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Ending Female Genital Mutilation in Egypt: A Policy Recommendation

What is the development or security challenge and why does it matter?

Photo 1 Mona Omar, a social worker, holds an FGM-awareness poster at a village meeting. Photo: Giacomo Pirozzi/UNICEF

It is estimated that between 100 and 140 million girls and women have undergone female genital mutilation (FGM) in some 29 countries concentrated in Western and Eastern Africa, as well as Iraq and Yemen.[1] Another 2 to 3 million girls are at risk of undergoing FGM every year.[2] International organizations have worked for decades in combating the practice and have met some success in certain countries. However, in Egypt, the prevalence of women and girls who have had FGM hovers at around 91 percent, and although there is some decline in the overall numbers who practice, the prevalency rate remain alarmingly high and surveys show that many Egyptians believe the practice should continue.[3] Nevertheless, Egypt is a signatory to countless human rights conventions, of which practicing FGM is in clear violation. Moreover, looking at the UNDP's *Human Development Report* 1994, human security is threathened by the FGM practice.[4] Health, personal, and community security is threatened when girls and young women are put through FGM, a practice that is medically unnecessary, can cause great, long-term physical and psychological harm, and is often perpetuated within the community.

RECOMMENDATIONS SUMMARY

In order to combat and end FGM in Egypt within the next generation, the Egyptian government, including the Ministry of Health must:

1) **Enforce standing laws that outlaw FGM** and increase severity of punishment for health care workers and traditional practitioners caught committing FGM.
2) **Mobilize awareness campaigns** through public service announcements, specifically through the "Results are the same" campaign.
3) **Fund community programs for adults and reform education curriculum** to include a health program in schools and community centers that educates individuals about their sexual and reproductive health and rights, explains the physical and psychological health risks of FGM, and dispels myths associated with the practice.
4) **Advocate for marriage pacts** among communities that no longer wish to practice FGM, so as to safeguard girls' and women's marriageability.

[1] United Nations Children's Fund (UNICEF), *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York: 2013), 1-2.
[2] World Health Organization, *Female Genital Mutilation: A Handbook for Frontline Workers* (Geneva: 2000), 9.
[3] UNICEF, 1-2.
[4] United Nations Development Programme, *Human Development Report, 1994* (New York: Oxford University Press, 1994), 24-25.

What is the scope and magnitude of the problem? Provide evidence.

Chart 1: Percentages of Where Girls and Women with FGM Live

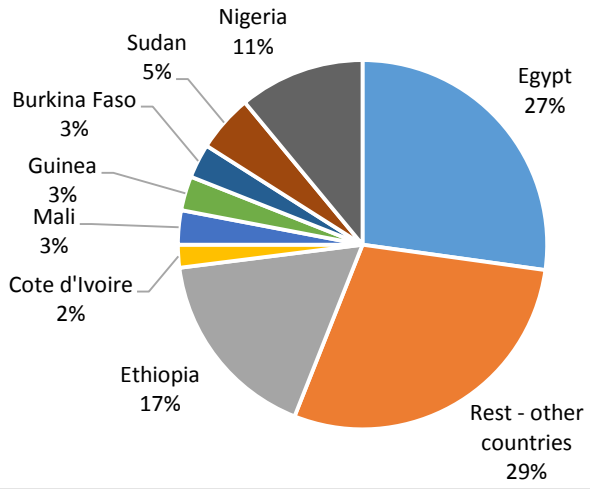


Chart 1 above shows where girls and women with FGM live in the world based on percentage. Out of the 29 countries that practice FGM, only eight countries have high enough prevalency numbers to warrant a mention on the chart. The other twenty-one countries are lumped together in "rest – other countries, " which account for 29 percent of FGM cases in the world and the biggest section on the chart. Egypt is the second biggest section with 27 percent. Although other countries, like Somalia, Guinea, and Djibouti may have higher in-country prevalency rates compared to Egypt (98, 96 and 93 percent respectively), those countries are barely represented in the chart above. Based on absolute population numbers alone, Egypt has a plurality of global FGM cases. Meaning, if there is a girl living in danger of FGM, she is more likely to be residing in Egypt than in any other FGM-practicing country. Given this, tackling FGM within Egypt would make a significant impact on the overall prevalence of FGM worldwide.

