

in 2005

41%

The percentage of mothers who want their daughters to undergo FGM/C

with no education

72%

The percentage of women who want the practice to continue

33%

in 2008

44%

with secondary/higher



Female Genital Mutilation/Cutting

72%

of all FGM/C cases among daughters were performed by doctors

WORLD FIT FOR CHILDREN TARGET:

End harmful traditional or customary practices, such as [...] female genital mutilation, which violate the rights of children and women

- *Prevalence of FGM/C among daughters aged 15-17 yrs: 74%*
- *Percentage of those who support the practice: Women 54% Men 57%*

“We have to keep the momentum and redouble our efforts. Ending FGM, by outlawing it once and for all, is not only a goal we can achieve, but it is a goal that we will achieve.” Cairo Declaration on FGM + Five, December 2008.

Female Genital Mutilation/Cutting (FGM/C) of any type has been internationally recognised as a harmful practice. It violates several human rights principles, norms and standards, including equality and non-discrimination on the basis of sex, the right to life (when the procedure results in death), and the right to be free from torture or cruel, inhumane or degrading treatment. Efforts to eradicate the practice of FGM/C in Egypt go back to the 1920s and were voiced by Egyptian physicians, religious leaders and intellectuals throughout the twentieth century. These efforts gained momentum during the 1970s and 1980s with a growing number of individuals and NGOs working towards addressing this issue. In 1994 these endeavours were harmonised in a concerted and effective manner with the establishment of the “Egyptian Task Force against FGM/C”.

It was the adoption of FGM/C within the broader context of an inclusive holistic child rights agenda developed by the National Council for Childhood and Motherhood (NCCM) that this issue became

a priority on the national agenda. The NCCM has shown a strong commitment to championing the cause of abandoning FGM/C, and the council has played a critical role in undertaking the delicate task of coordinating national actors, authorities and public institutions, as well as engaging the media and civil society in promoting national dialogue on the issue of FGM/C. NCCM pushed for legal and policy reform and continues to mobilise international partners to back national efforts for FGM/C abandonment.

Though progress has been slow, it is encouraging that the journey towards an Egyptian society free of FGM/C is on the right path. The first steps have been taken to urge society to abandon FGM/C; however, the road will be long as the practice has been a tradition in Egypt for centuries and is deeply entrenched social convention. Estimates for the median age that girls undergo FGM/C in Egypt is 10 years, with more than half of all girls falling victim to FGM/C practice between the ages of 7 and 10. Virtually all girls who experience FGM are cut before the age of 13.

To track the progress of initiatives and policies that have been implemented for the abandonment of FGM/C, UNICEF and UNFPA have put together a series of brochures that draw on EDHS findings

regarding various health and social issues. This brochure focuses on the practice of FGM/C in Egypt in order to highlight the progress made, identify gaps in current programming, and look for ways in which the UN Millennium Development Goals (MDGs) can help achieve progressive and sustainable results.

The 2008 EDHS surveyed 5,044 female respondents across Egypt who had been cut between the ages of 15-49. Information was obtained on the age when FGM/C took place on the mothers and their daughters; in addition to the person who performed FGM/C. Information has also been compiled on the overall attitudes of men and women towards FGM/C practices.

Results from the EDHS 2008 and progress made

Results on FGM/C in Egypt are broken down along various age, gender and socio-economic categories.

FGM/C amongst girls under the age of 18 (prevalence and intention)

As shown in Table 1, the percentage of girls under the age of 18 years who have undergone FGM/C decreased from 28% (EDHS 2005) to 24% (EDHS 2008). There has been a significant (8%) decline in the percentage of mothers who intend to cut their daughters with the numbers falling from 41% (EDHS 2005) to 33% (EDHS 2008), which indicates a growing trend of FGM/C abandonment.

There has also been a decrease in FGM/C prevalence amongst girls aged 15-17. According to EDHS 2005 data, 77% of girls underwent the practice compared to 74% in 2008. While the overall percentage of ever-married women who underwent FGM/C remains high at 95.5%, support for the practice is declining rapidly amongst the youngest generation (EDHS 2008). This is probably due to concerted efforts in place at the national level for FGM/C abandonment over the past fifteen years.

