Egyptian ever-married women's attitude toward discontinuation of female genital cutting

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ABSTRACT

Introduction: This study aimed to examine Egyptian ever-married women's beliefs and attitude toward the discontinuation of female genital cutting (FGC). We also examined the significant sources of information which the women with positive attitude were exposed to the year prior to the survey.

Methods: In a national representative community-based sample of 15,573 ever-married Egyptian women, the intention to continue the practice of FGC and other socio-demographical variables were collected from the 2000 Egypt Demographic and Health Survey data. A secondary in-depth analysis was conducted on the data in order to investigate the women's attitude and its associated factors.

Results: Only 12.4 percent of the sample intended to discontinue the practice. The logistic regression models showed that women with a positive attitude to discontinue the practice believed that FGC was not an important part of religious traditions, that husbands did not prefer a cut wife, and that FGC reduced sexual desire. The most significant sources of information related to a positive attitude to discontinue the practice were community discussions, the mosques or churches and the newspapers.

Conclusion: The aforementioned sources of information are related to the social and religious aspects of women in the Egyptian community. In order to change women's attitude toward the discontinuation of this unhealthy practice, communication rather than passive learning is needed.

Keywords: attitude, beliefs, female circumcision, female genital cutting, health survey

Singapore Med J 2010; 51(1): 15-20

INTRODUCTION

The practice of female genital cutting (FGC) remains prevalent in many Arab and African countries. Moreover, this practice has extended to several Western countries due to immigration, and it is a concern for these developed countries.[1,2] Despite increased international efforts to end the practice, there is little evidence of its decline.[3] The reasons for the perpetuation of FGC include the preservation of group identity, femininity, female purity, maintenance of cleanliness and assurance of a woman's marriageability.[4-6] The extent of FGC varies from a symbolic nicking of the clitoris to an excision of tissue and a partial closure of the vaginal area (infibulations).[7] FGC is seen to signify purification.[8] Therefore, "female circumcision" is preferred as it seems to be a less judgmental description. However, female circumcision is different from male circumcision in its religious and legal status, as well as in its physiological extent.[9]

Despite the decline in the incidence of FGC in many African countries in the last 20 years,[7,10,11] Egypt still maintains a very high prevalence of the practice.[7,12] FGC is universal in Egypt, with about 97% of women of reproductive age having undergone the procedure.[12] The introduction of this practice in this ancient country predates the arrival of Christianity and Islam. However, the belief that the practice is religiously significant has justified its continuation.[13] Moreover, FGC is still a controversial issue among the Egyptian medical profession.[14] Egyptian health policy has shifted its strategy from controlling the practice to keeping it under supervision by training the Egyptian traditional birth attendants.[15] As such, nearly half of female circumcisions practiced in 1995 was performed by physicians.[16] In a previous study, more than one-fifth of medical students did not consider FGC to be a problem, with some even defending it, indicating the influence of their cultural roots.[14]

The 2000 Egypt Demographic and Health Survey (2000 EDHS) displayed the univariate and bivariate analyses of Egyptian women's beliefs and opinions regarding the benefits and/or disadvantages of FGC.[12] The 2000 EDHS also showed the different sources of

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Table I. Ever-married women's characteristics, beliefs regarding FGC and their sources of information about FGC.

Variable	No. (%)
Age (years), mean ± SD (n=15573)	33.4 ± 8.7
Ever-married women with FGC (n=15572)	15,022 (96.5)
Intend to perpetuate FGC for daughters (n=11515)	
Intend to have daughter(s) cut	3,509 (30.5)
Have at least one daughter cut	5,678 (49.3)
Do not intend to have daughter(s) cut	1,433 (12.4)
Do not know	895 (7.8)
Do not intend to cut (vs. intend to or already cut) (n=10620)	1,433 (13.5)
Completed secondary and higher education (n=15573)	4,834 (31.0)
Working for cash (n=15573)	2,332 (15.0)
Urban residence (n=15573)	7,178 (46.1)
Beliefs about FGC (n=15551)	
FGC is an important part of religious tradition	11,066 (71.2)
Husband prefers a cut wife	10,438 (67.1)
Prevents adultery	7,677 (49.4)
Can lead to death	4,507 (29.0)
Makes pregnancy difficult	1,171 (7.5)
Makes childbirth more difficult	1,171 (7.5)
Lessens sexual satisfaction	5,476 (35.2)
Benefits of not undergoing FGC (n=15552)	
Fewer medical problems	1,083 (7.0)
Avoid pain	1,478 (9.5)
More female sexual pleasure	831 (5.3)
More pleasure to the man	689 (4.4)
Follow religion	383 (2.5)
Other reasons	925 (5.9)
No benefits	1,1673 (75.1)
Benefits of undergoing FGC (n=15552)	
Better hygiene	4,239 (27.3)
Social acceptance	643 (4.1)
Better marriage prospects	574 (3.7)
Preserve virginity	1,410 (9.1)
Increase man's pleasure	231 (1.5)
Gain religious approval	1,822 (11.7)
Reduce sexual desire	4,793 (30.8)
Uphold tradition	8,866 (57.0)
Other benefits	595 (3.8)
No benefits	1,990 (12.8)
Sources of information about FGC the year prior to the survey (n=15552)	
TV	11,615 (74.7)
Radio	5,870 (37.7)
Newspapers or magazines	3,197 (20.6)
Community meeting	520 (3.3)
Mosque or church	641 (4.1)
Discussion with relatives or friends	5,455 (35.1)