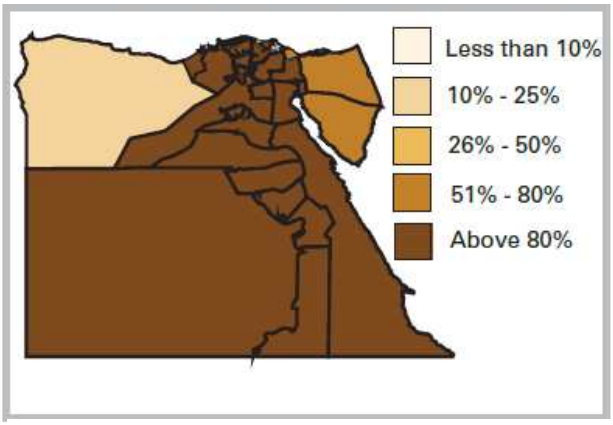
Map 1 below reveals the prevalency of FGM within Egypt based on governorates. Looking at the map, one can see that FGM is widespread throughout the country. Every Egyptian governorate is shown to practice FGM.Twenty-three of the 27 governorates show prevalence above 80 percent. Even areas with lower prevalency rates, such as Matruh in the northwest and Port Said, North Sinai and South Sinai in the northeast, prevalency can range from as low as ten percent to as high as 80 percent.

FGM DEFINITIONS AND CLASSIFICATIONS

Female genital mutilation (FGM) constitutes all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or any other non-therapeutic reasons

- **Type I:** Excision of the prepuce with or without excision of part or all of the clitoris,
- **Type II:** Excision of the prepuce and clitoris together with partial or total excision of the labia minora,
- **Type III:** Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation),
- **Type IV:** Unclassified: Includes pricking, piercing, or incision of the clitoris and/or labia, stretching of the clitoris and surrounding tissues, scraping of the vaginal orifice or cutting of the vagina, introduction of corrosive substances into the vagina to cause bleeding, or herbs into the vagina with the aim of tightening or narrowing the vagina, any other procedure which falls under the definition of FGM.

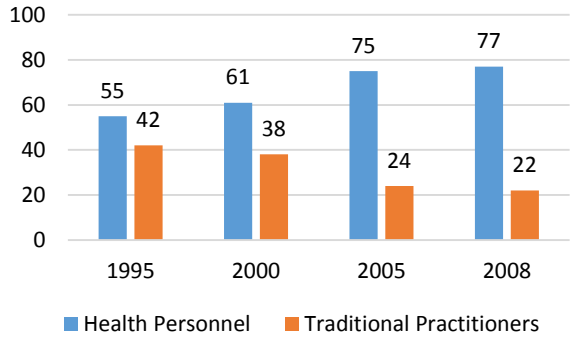
Source: World Health Organization, *Female Genital Mutilation: A Handbook for Frontline Workers,* 10.



Map 1: Percentage of girls and women, aged 15 to 49 years, who have undergone FGM by governorate in Egypt

Many Westerners envision FGM taking place in a rural village by a traditional practitioner using unsterilized equipment on an unwilling patient. Western campaigns against FGM have touted the dangers and consequences of using traditional pracitioners. Unfortuantely, this has caused a trend toward medicalizing FGM in Egypt rather than an outright abandonment of the procedure, as seen in Chart 2. The data is taken from a series of Egyptian Demographic and Health Surveys (EDHS), and is supported by the United States for International Development (USAID). As is shown in the table, the number of FGM procedures performed by health personnel, such as doctors, nurses and midwives, has steadily increased, to where in 2008, 77 percent of FGM procedures were performed by health workers. One could argue that this trend is making FGM a safer procedure. Health personnel are more likely than traditional practitioners to abide by sterlization standards, use proper equipment, administer anesthetia and prescribe antibiotics to their patients.