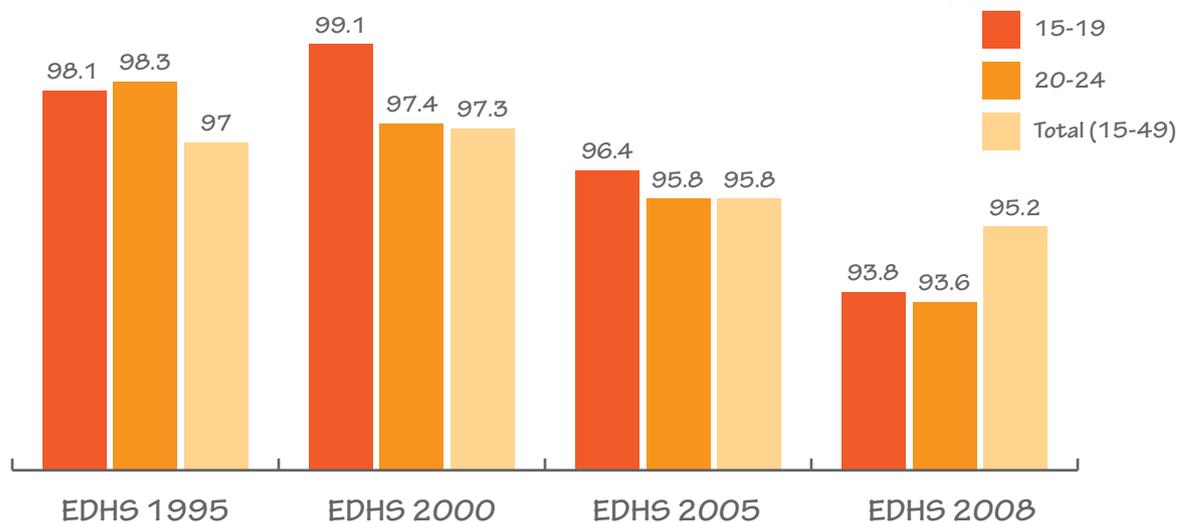


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Table 1: Current and expected prevalence of FGM/C amongst girls under 18 years (%)

Background characteristics	EDHS 2005		EDHS 2008	
	% Circumcised	Percentage of mothers who intend to circumcise their daughters in the future	% Circumcised	Percentage of mothers who intend to circumcise their daughters in the future
Urban-rural				
Urban	21	32	19	24
Rural	32	47	27	38
Education				
No education	39	45	34	38
Some primary	36	44	35	35
Primary complete/ Some secondary	25	47	23	35
Secondary complete/ Higher	13	34	13	27
Wealth quintile				
Lowest	33	52	31	42
Second	34	47	30	40
Middle	30	45	25	35
Fourth	24	37	19	29
Highest	15	21	14	16
TOTAL (0-17 yrs)	28	41	24	33

Figure 1: Prevalence of FGM/C amongst ever-married women aged 15-49 years (%)

