



Ending Female Genital Cutting: A Positive Deviance Approach in Egypt

Centre for Development and Population Activities, Egypt Country Office

Female genital cutting (FGC) is deeply entrenched in Egyptian society and culture.¹ Both Muslims and Christians throughout the country practice FGC, which (contrary to popular assumptions about it being a custom of the poor and uneducated) is embraced by people at all levels of Egyptian society, without respect to social class, educational background, or religious affiliation. The most recent *Egypt Demographic Health Survey (EDHS)* revealed a nationwide prevalence rate of 97 percent among ever-married women. In addition, the survey indicated widespread support for the practice, claiming that 87 percent of Egyptian women support its continuation (El-Zanaty et al. 1996).

Despite these figures, the struggle against FGC in Egypt has gained momentum.² Key activities have included lectures on the harmful consequences of the procedure; production of materials to raise public awareness; advocacy and research; and the integration of FGC awareness and eradication goals into social development programs.³ Most of these approaches, however, have been premised on the root causes of FGC. In an effort to move beyond an emphasis on why girls *are* circumcised, the Egypt Country Office of the Centre for Development and Population Activities (CEDPA-Egypt) initiated a project in 1998-99 to understand the factors that enable some families to *not* circumcise their daughters. The project was based on the Positive Deviance Approach (PDA), a methodology that focuses on individuals who have “deviated” from conventional societal expectations and explored—though perhaps not openly—successful alternatives to cultural norms, beliefs, or perceptions in their communities. The strength of the strategy lies in the understanding that solutions to these problems already exist within communities and that, by taking part in a process of self-discovery, community members have the capacity to identify and implement them.

Opened in 1995, CEDPA-Egypt focuses primarily on improving the educational and health status of adolescent girls in rural areas who do not attend school. To this end, the office coordinates a network of Egyptian nongovernmental organizations (NGOs) and conducts girls’ education programs that incorporate information on harmful traditional practices, such as FGC and early marriage and childbearing.

Objectives

The project sought to test and refine the PDA in the context of FGC.⁴ Specifically, it sought to:

- ▶ Train local NGOs and community leaders to carry out a Positive Deviance Inquiry (PDI);
- ▶ Document the PDI process and produce guidelines for use by other NGOs;

¹ Often referred to as Female Genital Mutilation (FGM), there are three main categories of FGC. *Clitoridectomy* involves the partial or entire amputation of the clitoris. *Excision* refers to the removal of the clitoris and the labia minora. *Infibulation* amputates the clitoris and labia minora and cuts the labia majora; raw surfaces are either stitched together or sealed, with a small opening preserved for the flow of menstrual blood and urine (Toubia 1995).

² Egypt’s highest court upheld a 1996 ban on FGC, stating that the practice is not sanctioned in Islam, is subject to the penal code, and would only be allowed in hospitals in cases of “medical necessity.”

³ Primary consequences of FGC include pain and shock, excessive bleeding, recurring infection, tears of the vulva during labor, scarring, absence of sexual gratification, and emotional and psychological trauma.

⁴ Prior to the CEDPA-Egypt project, a PDA had not been applied in the context of FGC, but had been used in other parts of the world to facilitate program improvements in areas such as nutrition and girls’ education.

- ▶ Foster community awareness of and activism on FGC;

- ▶ Enable local NGOs and communities to identify and develop effective

strategies to eradicate the practice of FGC in their communities;

The Intervention

“This is my first time to know that there are people who not only talk about FGM but also stand against it. I always kept the thinking on FGM to myself and I feel a lot relieved by attending this workshop.”⁵

The project was designed to facilitate discussions about FGC among local NGOs, community groups, and individuals in an environment of mutual trust and respect. The process was characterized by three distinct phases:

Preparation

Through individual contacts and meetings with local NGOs, nine individuals were identified as Positive Deviants (PDs) by the CEDPA-Egypt staff.⁶ In order to implement a PDI, partnerships were arranged with four organizations: The Coptic Organization for Services and Training (COST) and the NGO *Monshaat Nasser*, both in Beni Suef; the Center for Women’s Legal Assistance (CEWLA) in Cairo; and Caritas in Minya.⁷ These NGOs represent rural, urban, Christian, and Muslim populations with diverse educational levels, and conduct activities in such areas as literacy, skills training, health and

family planning, legal aid, and substance abuse.