Chart 2: Percent of Girls Cut by Health Personnel in Egypt



However, according to the World Medical Association's *Declaration of Helsinki*, 1964, it is the mission of the physician to safeguard the health of the people.[5] In addition, it is a violation of a doctor's fundamental ethics to "do no harm."[6] There is no medical benefit to FGM, and therefore are causing harm. If health workers perform FGM, they may create a sense of legitimacy to the practice by making it seem like FGM is good for health and can further institutionalize the practice, even in groups that had not practiced FGM before.[7] According to Dr. mawaheb El-Mouelhy, a principal invesitagor at the World Health Organization, doctors are not trained in FGM procedures during medical school.[8] Medicalized FGM is not necessarily safer or less extensive and, like other forms of FGM, it ignores the long-term physical and psychological consequences associated with the procedure.[9]

Lastly, looking at the data in Chart 3, gives us a better sense of Egyptian women's attitudes toward FGM. The percentage of women and girls who believe that FGM should continue has steadily declined dropping 20 points from 82 percent in 1995 to 62 percent in 2008. This trend looks promising, however, the percentage of women would have undergone FGM has remained virtually unchange in the thirteen years surveyed; only slightly

[5] World Health Organization, *Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation*, 1.
[6] Ibid.
[7] Ibid, 9.
[8] Abdel Rahim, Sara (2014). *From Midwives to Doctors: Searching for "Safer" Circumcisions in Egypt?* The Tahrir Institute for Middle East Policy.
[9] World Health Organization, *Female Genital Mutilation/Cutting* , 9.

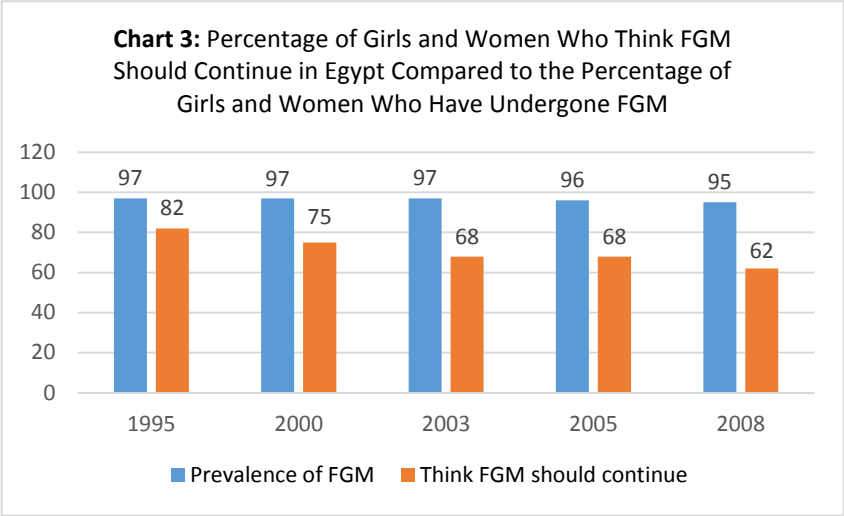


Chart 3: Percentage of Girls and Women Who Think FGM Should Continue in Egypt Compared to the Percentage of Girls and Women Who Have Undergone FGM

declining from 97 in 1995 to 95 percent in 2008. This means although a significant portion of girls and women wish FGM would end, they continue to practice it. We can extrapolate that outside factors are influencing a woman's individual FGM decision for her or her daughter. FGM abandonment decisions do not happen in a vacuum. They happen at the community level and given Egypt's high prevelancy rates throughout the country, Egypt must adopt a national action plan, but must institute and manage it locally.

Which human rights treaties are relevant to the response to the challenge?

FGM is not only a health risk, but also it is a human rights violation. FGM violates or infringes on several articles in the Universal Declaration of Human Rights (UDHR), such as the right to be born free and equal in dignity and rights (Article 1), to right to exercise your rights without distinction based on sex (Article 2), the right to life, liberty and security of person (Article 3), the right to not be subject to cruel, inhuman or degrading treatment (Article 5), the right to found a family (Article 16), the right to health, motherhood and childhood (Article 25). In addition, Egypt is a member of the African Union and has signed and ratified the African Charter on Human and People's Rights. Based on the UDHR, the African Charter also prohibits discrimination based on sex, promotes the rights of persons and promotes and protects the right to health.[10]

FGM is in violation of several other conventions, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC) and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT). Egypt has signed and ratified all of these conventions. In addition, Cairo was the host to the International Conference on Population and Development in 1994. A conference that resulted in a Programme of Action that advocates for gender equity, addresses reproductive health and rights issues, and specifically calls for the end of FGM.[11] By targeting and eliminating FGM, Egypt would go a long way toward achieving its goals set out in its namesake ICPD Programme of Action.

Who are the key duty-bearers (including non-state actors)?

