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Synthesis of the risks and likelihood of pushback against the abandonment of harmful practices Country Snapshot

Egypt

▮ RISK OF EXPERIENCING PUSHBACK: HIGH

RISK OF —→
EXPERIENCING
←— PUSHBACK

Egypt has high medicalized FGM rates and limited enforcement of anti-FGM legislation. Advocacy efforts face opposition from some communities that view anti-FGM campaigns as Western cultural impositions, while the presence of a refugee population risks reintroducing FGM in places where it has declined.

The level of risk of pushback has been determined through a desk review and in-country consultations, undertaken in 2024.

Synthesis of the risks and likelihood of pushback against the abandonment of harmful practices

Female genital mutilation (FGM), once practiced at near-universal levels in Egypt, is beginning to show a gradual decline, with adolescent girls today less likely to be cut than previous generations.¹ Legal amendments in 2021 strengthened penalties under Article 242 of the Penal Code, imposing prison sentences of up to 20 years for FGM perpetrators, yet enforcement remains inconsistent.² Progress is further undermined by persistently high rates of medicalization: an estimated

83 percent of FGM procedures are carried out by medical professionals, reinforcing the misperception that the practice is safe.³ Cultural traditions, economic pressures, and misconceptions about religion and purity continue to drive both child marriage and FGM.⁴

In Egypt, 16 per cent of girls marry before 18⁵, and the practice is largely driven by poverty, family honour, and limited opportunities for girls.^{6,7}

¹ Arab Republic of Egypt, 'Egyptian Family Health Survey (EFHS)', 2021.

² Reuters, 'Egypt's cabinet toughens law banning female genital mutilation', 20 January 2021, www.reuters.com/article/business/healthcare-pharmaceuticals/egypts-cabinet-toughens-law-banning-female-genital-mutilation-idUSL8N2JW26Z/.

³ Arab Republic of Egypt, 'Egyptian Family Health Survey (EFHS)', 2021.

⁴ UNFPA, 'Ending Female Genital Mutilation in Egypt: It's Everyone's Business', 2024.

⁵ Arab Republic of Egypt, 'Egyptian Family Health Survey (EFHS)', 2021.

⁶ UNFPA-UNICEF, 'Evolution in the evidence base on child marriage 2000–2019', 2021.

⁷ Elnakib, S., S.A. Hussein, S. Hafez et al., 'Drivers and Consequences of Child Marriage in a Context of Protracted Displacement: A Qualitative Study Among Syrian Refugees in Egypt', *BMC Public Health*, vol. 21, no. 674 (2021).

Levels of child marriage have declined substantially across generations, with prevalence having been twice as high 30 years ago.⁸ Today, the highest risk remains among girls living in rural areas (21 per cent) and with limited education (over 30 per cent for those with a primary education or no education⁹). Many families view child marriage as a protective measure, ensuring social acceptance and reducing financial strain. Religious misinterpretations further reinforce the practice, with some informal religious leaders offering ambiguous or even supportive views on child marriage. However, not all religious leaders or institutions support child marriage, with some religious authorities explicitly opposing the practice. For example, the deputy Grand Imam of al-Azhar issued a fatwa stating that marriage should be based on mutual consent and that the 'age of maturity' should be 18.¹⁰

The legal framework prohibits child marriage. Child Law No. 12 of 1996, as amended by Law No. 126 of 2008, raised the minimum legal age of marriage from 16 to 18 years for both males and females. In addition, Article 31 bis of the Civil Status Law No. 143 of 1994, stipulates that a marriage contract cannot be authenticated unless both spouses have reached 18 years of age. Violations of this provision are punishable by law, including imprisonment and fines for anyone facilitating or documenting underage marriages.^{11, 12}

FGM is closely linked to marriageability, as it is often seen as a prerequisite for marriage — though not specifically

for marriage in childhood. In fact, in Egypt, child marriage has declined significantly over the past 30–50 years, yet FGM rates have remained high. This suggests that many girls are cut, not in preparation for an imminent child marriage, but rather to maintain their perceived eligibility for marriage later in life.¹³ FGM is largely enforced by mothers and grandmothers, who believe it maintains purity and enhances marriage prospects.^{14, 15}

In rural communities, rejecting FGM can lead to social exclusion, which reinforces adherence to the practice. Medicalization is also a concern, with families increasingly turning to doctors for FGM, believing it to be safer under medical supervision.^{16, 17} This has led to the covert promotion of FGM within medical circles, where families are referred to doctors who assess whether a girl 'needs' the procedure.^{18, 19} This shift undermines health-focused campaigns such as those conducted on International Day of Zero Tolerance for FGM, offering a false sense of legitimacy while allowing the practice to persist under a different guise.^{20, 21} Nevertheless, traditional practitioners, including older cutters and midwives, remain active within some rural communities and among Sudanese displaced groups, with displaced midwives and traditional practitioners continuing to act as community gatekeepers.²² Similarly, a qualitative study of Sudanese migrants in Greater Cairo, highlights how elders and midwives in Sudanese communities, sustain FGM through tight-knit social networks, indicating that economic and social incentives for traditional practitioners should be a vital component of abandonment strategies.²³

⁸ UNICEF Analysis, 2024.