FGC: female genital cutting

information to which women were exposed the year prior to the survey, and the bivariate association of women's intention to perpetuate the practice of FGC for their daughter together with some sociodemographical variables. To the best of the author's knowledge, no such study from the Arab world has previously been published in PubMed-indexed journals. Understanding the reasons for the continuation of the practice may lead to identifying more effective ways to combat it. As changing the attitude is the first step toward effecting a change in the practice, identifying factors that predispose individuals to modify traditional views about FGC may enable health education programmes to identify subgroups amenable to change.

The objectives of this study were to examine Egyptian ever-married women's attitudes toward the discontinuation of FGC and to gain insights into their beliefs and opinions that support its discontinuation. We also aimed to investigate the significantly-associated sources of information to which the women were exposed the year prior to the survey, with regard to their intention to discontinue the practice.

Table II. Distribution of intention to perpetuate FGC according to its predictors in bivariate analysis (n = 10,620).[1]

Variable	No. (%)/ mean ± SD		Total	Chi-square/ *t*-test (p-value)
	Intend to or have daughter cut	Do not intend to		
Age/ (years)	35.08 ± 7.52	35.66 ± 8.15	10,620	6.41 (0.011)
Education				
Below secondary	7,503 (94.41)	444 (5.59)	7,947	
Secondary	1,684 (63.00)	989 (37.00)	2,673	
Total	9,187 (86.51)	1,433 (13.49)	10,620	1456.69 (0.000)
Work status				
Not working	8,130 (89.53)	951 (10.47)	9,081	
Working	1,057 (68.68)	482 (31.32)	1,539	
Total	9,187 (86.51)	1,433 (13.49)	10,620	399.97 (0.000)
Residence				
Rural	5,616 (94.82)	307 (5.18)	5,923	
Urban	3,571 (76.03)	1,126 (23.97)	4,697	
Total	9,187 (86.51)	1,433 (13.49)	10620	814.83 (0.000)
Respondent was cut				
Yes	9,151 (88.94)	1,138 (11.06)	10,289	
No	36 (10.88)	295 (89.12)	331	
Total	9,187 (86.51)	1,433 (13.49)	10,620	1019.61 (0.000)

METHODS

Data from the 2000 EDHS[12] was downloaded on May 17, 2006 from the Demographic and Health Surveys website.[17] Access to the datasets, approved only for legitimate research purposes, was granted prior to the downloading. The 2000 EDHS is a national representative household survey of 15,573 ever-married women aged 15–49 years, who were selected using a multistage sampling technique, to whom a face-to-face structured interview was administered.The response rate of women completing the questionnaires was 99.5%. The 2000 EDHS provides a wealth of health-related information on fertility, family planning, maternal and child health, nutrition and a module on FGC. The current study was a secondary in-depth analysis conducted on the whole sample of 15,573 ever-married women. The sample design and detailed study methods and tools of the original study was previously published by El Zanaty and Way.[12]

The outcome or dependent variable introduced in the analysis in this study was ever-married women's intention to perpetuate FGC for their daughters (intend to perpetuate = 0, don't intend to perpetuate = 1). The independent or predictor variables were age (as a continuous variable), being cut or not (cut = 0, uncut = 1), education (illiterate to below secondary = 0, secondary and above = 1), work status (not working for cash = 0, working = 1) and residence (rural = 0, urban = 1). Beliefs about FGC, opinions about the benefits of not undergoing FGC, benefits of undergoing FGC, and sources of exposure to information about FGC the year prior to the survey are shown in Table I, where every item was dealt as a binary variable (no = 0, yes = 1).

Data analysis was performed using the Statistical Package for Social Sciences version 12.0 (SPSS Inc, Chicago, IL, USA). Data was given as counts, percentages and means. After doing the univariate analysis for the study variables, different logistic regression models were run to get the most significant associated predictors adjusted for each other to the aforementioned outcome variable. The outcome dichotomous variable was coded to 0 = intending to perpetuate FGC or already done for one daughter or more, and 1 = not intending to do so. The odds ratio in the logistic regression model showed the change in the outcome variable when its significantly-associated predictors changed, adjusting for other confounding variables in the model. P-value ≤ 0.05 was considered significant in all statistical tests.