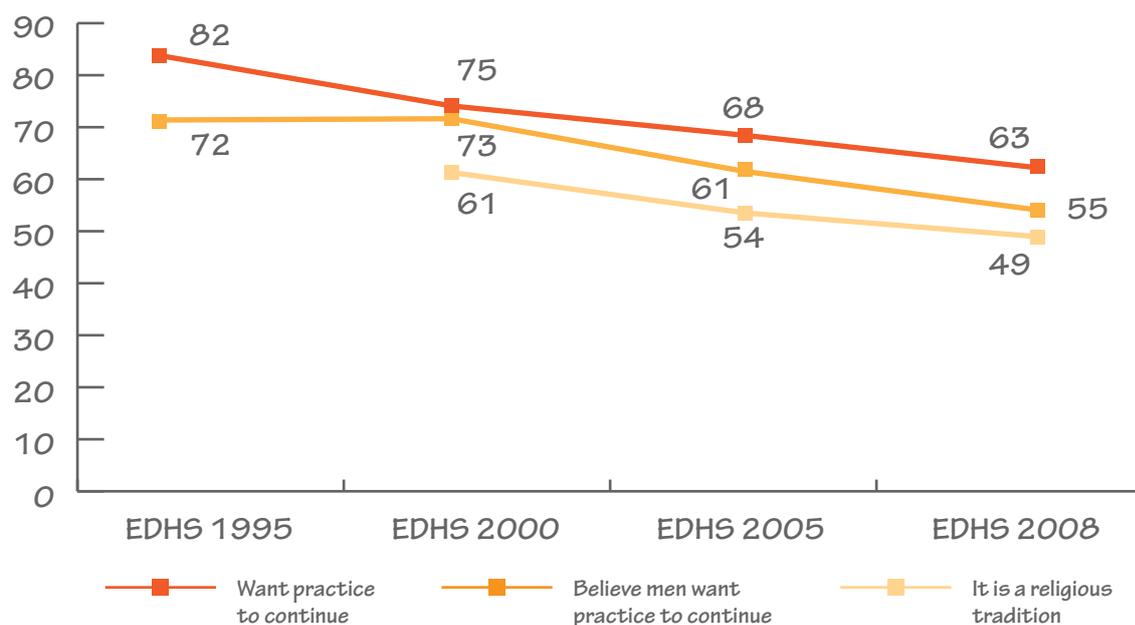


Attitudes of women and men towards FGM/C

Along with the reduction in the number of FGM/C cases, another positive development is the changing attitudes of Egyptian women and men towards the practice. Figure 2 shows there has been a con-

siderable change since the mid-1990s in women's attitudes towards FGM/C. The percentage of women aged 15-49 who believe FGM/C should continue has dropped from 82% (EDHS 1995) to 63% (EDHS 2008). In addition, women's perceptions that it is actually men who want the practice to continue, has decreased considerably.

Figure 2: Trends amongst ever-married women aged 15-49 years towards the continuation of FGM/C (%)



In the 2008 EDHS, it was the first time that men (between 15-49 years) were asked about their attitudes towards the continuation of FGM/C. On one hand, 57% wanted the practice to continue while 45% believed that it was

women who wished for the practice to continue. On other hand, of all the women surveyed, 54% of women wanted FGM/C to continue, while 41% believed that it was men who support the continuation of FGM/C.



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The discrepancy between the attitudes of men in support of FGM/C (57%) and what women believe their attitudes to be (41%) indicates that both men and women make assumptions about the other gender's perceptions on the continuation of the practice. These assumptions continue because they do not discuss the subject with each other. Additionally, it is important to highlight that the percentage of women who believe that FGM/C is a religious tradition decreased considerably from 72% (EDHS 1995) to 49% (EDHS 2008). This is compared to 52% (EDHS 2008) of men who feel it is a religious tradition.

