

FEMALE GENITAL MUTILATION (FGM)

KEY HIGHLIGHTS

Female Genital Mutilation (FGM) is a violent practice that includes all procedures of partial or total removal of the external female genitalia. Type I and II are the most prevalent types¹ of FGM in Egypt. Although the prevalence of FGM has decreased, efforts need to be accelerated seeing as more than 7 million girls are at risk of undergoing FGM between 2015 and 2030.

- Almost 7 out of 10 Egyptian women aged 15-19 have undergone FGM according to the latest national data (HIS 2015); The proportion goes up to 9 out of 10 among ever married women aged 15-49
- A decrease in the prevalence has been observed in the ages 15-17- from 74% in 2008 to 61% in 2014 (EDHS 2014)
- Almost all girls and women in Egypt (96%) undergo FGM before age 12, with the majority of girls (64%) cut between ages 9 and 12 (EDHS 2014).
- Egypt has the highest rate of medicalized FGM compared to other countries. 78% of girls aged 1-14 were cut by medical professionals (HIS 2015)
- FGM is more prevalent in rural Upper Egypt than in Urban governorates
- New data is needed to assess progress and needs

WHY DO WE NEED TO ELIMINATE FGM?

FGM is a fundamental human rights violation that affects girls and women worldwide with no medical justification. FGM is handed down by deeply entrenched social norms, reflecting an extreme form of discrimination against girls and women. FGM is mainly concentrated in 30 countries in Africa and Asia, where at least 200 million girls and women alive today have been subjected to the practice.²

In addition to being a hindrance to girls' empowerment, FGM can cause serious long-term psychological and health complications for girls and women. These harms are often irreversible.

While there has been a global decline in FGM prevalence, given the current population growth trends, more needs to be done to eliminate FGM by 2030.



¹Type I: partial or total removal of clitoris. Type II: partial or total removal of the clitoris and the labia minora.

² UNFPA-UNICEF Joint Programme on FGM – Performance Analysis for Phase II

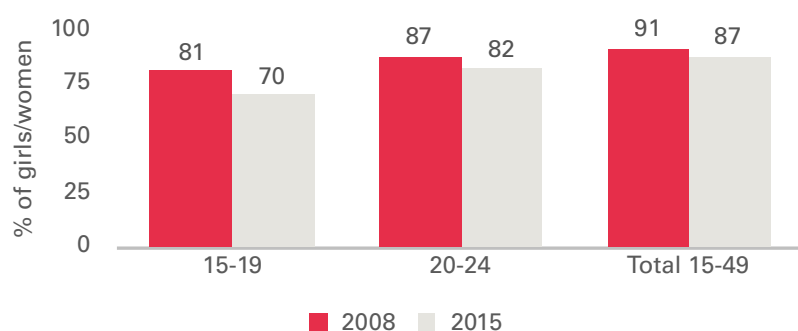
WHAT ARE FGM TRENDS IN EGYPT?

Progress towards abandonment is slow

Efforts to combat FGM in Egypt have spanned more than a decade and have included the criminalization of the practice and the development of a national strategy for FGM abandonment. However, the most recent data available on

FGM in Egypt, dated 2015, suggests that progress between 2008 and 2015 has been slow. New data on FGM is needed to assess the current situation and to inform policy.

Figure 1: Prevalence of FGM among girls and women, 2008 and 2015

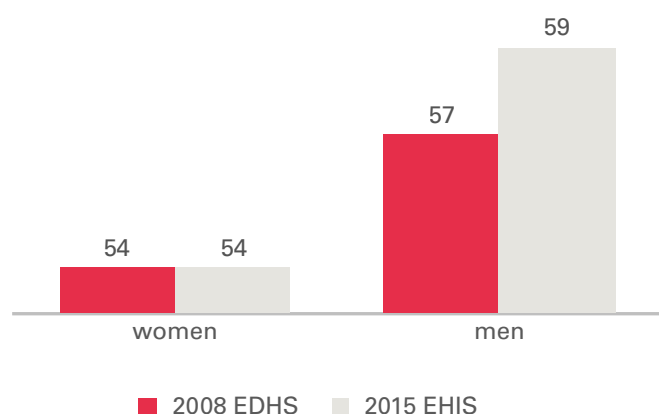


Source: Egypt Health Issues Surveys, 2008 and 2015.

Note: For 2015, data do not include North Sinai and South Sinai governorates.

