



28 TOOMANY

FGM...
let's end it.

FGM IN EGYPT: KEY FINDINGS

April 2017

With an FGM prevalence of 87.2% among all women aged 15-49 in a population of nearly 95 million, Egypt has the greatest number of women and girls who have experienced FGM of any country in the world.

FGM Prevalence

Refer to Country Profile pages 42-43.

Egypt is classified by UNICEF as a '**very high prevalence**' country. Overall prevalence rates remain among the highest in the world:

92.3% among (**ever-married**) women aged 15-49¹

87.2% among (**all**) women aged 15-49²

While the overall prevalence changed little between 2008 and 2015, a secondary analysis³ of the DHS data on Egyptian **girls aged 0-17 between 2005 and 2014** concludes that the total percentage of girls who had already undergone FGM and those who were likely to undergo FGM before they reached 18 years of age **fell from 69% to 55%** in that period. As girls are unlikely to experience FGM after the age of 17 in Egypt, this suggests that the overall prevalence of FGM will continue to decline in the future.

In 2015, 94.4% of women aged 15-49 in the lowest wealth quintile had undergone FGM, compared to 69.8% in the highest wealth quintile; data suggests this difference appears to be widening.⁴

Age & FGM Types

Refer to Country Profile pages 46-48.

FGM in Egypt is usually performed at any time between **birth and the age of 17**. Prevalence among young girls is low, but increases significantly from the age of 9, with most girls undergoing the practice at or before puberty.⁵ FGM appears to take place at a younger age in Upper Egypt.⁶ There are also unconfirmed reports that the age of cutting is declining in Egypt. FGM is usually performed in **May and June**, before the hottest part of the year, and it is usually **Types I and II** that are practised.

Why

Refer to Country Profile page 56.

FGM has been performed in Egypt since pharaonic times, and is practised for several reasons. The most commonly cited are **tradition, religion and its association with marriage**. 57.5% of men and 53% of women believe a husband prefers his wife to be cut.⁷ Important to Egyptian men also is the concept of *quama* ('protection'), and men view FGM as part of protecting the women in their families.⁸

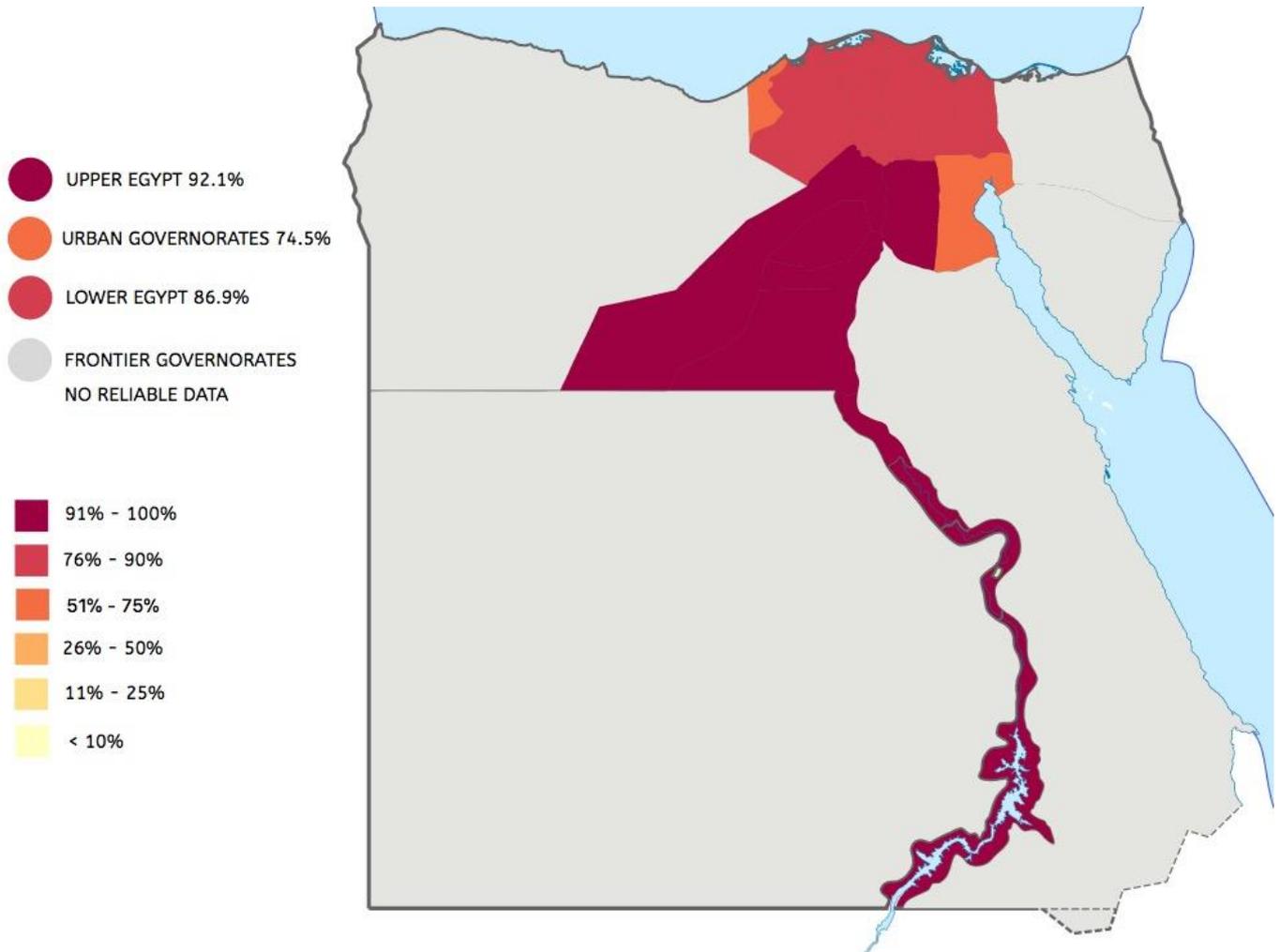
However, it has been noted by some that the most problematic reason for FGM is the pervasive idea that women are 'oversexed'⁹ and that the practice reduces their sexual appetites – 48.7% of men and 43.1% of women believe FGM prevents adultery¹⁰.