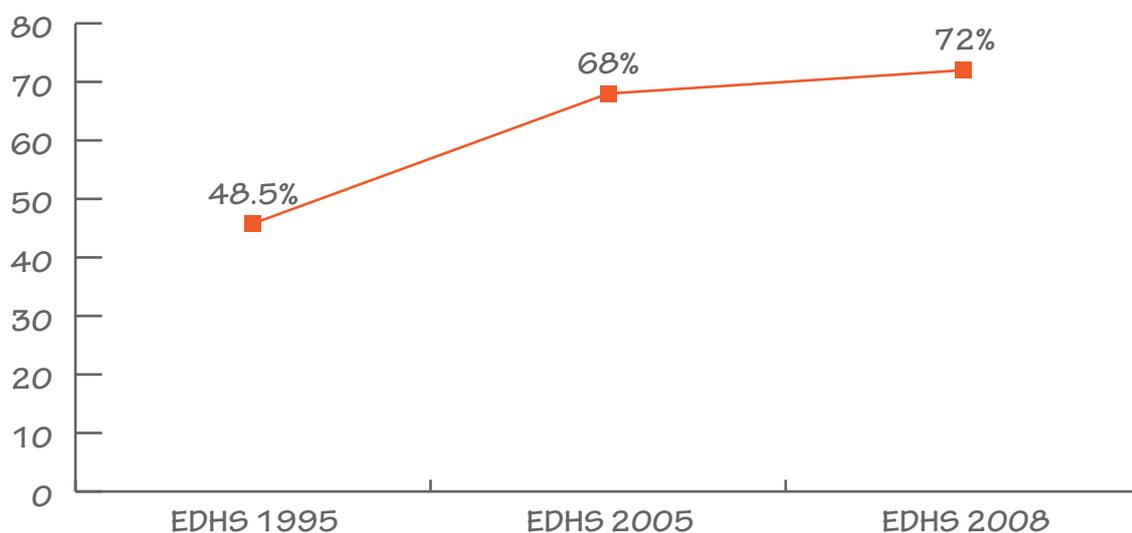
How education influences attitudes on FGM/C

The data reflect a strong linkage between girls' and women's education and abandoning FGM/C practices. According to EDHS 2008, 72% of women with no education wanted the practice to continue while the percentage was substantially lower (44%) for women with higher levels of education. In addition, 15% of women with no education want to abandon the practice and the percentage increases to 47% for women with higher education.

Table 2: Women's (aged 15-49) attitudes regarding the continuation of FGM/C according to education level, EDHS 2008 (%)

Level of education	Percentage who say FGM/C is required by religion	Attitudes about FGM/C		
		Continuation of the practice	Abandonment of the practice	Not sure
No education	61.6	71.8	15.1	13.1
Some primary	55.7	66.8	21.0	12.2
Primary complete/ Some secondary	44.9	49.3	36.7	14.1
Secondary complete/ Higher	42.7	43.7	47.2	9.1

Figure 3: Percentage of girls aged 0-17 years who were cut by doctors (%)

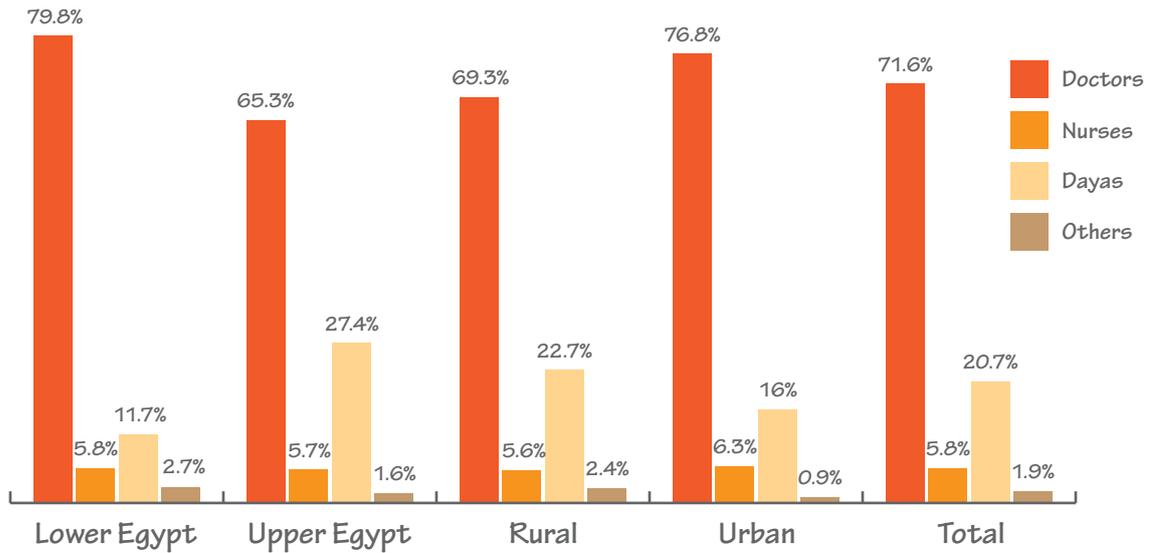


Those who perform FGM/C

EDHS 2008 results show that 72% of FGM/C cases were performed by doctors, 21% by traditional birth attendants (Daya) and 5% by nurses/other health workers. Medicalisation of FGM/C has significantly

