



Female genital mutilation: Egypt in focus

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ABSTRACT

Female genital mutilation (FGM) is an important issue of global interest. It has a direct effect on women's health and violates their human rights. Millions of young women are affected by this harmful act especially in Africa and Middle Eastern countries. In Egypt, the overall prevalence of FGM or cutting (FGM/C) is 84.2%. Although a ministerial decree prohibited practitioners from performing it, it seems that law implementation had not affected the attitudes toward practice. Lack of knowledge about the consequences of FGM/C and cultural influences were the main reasons behind Egyptian physicians' practice of FGM/C. Eradication of this bad ritual is a serious public health challenge. There is an urgent need for mass education of the nurses and general public to mobilize the community toward eradication of this act.

KEY WORDS: Forensic sciences, human rights, community education, community mobilization, female genital mutilation/cutting, women's health, women's rights

INTRODUCTION

Female genital mutilation or cutting (FGM/C) is an important issue of global interest attracting research and policy-makers' attention due to its clear direct effect on women's health [1,2]. This debatable practice has many names; FGM/C, infibulation, and other names [3,4]. In Arabic, it is called Khefad, which means reduction, while in some countries like Sudan it is called "Tahur" which means purity and cleanliness [5] implying that FGM/C practice has medical and traditional terminologies [3]. FGM/C includes all procedures involving the partial or total removal of female external genitalia or another injury for cultural or any other nontherapeutic reasons [6]. This traditional practice has severe health, psychosocial and may be social repercussions, for the victimized girls and the grown mature women [4].

SUSTAINABLE DEVELOPMENT GOAL (SDG) AND FGM/C

The global community succeeded to set new development goals, namely, the SDGs in September 2015; encompass a target of goal 5 stated the elimination of all harmful practices like FGM/C by the year 2030. SDG framework reflects the importance of the political will to accelerate the efforts toward ending up the

practice via mobilization of both national and international communities [7].

HISTORY OF FGM/C

There is no precise evidence on the origin of FGM/C; some suggested its initiation in ancient Egypt, while others claimed it was originated in Greece or Rome [1]. Herodotus mentioned the practice 500 years before the birth of the Jesus Christ. He stated that Egyptians, Phoenicians and Ethiopians, practiced FGM/C, the practice was documented in Greek papyrus in the British museum dated 163 (BC), Herodotus also described the excision of female external genitalia in Egypt dated back to the first century. Excision and infibulations were pre-Christian and pre-Islamic in these areas [7].

Types of FGM

Type I: Total or partial clitoridectomy with or without the prepuce removal. Type II: Total or partial clitoridectomy and removal of the labia minora with or without the labia majora removal. Type III: Pharaonic circumcision with drastic removal of all genital parts including labia majora, stitching all what is left leaving only an opened small hole for menses (infibulation). Type IV: Is an unclassified type which includes

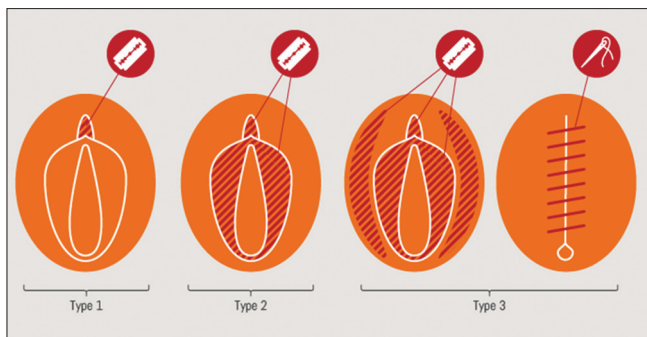


Figure 1: Different types of female genital mutilation. Source: Deutsche Welle 25.8.2015 [9]

nonmedical harmful procedures involving the female genitalia, for example, pricking, piercing or incising of the clitoris and/or labia, cauterization [8]. Figure 1 illustrates the first three types:

