

# Girls at Risk

## Research study on

### Female

### Circumcision

**"F.G M" Female Genital  
Mutilation  
In villages of east  
of Nile in Minia**

**Better Life Association  
for Comprehensive Developme  
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## THIS STUDY

**"Girls at Risk"** is a field study aims to know the real reasons behind the practice of female circumcision in the east side of the Nile in Minia.

**The** study aims at building a program to face this habit which has a serious effect on the lives of thousands of girls in this area.

**This** study is one among other studies produced by Better Life Association for Comprehensive Development; BLACD.

**BLACD** is a non governmental, non-profitable association, established in May 1995. BLACD aims to improve the quality of live for the poor and deprived people in Upper Egypt.

**We** hope this study will be useful for all the NGOs to get the best use of it.

**Maher Boshra**

Chairperson of Board of Trustees



# Introduction

**F**emale genital mutilation (FGM) phenomenon is spread in different places in Africa, some Arab countries (Egypt – Sudan), and also among some tribes in some Asian countries. The assessment of the international Health Organization points at the fact that more than 130 million girls and women are circumcised on world level, and that 2 million girls at least are exposed to this practice annually.

**FGM** is known as partial or total mutilation for the female's outer genitals. There are three kinds of female circumcision, according to genitals mutilation degrees. The first and the second are the most common (85%), where there is a partial mutilation for the genitals. While the third kind, named "pharaoh circumcision", it is the severest one where there is a total mutilation for the outer genitals. Statistics indicates that this kind is practiced Africa.

**I**n all the international agreements for human rights it is agreed on the fact that FGM is a kind of violence that is practiced against women, and it is also abuse for a major human right which is defending protection for human health, and respecting human right in choosing his/her own way of life without discrimination or force. Women are partially or totally deprived from the natural functions of these organs, which depends on the level and kind of mutilation of the circumcision process. That process leads to a lot of consequent complications and healthy risks women might suffer from all their life.

**S**evere pain, retention of Urine, ulceration, wound inflammation, and urinary inflammation are some among other health risks. Such symptoms might lead to bleeding, unto death. Some health problems and consequences such as anemia, problems and pains during intercourse, deformation in the genitals might last long time. Such process leaves a lot of psychological harms that last forever with women, such as fear, depression, sexual frigidity which might lead to a lot of marital problems and even divorce.

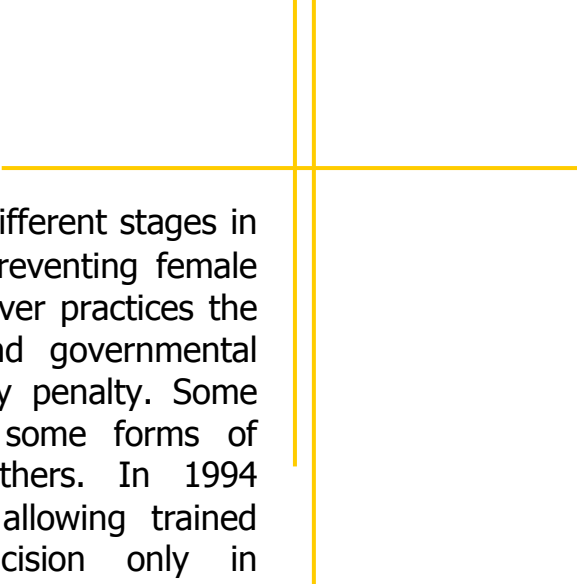
### **Female circumcision phenomenon, in Egypt**

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**S**tudies pointed to the spread of first two kinds of FGM in Egypt, in rural areas than urban, and that it is practiced among Moslems and Christians as well. Available statistics of year 2000<sup>1</sup> shows that the practice of FGM is almost including most of women in productivity age (15 – 49). Around 97% of women were circumcised. These results are almost similar to the annual report of year 1995. But the data shows that there are some changes in circumcision percentage in the girls of sample women who are in the age of circumcision (9 – 11). It was retreated to be 78% in year 2000 in comparison with year 1995 when the percentage was 83%. The study shows that there is a change in the mothers' situation towards practicing circumcision. So the percentage of the mothers who wanted to circumcise their daughters was retreated from 38% in year 1995 to be 31% in year 2000.

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<sup>1</sup> Demographic and Health Surveys in Egypt (DHS) 2000.



**R**elated laws had gone through different stages in Egypt, in 1959 a decision was made preventing female circumcision and the sentence for whoever practices the circumcision especially in hospitals and governmental clinics was to be imprisoned or to pay penalty. Some ministry decisions allowed practicing some forms of circumcision and prevented some others. In 1994 minister of health issued a decision allowing trained doctors to practice female circumcision only in governmental clinics once a week in case that the doctor could not convince the family. This decision was canceled lately. In 1996 minister of health issued another decision in which he prevented practicing female circumcision whether in hospitals or general or private clinics, he excluded the practice only for illness reasons which the manager of gynecology and obstetrics' department of the hospital only would decide, it is left to the treating doctor's suggestion. This exclusion is considered a gap in the law to those who want to practice female circumcision. In spite of the statutes and the laws that prevent female circumcision, they are not enough to eradicate this phenomenon, but they only facilitate the general atmosphere and support the efforts to squelch the phenomenon.

**A**fter "population Conference", which was held in Cairo in 1994, many governmental and civil associations started to pay attention to this phenomenon. Work in many places in Egypt took place in cooperation with international organizations to fight this habit. All efforts were directed towards raising the awareness of the mothers and the local communities on the danger and risks of this habit. Associations adopted different strategies that aimed at changing the attitudes towards

female circumcision that would lead into refusing this habit.

**O**n governmental level, they decided that by year 2010 this habit of female circumcision should be eradicated completely. In 1999 an agreement between Ministry of Social Affairs, Unicef and a number of international organizations was made to cooperate in achieving this goal. The National Council of Motherhood and Childhood had started a national project for resisting female circumcision, and it aimed to mobilize the whole community. The council adopted several strategies aiming at changing behaviors and attitudes towards the habit of female circumcision, through mass media to spread the knowledge about health dangers that result from female circumcision, and also through activating nongovernmental associations' role of these target communities. In spite of all the effort that is done still there is much to do to eradicate this phenomenon.