increased from 45.8% (EDHS 1995) to 72% in 2008. This indicates there is a high demand for the practice to be conducted professionally. Medical staff are not only willing to perform FGM/C for extra income, but also out of the mistaken social belief that the practice is necessary.

Figure 4: Person performing FGM/C, according to place of residence, EDHS 2008 (%)



Accessing information about FGM/C

EDHS 2008 data show that over 72% of women and almost 52% of men received information about FGM/C in the six months prior to participating in the survey. Television was their primary source of information (men 96.7% and women 96.3%), followed by other

media such as radio, newspapers, information pamphlets (men 21.7% and women 13.9%), family/friends/neighbours (men 15.7% and women 22.3%), and community meetings (men 2.4% and women 1.4%). The role of health care providers and/or health facilities in providing information on FGM/C is limited with only 4% of people receiving information through this medium.



Why FGM/C continues today

The justifications for why the practice of FGM/C continues are numerous. Though these reasons vary from community to another, they follow a number of common themes: FGM/C ensures a girl's/woman's status along with her marriageability, chastity, health and beauty. Religious justifications are also given for the practice.

As such, FGM/C is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures. It represents society's control

over women and such a practice has the effect of perpetuating normative gender roles that are unequal and harm girls and women. FGM/C in Egypt is supported by both men and women, usually without question, and anyone departing from the norm may face condemnation, harassment and social exclusion. Data from EDHS 2008 show that men (60%) are more likely than women (45%) to believe that men prefer to marry women who have undergone FGM/C.

In addition to the belief that a woman who has undergone FGM/C is more suitable for marriage, there is also the expectation that men will marry only women



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who have been genitally mutilated. The desire for a “proper marriage” accounts for the persistence of the practice because it is essential for economic and social security, as well as in fulfilling local ideals of womanhood and femininity.

At the same token, a considerable number of women and men in Egypt believe that FGM/C contains a woman’s sexual desire and ensures marital fidelity, acting as a tool that prevents women from committing adultery. According to EDHS 2008 results, over 34% of women and close to 39% of men surveyed supported the continuation of FGM/C because they believed it could prevent adultery. However, support to continue the practice dwindles in cases where

women and men have higher levels of education and belong to higher wealth quintiles.

FGM/C is a social convention governed by rewards and punishments that act as a powerful force for continuation of the practice. In light of this conventional view of FGM/C, it is difficult for families to abandon the practice without support from the wider community. In fact, it is still practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice outweigh the disadvantages. This fact is aptly reflected in the results of EDHS 2008. Although over 48% women and 32% men surveyed believed that FGM/C could cause severe complications that may result in a girl’s death, it continues to be practised.

Figure 5: Percentage of women and men aged 15-49 years who believe that FGM/C prevents adultery according to education, EDHS 2008 (%)