GLOBAL PREVALENCE RATES OF FGM

Millions of young women are affected by this harmful act, especially in central, southern Saharan Africa, and some places in the Arab Peninsula [3]. This practice is extending from Senegal in West Africa to Somalia in East Africa and to Yemen in the Middle East. Also stretches to some parts of Southeast Asia. In Europe, Australia and North America, it is practiced among immigrants [4]. Every year 2-3 million girls and women are estimated to be under risk of the FGM/C practice [2]. It is documented that FGM/C is spreading rapidly especially in Africa and Middle Eastern countries [1]. About 200 million girls and women experienced FGM/C distributed over three continents in 30 different countries. Intensive and sustained actions are crucial to spare millions more girls from suffering the unnecessary and harmful practice of FGM/C. Keeping the same decline rate noticed over the past three decades in the presence of the population growth rate projecting that up to 63 million more girls are expected to be victimized by FGM/C by the year 2050. Today the probability of an adolescent girl to be exposed to FGM/C is reduced to one-third compared to 30 years ago. Kenya and Tanzania have succeeded to drop the FGM/C rate to a third of their levels compared to three decades ago that was attributed to legislation and combination of community activism, the prevalence of FGM/C has dropped by half in some countries such as Central African Republic, Iraq, Liberia, and Nigeria. Attitudes toward FGM/C are changing, despite the recent data that show that the majority of people believe that FGM/C should end; they continue to let their daughters to undergo the procedure in response to strong social pressure [7].

The Situation in Egypt

In spite of FGM/C practice abandonment by the Egyptian High Court in 1997, the country still reports high prevalence with an overall prevalence of 84.2%, higher in rural areas of Upper Egypt with 89.2% prevalence [10]. Egyptian girls usually undergo FGM/C in Egypt between the age of 7 and 11 years [4]. The age at which the procedure is performed varies according to cultures within different Egyptian communities [1]. It is generally

performed on between the age of 4 and 14 years the practice may involve women before their marriage or even with the birth of their first child [4]. In Egypt 50% of the girls had undergone FGM/C between the 5 and 10 years of age, almost 80% of the FGM/C were performed by health care [11] and about 50% of the Egyptians support the practice of FGM/C believing it being a religious requirement [7]. In Egypt laws regarding FGM/C have changed. In 1995, a ministerial decree forbade the practice and made it punishable by fine and imprisonment with series of later ministerial decrees allowed certain forms but prohibited others. Physicians were prohibited from performing the procedure in government health facilities, and nonmedical practitioners were forbidden from practicing any form of FGM/C. In 1996, another ministerial decree prohibited all medical and nonmedical practitioners from performing FGC in either public or private facilities, except for medical reasons certificated by the Head of a Hospital's Obstetrics and Gynecology Department. Perpetrators can lose their medical license and be subjected to criminal punishment [12].

In 1997, the prevalence of FGM/C was approximately 95% and started to decline after the law began to be enforced and in action [13]. El-Gibaly *et al.* reported the prevalence of 84.9% in 2002 [14]. In 2006, another study reported FGM/C prevalence to be the same figure 84.9% concluding that law implementation had not affected the FGM/C practice in the Egyptian community [15].

In 2007 and in response to a tragic accident of 12-year-old girl death in the unlicensed private clinic during the FGM/C procedure; the ministry of health released an amendment to the law banning FGM/C at all public and private medical facilities, which made the ban complete [16]. The prevalence of FGM/C in the Upper Egypt was approximately 89% in 2010, indicating that the decline was lagging behind expectations [10].

The reasons the Egyptians reported the most for their decision to have FGM/C performed on their daughters were family pressure (42.6%), religious obligations (38.3%), and the preservation of their daughters' chastity (19.0%) [17].

The latest figures from the Egypt Demographic and Health Survey show that the percentage of circumcised girls aged 15-17 has dropped from 74% in 2008 to 61% in 2014. In addition, mothers' attitudes are changing, where 92% of mothers were circumcised, but only 35% of them intend to circumcise their daughters [11].

Year 2014 witnessed the first FGM/C court case against a physician who had cut a 13-year-old girl named Soheir El-Batei; the girl later died as a result, immediate action was necessary. In 2016, the National Population Council of Egypt has proposed to the Egyptian Cabinet to toughen the penalties against those who force girls into genital mutilation FGM/C. The law approved by the Parliament in August 2016 with increased prison terms for offenders between 5 and 7 years, with harsher sentences if the procedure leads to death or deformity.

