

EGYPT FGM/C COUNTRY PROFILE

(source: UNICEF, Egypt DHS 2000, 2003 and 2005)

OVERVIEW OF FEMALE GENITAL MUTILATION / CUTTING*:

* For linguistic convenience words such as *circumcise* and *circumcised* are used in the text as synonyms of the term *cut*.

Female genital mutilation/cutting (FGM/C) is "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons."ⁱ It is estimated that more than 130 million girls and women alive today have undergone FGM/C, primarily in Africa and, to a lesser extent, in some countries in the Middle Eastⁱⁱ.

FGM/C is a fundamental violation of women's and girls' rights. It violates the rights to health and to physical integrity, to be protected from harmful traditional practices, to be free from injury, abuse and degrading treatment. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decisions about their bodies.

Many international treaties and conventions condemn harmful traditional practices. Among these are the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People's Rights and the Additional Protocol on Women's Rights (Maputo protocol), and the European Convention on Human Rights.

FGM/C continues to be practiced for a variety of reasons. Most often, women cite custom and tradition as a main cause for their support of the practice. Other reasons cited by women include religious demands, cleanliness/hygiene, virginity/morality, and better marriage prospectsⁱⁱⁱ.

FGM/C is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice of FGM/C is closely associated with girls' marriageability^{iv}. Mothers choose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned or disgraced.

FGM/C is routinely traumatic. It is often performed in poor sanitary conditions by traditional practitioners. The immediate and long-term health consequences vary according to the procedure performed. Immediate complications include excruciating pain, shock, urine retention, ulceration of the genital regions and injury to the adjacent tissue. Other complications include septicaemia (blood

poisoning), infertility and obstructed labour. Haemorrhaging and infection have caused death^v.

ⁱ WHO, UNICEF and UNFPA (1997), *Female Genital Mutilation: A joint statement*, World Health Organization, Geneva, pp. 1-2.

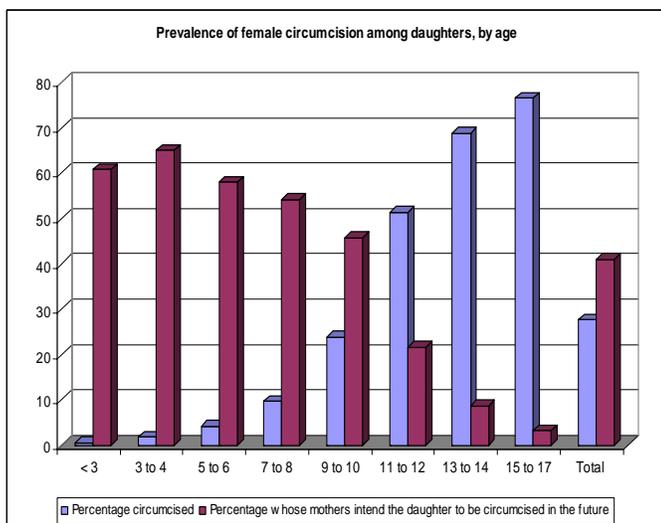
ⁱⁱ WHO (2000), 'Female Genital Mutilation', Fact Sheet No. 241. Accessed on the Web at <http://www.who.int/mediacentre/factsheets/fs241/en/> (21 Oct. 2005).

ⁱⁱⁱ Yoder, P. Stanley, Noureddine Abderrahim, and Arlinda Zhuzhuni (2004), *DHS Comparative Reports No. 7: Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*, ORC Macro, Calverton, Maryland (USA).

^{iv} Mackie, Gerry (1996), 'Ending Footbinding and Infibulation: A Convention Account', *American Sociological Review*, Vol. 61, No. 6, p. 1009.

^v WHO (1997), *op. cit.*

FGM/C is a widespread practice among ever-married women in Egypt. Some favourable indicators for adolescent girls:



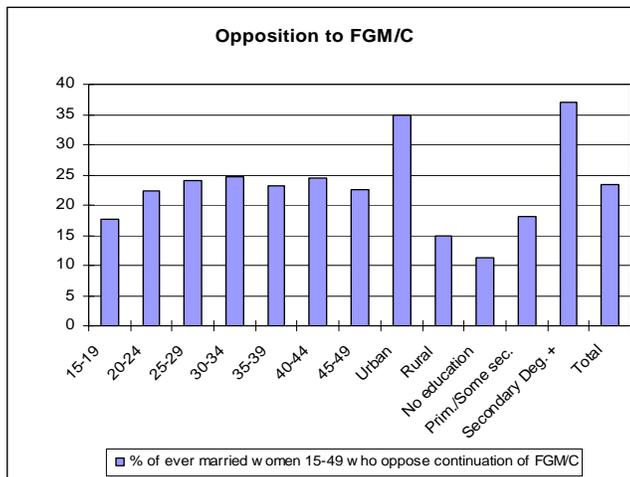
FGM/C dates back some two thousand years in Egypt, and remains widely practiced. Among the worst affected group is the one of women of reproductive age in Egypt: data from the forthcoming 2005 Egypt Demographic and Health Survey (EDHS) indicates that the prevalence rate among ever-married women aged 15-49 is 96%. This value is similar to the one observed in the 2003 EIDHS of 97%. The difference between this last percentage and the percentage of women aged 15-49 with at least one daughter circumcised (47%) indicate a change in the prevalence of FGM/C: a generational trend towards ending the practice.