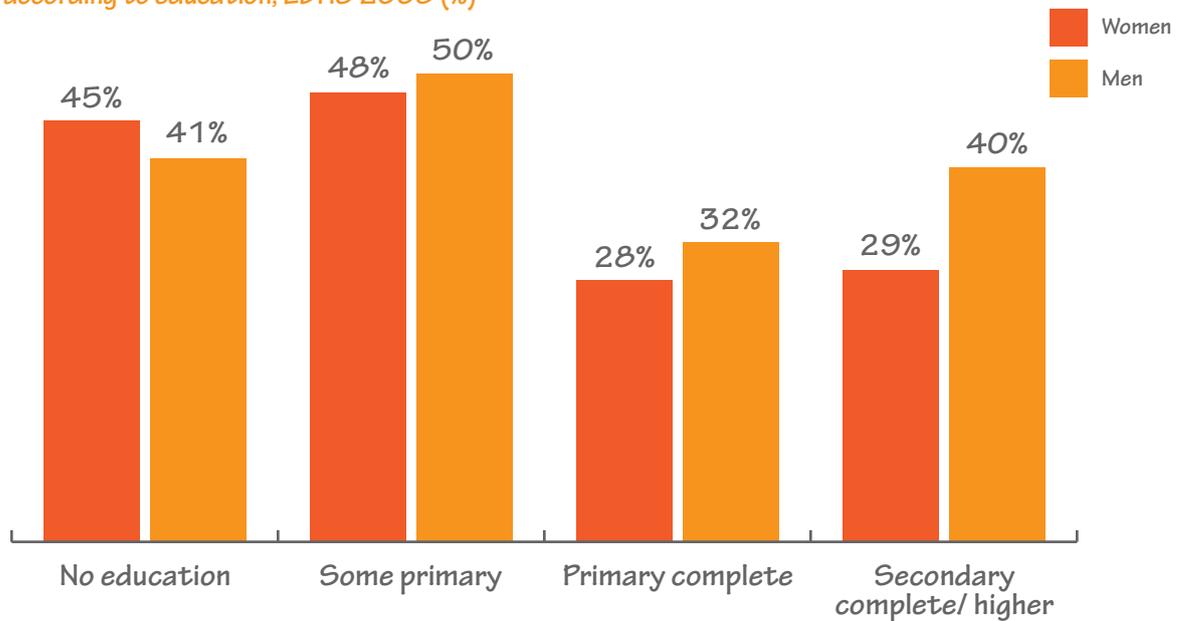
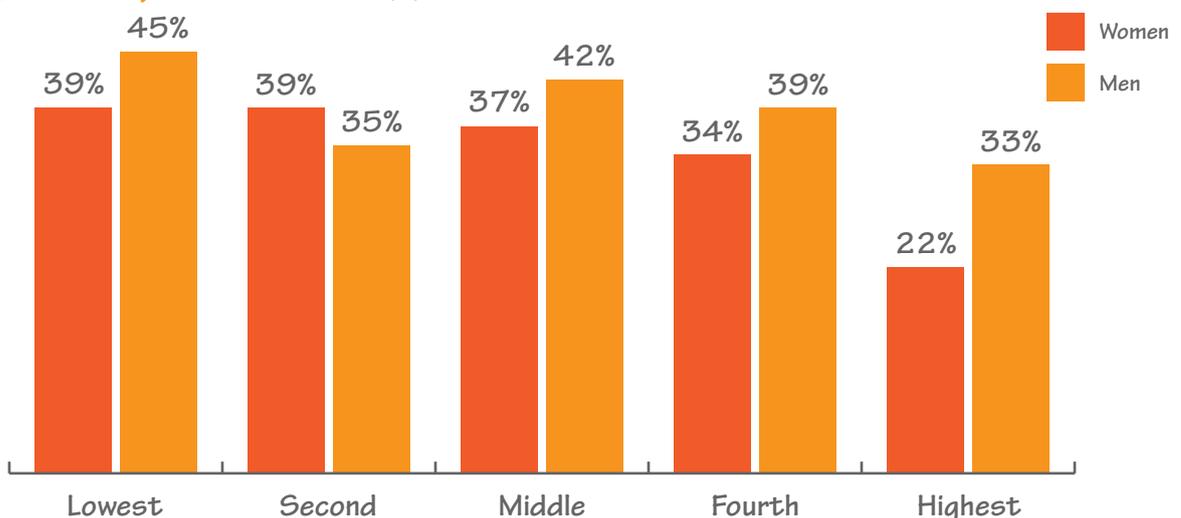


Figure 6: Percentage of women and men aged 15-49 years who believe that FGM/C prevents adultery according to wealth quintile, EDHS 2008 (%)



Way forward

FGM/C has become entrenched in Egyptian society, and bringing an end to the practice requires a broad-based, long-term commitment. Experience over the past two to three decades has shown that there are no quick or easy solutions. The elimination of FGM/C requires a strong foundation that can support successful behavioural change and address the core values and enforcement mechanisms that support the abandonment of the practice.