MEDICAL CONSEQUENCES OF FGM/C

FGM/C may appear as a surgical procedure, but in fact, lay people who did not have any training in surgery or hygienic practice often do it [3]. It is not unusual to perform it without the attendance of trained medical personnel, due to bad socioeconomic situation; instead it is resorted to a senior female in the family or the neighborhood [1], or by traditional practitioners - midwives - or barbers [4]. Any sharp unsterilized objects can be used to carry FGM/C, including scissors, and razor blades or even broken glass [1,4].

FGM/C medical complications are many and can be categorized into; immediate problems due to the process of cutting including severe pain due to being cut without anesthesia, horror and shock, excessive hemorrhage and scarring due to unskilled cutting and stitching, incontinence due to damage to the urethral opening, introduction of infection or formation of abscesses due to unhygienic practice. Serious infections may lead to septicemia and may cause death; chronic problems: Including difficulties in urination or menstruation, clitoral remnants hypersensitivity, potential of benign tumors and clitoral cysts, painful coital penetration, psychological problems similar to post-traumatic stress syndromes, and may be anxiety or depression. The resulting phobia may lead to a lack of confidence and gynecological problems and obstetric complications which increase with more extensive FGM/C, as; cesarean section, postpartum hemorrhage, extended maternal hospital stay, stillbirth or early neonatal death, primary amenorrhea, and possibly infections that might lead to infertility. Furthermore, the use of unsterilized instruments leads to spreading of life-threatening infections as hepatitis and HIV [1,4,6]. In Gambia, one out of three girls and women suffered FGM/C consequences in the form of injuries [18].

FGM/C arguments, misconceptions, social norms, human rights, and legislations: Some cultures believe FGM make women more trustworthy and feminine and that it is a good tradition. Others believed the reasons are religious - or it is cited to be as such - Coptic Christians practice FGM and although it is seen in African Muslims, it is rarely seen in Asian Muslims. In fact, FGM precedes Islam in Africa. Some religious leaders who seek political support from people are likely to allow the practice to continue. The Grand Imam, Sheikh Mohammed Sayed Tantawi, Sheikh of Al-Azhar in Egypt stated that there is no text in Shari'a, Koran, or in Sunna addressing FGM/C [5]. Some others believed that FGM/C preserves the virginity and spare the girl from being engaged in an immoral behavior; and therefore it is a prerequisite for marriage. The socioeconomic context demonstrates that the practice is done in communities where women are economically dependent on men [3,4,19].

In some Egyptian societies; families and individuals choose to perform FGM/C due to the belief that their community expects them to do so as part of respecting the social role otherwise they may suffer some social problems like loss of status and marginalization. In these societies FGM/C are not considered as an act of violence against women rather than it is an act that

enable girls to be accepted and her family by the society they belong to [8].

FGM/C is a typical violation of basic human rights especially the right of freedom to choose. Provided that no single scientific evidence exist to prove its medical necessity, girls and women become at risk of serious life-threatening consequences due to carrying this faulty habit even without being consented about this damaging practice. The violated rights include the right to the highest attainable standard of health and to bodily integrity. Furthermore, FGM/C is an example of discrimination based on sex, denying girls, and women rights. As children they should be protected from all forms of violence, injury or abuse [2,4].

International conventions call to end this practice, namely, the convention on the rights of the child and the convention on the elimination of all forms of discrimination against women [4]. Laws against FGM/C are present in some countries categorizing it as child abuse [3]. In Egypt in 1959, a ministerial decree made FGM/C punishable. Later certain forms of FGM/C became allowed and others were subjected to punishment by law. In 1996, a ministry of health decree prohibited all medical and nonmedical practitioners from conducting FGM/C in public or private facilities, except for medical reasons certified by the head of a Hospital's Obstetric Department. Cairo declaration in June 2003 highlighted the provision of existing legal tools for the prevention of FGM/C [4].