RESULTS

The mean age of the ever-married women was 33.4 ± 8.7 years, of whom 96.5% were cut and 12.4% had no intention to perpetuate FGC for their daughters. 31% of the study sample completed secondary or higher education, 15% was working for cash and 46.1% were urban residents. The most common belief derived from the sample was FGC was an important part of religious tradition (71.2%). The least common was FGC resulted in difficult pregnancy or childbirth (7.5% for each). The majority (75.1%) believed that there were no benefits from not undergoing FGC, whereas avoiding pain (9.5%) was the most common benefit reported. The most common benefit of undergoing FGC reported was the reduction of sexual desire (30.8%). The majority (74.7%) were exposed to information about FGC from television programmes, followed by radio information (37.7%), the year prior to the survey (Table I).

Table III. Significant ever-married women's beliefs about FGC associated with not intending to perpetuate FGC for their daughters in logistic regression model (n = 4,906).

Variable	Adjusted OR	Lower 95% CI	Upper 95% CI
Age	0.95	0.93	0.97
Education	5.55	4.13	7.47
Urban residence	2.61	1.85	3.68
Uncut ever-married women	14.04	6.27	31.45
FGC is not an important part of religious tradition	5.21	3.81	7.13
Husband does not prefer a cut wife	9.60	6.97	13.23
FGC does not prevent adultery	4.13	2.99	5.71
FGC can lead to girl's death	1.80	1.35	2.40
FGC lessens sexual satisfaction	1.44	1.07	1.93

FGC: female genital cutting; OR: odds ratio; CI: confidence interval

Table II shows that there were significant age differences between those who had or intended to have their daughter(s) cut and the group with no intention to perpetuate the practice. Education, work and residence were significantly associated with the outcome variable. Being uncut was the strongest variable associated with not intending to perpetuate the practice, as shown in the cross-tabulation bivariate analysis proved by the highest chi-square score. Logistic regression models showed that women with a positive attitude to discontinue the practice believed that FGC was religiously unimportant, that husbands did not prefer a cut wife and that FGC reduced sexual desire. The most significant predictors of not intending to perpetuate FGC for their daughters were disagreement that husbands preferred a cut wife, followed by disagreement that FGC was an important part of religious tradition (Adjusted OR 9.60 and 5.21, respectively) (Table III).

Table IV shows the significant association of women's opinions of the benefits of not undergoing FGC, with not intending to perpetuate it for daughters adjusted to other significant predictors, such as younger age, higher education, urban residency, working for cash and being uncut. Women who indicated that not undergoing FGC would follow religion, result in fewer medical problems, and avoid pain were more likely to discontinue the practice (OR 2.84, 2.75 and 2.26, respectively). Table V shows the significant association of women's opinions regarding the benefits of undergoing FGC, with not intending to perpetuate it for their daughters adjusted to other significant predictors, such as younger age, higher education, urban residency, working for cash and being uncut. Those who disagreed that undergoing FGC had the benefits of gaining religious approval, preserving virginity and reducing sexual desire were more likely to discontinue the practice (OR 0.15, 0.32 and 0.36, respectively).

Women who were exposed to sound information from newspapers or magazines about FGC were 1.94 times more unlikely to intend to perpetuate the practice of FGC for their daughters, followed by those exposed to information from mosques or churches and from discussion with relatives and friends (OR 1.44 and 1.31, respectively) (data not shown).

DISCUSSION

The current study investigated the predictors of women's attitude to discontinue the practice of FGC for their daughters using multivariate models. There were several limitations in the study. First, the causality and/or temporal association could not be established in the cross-sectional design. Hence, we could not ascertain whether some women with certain beliefs or opinions would not perpetuate the practice for their daughters or not. It was also possible that the responses to a single question presented in a survey context did not reflect the actual views of these women. That is because there is often discordance between such responses and individual actions.[7] Finally, the paucity of the literature on FGC and its correlates and determinants in the Arab world, as well as the diversity in the methodology and statistical analysis comprised another limitation to compare and interpret our results.

In our study, young age proved to be associated with the intention to discontinue the practice, as shown in all the logistic regression models. This was consistent with a previous study, where only 5% of respondents aged < 25 years, 16% aged 25–34 years, and a dramatic 75% aged ≥ 35 years intended to continue FGC.[18] Our results supported the contention that attitudes toward FGC are changing over time in Egypt, but could not account for why Egypt still maintains a very high prevalence of FGC. It seems that young age alone was not an accurate predictor of intention to terminate the practice.

Higher level of education was a strong predictor for the attitude to discontinue the practice. Previous

Table IV. Significant ever-married women's opinions about the benefits of not undergoing FGC associated with not intending to perpetuate FGC for their daughters in logistic regression model (n = 10,620).