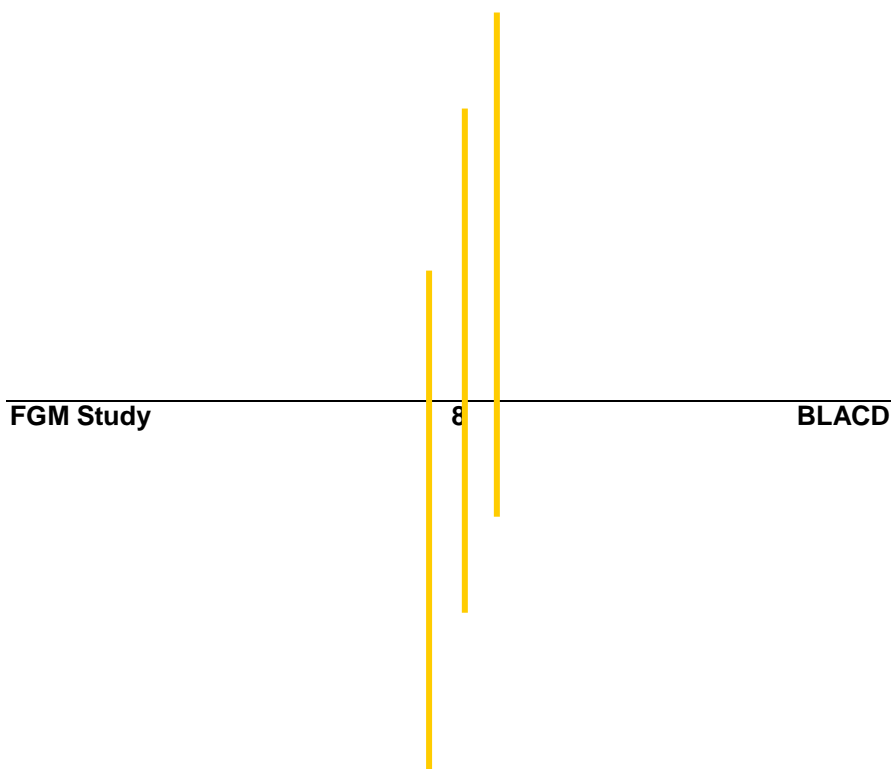
**I**n this consequence, Better Life's attention with female circumcision issue came up. The association seeks after intervention to fight this habit in several villages in east of Nile in Minia, through changing behaviors and attitudes of the mothers and other sectors of the target villages.

### **A scrap of the program:**

**T**his searching study came as a first stage in seeking after a baseline on the dominant practices, attitudes and beliefs of female circumcision in target villages. Results of this study will be used in the second

stage which will come after the implementation of the program to measure the changes that happened on the attitudes, beliefs, as a result of the program. This study gives a deeper understanding for the circumcision phenomenon and the motives behind this practice in these villages. Such study will support the best intervention that can help in eradication of this phenomenon.

**T**he report shows the final results of the study, and it is divided into five major parts. The framework approach of the study comes after this introduction including choosing the sample and all its characteristics. The second part searches in the related practices of the dominating female circumcision in the study areas. Then comes, the third part to monitor situations, attitudes and reasons behind practicing circumcision habit. The fourth part is dealing with the related conceptions of the circumcision habit and the level of awareness of the harms of this habit in the research sample. The last part is specialized for the study results and the recommendations.





# 1

## ***First: Framework Approach***

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**T**his part includes the approaching part, which includes explanation and clarification for the study techniques, tools, and the procedures of the field work, which includes: aims of the study, techniques and tools of research, a research sample with its characteristics, and a brief description of the areas of the study.

### **1-Aim of the research study**

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**I**t is well known that the aim of program or projects' evaluation studies is to define the effect of that program, and whether it achieved its goals or not, and also to measure the effect of the interventions on the target sectors. These researching studies represent an important tool in improving the program performance and the future strategic plans. Therefore preparation for these studies should be done in the early stages of the programs planning and designing, and not as it is common that discussion and preparation for the evaluation comes at the final stage of the project.

**T**his study represents the first stage in the measuring process of the effect of the program in changing behaviors and attitudes of the target people towards female circumcision. It also aims at affording a baseline on the dominant practices and attitudes in the target villages in Minia, which will be used to compare with the

results of the study in the following stage of the program implementation in order to record the change and the success level of the program in achieving its goal.

## **2-Techniques and tools of research:**

The study of attitudes and behaviors that are related to female circumcision helps in understanding the motives that are behind practicing this habit, and also the cultural and social factors that affect it. Usually such studies require collecting quantitative and qualitative data. Quantitative data shows the general idea about the dominant practices, the social changes that affect on the phenomenon, and also the governing practices. The importance of the quantitative approach is in the availability of systematic data which we can use in holding comparisons. While the qualitative approach's importance lies in availability of the detailed information that helps in understanding the phenomenon. And it reveals the different local community's sectors' visions and their definitions of the phenomenon (the research subject). It also helps in studying the cultural dimension, tradition and customs that contribute in a deeper understanding of the real motivations of practicing this habit.

A number of tools were used in this study to collect quantitative data by using a social survey. While to collect the qualitative data, deep personal interviews and discussion focus groups were used.

## **2-1 Social survey for knowing the Attitudes and Behaviors (KAB)**

The survey was applied on a sample of mothers of the target girls in circumcision age (7 -13). A systematic survey was prepared. Therefore it is meant to be in a simple and colloquial language that it can match with the culture and the educational level of the sample. The survey included a number of dimensions such as: basic data about the mothers and their families, the practices that are related to female circumcision, mothers' knowledge level of circumcision, its harms and the source of this knowledge, and at last, some questions to show their attitudes and situations towards circumcision.

## **2-2: Personal and intimate interviews:**

These interviews took place with different categories from the local community to know their conception and vision for circumcision phenomenon, and the reason behind supporting /or refusing this habit. The sample included: 4 mothers, 4 grandmothers, 3 midwives, in addition to a group of local leaders of the community who are effective in their local community to know what can be introduced to support the program. The sample included: 2 doctors, 2 nurses, 2 of the religious leaders, and 2 teachers as well.

## **2-3: Discussion group interviews**

These discussion groups were applied on two groups of young people: one for males and the other for females. Each group consists of 8 – 10 persons. The aim of these discussion groups is to know and record their situations of circumcision phenomenon, and how far is the males group's knowledge about female circumcision.

It is also to know the health, and psychological problems that the female who had gone through this practice suffer from.

It aims as well at knowing the girls' vision towards this habit and the factors that pushes them to desire and practice this habit or refuse it. A third discussion group was held with the girls in risk, who are in the age of circumcision (10 – 14).