FGM/C "MEDICALIZATION"

Some health providers state the option of carrying the procedure in a medical setting under hygienic known as the medicalization of FGM/C conditions through skilled operators so that it becomes less risky [3]. This is seen as a way for FGM/C supporters to continue the practice [20]. However, this step may shift the attention away from considering the act as a human rights violation issues to mere guarding against its harmful health consequences [4]. It is worth noting that most medical associations condemn the practice [21]. Performing the FGM/C by health-care professionals represents a break in medical professionalism, ethical responsibility, and violation of law. Their involvement in this act is likely to create a sense of legitimacy for the practice giving an impression that the procedure is harmless or even good for health, ignores the sexual, psychological and obstetrical long-term complications of the practice with a further potential of medical institutions involvement leading to the spread of FGM/C as a routine procedure. Creating a professional and financial interest for the health care providers through medicalization of this practice is against its upholding. No scientific evidence supports that FGM/C medicalization serves toward abandonment [8]. Lack of knowledge about the consequences of FGM/C and cultural influences were the main reasons behind Egyptian physicians' practice of FGM/C. This dilemma results from uncertainty about the religious support and the lack of sharp government decrees. Egyptian physicians who supported the practice were not able to provide a scientific evidence of its benefits. They categorize it as harm reduction process or a cosmetic procedure. They claimed that surgical

measures would prevent consequences such as bleeding, shock, and infection. They argued that complications could happen as in any other operation, ignoring the fact that FGM/C has no standardized surgical procedure to minimize complications [22].

EFFORTS TO ERADICATE/TERMINATE FGM/C

Eradication of this harmful rite ritual is a serious public health challenge, as it is deeply culturally rooted. There is an urgent need for mass education of both health care providers and general public to mobilize the community toward eradication of this act.

Changing the perception of the community toward the myths associated with this practice and breaking the chain become a must for ending FGM/C [2]. It is difficult for families to abandon the practice without support from the wider community [5]. Advocates and organizations highlighted the importance of public education, empowerment of women, urbanization and informing the public about the risks imposed by FGM/C in changing women's attitudes more than legislations, as it was proved that only developing legislations is not effective enough to eliminate FGM/C from the society. Finally, religious institutes and religious leaders have an important role to play in convincing its believers that FGM/C has negative health consequences [1].

FGM/C REDUCTION - COUNTRIES EXPERIENCES

Burkina Faso and Mauritania had succeeded to reduce FGM/C evidenced by the fact that the percentages of circumcised women and women who reported that their daughters have been circumcised, and who believed that FGM/C should continue have shown steady declines. Burkina Faso has established a governmental entity aiming to raise the citizen awareness about the FGM/C dangers named "The National Committee to Fight against the Practice of Excision" this committee also ensures the proper law enforcement to convict people who continue this practice. Despite the fact that legislative banning of FGM/C is declared by several countries, Burkina Faso is the only country where people breaking this law are prosecuted commonly [23].

Although less dramatically than Burkina Faso-Mauritania has shown a consistent decline in percentages FGM/C and in support for the practice. Mauritania has established the Ministry of Women's Affairs (MCPFEF) that promotes FGM/C awareness campaigns through working with the community and religious leaders. Mauritania also declared a law against harming the female child genital organs though prosecution is rare [24]. The differing rates of decline between Burkina Faso and Mauritania may be due to studiousness in prosecution [25].

Four components are postulated to be necessary to reduce FGM/C practice these two countries including:

- i. Education and awareness of the community to promote positive attitudes toward discontinuing the practice, documented successful community strategies including declarations in which villages pledge not to circumcise their daughters [26].

- ii. Advocate the cause using prominent groups to champion the cause; strategies in Burkina Faso and Mauritania have used high-ranking women, professionals, government representatives, and religious leaders to champion reform efforts [23].
- iii. Approaching the FGM/C practitioners, i.e., nurses, midwives, and traditional healers to support discontinuation of the practice resulting in limiting the access to FGM/C services and educating their patients [27].
- iv. Legislation enforcement: Enforced legislation is crucial however legislation alone, without enforcement and political support will never be effective [28].

This multifaceted approach preserves the socio-cultural heritage and values of the community with a sustained shift in the attitude away from FGM/C practice for the future generation benefit of girls and women [25].

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