- Almost 9 out of 10 Egyptian women aged 15-49 had undergone FGM (HIS 2015)³, with a lower prevalence rate of 7 out of 10 among the 15-19 age group, showing that the practice is decreasing among younger generations
- FGM prevalence among girls/women aged 15-49 was reduced by only 4 percentage points between 2008 and 2015. However, focusing on the 15-17 age group shows a more significant reduction from 74% in 2008 to 61% in 2014 (EDHS 2014)
- Almost all girls and women in Egypt (96%) underwent FGM before age 12, with the majority of girls (64%) cut between ages 9 and 12 (EDHS 2014)
- FGM is more prevalent in rural Upper Egypt than in urban governorates. According to 2015 data, prevalence rates were estimated to be around 90% and 75%, respectively. More than 65% of FGM in Egypt is performed by trained medical personnel.
- Data collected in 2008 & 2015 showed strong support for FGM in Egypt with around 59% of men and 54% of women supporting the continuation of the practice.

Figure 2: Trends in percentages of women and men age 15-49 who support the continuation of FGM



Over 7 million girls are at risk of undergoing FGM between 2015 and 2030⁴. With the current population growth rate, more girls are at risk of being cut.

Medicalization is on the rise

The medicalization of FGM- having it performed by doctors, nurses, or health workers- has provided parents with a false sense of trust in the procedure. According to the Survey of Young People in Egypt (SYPE, 2014), younger generations,

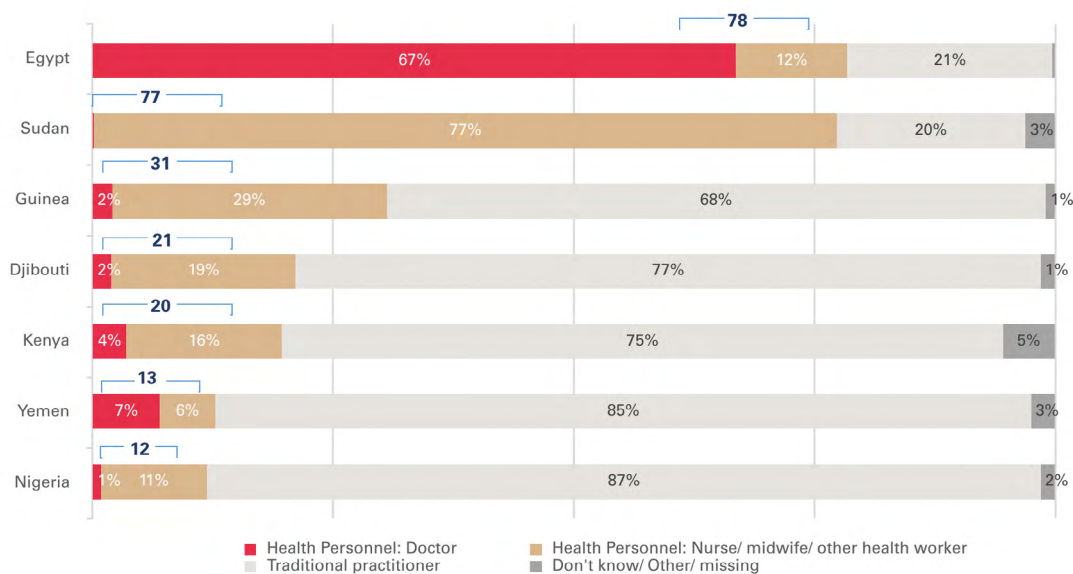
though less likely to be exposed to FGM, are more likely to have been cut by medical professionals. In 2015, 79% of FGM procedures carried out on girls aged 1-14 were conducted by medical professionals.

³ Ministry of Health and Population, 2015. Egypt Health Issues Survey 2015

⁴ UNFPA and UNICEF, August 2018. Performance Analysis for Phase II: Joint Programme on Female Genital Mutilation, pg. 46



Figure 3: Percentage distribution of girls aged 0-14 years who have undergone FGM (as reported by their mothers), according to the type of person/practitioner performing the procedure⁵



- Egypt has the highest rate of medicalized FGM compared to other countries where the procedure is practiced. Medicalization has increased over the past few generations and is more common among households with higher income levels.
- Factors that might have contributed to the medicalization of FGM in Egypt include ministerial decrees issued in the 1990s restricting the practice to specific medical facilities and to cases where mutilation is deemed medically necessary, leaving the judgement of the procedure's supposed necessity to misinformed medical practitioners. Anti-FGM campaigns that fo-

cused exclusively on the procedure's health risks are also thought to have encouraged its classification as a medical issue.

- Medicalization can be traced back to a false belief that healthcare professionals can determine if FGM is 'needed' and are better equipped to handle possible complications.
- Evidence on the reasons why healthcare professionals practice FGM is scarce. However, available evidence shows that the many of FGM practitioners believe in its benefits, followed by those who practice it for financial gains⁶.

⁵ Notes: This chart includes countries in the UNICEF/UNFPA Joint Programme on FGM in which >10% of cutting is performed by health personnel, according to the latest data from 2006-2017. Data for Egypt refer to girls aged 1-14 years. Data for Yemen refer to most recently circumcised daughters."

