gender relations is often considered a given of society and culture, and rarely questioned as to how it is maintained, perpetuated, or changed. Kandiyotti (1994) attempts to provide greater depth to the

homogenous representation of male behavior and masculinity and discusses the notion of dominant (hegemonic) and subordinate masculinities in Muslim and Middle East societies. She places the production of masculine identity in generational and institutional terms and shows how masculinities are produced and altered as men move through their life cycles. For example, when the older men of the household are absent, the mother and sisters of a young man may jokingly treat him as the "man of the house". While in the presence of his father and older brothers, a young boy retains a position inferior to the older women of the family. Accordingly, masculinity is continuously negotiated in Egyptian society.

In patriarchal systems, such as those of rural Egyptian villages, boys begin to enjoy status and privileges afforded to adult men; they gain more autonomy, mobility, and opportunity for engagement in public life than do girls. With these expanding privileges comes a taken-for-granted assumption that men have authority over women and children. Despite this, we posit that these gender norms are increasingly dysfunctional for young men, given new social and economic realities in Arab and Muslim societies.

Moreover, as development organizations increase their attention to girls, through awareness-raising, empowerment, and opportunities to engage outside their homes, how do boys respond to such developments in their communities? Does it change boys' perspective on girls' roles, and if so, in what direction? Despite the global proliferation of development activities targeting and enlisting youth, a review of the international literature yields little information about how adolescent boys respond to emerging opportunities for girls. Mainstream literature has largely concentrated on the health and development of adolescent boys, and on the construction of masculinity among adult men, and we find no published articles on adolescent boys' notions of masculinity in the Middle East. Our contribution may be to extend the insights of the literature to account for the unique challenges facing adolescent boys and their lived reality as they are socialized into becoming young men.

## The Setting

An experimental social development program aimed at improving life choices for out-of-school adolescent girls in Upper Egypt<sup>3</sup> provides an interesting lens through which we can begin to explore these questions. The ISHRAQ program based in four rural villages of Al Minya governorate of Upper Egypt piloted a holistic package of education, skills building, and sports activities aimed at 13-15 year old girls. Program implementers realized that building girls' skills and sense of agency will go only so far if girls find themselves in the same restrictive environments - that is - ones in which the institutions of patriarchy remove young women from direct public participation. Boys are particularly important in this regard, as their behavior in public spaces and in the home bears strongly on girls' mobility and participation in public life, and because boys are the future husbands and partners of the girls in the program. Thus, recognizing the gate keeping role boys and parents play vis-à-vis girls, interventions with both groups have also been piloted.<sup>5</sup> Through this comprehensive approach, the program hopes to begin to change norms surrounding what is acceptable for adolescent girls while at the same time redressing gender inequity. To do so, the engagement of men and boys in achieving gender equality requires greater attention to gender stereotypes and expectations about men's roles and responsibilities, and how these expectations influence male behavior.

## Data Sources

This paper analyses the experiences of adolescent boys and young men aged 13-19 living in rural communities in which the ISHRAQ empowerment program for girls was launched. Qualitative research was conducted to explore boys' notions of masculinity and male roles, as well as their perception of girls' evolving roles in their

communities. Through the use of focus group discussion (FGD) methodology we sought to understand boys' views of girls' place in community and home life, and their opinions of the ISHRAQ program itself and the girls who participate in it. A total of twenty-two FGDs were carried out in six villages with 170 (6) boys and young men aged 13-19 in six villages. The discussion groups were held at local youth centers. Trained moderators conducted FGDs which were audio-recorded, transcribed, coded, and analyzed, using standard research techniques. There were very few groups comprised of younger out-of-school boys as most boys between 13-15 years of age were in school. We anticipated differences in responses between groups of in school versus out-of-school boys - hypothesizing that better-educated boys may hold more progressive views towards girls - but we did not find this to be the case. We did find, not surprisingly, that focus group discussions with younger boys were more challenging to conduct and revealed less sophisticated understanding of the topics compared with older boys.

## Boys' Notions of Manhood and Masculinity

In this section, we explore notions of masculinity amongst rural Egyptian adolescent boys. Although this did not form an explicit aspect of the original research, the opportunity to explore these concepts within a broader research and program context presented itself.

In order to develop effective intervention programs and policies to empower rural girls, it is vital to study the attitudes and behaviors of adolescent males and to understand how boys' notions of masculinity affect girls and young women. There is ample international evidence suggesting that versions of masculinity or manhood that young men adhere to, or are socialized into, have important implications for their health and that of other young men, as well as for the young women around them.