⁹ Arab Republic of Egypt, 'Egyptian Family Health Survey (EFHS)', 2021.

¹⁰ The Guardian, "Senior Islamic cleric issues fatwa against child marriage, "Deputy grand imam of al-Azhar calls for marriage based on mutual consent with minimum age set at 18," Available at <https://www.theguardian.com/global-development/2019/jun/21/senior-islamic-cleric-issues-fatwa-against-child-marriage>.

¹¹ National Council for Women. (2022). Submission to the High Commissioner's report on child, early and forced marriage in Egypt. Office of the United Nations High Commissioner for Human Rights (OHCHR). https://www.ohchr.org/sites/default/files/2022-06/submission-hc-report-child-marriage-others-Egypt_National_Council_for_Women.docx

¹² KII28, UNICEF CO Egypt.

¹³ UNICEF Analysis, 2024

¹⁴ Ahmed, Ebtesam, 'The Impact of Leadership on the Prevalence and Practice of Female Genital Mutilation in African Countries' (master's thesis, VID Vitenskapelige Høgskole, Oslo, 2022).

¹⁵ KII28, UNICEF CO Egypt.

¹⁶ UNICEF, 'Photo Post on Female Genital Mutilation', Facebook.

¹⁷ Norbakk, Mari and Liv Tønnessen, *Prevalence, Drivers, and Review of the Literature on the Effects of Interventions to Reduce the Prevalence of Female Genital Mutilation* (Bergen: Chr. Michelsen Institute, 2020), 2020.

¹⁸ 28 Too Many, 'The Medicalisation of FGM,' 2016.

¹⁹ UNFPA, 'When Health Workers Harm: The Medicalization of Female Genital Mutilation in Egypt', www.unfpa.org/news/when-health-workers-harm-medicalization-female-genital-mutilation-egypt.

²⁰ KII28, UNICEF CO Egypt

²¹ UNICEF Egypt, 'Medical Deception: Naja's daughter nearly died because of FGM medicalisation', 2023, www.unicef.org/egypt/stories/medical-deception

²² Marouf, Meral and Jennifer Palmer, 'Female genital mutilation among Sudanese displaced populations in Egypt', Social Science in Humanitarian Action Platform, 2024, www.socialscienceinaction.org/resources/key-considerations-female-genital-mutilation-among-sudanese-displaced-populations-in-egypt/

²³ Equality Now and Tadwein for Gender Studies, 'Female genital mutilation amongst Sudanese migrants in Greater Cairo: Perceptions and Trends', 2025, equalitynow.org/resource/reports/female-genital-mutilation-amongst-sudanese-migrants-in-greater-cairo-perceptions-and-trends/.

🔄 Evolving Trends and Discourse on Harmful Practices

Despite legal restrictions, pushback against child protection efforts remains strong, particularly in rural areas where tradition and social expectations drive adherence to FGM and child marriage. Efforts led by the National Committee for the Elimination of FGM, which brings together the National Council for Childhood and Motherhood (NCCM), the National Council for Women (NCW), relevant government ministries, UNICEF, UNFPA, and civil society partners, have sought to address these practices through coordinated prevention, awareness, and enforcement measures. In Upper Egypt, customary beliefs continue to justify FGM, while in the Delta, religious interpretations carry more weight. Online resistance is also significant, with anti-FGM campaigns attracting thousands of comments defending the practice.²⁴ While direct promotion of FGM is rare because it is illegal, online discourse often frames opposition to FGM as a foreign attack on Egyptian values, reinforcing resistance.²⁵