Implementation

Community leaders and staff from the four NGOs participated in three-day orientation workshops. The orientation had four objectives: review FGC practices and past efforts to address the issue in the selected communities; present an overview of the PDI process to participants; emphasize the purpose and potential of learning from PDs; and conduct interviews with the nine identified PDs.

In addition, skills training conducted during the workshop focused on effective and sensitive communication and how to create a climate of trust between a PD and an interviewer.⁸ In addition, participants

were able to practice interview and information recording techniques, which were then carried out by NGOs in conjunction with respective community leaders. Interview questions were developed to elicit information on various aspects of FGC, as indicated in the box below.

Analysis and Looking Ahead

After the PD interviews were conducted, community leaders and staff from CEDPA-Egypt and the NGOs reconvened at a two-day workshop to analyze the information recorded. This analysis—and, more importantly, the words, images and messages that were distilled from the interviews—became the foundation for proposed strategies and activities that are being implemented to end FGC in participating communities.

- ▶ What is the PD’s opinion of FGC? Personal experiences with FGC?
- ▶ What are the reasons, events, or turning points that led the PD to reject FGC?
- ▶ Did the PD’s decision to stop the practice create tension within her/his family and, if so, how did the PD deal with the difficulties encountered?
- ▶ What advice on FGC would the PD give to family or friends?
- ▶ What are the PD’s ideas for community-based strategies to end FGC?
- ▶ Does the PD believe that he or she can play a role in the struggle against FGC in Egypt? If so, what would that role be?
- ▶ Is the PD aware of other community members who are not practicing FGC? Would she or he introduce them to the interviewer or other NGO staff?

Results

The use of the PDA in the context of FGC produced some extraordinary results that were both hoped for and unexpected:

Training and Documentation

Through its work with the four NGOs, CEDPA-Egypt trained a total of 31 women and 13 men in the PDI

process, which was closely documented. In addition, a PDI guidebook was produced for use by other organizations seeking to train

⁵ All quotes are from interviews with Positive Deviants (PDs) and/or PDA project participants.

⁶ Positive Deviants (PDs) may be: (1) individuals who have prevented the cutting of young girls, e.g., mothers, fathers, older sisters, and grandmothers; (2) individuals who have stopped performing the cutting, e.g., traditional birth attendants, circumcisers, or doctors; or (3) community leaders who oppose FGC, e.g., religious leaders, teachers, or other officials. In conducting the PDI in Egypt, the term “Positive Role Model” was used instead of Positive Deviant because PD did not translate well into Arabic; however, for the purposes of this brief, the term Positive Deviant will be used.

⁷ The PDI was piloted in collaboration with COST, the staff of which greatly facilitated work with other NGOs by sharing their experiences and lessons learned.

⁸ Communication for Change (C4C), based in New York, was instrumental in developing the interview protocol and introducing the use of video into the PDA.

individuals to do similar work in their communities. As an indication of the reach and success of the project, 83 PDs have to date been identified and interviewed in local communities.

Awareness and Activism

Both the PDs and project participants from the NGOs reported that the PDI process had enhanced their awareness of FGC. Despite the fact that discussing FGC openly and freely remains challenging in Egyptian society, the PDI served to break traditional silence. For example, for the first time, a young woman shared her “secret” of being uncircumcised with people outside her own family and an unmarried female community worker openly discussed FGC with her male colleagues. Also for the first time, not a single girl was circumcised during the traditional season for FGC in two villages where the PDI was conducted, in large part due to awareness generated by the project.

“Although I prevented the circumcision of my three younger daughters after doing it for my eldest, I never imagined that I would be dar[ing] enough to announce that in front of others.”

On their own initiative, many project participants began discussions on FGC in their communities and with family members and friends, opening up a subject that was once taboo. For example, following an interview, an unmarried, 18 year-old PD successfully convinced her parents to not circumcise her younger sister. She also hosted a meeting with 15 of her circumcised friends, during which each of the young women related her own traumatic experience with FGC and pledged to discuss the issue with their parents in order to “save” their younger sisters.

New Strategies

Analysis of the PD interviews indicated that the emotional and psychological trauma associated with FGC is the most influential factor that led the individuals interviewed to reject the practice. By better understanding the reasons why PDs did not circumcise their daughters or disagreed with the practice of FGC, NGO staff and community members were able to design more effective ways of combating FGC in their communities.