The basic knowledge of how to best support communities in ending the practice exists and there are positive signs that change is possible and is happening. By criminalising the practice of FGM/C, the Egyptian government has recognised that the practice is a violation of human rights. Concerted action from various actors at different levels of society is underway. From the local to the national level organisations and agencies from education, justice, child and women affairs and health sectors are working together to end the practice. Lessons learned during the past three decades indicate that future action and intervention must be multi-sectoral, community-led, rights based and sustainable. Such actions and interventions should focus on the following areas:

Law enforcement

Criminalisation of FGM/C in 2008 was a step in the right direction and it has served three purposes. First, it was made explicit that the state would not tolerate the practice. Secondly, it sent out a clear message of support to those who had renounced the practice or those who intend to renounce it. Lastly, it has put in place a deterrent against the continuation of the practice. In spite of these efforts; however, the implementation and enforcement of the law has not fully materialised and there have been few prosecutions since the promulgation of the law. The elements that encourage the proper implementation of the law revolve around awareness raising and training of law enforcement agencies especially the police, judiciary, prosecution and social solidarity.

In addition, the Ministry of Health has an important role to play in the prevention of FGM/C through

education offered to health providers about the practice's hazardous effects on women and girls, and to develop a mechanism that ensures medical practitioners abide by the law that prohibits performing FGM/C. The entire capacity building programme should be linked with outreach services such as the *Child Helpline 16000*. However, while acknowledging the significance of national legislation, it is important to note that the law alone cannot promote behavioural change.

Community-led social change

The conventional nature of the FGM/C requires that a significant number of families within a community make a collective and coordinated choice to abandon the practice so no one girl or family is disadvantaged by the decision. Holding large public gatherings or public declarations to address sensitive social issues such as FGM/C, proves to be very useful and is helping to put into place new social norms that ensure the marriageability of girls. These public declarations are providing opportunities for communities to discuss and debate issues regarding human rights and FGM/C in particular. The collective discussion and debate is bringing about the necessary consensus and coordination for the sustained abandonment of FGM/C.

More emphasis should be placed; however, on organising large public gatherings on broader themes, like FGM/C, and which include a variety of activities to engage community members. Community-led activities that are based on the principles of human rights have the greatest potential for promoting the abandonment of FGM/C and their impact needs to be systematically assessed. Rather than addressing FGM/C in isolation, the focus should be on building the capacity of people, especially girls and women, to promote and safeguard their own rights. It will encourage communities to highlight their problems and define tailored solutions towards ending the practice without feeling coerced or judged. Although change may occur rapidly, the process leading to change can be slow and drawn out.

Media and communication

Legislative measures are more effective when implemented and preceded by a range of general and

focused awareness raising measures. Social change is complex, therefore sustained action is essential in order to have a lasting impact. To achieve sustainable outcomes, the local and national media has to be at the centre of efforts made towards eliminating the practice. The outreach and impact of electronic media has been observed and according to the 2008 EDHS, a great opportunity exists to continue using this resource to reach a wider population and change social convention. Close to 97% of all respondents, both male and female, listed television as their primary source of information on the subject of FGM/C. In light of this, efforts should be made to relay unified, clear and tailored messages that can reach different target groups. The clarity in mes-

sages will have a bearing on the effectiveness of any FGM/C media campaign.

Education

The results from EDHS 2008 show that educated men and women are less likely to support the continuation of FGM/C. Education helps people examine their own beliefs and values related to the practice in a dynamic and open way. It is imperative that the provision of primary and secondary education for all (and for girls and women in particular) is a priority at the national level. Furthermore, the Ministry of Education should play an active role in increasing the awareness of teachers, school girls and, consequently, their parents on the dangers of FGM/C.



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