### 3: - Study sample:

#### 3-1 Procedures of choosing the sample and the geographical distribution:

A comprehensive survey for the girls in circumcision age (7-13) took place in the target villages. That was done through looking at schools lists of those areas. Then a random sample was chosen out of these lists. The size of the sample was 389 distributed on the five target villages.

**Figure 1**

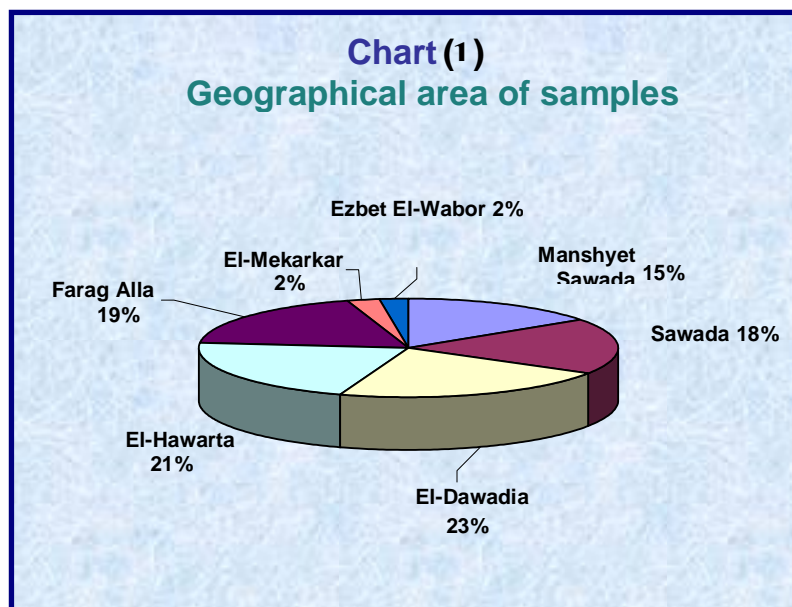


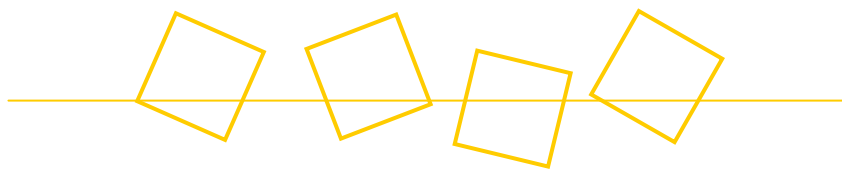
Figure (1) shows the geographical distribution of the study sample from the study areas which include five villages at the east of Nile of Minia governorate: - Manshiet Sawada, Sawada, El-Dawadia, Farag Allah, El-Hawarta in addition to other two country estates (farms) belong to El-Dawadia and El-Hawarta (El-Wabour, and El-Mekerker). The difference in distributing the sample refers to the relative balance of the female students in these five study areas and the country estates.

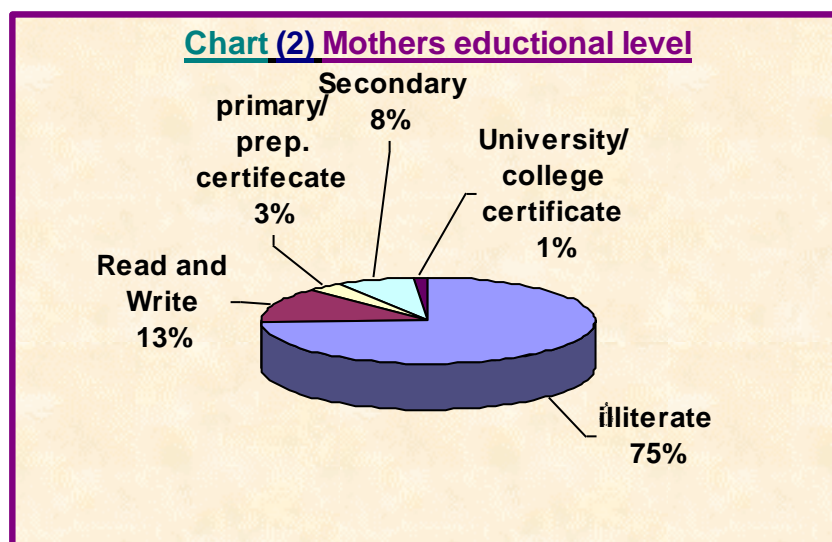
### 3-2: description of the sample:

This part presents the most important characteristics of the sample, it includes: age – size of the family – educational status of the mothers – income level of the family.

#### ❖ ***Educational status:***

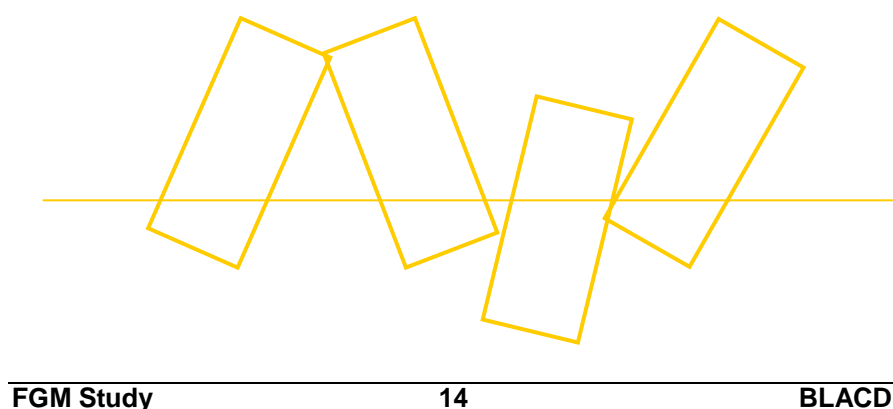
Figure 2 clarifies the educational status of the sample. Out of the results, it is clear that illiteracy level of the mothers of the study sample is 75%. While the percentage of those who got educational certificates are 12.1% of the total number of the sample. These data are different from the available data on the national level, as it is relatively higher than the latest, which estimates illiteracy level around 60% among women in the rural areas.





❖ ***Age and size of the family:***

The average of family size of the sample is 6.6 persons. Such families are considered big families relatively in comparison with the available data on national level; whether in rural areas (5.5 persons), or in urban areas (4.4 persons). As table (1) shows, the biggest size of families is 10 members in El-Mekerker, then comes Manshiet Sawada (8.6 members). The table shows as well information on the average on the mothers' age (36.7).