In an effort to identify norms and behaviors deemed critical for boys and young men to function in communities characterized by distinct and segregated roles for men and women, we must first understand the meanings, perceptions, attributes and factors influencing boys' notions of masculinity.

*Almost unanimously, boys' definition of manhood is described as "someone who works, earns, and spends."*

### Boys' Understanding of Masculinity

The field of masculinities is beginning to shed light on how boys are socialized into prevailing norms about what is socially acceptable "masculine" behavior in a given setting, and how boys' adherence to these prevailing norms can sometimes have negative consequences for their health and development. As in many societies, families and culture promote a type of masculinity that is achievement and action-oriented, and outwardly directed with the explicit or implicit goal that boys should become providers and protectors. Thus the understanding of masculinity involves an analysis of important characteristics and roles such as provider and protector which are linked to the constructs of power and control. We found this to be the case within this group of boys. At a young age, boys are socialized to be aggressive and competitive - qualities which are deemed necessary for their future roles as providers and protectors. Our data illuminated how notions of masculinity and gendered division of roles and responsibilities are constructed. We explore the various connotations of masculinity and how boys perceive themselves in relation to their own notions of masculinity.

### Masculine Roles and Responsibilities: Providers and Protectors

To understand how boys think about male roles as currently prescribed, it is important to identify the markers of masculinity which are deemed important for boys and men such as: conduct, responsibility, and privilege. Almost unanimously, boys' definition of manhood is described as "someone who works, earns, and spends". According to many respondents, particularly among the educated boys, a man is "the head of the household who spends money"; "someone who shoulders responsibilities"; "who works in the field or any other job". Further they added, "husbands must prevent their wives from going to work because we do not want people to say that wives are spending money on the house"; "boys are responsible financially for the house"; "I can bring money but not girls". The role of being the provider - which was universally understood as being a hard worker, resulting in earning money - emerged as critical to boys' understanding of masculinity.

According to most respondents, the essential task in performing the provider role is to ensure that girls and

women do not have to go out to work: "A man is someone who earns and a girl does the housework". This conception of masculinity results in a clear division of gender roles, and is then linked to girls' education. Most boys felt that boys need to be educated because they must fulfill their role as providers while girls, whose primary role is to perform domestic work, are in less need of education. Thus, boys endorsed the restriction on girls' education which they felt was justified because of the domestic responsibilities girls carry: "girls are used to staying at home so that they can do the house work"; "girls help their mothers at home and boys go to the club"; "the girl can look after her younger siblings"; "if there is something she (a girl) does not want to do, she has to do it by force".

In the domestic sphere, adolescent boys' perception of the man's role as protector is strongly expressed. In this regard, boys define a man as essentially someone who makes decisions and takes care of the family. Concerning men as protectors, boys' definition is someone who "has a word in marriage matters"; "the oldest in the family"; and about taking care of the family someone who "takes over responsibility when the father is away"; "someone who helps his parents and siblings financially".

In the public sphere and as brothers, their conception of masculinity is related to that of protector, and is also closely linked to being courageous and taking part in issues that concern their sisters such as protecting them from harassment. Closely linked to the need to protect girls is the need to control them. Even among younger boys, most felt that a girl has to be controlled and kept at home: "girls are born to stay at home"; "in our rural villages, people talk about girls who go out"; "if a girl is out they (people) will say that she is a loose girl (meaning with no parents)". Therefore, girls are not supposed to leave their homes alone.

Another important aspect of masculinity which emerged was that of control. Masculinity requires a boy or young man to exercise control over his sister. When asking adolescent boys about their responsibilities towards their female siblings, boys' expression of masculinity is closely linked to controlling their sisters and fulfilling their roles as gatekeepers. As such, brothers have the responsibility to control their sisters by "bringing her (my sister) from wherever she is"; "taking her (my sister) out with me with the permission granted from my parents"; "helping her choose her friends"; "controlling her"; "protecting her"; "not beating her"; "watching out to ensure that she (my sister) does not go out with a boy". In addition, and in reference to their sisters boys spoke of "allowing her to be educated" and "finishing her studies". Kandiyotti argues that for most men in the Middle East,

the construction of masculine ideals is based on power. Part of this power is related to the ability of men to control women in "public" and "private" domains thus masculinities created on this are likely to be on increasingly unstable terrain. In many settings notions of masculinity for adult men often rely on sexual power and relationships are intrinsically linked to a procreative role. Having children, marriage, starting a family are taken as universal signs of masculinity. However in our study, the role of procreator as a marker of masculinity was not mentioned by the boys. This is due in part to their youth and the fact that they were unmarried. Moreover issues of sexuality were too sensitive to be discussed.