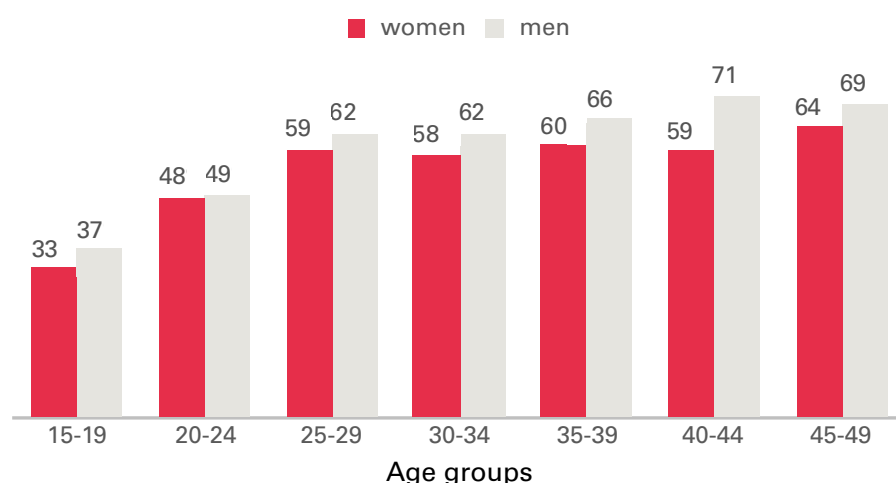
⁶ Ghattass, S., Abdel-Tawab, N. and Hussein, s. (2016). Ending The Medicalization Of Female Genital Mutilation/ Cutting In Egypt. Population Council / Egypt.

WHAT ARE SOME OF THE FACTORS THAT INFLUENCE THE PRACTICE OF FGM IN EGYPT?

The following factors have been found to be correlated to the practice of FGM in Egypt.

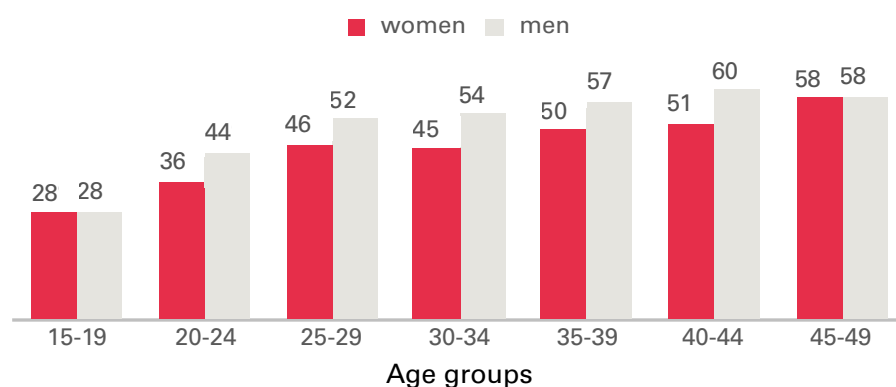
- **Mother's circumcision status:** mothers who have been cut are seven times more likely to have the procedure performed on their daughters
- **Mother's education level:** The higher the mother's education level is, the lower the chances of a girl undergoing the procedure
- **Exposure to information about FGM:** receiving info about FGM during the past years significantly decreases parents' decision to go through with the operation
- **Whether FGM is considered to be a prerequisite for marriage.** This factor is particularly influential in societies where women are economically dependent on men⁷.
- **Community pressure to conform to local norms and long-established traditions to avoid stigmatization and exclusion and to gain social capital.** In many communities where the practice exists, parents know of its potential harms. However, they decide to continue the practice as a form of "protection" for girls and to give them a better chance of being accepted by their communities.
- **False beliefs that FGM is required by religious precepts, that it is beneficial to women (e.g. improves hygiene), or that it helps prevent adultery.**

Figure 4: Percentage of ever-married women 15-49 who believe that a husband would prefer his wife to be cut



Source: EHIS 2015

Figure 5: Percentage of ever-married women 15-49 who believe that FGM prevents adultery



Source: EHIS 2015

⁷ https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#how_fgm_affects_health



WHAT ARE UNICEF & UNFPA DOING ABOUT IT?

UNFPA and UNICEF jointly lead the largest global programme to accelerate the abandonment of female genital mutilation (FGM). The UNFPA-UNICEF Joint Programme harnesses the complementary expertise of the two agencies, with governments and often in close collaboration with grassroots community organizations and other key stakeholders, backed by the latest social science research.