**Table (1) averages if the size if the family and the age of the research mothers in the study area.**

<b>Village</b>	<b>Average of age of the research mothers</b>	<b>Average of the size of the family</b>
Manshiet Sawada	38.6	8.6
Sawada	38.4	7.8
El-dDawadia	35.1	7.4
El-Hawarta	36.3	6.5
Farag Allah	36.9	6.8
El-Mekerker country estate	33.8	10.0
El-Wabour country estate	38.7	6.6
<b>Total</b>	<b>36.7</b>	<b>6.6</b>

It is worthy to say that the majority of women are married (92.5), while the rest of the samples' are widows or divorced.

### ❖ **Religion:**

Concerning religion, 77.4% of the samples are Moslems while the rest are Christians. The aim of collecting data on religion was to know if it is a factor that affects in practicing circumcision, and also to record differences that could be explained on religious bases. Table(2) shows that in most of the villages in the study samples percentage of Moslems is higher than Christian except Farag Allah village.

**Table (2) geographical distribution of religion:**

Village *	Religion				Total
	Moslems		Christian		
	Repetition	%	Repetition	%	
Manshiet Sawada	59	98.3	1	1.7	60
Sawada	57	80.3	14	19.7	71
El-Dawadia	69	75.8	24	26.3	93
El-Hawarta	88	95.6	4	4.4	92
Farag Allah	16	21.9	57	78.1	73
*Country estates were added to the villages.					

❖ **Economical activities:**

**W**orking mothers' percent is less than one quarter of the sample (22.8%); the majority of the mothers describe themselves as housewives. It is important to say that this percent doesn't reflect reality because most of the studies and available data points to the fact of increasing the level of women participation in the economical activities, especially in the agricultural sector or the unofficial sector in most of rural areas. Most of the studies refer the decreasing level of women economical activities to the fact that women do not consider the activities they do as work, but they consider them as an extension to their responsibilities in family life. Concerning the activities that working women practice, all results point to activities related to agriculture as a major activities, as it was expected, 46% of the mothers work in this field.



**Table (3) the economical activities:**

<b>Economical activity</b>	<b>Repetition</b>	<b>%</b>
Agriculture	46	52.0
Selling in the streets	20	23.0
Teacher or officer	11	12.6
Dressmaker	6	6.9
Temporary officer	4	4.6
<b>Total</b>	<b>87</b>	<b>100</b>

❖ **Family income:**

According to results of the study, monthly income of 60% of the sample does not increase than 300 LE. While 29% of the sample's families, their monthly income is between 300 – 600 LE. Only 11% of the families their monthly income increases than 600 LE. Results show the high level of poverty in the study sample, which matches with the poverty studies on the national level that indicates to the high level of poverty in Upper Egypt.

**Table (4) level of family income:**

<b>Monthly income (LE)</b>	<b>Repetition</b>	<b>%</b>
Less than 100	43	11.1
101 - 200	93	24
201 – 300	91	23.5
301 – 400	67	17.3
401 – 600	50	12.9
More than 600	44	11.3
<b>Total</b>	<b>389</b>	<b>100</b>

As it is clear, that the higher percentage of the families which income does not increase than 300 LE are in El-Dawadia and El-Hawarta villages, which makes around 61% of the total number of the families.

Table (5) affords data about the income differences among the families on village level. It makes the slight differences clear.

#### **4- Procedures of field work:**

Research Study took place in five villages in Minia, from December 2004 to January 2005. Research team was trained beforehand on using the study tools, experimenting and modifying the questionnaire as well.



Monthly income LE	villages									
	Manshiet Sawada		Sawada		El-Dawadia		El-Hawarta		Farag Allah	
	Repetition	%	Repetition	%	Repetition	%	Repetition	%	Repetition	%
Less than 100	3	5.0	2	2.8	9	9.6	21	23.1	8	11.0
101 - 200	7	11.7	11	15.5	35	37.6	23	25.3	17	23.3
201 - 300	10	16.7	13	18.3	24	25.8	27	29.6	17	23.3
301 - 400	12	20.0	14	19.7	14	15.1	13	14.2	14	19.2
401 - 600	7	11.7	19	26.8	6	6.5	7	7.6	11	15.1
More than 600	21	35.0	12	16.9	5	5.4	-	-	6	8.2
Total	60	100	71	100	93	100	91	100	73	100

Table (5) family income and villages



## ***Second: practices related to female circumcision***

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**T**his chapter addresses the dominant practices and followed procedures in female circumcision process in the study area, aiming to highlight the different dimensions of practicing this habit, which includes: -  
Who do the circumcision, where is it done, who is the decision maker in the family, reasons and motives of practicing and keeping on this habit?

### **1- Spread of circumcision phenomenon:**

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**R**esults of the study show the vast spread of female circumcision phenomenon among the sample (table 6). Great number of mothers (63%) reported that they had already practiced circumcision on one or more of their daughters. That doesn't mean that the rest percent 34% are not convinced with female circumcision, but their daughters are younger of the circumcision age. Through meetings with another sample who are older than the first one, we came out with the following results which show that the common percent of circumcision in villages is (89%), and the percent of the mothers who practiced this habit is (99.2%). During implementing this study 3 girls were transferred into the hospital in dangerous cases of bleeding as a result of circumcision. Differences

in the spreading level of that habit depend on some other factors such as educational status, religion, and area of study.

**Table (6) mothers circumcised their daughters**

<b>Mothers circumcised one of her daughters</b>	<b>Repetition</b>	<b>%</b>
Yes	247	63.5%
No	142	36.5%
Total	389	100