In order to best address and eliminate FGM in Egypt, a multi-level task force must be established. At the national level, the task force should be made up of health experts at the Egyptian Ministry of Health who can influence health policy, curriculum designers at the Ministry of Education who set schools' curriculum, including its health science components. One drawback from the Mubarak overthrow is that the anti-FGM movement lost one of its

[10] World Health Organization, *The Prevention and the Management of the Health Complications: Policy Guidelines for Nurses and Midwives*, (Geneva: 2001), 7-10.
[11] Ibid.

biggest advocates in the first lady, Suzanne Mubarak. It would be to the anti-FGM movement's benefit to find another woman in a high position of authority who will publically speak out against the practice and pledge to not subject her female family members to the practice. Mid-level actos would include medical schools and teaching hospitals. They need to provide health-care workers with the proper training in how to refuse to perform FGM, to dissuade patients' families from choosing FGM and to properly treat those who come in with complications from FGM procedures.

At the local level, religious leaders, both Muslim imams and Christian pastors, need to provide clear information that there is no link between religion and FGM and voice their strong oposition to the practice repeatedly. Local law enforcements and courts need to arrest and justly prosecute and punish those who are accused of being FGM providers, whether they are traditional practitioners or health workers. School teachers and administrators and other community organizers need to be fully utlitized as catalysts for behavior change. Lastly, parents need to be included in the discussion, through parent-teacher associations, since parents ultimately decide whether their daughter goes through FGM or abandons it.

What actions should the duty-bearers consider in response to the challenge, including policy, budgetary allocations, social mobilization, communication strategies, efforts to transform social norms. (1/2 page)

In order to combat and end FGM in Egypt within the next generation, the Egyptian government, including the Ministry of Health must:

1) **Enforce standing laws that outlaw FGM and increase severity of punishment for health care workers and traditional practitioners caught committing FGM.**

Egypt has in the past instituted laws that criminalized FGM performed by traditional practitioners, from taking place in public hospitals, and outlawing it altogether except with doctor approval.[12] These laws had the unintended consequences of medicalizing FGM, which is why medicalized FGM is so high in Egypt compared to other countries. In 2007, the Ministry of Health issued Decree No. 271 banning everyone, both traditional practitioners and health workers, from performing FGM, and in 2008, Egyptian Parliament made it law.[13] Unfortunately, only one case has come to trial, but that ended in an acquittal.[14] In order to begin influencing behavior change, Egyptian police and courts need to start prosecuting FGM practitioners and instituting tougher sentences. A three month to two year jail sentence is not severe enough to deter the practice. In addition, doctors who are caught offering FGM, should lose their medical licenses. The case mentioned earlier was brought to court because it resulted in the girl's death. Otherwise the doctor would never have been arrested much less go to trial.

2) **Mobilize an awareness campaign.**

Egyptians believe the medicalization of FGM has made the practice safer, but like with the recent death of Suheir, the public is once again becoming aware of the dangers. Through public service announcements, the Egyptian government can do a lot to strike home that all FGM procedures are one in the same. One idea is the "Results are the Same" PSA that would show a young Egyptian girl and a girl from another FGM-practicing

[12] World Health Organization, *Female Genital Mutilation/Cutting,* 10-13.
[13] World Health Organization*, Female Genital Mutilation/Cutting*, 12, and United Nations Population Fund, *National Legislation, Decrees and Statements Banning FGM/C.*
[14] For more information on the FGM trial, please read the text box "The Story of Suheir" on page 7.

country preparing nervously the day of for their FGM procedures – the Egyptian girl in the doctor's office and the other in a rural home with a traditional practitioner – the scene fades to black and the words "FGM: The Results are the Same" would appear.

3) **Fund community programs for adults and reform education curriculum.**

As seen in Table 1, many misconceptions about FGM still exist. Another study found a widely held belief that the clitoris is responsible for a woman's sexual appetite and that it continues to grow unless it is removed...."[15] FGM in Egypt is closely tied to ensuring girls' and women's virtue. Creating in-school programs for children – this is best situated in students' health education classes – and municipal programs for adults are the best ways to address this issue at a community-level. These programs would educate individuals about their sexual and reproductive health and rights, explain the physical and psychological health risks of FGM, and dispel myths associated with the practice. It is imperative that local religious leaders, both Christian and Muslim, take part in these programs and explicitly state that FGM has no religious backing. Once young people and adults become aware of the full consequences of FGM, the program can move toward establishing marriage pacts (recommendation 4).