However, for the ongoing efforts to end the practice, the more significant statistics relate to FGM/C prevalence among adolescent girls. It is among this group that the results of the ongoing campaign to eliminate the practice can become apparent. Based on the results of the 2005 EDHS, the average of circumcision prevalence among girls aged 11-12 is 51%, 69% for girls aged 13-14, and 77% for girls aged 15-17, an additional indication of change in the practice of FGM/C.

The 2005 EDHS also found that prevalence among highly-educated women (secondary education or higher) is 92%, and above 98% among uneducated women and those with primary education. Furthermore, it revealed slight differences in prevalence rates throughout the country, where 92% of ever-married women (aged 15-49) living in urban areas have been circumcised, compared to 98% of women living in rural areas. Women in the poorest 20% of the households have the highest prevalence of FGM/C, with 98%, compared to 88% among women in the richest 20% of the households.

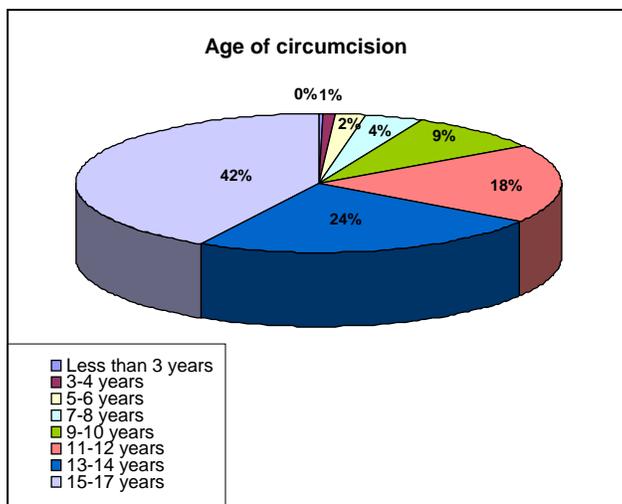
Similar indication of change in the FGM/C practice was observed in a study conducted in 2005 by the Egyptian Ministry of Health and Population (MOHP) in 10 (out of a total of 27) selected governorates in Upper and Lower Egypt. This study conducted among school girls between the ages of 10-18 years has shown that 50% of school girls are circumcised. Additionally it shows that the percentage of girls circumcised is higher among girls of non-educated mothers (64.7%) as opposed to those mothers who attended university (22.3%).

Attitudes towards the continuation of FGM/C show some encouraging signs:



The forthcoming 2005 EDHS shows that the support for the elimination of the practice is increasing: 23% of ever-married women aged 15-49 believe FGM/C should be discontinued, an increase of 6% compared to figures from EIDHS 2003. The majority of ever-married women aged 15-49 are still in favour of the practice: 68% of ever-married women between the age of 15 and 49, a small decline from the previous 71% of the EIDHS 2003. Levels of support for discontinuation of the practice vary little by women's age. Marked differences, however, can be observed by levels of both education and residence. For example, 37% of women with secondary or higher education in Egypt oppose FGM/C, compared to 11% of women with no formal education. Also, 35% of women in urban areas support a discontinuation of the practice, while only 15% in the rural areas share the same attitudes.

41% of uncircumcised daughters are at risk:

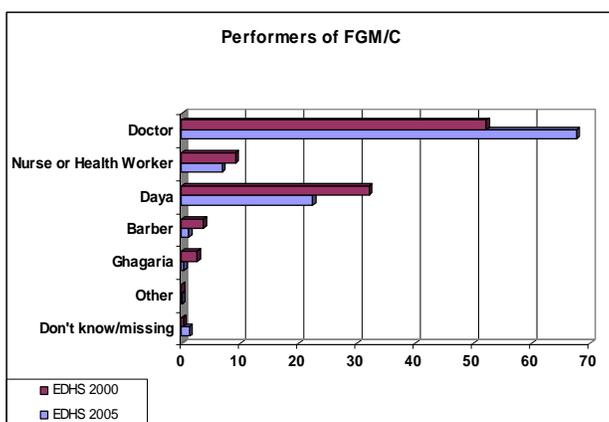


In Egypt, the median age at the time of circumcision for daughters is 10 years (EDHS 2005). The median age of circumcision has not change since 1995, when it was at 9.8 years.

Compared to earlier surveys, the 2003 EIDHS shows small declines in the percentage of women reporting either that their daughter has been circumcised or that they intended to have her circumcised in the future: 47% of ever-married women in Egypt aged 15-49 reported having at least one of their daughters circumcised, while 31% who have not their daughter circumcised have reported intending to do so in the future. This is consistent throughout the country, with some difference between urban areas (25%) and rural areas (35%).

The forthcoming EDHS 2005 shows that the percentage of daughters whom mothers intend to have them circumcised is 41%. Congruent to previous findings, the percentage is higher in rural areas, is inversely related to the age of the mother and to the family's wealth, and is higher among uneducated mothers in comparison to those with secondary or higher education.

High level of medicalization of the practice:



Despite a Ministerial decree prohibiting medical personnel from performing this practice, FGM/C in Egypt is still performed by physicians and other trained medical personnel in hospitals, public and private health clinics. 75% of circumcisions of daughters have been performed by trained medical personnel according to EDHS 2005. Dayas, or traditional birth attendants, perform the majority of remaining circumcisions (22%). The medicalization of FGM/C in Egypt is one of the main obstacles in achieving substantial impact in FGM/C abandonment initiatives.

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