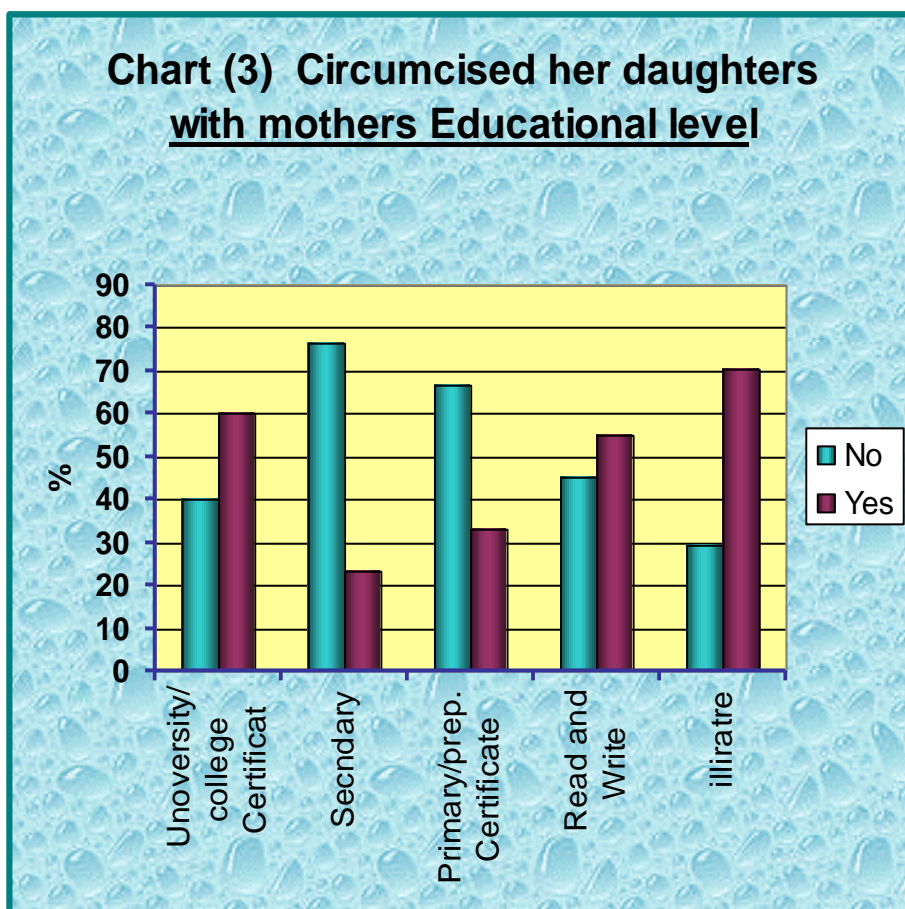
Results show clearly, as data indicates, that the percentage of spreading the phenomenon among Christian is relatively smaller than among Moslems. That might be, as we will explain later, because of the role that church plays in raising the community's awareness and the church's objection on female circumcision issue.

**Table (7) religion and female circumcision: -**

<b>Mothers circumcised one of her daughters</b>	<b>Moslems</b>		<b>Christians</b>		<b>Total</b>
	Repetition	%	Repetition	%	
Yes	218	75.4	29	29.0	247
No	71	24.6%	71	71.0	142
Total	289	100	100	100	389

**M**ost of the studies about this phenomenon show that its spread level decreases when the educational level increases. So there is a positive relation, the higher the educational level the lower the circumcision practices. It is important to indicate that this relation is not an automatic one, because in spite that circumcision percent is lower among the educated, but the practice still takes place. Education is one of the important factors in creating a possible opportunity for changing attitudes.

**Chart (3) Circumcised her daughters  
with mothers Educational level**



Concerning the great similarity among the villages in the level of spreading the circumcision habit, except Farag Allah village where the greater percent did not circumcise their daughters, is because that most of the inhabitant of this village are Christians. Therefore it is important to study the factors that helped women not to practice this habit, and learn from their experience in limiting that phenomenon.

**Table (8) village and female circumcision:-**

Village	Circumcised one of her daughters				total
	yes		No		
	Repetition	%	Repetition	%	
Manshiet Sawada	47	78.3	13	21.7	60
Sawada	52	73.2	19	26.8	71
El-Dawadia	52	61.9	32	38.1	84
El-Hawarta	60	72.3	23	27.7	83
Farag Allah	24	32.9	49	67.1	73
El-Mekerker country estate	6	66.7	3	33.3	9
El-Wabour country estate	6	66.7	3	33.3	9

## **1- Decision of female circumcision:**

Results of the survey showed that the decision of female circumcision is at the mothers' or grandmothers' hands / elderly people in the family (95%), (table 9).

**Table (9) who takes the decision of the female circumcision:**

Decision maker	Repetition	%
<b>Mother</b>	314	80.9
<b>Father</b>	11	2.8
<b>Grandmother</b>	25	6.4
<b>Elder women</b>	34	8.8
<b>Relatives</b>	4	1.0
<b>Total</b>	389	100

Personal interviews showed clearly that this decision is not only women responsibility, but men as well are sharing in it; actually sometimes men are to say the final word. Being not seen in the scene, this is just because the sensitivity of that subject culturally, but it does not mean by any means that the father is absent in the decision making process. Women see that (mothers) are in control over the situation, as long as there is an agreement between the father and the mother. But if there is a disagreement between them the father's will is to be done. It was clear from the mothers and grandmothers' answers that their decision is just related to the details of the procedures, and that gives them the sense of being the decision makers:



*"Fathers have nothing to do with this issue; the mother decides the time to bring the midwife, and who will pay."*

**Another mother said:**

*"He only asks me about the date of circumcision, but he never get into the details."*

**M**others were asked about how the situation would be in case there is a kind of disagreement between the mother and the father? Some of them said that the final word is the father's, especially if the mother doesn't want to circumcise her daughter. Other women in the interviews said that mothers do not change their opinion in case the father does not accept to circumcise his daughter, and that causes problems.

**M**en had another different opinion, all men assured, without exception in a discussion group that the decision of circumcision is at the hand of the father only, but:

*"The father leaves the decision to the mother, he just remind the mother in the right time. If there is disagreement the father's will is to be done."*

**We** asked one of the fathers who works as a teacher, and refuses to circumcise his daughters, about his wife's opinion, so he said:

*"At the end the decision is mine, and even if my wife doesn't agree, yet she will not disobey. And I am convinced that this habit is harmful and has nothing to do with religion, I will never change my opinion and decision."*

## 2- Followed procedures in circumcision process:


**M**ost mothers depend on midwives in the circumcision process, this is because of the law that prevents female circumcision. Great number of mothers (55.3%) prefers to practice this habit under medical supervision to avoid the consequences that might result of this process. During this study it was clear that many mothers take their daughters to Cairo to be circumcised by a doctor.

**Table (10) who does the circumcision**

Who does the circumcision	Repetition	%
Midwife	364	93.6
Doctor	10	2.6
Nurse	15	3.9
Total	389	100

**P**referring midwives in the circumcision process refers to cultural dimension and inherited customs. For example, some of the mothers who immigrated with their families to Cairo come to the village to circumcise their daughters by a midwife.