Faith-based advocacy and gender-responsive parenting programmes have played a critical role in challenging misconceptions and reducing opposition. Religious leaders from Al-Azhar University, the Ministry of Religious Endowment (AlAwqaf) and the Coptic Orthodox Church have actively denounced FGM and child marriage, emphasizing that neither Islam nor Christianity support these practices. This engagement with local communities has been instrumental in shifting attitudes, particularly when abandonment is framed within the context of religious teachings. However, not all religious figures align with these messages, and some continue to defend FGM as a religious obligation. At the central level, religious leaders generally follow Al-Azhar's fatwas opposing FGM, but at the local level, some imams, particularly informal ones not reporting to the Ministry of Endowment, adopt their own interpretations that support the continuation of the practice. Many mosque imams at the community level see themselves as serving their congregation's needs rather than enforcing central rulings, often prioritizing harmony with community

norms and expectations over alignment with Al-Azhar.^{26,27, 28, 29}

Community-based interventions have proven effective in fostering dialogue and challenging harmful norms. Drama performances depicting real-life family dilemmas, such as deciding whether to marry off a daughter early or subject her to FGM, are followed by discussions with religious leaders, psychologists, and legal experts. These sessions foster reflection and informed decision-making, enabling families to re-evaluate and potentially reconsider traditional practices.³⁰

While progress is evident, some families resort to secrecy to avoid legal scrutiny. This includes seeking clandestine FGM procedures, opting for medicalized FGM, or arranging informal child marriages to bypass official registration requirements. These evolving trends underscore the need for enhanced law enforcement, targeted public awareness initiatives, and ongoing collaboration with trusted community leaders.

It is important to continue strengthening collaboration with Al-Azhar and the Coptic Orthodox Church to institutionalize opposition to FGM and child marriage and ensure harmonized and consistent approaches, including messaging, engagement and edutainment across all levels. While Al-Azhar has banned both practices, local imams' continued tolerance highlights the need for stronger engagement and capacity-building with community-level religious leaders to foster genuine behaviour change. Expanding peer training programmes for young imams, priests, and religious educators, including youth and women in faith and those in Sudanese refugee communities, will be key to preventing the spread of misinformation among the next generation.

Given the rise of medicalized FGM, partnerships with faith-based hospitals and medical associations should be strengthened to train doctors and midwives on ethical, religious, and legal responsibilities, ensuring they actively discourage FGM. In parallel, nationwide

²⁴ Dupire, Camille, 'Breaking the Silence: How Egypt's Fight Against Female Genital Mutilation is Transforming Lives', 25 November 2024, <https://south.eneighbours.eu/story/breaking-the-silence-how-egypts-fight-against-female-genital-mutilation-is-transforming-lives/>

²⁵ Naguib, Karim, 'The Effects of Social Interactions on Female Genital Mutilation: Evidence from Egypt', 2012.

²⁶ Abd El-Hamid, S., Fayed, H., Abd El-Naby, A.G. and El-Nashar, I., 'Prevalence, Knowledge, Attitude, and Practices of Female Genital Mutilation/Cutting Among Rural and Urban Egyptian Women', BMC Women's Health, vol. 20, no. 1, 2020, Article 191.

²⁷ Middle East Monitor, 'Egypt: Al-Azhar Approves Tougher Penalties for FGM', 29 March 2021, www.middleeastmonitor.com/20210329-egypt-al-azhar-approves-tougher-penalties-for-fgm/.

²⁸ KII28, UNICEF CO Egypt

²⁹ Marouf, Meral and Jennifer Palmer, 'Female genital mutilation among Sudanese displaced populations in Egypt', Social Science in Humanitarian Action Platform, 2024, www.socialscienceinaction.org/resources/key-considerations-female-genital-mutilation-among-sudanese-displaced-populations-in-egypt/

³⁰ Mai Ali, 'Child Marriage in Egypt: Children Without Legal Parentage and Laws in Need of Reform', August 2024, <https://zawia3.com/en/child-marriage-in-egypt/>

efforts should integrate preventive counselling into pharmacies and health facilities and embed the elimination of harmful practices into medical school curricula. Pharmacies, as trusted community spaces, can play a pivotal role in providing families with accurate information and guidance on FGM. Addressing online pushback requires engaging influential faith leaders in already existing digital campaigns like the #Protect_her_from_FGM national campaign, using religiously framed messaging to challenge narratives that portray anti-FGM efforts as foreign interference. Targeted interventions for refugee and displaced populations—particularly Sudanese communities and Syrian communities for child marriage—are also needed, using culturally sensitive outreach, peer-led dialogues, and partnerships with refugee-led organizations

to address harmful practices. Integrating economic support programmes for families at risk of child marriage and alternative income programmes for traditional FGM practitioners in these displaced communities can provide practical incentives. Strengthening evidence generation is critical to understanding and sustaining progress in reducing FGM. Research should pinpoint the drivers behind declining support for the practice and identify opportunities to adapt these lessons across governorates. It should also capture broader community perspectives by engaging men, youth, elders, and local leaders, and assess how Child Protection System services and the National Referral Pathway—including the National Child Helpline (16000) and the Women's Complaints Office (15115)—respond to the needs of survivors and of those at risk.



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