One proposed strategy was education and awareness campaigns targeted at the people who influence FGC decisionmaking, such as young men, doctors, religious leaders, and older women. Findings gleaned from the interviews could also be incorporated into information, education, and communication materials and other behavior-change media, while the concept of positive role models could become part of community-based advocacy activities. An additional strategy could be the continuing identification and interviewing of PDs in the four communities and the introduction of the PDA in other areas.

Capacity Building

As a research tool and as a process, the PDA enhanced the capacity of the NGOs and community leaders in significant ways. First, the PDA is a generic and versatile methodology that can be readily adapted to address other development challenges that exist in communities.



CEDPA-Egypt staff member (left) listens to testimony of former daya (circumciser) from Beni Suef (middle)

Second, the process yielded the important and unanticipated result of strengthening and redefining the relationship between the community and the NGOs. Three of the four participating organizations reported that the PDI provided the first opportunity for community leaders and staff to discuss issues and design development strategies as equal partners, creating relationships built on trust, respect, and reciprocity.

Conclusions

CEDPA-Egypt’s FGC project was an experiment that exceeded expectations. While staff members assumed that PDs existed and could be identified, they were not certain that this group would be willing to be interviewed or to work within their communities to end FGC. By involving communities directly, the PDI process reaffirmed the development principles of sustainability and ownership. Most importantly, however, the PDI process demonstrated for a fact that positive role models already exist and can serve as advocates and strategists for the elimination of FGC.

Recommendations and Lessons Learned

The PDA is a promising methodology for FGC elimination in other communities and countries. Key recommendations include:

► Prepare for the interview.

Because the PD interview is such a critical factor in the success of the project, adequate time should be devoted to preparation and practice. A solid foundation in communication techniques that facilitate sharing, provide support, and pose probing questions in a sensitive manner is necessary to elicit the richest interview results (for example, videotaping participants practicing interviews is an effective method for evaluating techniques and providing constructive feedback). Further, an interview team should be comprised of a staff person and a local community member in order to strengthen the working relationship between NGOs and communities, as well as

to provide a safer environment in which PDs can share information. Finally, the interview should take place in private, without family members or other distractions.

► **Replicate and evaluate.** Results from the pilot project have inspired new strategies to combat FGC, as well as enthusiasm and optimism among both communities and local development organizations. However, before the PDA can be defined as a model in any one country or culture, the experimental process must be replicated in numerous communities in order to measure its effect.⁹ Efforts should also be made to systematically evaluate its long-term impact on the practice of and policies on FGC.

An important lesson was learned from the project that can guide future efforts:

► **Local knowledge is an enormous resource.** The “discovery” of PDs was an eye-opening experience. Many project participants had doubted that PDs even existed, while others could not see how PDs could play useful roles. By the end of the interview process, however, interviewers admitted that most of the PDs were better informed about the physical and sociocultural issues surrounding FGC than they were. In fact, prior to renouncing FGC, many of the PDs had sought the counsel of doctors and religious leaders to confirm their belief that the practice is harmful and unnecessary. The advocacy potential of the PDs also became clear as they requested further discussions with NGO staff and began to encourage others to make the “right” decision and abandon FGC.

References

El-Zanaty, Fatma, Enas Hussein, Gihan Shawky et al. 1996.

Egypt Demographic and Health Survey 1995. National Population Council (Egypt) and Macro International, Inc. Calverton, Maryland.

Toubia, Nahid. 1995.

Female Genital Mutilation: A Call for Global Action. Research, Action and Information Network for Bodily Integrity of Women (RAINBO). New York.

⁹ The USAID Office of Population, Health and Nutrition has granted funding for CEPDA-Egypt to expand the PDI to new communities and to more closely evaluate the project’s short-term impact.

International Center for Research on Women

1717 Massachusetts Avenue, NW, Suite 302
Washington, DC 20036, USA
Tel: (202) 797-0007; Fax: (202) 797-0020
www.icrw.org

The Centre for Development and Population Activities

1400 16th St., NW
Washington, DC 20036, USA
Tel: (202) 667-1142; Fax: (202) 332-4496
www.cedpa.org

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For additional information and project-related documents, please contact:

Ms. Pamela McCloud
Country Director, CEDPA
53 Manial Street, Suite 500
Manial El Rodah, Cairo 11451, Egypt
Tel: 2-02-365-4567; Fax: 2-02-365-4568
Email: Cedpa@intouch.com

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