**M**idwife's profession is an inherited profession through ages. In the study sample we found that mothers and grandmothers of the midwives were midwives as well. They started as they were young girls in helping their mothers; the mother train her daughter on all the midwife tasks which related to birth delivery, infant care and female circumcision. In the latest years



ministry of health began to train midwives in health units to raise their efficiency level.

**I**n spite of the preventing law issued by ministry of health midwives still practice female circumcision according to people's will who protect her and never tell about her even if there were any health complications or consequences, to make sure that there is somebody in the village can do the circumcision. As for the midwife herself she is doing so because she is convinced with the importance of circumcision, and also because it is a source of income, in spite that what she gains from female circumcision is so little (most of the time not more than 10 LE) but to refuse once may affect her living on the long term. One of the mothers informed:

*"The decision is not at the midwife's hand, if she refuses to circumcise they will not ask for her help in any other occasions, and she will lose her work with that family and may be with other families as well. If the family is intending to circumcise their daughter they will bring another midwife from any other village".*

**W**hen midwives were asked, in personal interviews, about circumcision, they assured that they stopped from practicing this habit long time ago:

*"That was long time ago, now there is nobody circumcise their daughters, all my work is just delivering babies, and I received training."*

**B**ut, their convention with the importance of that habit was so strong, for some health reasons, for general cleanliness, and for protecting the girl from falling in sin. Circumcision is not restricted on midwives but also some big numbers of doctors practice that habit secretly. From

some studies and also from the doctor of health unit of one of the villages that fact was made clear.

**M**ost of time circumcision process takes place in the girls' house, as it is clear in table (11); just a little percent of mothers (2%) informed that they do it in clinics or hospitals. The preventing law makes the house the safest place for circumcision.

**Table (11) where circumcision is done?:**

Where circumcision is done?	Repetition	%
At the girl's house	377	97,2
Grandmother's house/relatives	3	0.8
Clinic	6	1.5
Hospital	2	0.5
Total	389	100

**M**any studies on female circumcision phenomenon points to the celebration rituals related to this occasion in different areas in Africa. There isn't such thing in Egypt for the female circumcision, on the contrary boys' circumcision. The latest is considered a great event where the celebration's preparations differ from one to another according to the family's financial level. Female circumcision is done secretly, because its sensitivity culturally, even the girls' brothers do not know when their sisters are circumcised or what happens to them.

*"Circumcision event is never mentioned at home, I do not even know when did that happen? It is almost happening when we are out of the house, and if I noticed that my sister is laying down all the day long, they would say that she is a little bit tired and she will get better soon."*

**T**he circumcision cost differs from being a boy or a girl. Generally girls' circumcision is much less than boys'. Here is a midwife speech:

*"A girl's circumcision costs from 5 to 10 LE and the highest I get are 20 LE, while the least cost in boy's circumcision is 20 LE and the highest is 50 LE."*

**T**hrough intimate interviews, study indicates some customs and followed rituals in the circumcision process:

- It happens almost that the midwife circumcise all the girls who are in the circumcision age in the same area at the same time, though not at the same place; each at her house (44.7%).
- Some of the mothers put Ihenna to the daughter to protect her from being unable to conceive if she was seen by others in the time that follows the circumcision (they call her Moshohra)\*.
- Midwife ties the mutilated part of the girl's organs to her dress and she should go by the beginning of the month to the Nile to wash and throw out that part in the Nile.

**T**o know the mothers' role in girls' preparations for that circumcision process, they were asked about it. Great number of them (around 60%) answered this question, 40% said that they do prepare their daughters. While in personal interviews with girls it was clear that they just tell them about the date but not explaining the process.

Talking with girls in a discussion group, it was clear that the girls have imprecise information about that process, and that the source of this information is not the mothers but their friends or some women's talking. Many mothers mentioned that the girls themselves go to bring the midwife for circumcision, they say so to prove that it is the girls' desire to be circumcised, and they even say that sometimes the girls themselves insist to be circumcised. While the girls assure that the mothers bring the midwife and insist for the whole thing regardless the girl's desire.

### 3- Female circumcision age: -

Results of the study showed that 10 – 13 years is the best age for female circumcision (in the research sample 91.8%). These results agree with other studies' results on female circumcision in Egypt. As for the best season, it is summer as half of the sample reported. But as it is clear from the results, there is no preference for a season to another. Circumcision happens through all the year. Midwives reported that the time of the circumcision is important, which should be in the morning regardless the season.

**Table (12) age of circumcision: -**

Girls' age	Repetition	%
Less than 6 years	1	0.3
7-9	30	7.7
10-13	357	91.8
Older than 13	1	0.3
<b>Total</b>	<b>389</b>	<b>100</b>

**M**others were asked if their daughters suffered from any health problems after circumcision, and the answer was negative for two thirds of the sample. The mothers who answered positively mentioned the nervous shock as a major symptom (76.9%). None of the mothers mention the psychological effect nor the pain that accompanies circumcision, in spite that all the mothers and grandmothers still remember their own painful experience in details and even the health problems they suffered from; which are summed in nervous shock and bleeding. The young married women's problems were clear in the group discussions and they surpassed the painful memory to sexual problems that affect negatively on their relation with their husbands.

**T**his is what the doctor of the health unit clarified and declared to be the major problem:

*"Sexual problems are not only the females complain but also males', the young married women doesn't feel anything in the relation with her husband, and even her husband complains about this kind of relation which affect negatively on their relationship and creates problems".*

# 3

## ***Third : Dominant attitudes towards female circumcision***

**T**his chapter addresses women's situation towards female circumcision, and the reasons behind practicing this habit. To change an attitude we have to understand the target group's situation towards this habit and beliefs which they support and guarantee its sustainability.

### **1- Their attitude towards circumcision habit.**

**S**ome phrases were chosen to know if women's sample supports circumcision or not, for each phrase there were three possible answers:

Agree (support the habit), do not agree (refusing the habit), I do not know (hesitant situation). These data will be analyzed with the comparison of other changes such as educational level, religion, and the village; for such changes affect in forming people's situation towards female circumcision.

**S**ome of the phrases reflect the attitude towards circumcision in a direct way: - to support or to stop circumcision. Results show that around half of the sample (49%) agrees on the importance of circumcision, while 37.5% see that circumcision habit should be eradicated. The rest of the sample could not know. The



difference of the percent between the two wings was too close (45% and 38.6%).