From the boys' perspective, the understanding of feminine vis-à-vis the masculine, usually, if not always, emerges with a negative connotation. For instance, all boys consider girls to have less thinking capacity, and view them as soft, fragile by nature, weak and incapable of venturing out alone. The following quotes expressed by the adolescent boys illustrate these negative aspects: "A girl is weaker"; "girls can be secretaries, sit in a pharmacy, or be teachers"; "girls cannot carry heavy stuff"; "a girl cannot defend herself"; "when one gets tired at work (heavy physically), one wishes one were a girl".

For these boys, masculinity is perceived as the positive opposite of femininity. Among the most frequently cited characteristics attributed to maleness were the "ability to endure physically", followed by "having freedom". When asked their opinion of a popular saying: "this woman is worth 100 men", boys' responses demonstrated an understanding and appreciation of strong women: "she can fill in for the man and spend money on her children"; "someone who works because her father or husband is ill"; and who is independent, self-reliant: "can take care of everything at home"; "she can work in a mixed environment"; "she depends on herself".

### Male Privilege and Entitlement

Traditional agricultural communities are often highly patriarchal and families tend to hold strong preferences for sons. A male child is greatly valued and is a symbol of status for the family. Many families in these rural communities indicated a son preference which is reflected in a popular saying: "When they told me it was a boy, my back straightened up and I felt stronger, but when they said it was a girl, the wall supporting me collapsed on my head". Such sayings, which spell out the unwelcome birth of girls, are part of a girl's education and begins to shape her self-image as less valuable in the family. For girls, discrimination becomes an everyday experience reflected in the manner in which the entire spectrum of a girl's needs, from education and health care to the

manner of treatment is demonstrated. In our discussions with parents, some mothers said that if their son were sick, they would be willing to sell their galebias to take him to hospital, while for their daughter, they would simply give them aspirin. The persistence of such discrimination against girls stems from the perceived greater economic, social, and religious utility of sons over daughters.

The following narrations illustrate how boys' entitlements are endorsed: "a boy carries his father's name"; "boys inherit twice as much as girls"; "a boy looks after his father's land when he dies"; "a man prefers a boy"; "one takes boys' opinion not girls".

Being socialized not to express emotions, not to have close relationships with the opposite sex, and to work outside the home at early ages are among the costs of being a man. In traditional conservative communities, adolescent boys' most visible interaction in public with the opposite sex is often through verbal harassment and teasing. In many ways, this practice is closely linked to boys' and men's sense of entitlement to certain masculine privileges over women and girls. It is commonly held that boys and men who initiate harassment towards girls "feel very proud of themselves"; "feel that one is a 'real man'". According to girls, this harassment allows young men to feel that they have gone beyond childhood to adulthood.

Physical and verbal harassment towards girls is a widespread phenomenon in Egypt even in rural conservative communities. It is linked to the exercise of power and is an outward sign of male dominance. It is an important arena where boys and young men can "feel" their masculine entitlement. They are also entitled to having household tasks performed for them. Most boys felt that if girls do not perform their tasks properly or do not listen to their brothers, it is appropriate and right to punish them accordingly. Domestic violence related to women not cooking food properly is linked to men's sense of entitlement to food that is cooked by his wife in the time and manner that he wants.

### Boys' Role in Controlling Sister and Family Honor

The notion of family honor and girls' reputation is very much entrenched in these rural communities. As brothers, boys unanimously expressed very strong concerns and worries about their sisters' reputations which is one reason cited for why rural girls usually have very limited physical mobility and social life when reaching puberty. A brother's role as gatekeeper thus is to keep constant surveillance on their sisters. The following narrations illustrate how brothers control their sisters: "We (as brothers) are worried about girls because we fear men's

behavior"; "girls should not go out in order for us (as boys) not to harass them"; "we are afraid she will have relations with men"; "we are afraid she will marry the *Urfi* way"; "girls are not allowed to talk to other men without our permission and the boys share information among themselves about whose sisters are going where". The extent of restrictions and surveillance of their sisters is much higher among uneducated girls as compared to educated girls, who are assumed to be better prepared, and able to handle the world beyond the homes more competently.

For Egyptian youth, falling in love with a girl and winning the girl's heart is also an essential component of a successful masculinity. For uneducated boys, enticing, falling in love and marrying educated girls is perceived as a major challenge and a testament of their manhood. The likelihood of this actually happening seems remote as most marriages are arranged by families, and bride and grooms tend to be paired along socio-economic and class lines.