Where

Refer to Country Profile pages 42-44.

Place of residence is strongly associated with the likelihood that a girl will experience FGM. Prevalence of FGM is **highest** in the **rural areas** of Egypt (92.6% of women aged 15-49; 15.9% of girls aged 1-14) and lowest in the urban areas (77.4% of women; 10.4% of girls).¹¹ There is a markedly higher prevalence among girls living in Upper Egypt than girls living in Lower Egypt and the Urban Governorates.

Prevalence of FGM across Egypt (@28 Too Many):



Law

Refer to Country Profile page 26.

Egypt has signed many of the international rights conventions and treaties related to FGM. **On 16 June 2008, FGM was outlawed in Egypt.** Between 2007 and 2013, several girls died undergoing FGM, including Soheir al-Batea, causing public concern that laws were insufficient and inadequately enforced. In September 2016, a further amendment was made to the Penal Code, making FGM a felony and increasing penalties.

Practitioners & Medicalisation of FGM

Refer to Country Profile pages 88-89.

Since 2008, there has been a shift in Egypt away from traditional practitioners and towards health professionals (particularly doctors) performing FGM. The **medicalisation of FGM** in Egypt is a huge challenge; currently, **78.4% of incidences of FGM are carried out by a health professional**.¹²

The primary focus on health issues by early anti-FGM campaigns has been suggested as a contributory factor in families turning to medical staff and facilities, which are perceived as 'safer'. Doctors, as trusted professionals, are also seen as having more 'power' in society than the traditional midwife, and thus are perceived as less likely to be punished for performing FGM. This idea was reinforced in 1994 when the health minister allowed FGM in public hospitals one day a week, in an attempt to 'protect' girls from the risks.

While there is currently no law specifying that the performance of FGM is medical malpractice (a draft law is under consideration), the health minister did pass a decree in 1996 against FGM being performed in government hospitals and private clinics.

Medicalised FGM is most common in the Urban Governorates and Lower Egypt.¹³ Health professionals have an economic incentive to perform FGM, especially those in rural areas.

Understanding & Attitudes

Refer to Country Profile pages 54-59.

Overall, 53.9% of women and 58.5% of men (aged 15-49) believe that FGM should be continued in Egypt. Young women are more likely to say FGM is necessary than young men, and less wealthy and less educated young people are more likely to support the practice than those who are wealthier and better educated.¹⁴

Approximately 50.1% of men and 46.2% of women believe that FGM is required by their religion.¹⁵ This has significant influence over the continuation of FGM in Egypt. Data suggests a decline is taking place¹⁶, more among women than men, in the belief that FGM is required by their religion, and opposition to FGM has spread faster among Christian women than among Muslim women¹⁷

There is a high level of misunderstanding throughout society about sex and FGM, including a lack of knowledge in the health sector itself. An absence of good-quality sex education in Egypt, in schools, in the home and through religious leaders thus contributes to the continuation of FGM.

Available data also shows a sharp decline in both women's and men's recent exposure to information about FGM. This is a matter of concern; exposure to accurate information about FGM is vital. Television is a crucial method for getting across anti-FGM messages, particularly in Upper Egypt.

Challenges and Moving Forward

Refer to Country Profile pages 104-107.

What do the Egyptian Government and anti-FGM programmes need to consider?