**O**ther phrases were formed to express the mothers' attitudes in an indirect way; such as talking about circumcision's harms which are much more than its benefits. 43% of the sample agreed on that phrase. 40% did not accept, while 16% did not know. Results show the spread of the conception: "this habit has many benefits, and it is a kind of protection for girls". Around 57% of the sample agrees on that conception, while one third did not accept.

**T**hrough the study of the mothers' attitude towards the necessity of continuity of circumcision in relation to the other changes, as it is clear in table (13), the relation between the mothers' attitudes and their educational level reflects a contrarily relation. The greatest percent are in the lower level (read and write). Women of higher educational levels (university) support the continuity of circumcision. The entire image is different among mothers who have educational certificates (preparatory – secondary), as the greatest percent (71%) do not accept or agree on the continuity on that habit.

**A**s for religion, results do not change. The greatest percent of Christians do not agree on the continuity of that phenomenon, while the opposite is true. The same is true for the differences in villages' situation towards circumcision. In all the villages except Farag Aallah village, where the majority are Christians, the greatest percent encourage the continuity of this habit, (table13).

Necessity of continuity of female circumcision	Agree		Disagree		Do not know		Total
	Repetition	%	Repetition	%	Repetition	%	
Educational status							
<i>Illiteracy</i>	153	52.6	95	32.6	43	14.8	291
<i>Read and write</i>	25	49.0	18	35.3	8	15.7	51
<i>Educational certificate</i>	9	21.4	30	71.5	3	7.1	42
<i>University</i>	2	40.0	3	60.0	-	-	5
Religious							
<i>Moslems</i>	178	61.6	67	23.2	44	15.2	289
<i>Christians</i>	11	11.0	79	79.0	10	10.0	100
Village							
<i>Marshiet</i>	31	51.7	24	40.0	5	8.3	60
<i>Sawada</i>							
<i>Sawada</i>	43	60.6	23	32.4	5	7.0	71
<i>El- Dawadla</i>	48	51.6	25	26.9	20	21.5	93
<i>El- Hawarta</i>	51	55.4	24	26.1	17	18.5	92
<i>Farag Allah</i>	16	21.9	50	68.5	7	9.6	73

**Table (13) situation towards female circumcision in the presence of some changing factors:**

The greatest percent of those who answered with "do not know" was in El-Dawadia and El-Hawarta, (37% then 31%); this could be an indicator for the possibility of impacting mothers to have a clear situation against circumcision.

To understand the sample women's situation towards circumcision, it needs deeper and more profound knowledge to related cultural and social reasons, and also the social meaning of the phenomenon from their point of view.

## **2- Reasons of circumcision practices:**

Talking about the reasons behind practicing circumcision, we have to discern between *reasons* and *justifications*. Reasons show the motives behind that practice, while justifications show how people justify themselves and others for why do they practice that habit. If the aim is to change the attitude through rejecting this habit, so this will not happen unless through dealing with the real reasons and motives from its roots, and understanding the roots of these justifications.

Results of the study show that "purity and hygiene" and "tradition and costumes" are the major reasons behind holding fast to that habit. That fact was true to more than half of the sample (table 14). To understand the real motive of these reasons it is important to know how these women see circumcision (whether mothers, grandmothers, or midwives). All of them without any exception think, according to the common conception, that what are mutilated are polyps in the sexual organs.

In another meaning; these organs have no use, on the contrary they might be harmful. So the meaning of cleanliness or purity and all other dominating wrong ideas of the importance of getting rid of these parts are clearer.

**Table (14) reasons of female circumcision: -**

<b>Reason of female circumcision</b>	<b>Repetition</b>	<b>%</b>
Religion opinion	34	11.3
Hygiene and purity	84	28.0
Femininity	19	6.3
Protecting honor	65	21.7
Good for women's health	11	3.7
To get married	7	2.3
Customs and traditions	70	23.3
People's reproach	9	3.0

**S**tudy results show some slight differences in the major motives behind practicing circumcision in relation with some other changes like; educational status, village, and religion in spite that all these factors do not effect the importance of inherited traditions and customs as an major reason.

**I**t is so clear that there is harmony of thinking among mothers whether Christians or Moslems, and in their vision for the major reason, which is costumes and traditions with all their consequences as cleanliness, purity, protection honor, and women's health. But when it comes to the religion's opinion as a motive for this practice difference becomes so clear. A percentage of

Moslem women mentioned that religion is a major motive; Christians did not mention it at all.

**Table (15) religion and reasons of circumcision: -**

Reasons	Moslems		Christians		Total
	Repetition	%	Repetition	%	
Religion's opinion	34	13.0	-	-	34
Cleanliness and purity	78	29.8	6	15.8	84
Femininity	14	5.3	5	13.2	19
Protecting honor	60	22.9	5	13.2	65
Good for health	6	2.3	5	13.2	11
To get married	6	2.3	1	2.6	7
Customs and traditions	59	22.5	11	28.9	70
People's reproach	4	1.5	5	13.1	9

Such difference could be understood through the role the church plays in explaining that Christianity prevents such habit, and that was clear in one of the meetings with one of the priests:

*"Church sees that this habit has nothing to do with Christianity as it is not mentioned in the bible. It creates a lot of marriage problems because it reduces the sexual desire of women, the church prevents so. Actually the*

church tries to raise the awareness of people step by step, for such change will not come so quickly".

**O**n the other side, in spite of the efforts that El-Azhar and the Moslem official religious leaders do in clarifying Islam's situation towards female circumcision, and that there is not much that supports this phenomenon except some weak colloquies, still many of the Islamic religious leaders in villages and in the local communities not only support that habit but also prove that it is based on religious principals. Lack of confidence in the relationship between local religious leaders and Azhar elders could be the reason behind that gap. This is what a mosque Shiekh mentioned:

"It is a" Sunna"(Prophet's sayings and rules) of the prophet which we should follow, it is " an honor for women" because it protects them and keep their purity. All the colloquies about this subject are proven to be true and correct".

**When he was asked about the harms, he answered:**

"The way to practice this habit is the key, people should be aware of the right way of doing it (not to mutilate too much), it should be done in a safe way (medically), but never to cancel that practice".

**S**heikhs (elders) of mosques have great effect on people, such sentence was repeated many times;

" If the Sheikh said that it is wrong to do all people will stop it".