#### Between 'ayb and Haram

Perhaps what was most striking about our conversations with boys was the ways in which they spoke about girls' roles and opportunities. According to the majority of boys, there is a clear male-female dichotomy in terms of roles and responsibilities. In their minds, this gendered division of roles and responsibilities justifies the division of public and private spaces, the public space being the domain of males. Further when boys talked about what girls could and could not do, the responses were frequently couched in terms of 'ayb or Haram. For example, when boys were asked if they played sports, there was an almost unanimous affirmative response. What about girls, we asked? To that question, we received a very strong chorus of "No, that is 'ayb". What about girls going to school (preparatory) with boys? "No, that is Haram". About schooling, boys further added that they cannot sit beside girls in a classroom as it is too "tempting for them" – that too, is "Haram". While it is not possible to say how strongly individual boys agree with these rigid notions, they certainly have internalized them to a strong degree which shapes the way in which they articulate their views on girls' rights and roles.

#### Conclusion and Final Thoughts

Our claims are modest. We have attempted to map the meanings of masculinity among adolescent boys in a changing socio-economic context. According to boys, masculinity is strictly defined in relation to gender roles which are linked to social duties and obligations. Even though the results suggest that notions of masculinity are divergent, there are some very basic notions com-

monly held. According to most boys, the essential difference between a boy and a girl is biological and physical, and physical attributes are essential characteristics of masculinity. Another commonly held notion is that boys are courageous and strong, as compared to girls who are viewed as weak, vulnerable, and submissive. Moreover, conduct was considered an essential component of masculinity, which included qualities such as courage, independence, power and control – all of which were considered important markers of conduct. Another prominent characteristic of masculinity according to the boys, particularly vis-à-vis their role as brothers, was related to maintaining girls' reputations.

In rural Egypt, adolescence appears to be a period in which "intensification" of gender roles leads to an exaggerated preference for role segregation. Boys' opinions seem to be deeply entrenched, and very few boys seem to want to challenge normative ideas about gender-segregated roles. Due to their socialization, boys internalize certain notions, which are very hard to give up. Peer pressure, socialization processes and belief systems influence boys' adherence to gender-specific stereotypes. Ideas of the inferiority or superiority of either of the sexes, and of stereotyped roles for men and women limit progress in achieving gender equality.

Increasingly, young men receive contradictory messages about masculine roles and their ability to fulfill them. While boys expect to be future breadwinners, they also recognize the difficulty in achieving that idealized goal. Notions of hegemonic masculinity to which many boys aspire are undercut by their socioeconomic constraints.

Most boys in this study believe that boys should be better educated than girls, yet they also recognize that an educated girl can be an asset to the family. Boys have mixed emotional responses to many of the issues surrounding them and hold conflicting opinions on a number of issues; many boys express concern and empathy for girls, alongside patronizing attitudes. While many boys acknowledge gender inequities in education, mobility, paid work, and other domains of life, they do not express interest in changing these practices.

Globalization is altering the conditions under which young people prepare for adult roles. The fissures and contradictions of social change are particularly acute among adolescent males, who are grappling with received wisdom from elders, personal insecurities of adolescence, and a growing awareness that gender relations are changing around them. Programs that incorporate these insights and enable boys to actively engage in dialogue and debate can serve a useful role for both sexes.

#### END NOTES

1. 'ayb in Arabic means socially unacceptable.
2. Haram in Arabic means religiously incorrect or unacceptable.
3. Upper-Egyptian governorates are the most disadvantaged and poorest region, located in the South of Egypt.
4. The New Visions Program has been developed by CEDPA in recognition of male influence on the enabling environment for the empowerment of girls. Girls have repeatedly told CEDPA that in order for their knowledge and attitudes to result in real behavior change, it is important they have the support of boys and men in their lives.
5. In the course of the ISHRAQ pilot project, the New Visions program was offered to boys and young men

ages 10-20 during a period of 4 months.

6. In the methodology of this study, male participants were selected according to their age (young: 13-15) and (old: 16-19) and education level (between those that have never been to school and those currently at school or finished). Indeed, four different categories of boys and young men were considered; 1) young educated boys, 2) young uneducated boys, 3) old educated young men, and 4) old uneducated young men. The rationale being that educated boys and young men are more likely to have fewer gender stereotypes based on traditional views about issues relevant to girls as opposed to their uneducated counterparts.

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