

March 1997

FEMALE GENITAL MUTILATION IN EGYPT
FACT SHEET UPDATE

Female circumcision (or Female Genital Mutilation) is still widely practiced in Egypt

The 1995 Demographic and Health Survey (DHS) found (based on a national survey of about 14,000 women) that the prevalence rate of circumcision among ever married women of reproductive age was 97 percent. Because of this alarmingly high figure, DHS conducted a follow-on validation study which involved clinical examination. The results of the validation study supported the DHS data. All previous small scale studies recorded a prevalence rate around 90 percent. The practice is more common in the rural areas than in the urban areas, but is not associated with any particular religion (practiced by Christians and Muslims alike). The 1995 DHS study has pointed out an important finding in relation to provider shift. Among adult women, circumcision had been performed by barbers and traditional birth attendants, however, today, the procedure is being provided more by physicians. The validation study showed that only the first and second degrees of circumcision (WHO classification) are common in Egypt and that the third degree, the most severe type, referred to as infibulation, was reported by only 1% of women. Infibulation is known to take place in the southern parts of Egypt among some tribes.

FGM is painful and traumatic for young girls, and can cause serious reproductive health problems later in life. The Egyptian newspapers have recently reported several deaths of female children due to complications of the procedure. Nevertheless, the practice continues because there are strong social and cultural pressures to ensure that a young girl will be viewed as a pure marriage partner.

Ministry of Health and Population view on the subject

The previous Minister of Health rescinded his earlier approval to perform FGM in government facilities. The aim of his earlier declaration was to control the hazards and complications of the procedure due to unsanitary conditions. He revised his position because his earlier declaration sent mixed messages to the public and diluted the efforts that intend to eradicate the practice in the future. USAID supported him in reaching this correct revised position.

In July 1996, the current Minister of Health and Population issued a decree forbidding all medical and non-medical

practitioners from performing the operation in public and private facilities, except for medical reasons certified by the head of an Obstetric department in a hospital. The Minister has sent strong messages reported in more than one newspaper and on TV to highlight the immediate and long term hazards of this practice on the health of female children and women. He confirmed that it is a prohibited practice and that legal measures will be taken against perpetrators. He announced that it is not an Islamic, Egyptian, or a Pharaonic practice, but is purely an African custom. He requested senior MOHP officials to reach the families with correct information and address their misbeliefs, and he recommended that eradication efforts must depend on face to face education, as well as culturally sensitive mass media messages.

In response, the Head of El Azhar University, the most distinguished Islamic School and Reference Center in the region, endorsed the Minister's decision to stop this practice completely since it has harmful consequences. He confirmed that El Azhar will follow medical opinion on this matter and are ready to eradicate this practice for health reasons. This announcement was made in an Islamic conference and reported in the newspapers. This represents a tremendous step forward, for the first time, the official religious leader agreed strongly in public with MOHP views on this subject.

The Minister of Education, who is a pediatrician, has been also vocal against this practice in several public pronouncements.

Leading advocates for women's health in Egypt have long been active in working to eliminate this harmful practice.

Since 1979, the Cairo Family Planning Association has been collecting information, stimulating the interest of the media in the issue, and encouraging women's organizations to become advocates for reform in this area.

In the early 1990s an organization called the Association for the Prevention of Harmful Practices to Women and Children became a registered NGO in Egypt and has taken an active advocacy role.

An FGM Task Force, formed under the aegis of the National NGO Commission following the 1994 ICPD, and since 1996 working under the registered NGO called "The National NGO Commission for Population and Development", is taking a leading role in addressing this issue and reaching the community through various local NGOs. They meet on a monthly basis and invite representatives from different local and international organizations which work in this area. A USAID representative joins these meetings.

USAID is highly supportive of efforts to eradicate FGM and is working to reduce the practice through a number of health and

family planning projects

a) Training

USAID project direct During the last decade, the Child Survival Project included the hazards of FGM in the traditional birth attendants (TBAs) training course TBAs deliver about 60% of all babies in Egypt and are known to perform this procedure About 9,000 TBAs were trained by this project in Lower Egypt and about 5,000 were trained by UNICEF in Upper Egypt

The new Healthy Mother/Healthy Child project will address this problem through a variety of activities aimed at improving the health of women and children This topic will be included in the in-service training of physicians, nurses and social workers as part of the reproductive health and family planning training

The USAID/Washington, Global Bureau's grant to "Research, Action & Information Network for Bodily Integrity of Women" (RAINBO) has supported work with the national FGM task force and developed training materials suitable for community workers with a low literacy level The draft manual addresses the health of women at all stages of life It includes a major part about FGM It addresses the common beliefs and misconceptions held by Egyptian women raised in previous studies and focus group discussions, it also lists all possible complications of the practice

USAID/NGO/Other donors USAID also provides funding for the UNICEF safe-motherhood program which includes FGM as a major component Activities were initiated through the FGM task force with local NGOs in several governorates

USAID is providing funds to the Center for Development and Population Activities (CEDPA), a U S PVO that is working with Egyptian PVOs to encourage adolescent girls and young women to continue their education and to enhance their knowledge about reproductive health and family planning issues Issues concerning female genital mutilation are being addressed, not only at the individual level, but also at governorate and national levels through advocacy activities aimed at policy makers

CEOSS, the Coptic Evangelical Organization for Social Services, an Egyptian PVO, has included training and advocacy work relating to female genital mutilation in their community-based projects in upper Egypt and were able to eradicate this practice from one village in Minia governorate

b) Media Campaigns

Because of the sensitivity of this subject and its deeply-rooted nature, USAID agreed to assist the MOHP to initiate a

comprehensive media campaign that will introduce the topic in a culturally appropriate way. A TV spot was developed and other programs are planned.

c) Data Collection

USAID, under the population program, funded the 1995 DHS survey noted above. This is the first national survey to provide accurate data about the prevalence of the practice in Egypt. The DHS also cited the reasons for supporting this practice among women.

u \meapub\docs\egypt\briefing\fgm 397