Locally, UNICEF Egypt and UNFPA Egypt have been working with the Government of Egypt (GoE), civil society organizations, and development partners to accelerate Egypt's progress towards eliminating FGM by 2030. This goal will be realized through supporting the legal frameworks that affect children, promoting FGM prevention in health services, strengthening the child protection national system to end violence against children and implementing good practices for prevention, protection, and response.

UNICEF and UNFPA are engaged in the following specific action areas in Egypt:

Policy and Institutional Framework

Supporting the GoE in developing and implementing strategies to protect current and future generations from the risk of FGM. This includes supporting the establishment of a national information management system and the creation of an enabling environment for condemning and abandoning the practice altogether. The strategies being used to achieve these objectives include:

01

- Promoting Policy Dialogue, highlighting positive trends and progress to identify best policies and practices, and advocating for Public Financing for Children (particularly girls and their protection from FGM.)
- Supporting the rule of law and strengthening the capacity of law enforcement officials.
- Institutionalizing and mainstreaming the harmful effects of FGM in university medical curricula and supporting the 'Doctors against FGM' initiative.

On August 31, 2016, the Egyptian People's Assembly approved the amendment of article 242 (bis) of the Penal Code. The article (242 bis): "... a prison term of no less than five years and no more than seven years shall be levied against anyone who circumcises a female, namely, by partial or total removal of the external genitalia or causing injury to the genitalia without medical justification. The penalty shall be hard imprisonment if the act results in a permanent disability or if it leads to death.

Research, Evidence Generation and Knowledge

- Supporting the capacity of national research institutions/GoE on evidence generation regarding FGM (including production of policy briefs/qualitative studies/analysis of quantitative surveys).

02

Supported studies/research include:

- Violence against Children Study in collaboration with NCCM
- A research paper on the Economic Cost of Violence in Egypt in cooperation with NCW and CAPMAS
- In progress: Positive Parenting Formative research in cooperation with GoE

Social norms programming and community mobilization. Tackle the root causes of FGM by facilitating new conversations to challenge social expectations on gender roles through the National Girls' Empowerment Initiative, Dawwie. The initiative aims to enhance girls' status in the family and the wider community and addresses gender inequality by working on amplifying girls' voices and providing access to skills and services.

03

- Engaging communities through interactive street theatre; peer to peer initiatives empowering youth as agents of change such as the Y-Peer and the Egyptian Youth Initiative; and community dialogue including supporting public declarations in favor of FGM abandonment.
- Supporting social expectations favoring FGM abandonment through awareness raising and modelling behaviors promoting harmful practices abandonment using mass and social media campaigns and edutainment interventions.
- Engaging faith based organization to advocate for the abandonment of harmful practices by building the capacities of religious leaders, influencing sermons based on children's rights, and through multimedia production such as the Peace, Love and Tolerance docu-drama.

04

Services of prevention, protection and care for girls at risk and survivors

- Supporting and strengthening child protection systems in the provision of protection services and in managing cases of girls at risk and survivors; including working with child protection committees (CPCs), the Ministry of Health and Population (MoHP), the Prosecution Office, and Ministry of Justice. In addition to working with Health professionals, including youth friendly clinics, to provide FGM prevention services.
- Enhancing the capacity of national partners and service providers to work directly with FGM survivors.
- Supporting the Child Helpline staff in receiving complaints and referral of cases of children's rights violations, including cases of FGM (Egypt's Child Helpline: 16000)
- Training social workers to respond to gender-based violence and parenting inquiries and to act as a referral mechanism for caregivers for those seeking parenting support.
- Working with the National Council for Women on eliminating all forms of violence against women.

PARTNERSHIPS AND PROGRAMMES:

Since 2008, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) have been implementing the Joint Programme on Eliminating Female Genital Mutilation: Accelerating Change to end FGM. The joint programme, currently being implemented in 16 countries, links community-level transformation of social/gender norms that often drive FGM with laws banning the practice and access to quality sexual and reproductive health and child protection services for girls and women at risk of and affected by FGM. The current donors of the JP are Austria, EU, Iceland, Italy, Luxembourg, Norway, Spain, Sweden and the United Kingdom.

In Egypt, UNICEF and UNFPA were able to form additional successful partnerships with development partners to work jointly on eliminating FGM.

UNICEF has ongoing partnerships with USAID, through the project "Creating an Enabling Environment for Adolescent Girls in Egypt" (2018-2021), and with European Union in Egypt, through "Expanding Access to Education and Protection of Children at Risk" Project (2016-2020). Both programmes address issues related to FGM and the protection and empowerment of girls at risk.



UNFPA has an ongoing partnership with the Government of Norway called "Addressing Challenges and Population Growth in Egypt through Demand Creation for Family Planning and Combating Harmful Practices" (2018-2021) that aims at enhancing the prevention and response to gender-based violence, with particular attention to harmful practices.






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