- combating ongoing community pressures, traditions and beliefs about religion and FGM;
- clarifying, particularly for young people, the misunderstandings around sex and FGM that result from the lack of accurate sex education in the home, at school and from religious leaders;
- the ongoing problem of medicalisation of FGM throughout Egypt, despite laws forbidding it;
- the lack of knowledge and misunderstandings among medical staff about FGM;
- inaccessible healthcare, especially for women in rural areas and those without funds to pay;
- the implementation and enforcement of anti-FGM laws, including educating and supporting justice agents such as police and judges;
- educating and maintaining influential leaders and role models, especially religious leaders from all faiths, who can disseminate accurate information about FGM through their communities and in places of worship;
- a holistic approach to anti-FGM activities that builds trust and includes all members of a family and the wider community;
- the decline in press freedom potentially making dissemination of information more difficult, or journalists wary of reporting on sensitive issues;
- obtaining comprehensive and reliable data, made more difficult by respondents' fear of prosecution or lack of knowledge;
- navigating changing political climates, and the ongoing threat of re-emerging support for FGM from some factions;
- the difficulties faced by anti-FGM programmers wishing to forge partnerships and obtain funding (especially international), which is under threat from the new Egyptian 'NGO law';
- the possibility that building on existing NGO coalitions and working groups will be hindered by poor coordination between the Government and civil society, due to different, or even conflicting, understandings of the most effective ways to end FGM; and
- ensuring the security and physical safety of all those working in-country to end FGM.

For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at <http://28toomany.org/fgm-research/medicalisation-fgm/>.

- 1 Ministry of Health and Population [Egypt], El-Zanaty and Associates [Egypt], and ICF International (2015) *Egypt Demographic and Health Survey 2014*, p.186. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International. Available at <https://dhsprogram.com/publications/publication-FR302-DHS-Final-Reports.cfm>. (Hereinafter referred to as the **DHS 2014**.)
- 2 Ministry of Health and Population [Egypt], El-Zanaty and Associates [Egypt], and ICF International (2015) *Egypt Health Issues Survey 2015*, p.104. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International. Available at <https://dhsprogram.com/pubs/pdf/FR313/FR313.pdf>. (Hereinafter referred to as the **EHIS 2015**.)
- 3 Dr Fatma El-Zanaty, UNICEF (2015) *Factors and determinants of FGM/C of girls aged 0-17 years: a secondary analysis of the Egypt Demographic and Health Surveys, 2005, 2008 and 2014*. Available at https://www.unicef.org/egypt/FGM_Secondary_analysis_edited_5-08-2016_FINAL.pdf.
- 4 - El-Zanaty, Fatma and Ann Way (2006) *Egypt Demographic and Health Survey 2005*, p.211. Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro. Available at <http://www.dhsprogram.com/pubs/pdf/FR176/FR176.pdf>. (Hereafter referred to as the **DHS 2005**.)
- DHS 2014, p.186.
- 5 Dr Fatma El-Zanaty, UNICEF, op. cit., p.2.
- 6 EHIS 2015, p.106.
- 7 EHIS 2015, pp.112-114.
- 8 Mawaheb T. El-mouelhy, Elise Johansen, Ahmed R. Ragab and Amel Fahmy (2013) 'Men's Perspectives on the Relationship Between Sexuality and Female Genital Mutilation in Egypt', *Sociology Study*, 3(2), February. Available at https://www.researchgate.net/publication/273440839_Men%27s_Perspectives_on_the_Relationship_Between_Sexuality_and_Female_Genital_Mutilation_in_Egypt.
- 9 - Jenna Le Bras (2016) 'Egypt's difficult road in eradicating female genital mutilation', *Middle East Eye*, 20 August. Available at <http://www.middleeasteye.net/in-depth/features/egypts-difficult-road-eradicating-female-genital-mutilation-543230094>.
- Angelina Fanous (2015) 'Egypt Is in Dire Need of Sex Education', *Vice*, 27 February. Available at https://www.vice.com/en_us/article/lets-talk-about-sex-0000572-v22n2.
- 10 EHIS 2015, pp.112-114.
- 11 EHIS 2015, pp. 104.
- 12 EHIS 2015, pp.106-107.
- 13 DHS 2014, p.191.
- 14 EHIS 2015, pp.110-111.
- 15 EHIS 2015, pp.110-111.
- 16 - EHIS 2015, pp.110-111.
- DHS 2008, pp.202-203.
- 17 Ronan Van Rossem, Dominique Meekers and Anastasia J. Gage (2016) 'Trends in attitudes towards female genital mutilation among ever-married Egyptian women, evidence from the Demographic and Health Surveys, 1995-2014: paths of change – Table 1', *International Journal of Equity Health*, 15(31). Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765026/table/Tab1/>.

Cover: ALL best fitness is HERE/Shutterstock.com (2013) Hurghada, Egypt – *Muslim girl in hijab on July 08, 2013*. Stock photo ID: 436069912.

Please note that the use of this girl's photograph does not imply that she has, nor has not, undergone FGM.



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