Table 1: Percentage of Ever-Married Girls and Women Aged 15 to 49 years in Egypt Who Agree with Various Statements about FGM/C

	Lessens sexual satisfaction	Causes infertility	(Important) religious tradtion	Husbands prefer	Prevents adultery	Can lead to a girl's death	Makes childbirth difficult
1995	29	7	72	74	41	24	5
2000	37	8	73	67	51	29	8
2003	32	8	72	64	47	28	6
2005	N/A	N/A	N/A	61	54	32	13
2008	N/A	N/A	N/A	55	41	44	6

Note: N/A = not asked

4) **Advocate for marriage pacts**.

FGM is often compared to footbinding in China due to several similarities:

> Both customs are nearly universal where practiced; they are persistent and are practiced even by those who oppose them. Both control sexual access to females and ensure female chastity and fidelity. Both are necessary for proper marriage and family honor. Both are believed to be sanctioned by tradition. Both are said to be ethnic markers, and distinct ethnic minorities may lack the practices. Both seem to have a past of contagion diffusion. Both are exaggerated over time and both increase with status. Both are supported and transmitted by women, are performed on girls about six to either years old, and are generally not initiation rites. Both are believe to promote health and fertility. Both are defined as aesthetically pleasing compared with the natural alternative. Both are said

[15] World Health Organization. (2000). *Female Genital Mutilation: A Handbook for Frontline Workers.* 19.

to properly exaggerate the complementarity of the sexes, and both are claimed to make intercourse more pleasurable.[16]

Evidence of FGM in Egypt goes as far back as the pharaohs, but within the last 100 years of activism against the practice, prevalence rates have only slightly budged. In contrast, footbinding was practiced for 1000 years, but was ended within a generation. What can we learn from Chinese policies that ended footbinding? What a lot of the literature share between the two practices is the concern over marriageability. In China, footbinding was so prevalent and pervasive at a community-level that if parents chose not to bind their daughter's feet, they were subjecting her to a life of spinsterhood and poverty. Moreover, footbinding was such a status symbol that it was also seen as a way a daughter could "marry up" into a higher social class ensuring her and her future children had a better standard of living than she growing up. These same concerns are echoed in modern-day Egypt. By undergoing FGM, it's believed you're quelling a girl's sexual desire, thereby maintaining her virtue, which contribute to a girl's marriageability.

In China, marriage pacts were established among groups of families who wished to end footbinding in their families. They agreed as a group to not bind their daughters' feet. Moreover, they agreed that their sons would not marry girls with bound feet; they would only marry girls within their marriage pact. This ensured parents that their daughters would have a husband someday and would safeguard their daughters' futures. The same marriage pacts can be established in Egypt. As mentioned before in the data on Chart 3, there is a sizeable percentage of the population who believe FGM should stop, within that group there are those who continue perpetuating the practice who do not want to but feel pressured to do so. Ultimately, these parents believe they are doing what is best for their daughters, but by providing those individuals with the proper education and offering a promising alternative that would ensure their children's well-being, we could mobilize those individuals into marriage pacts that would create a critical mass that could end FGM within a generation.

THE STORY OF SUHEIR

Suheir al-Bata'a was a bright, 13-year-old girl who went in for what was supposed to be a "routine procedure" In June 2013, her father took her to the local doctor's office to undergo FGM. In recovery, her family was waiting for her to wake up from the anesthesia, but she never did. Cause of death was cited as a "sharp drop in blood pressure resulting from shock trauma." The doctor claims she had an allergic reaction to penicillin.

Both the doctor, Dr. Raslan Fadl, and the father, Mohamed al-Bata'a were the first to be prosecuted for violating the 2008 Egyptian law that criminalized FGM. The law established a minimal jail sentence of three months to no more than two years or instead a payout of 1,000 to 5,000 Egyptian pounds. This was supposed to be a landmark case. Both were acquitted in fall 2014. The defense is expected to appeal.

Source: Alex Ortiz at CBS News "Verdict Reached in Egypt Female Genital Mutilation Trial"

[16] Mackie, G. (1996, December). Ending Footbinding and Infibulation: A Convention Account. *American Sociological Review,* 999-1000.

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