Variable	Adjusted OR	Lower 95% CI	Upper 95% CI
Age	0.98	0.97	0.99
Education	5.23	4.36	6.29
Working women	1.29	1.06	1.57
Urban residence	3.80	3.16	4.56
Uncut ever-married women	143.55	93.91	219.43
Fewer medical problems	2.75	2.13	3.54
Avoid pain	2.26	1.75	2.93
More female sexual pleasure	1.62	1.20	2.19
Follow religion	2.84	1.96	4.09
Other reasons	0.47	0.32	0.69
No benefits of not undergoing FGC	0.22	0.16	0.29

FGC: female genital cutting; OR: odds ratio; CI: confidence interval

Table V. Significant ever-married women's opinions about the benefits of undergoing FGC associated with not intending to perpetuate FGC for their daughters in logistic regression model (n = 10,620).

Variable	Adjusted OR	Lower 95% CI	Upper 95% CI
Age	0.97	0.96	0.99
Education	6.07	4.96	7.42
Work	1.36	1.09	1.70
Urban residence	3.06	2.51	3.73
Uncut ever-married women	27.59	17.38	43.79
Better hygiene	0.40	0.31	0.53
Better marriage prospects	0.40	0.19	0.84
Preserves virginity	0.32	0.20	0.51
Gain religious approval	0.15	0.09	0.25
Reduces sexual desire	0.36	0.28	0.46
Uphold tradition	0.49	0.38	0.62
No benefits of undoing FGC	9.98	7.51	13.26

FGC: female genital cutting; OR: odds ratio; CI: confidence interval

studies in Egypt and other African countries had similar findings.[3,19,20] Apart from from education, urban residency was also a predictor of attitude to discontinue FGC. Dandash et al concluded in their studies that rural residency was the main variable of continuation of this practice in a culture where traditions and habits were strongly respected. Hence, they recommended more efforts be put into decreasing the illiteracy rate, especially in rural areas.[19,20] In addition, tailored-made health education programmes are crucial.

Our results also showed that women who were uncut had a stronger attitude to discontinue the practice than cut women. Unfortunately, the author did not examine the effect of being cut by a health professional or the type of cutting on women's attitudes to discontinue the practice. This was another of our study limitation, given that a previous African study had shown a positive association between being cut by a health professional and women's attitude to discontinue the practice, and that the type of cutting had an effect on such attitudes.[3] However, the length of the current paper constituted a constraint to the author, who will, in a future study, examine these issues.

Women with a positive attitude to discontinue the practice believed that FGC was religiously unimportant. It seems that a belief that the practice is religiously significant has justified the continuation of FGC, whereas a belief that it contradicts religion would discontinue the practice.[13] Therefore, the involvement of religious leaders would be critical for the discontinuation of the practice.[3] Whether sexual dissatisfaction could be an important reason for rejection of FGC is debatable. Only a minority of our sample reported that not undergoing FGC would give more sexual pleasure. In a previous Egyptian study, cut women reported less sexual desire, orgasm and initiative, and greater vaginal dryness during intercourse than uncut women.[21] Conversely, in another study, Sudanese women believed that uninfibulated women were less able to please their husbands sexually.[22] Such controversy could be explained by understanding that sexuality is a purely culturally-related issue.

Those who believed that one would get fewer medical problems and avoid pain by not undergoing FGC were also more likely to have the attitude to discontinue the practice. Therefore, the availability of FGC under general anaesthesia would contribute to the continuation of the practice, reduce confidence in the policies of the Ministry of Health, and interfere with health education efforts to prevent the practice.[19] The World Health Organization is clear in its position that health professionals should not perform FGC in any setting.[23] Although the most common sources of information about FGC to which women were exposed the year prior to the survey were television and radio programmes (Table I), exposure to other sources of information independently predicted not intending to perpetuate FGC for daughters. Exposure to information from mosques or churches and newspapers, as well as discussions with social contacts predicted the attitude to discontinue the practice. The aforementioned sources of information are related to the social and religious aspects of women in the Egyptian community. Communication rather than passive learning is needed in order to change women's attitude toward the discontinuation of this unhealthy practice.

Finally, although the practice of FGC has been illegal in Egypt since 1956, at which time official registration was discontinued, the practice is still prevalent.[19] A political issue was raised when a news network, Cable News Network, aired the circumcision of a 9-year-old Egyptian girl in 1994. In the same year, a task force of non-governmental organisations was formed to fight against the practice in Egypt. However, the results of the 1995, 2000, and the recently-released 2005 EDHS have not shown a significant decline in the practice.[16,12,24] Hence, there is an urgent need for reform in our strategies and activities in order to discontinue this practice.[25] Studying the attitudes toward the discontinuation of FGC and its predictors can be a precursor to changes in behaviour.

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