**S**o the greatest effect comes from the mosques' elders. That was clear in the discussion groups with male

young people; they were too strict to what their Sheikh mentioned, and adopting his opinion as it is a Sunna. This is what one of the young men explained:

"**The aim of female circumcision is to limit her lusty desires, but it is so important not to mutilate so much as the prophet commanded. But to cancel that circumcision makes the girl exposed to any frictions that might stimulate her desires which increases the possibility of falling in sin**".

**T**alking about the educational status, we found that though educated women in the sample are small in number, yet the data indicates that religion's opinion has the priority as a major reason in practicing the circumcision with the high educational level, then the importance of traditions and customs become less important, as table (16) indicates .

**A**s for the villages, results showed some differences in defining the major reasons behind practicing that circumcision habit, and some similarities as well. Protecting honor was the major reason in both Manshiet Sawada (23%) and Farag Allah (25.7%). Hygiene and purity were the most important reasons in Sawada (50%) and in Hawarta (34.2%). While in Dawadia customs and traditions were the reasons (36.8%), as table (17) indicates .

**P**ersonal interviews points to the real reasons behind holding fast that habit. Great differences between men and women in the reasons of practicing that habit were made clear.

Reasons	Illiterate		Read- write		Primary- Preparatory		Secondary		university	
	#	%	#	%	#	%	#	%	#	%
Religion opinion	19	7.9	12	31.6	1	16.7	2	18.2	1	33.3
Hygiene / purity	73	30.2	3	7.9	-	-	6	54.5	2	66.7
Femininity	16	6.6	3	7.9	-	-	-	-	-	-
Protecting the honor	56	23.1	4	10.5	2	33.3	3	27.3	-	-
Healthy for women	7	2.9	3	7.9	1	16.7	-	-	-	-
To get married	7	2.9	-	-	-	-	-	-	-	-
Customs and traditions	56	23.1	12	31.6	2	33.3	-	-	-	-
People's reproach	8	3.3	1	2.6	-	-	-	-	-	-
Total	242	100	38	100	6	100	11	100	3	100

**Table (16) motive behind circumcision in relation with educational level:**



Reasons	Villages									
	Manshiet Sawade		Sawada		El-Dawadia		El-Hawarta		Farag Allah	
	Repetition	%	Repetition	%	Repetition	%	Repetition	%	Repetition	%
<i>Religion opinion</i>	10	19.6	5	8.6	7	10.3	10	13.7	2	5.7
<i>Hygiene / purity</i>	9	17.6	29	50.0	9	13.2	25	34.2	8	22.9
<i>Femininity</i>	8	15.7	3	5.2	2	2.9	1	1.4	5	14.3
<i>Protecting the honor</i>	12	23.5	6	10.3	16	23.5	15	20.5	9	25.7
<i>Healthy for women</i>	1	2.0	4	6.9	-	-	1	1.4	5	14.3
<i>To get married</i>	-	-	3	5.2	1	1.5	-	-	2	5.7
<i>Customs and traditions</i>	11	21.6	8	13.8	25	36.8	21	28.8	4	11.4
<i>People's reproach</i>	-	-	-	-	2	2.9	-	-	-	-
<b>Total</b>	<b>51</b>	<b>100</b>	<b>58</b>	<b>100</b>	<b>68</b>	<b>100</b>	<b>73</b>	<b>100</b>	<b>35</b>	<b>100</b>

**Table (17) motive behind circumcision in relation with villages:**

Concerning mothers and grand mothers, - who are the most strict and changing resistant- there are two reasons were mentioned repeatedly. The first is related to the harm that might fall on the girl's fame in case that she is not circumcised; phrases that express fear about the girl were mentioned: "reproach and talking of people". These phrases were repeated in many interviews in spite that they were not of such importance in the survey's results. At the same time many women said that such reproach might come even from the husband: "when a husband marries an uncircumcised girl, he would reproach her when they get angry together". Even when a mother doesn't want to circumcise her daughter she has to because "she has to do as others do". Concerning the importance of mimicking others, results of the survey are different. Around 43% agreed while the other half disagreed.

**O**n the other hand, mother does her best to be socially accepted and performing her role according to social criteria. To be a good mother she has to work and decide for her daughter's benefit respecting traditions to protect her daughter. As she does so she has to hold to that habit. The following mother's speech is the best proof: -

*"**S**he is their step mother, and she has to be not discriminating. When she circumcised her step daughter she asked for a good well known midwife from the other village".*

**T**he second reason that is related to delusional conceptions which are spread so much among mothers and midwives that genitalia could grow in a disgusting

way to be as big as males' organ that is why these polyps should be mutilated that they would not grow. When asking the midwife if she had seen such organ with that size she describes, she answered negatively, but amazingly that this answer did not change her way of thinking.

*"My sister was circumcised but before she gets married my mother told her that she needs to be circumcised because the midwife didn't mutilate enough so that part grew again, and they circumcised her again."*

**M**any examples on men's preference of the circumcised women were mentioned. Such examples carry a kind of threat of divorce for the uncircumcised one. One of the stories that were mentioned many times among different people was that a husband returned his bride back to her family when he discovered that she was not circumcised. Another story of a man divorced his wife when he asked her to be circumcised and she refused.

**A**s for mothers' situation towards their preference of having uncircumcised daughter in law, third of the sample preferred her to be circumcised, and 20% answered negatively, while the rest could not define their situation. Amazingly, the majority of young men, and even the married ones can not differentiate between the circumcised and the uncircumcised ones. Out of the discussion group's results we found that some are convinced with the reality of women's organs growth. In sum, such examples and stories play an important role in dominating girls' thinking and the continuity of that habit.

**A**s for men and young men, the main motive is protecting the girl's honor, because circumcision, as they think, participate in reducing and disciplining women's sexual desire, so it protects her purity and honor. Even those who reported that what protects the girl is the good way of upbringing her, they still could not refuse circumcision and were in a hesitant situation. Therefore most of young men prefer to get married to circumcised girls. Some other married people mentioned another dimension related to marriage relationship, because the uncircumcised women do not exhaust her husband.

**R**easons of circumcision were different according to the age. As the girls' discussion groups' results show, most of young girls talked about the role of their friends at school in practicing a kind of pressure. This can explain girls' desire to be like others in their age. Which of course clear because of the role that friendship relation plays at this age:

*"Half of the girls in my class are circumcised and tell us that we have to be circumcised. They reproach us (who are not circumcised) and call us (males)".*

**T**hose friends use such harsh words which they hear from their mothers about the uncircumcised girls. Such thing would not be easy for every girl to endure, especially the young ones.

*"I want to be circumcised, and my mother agrees because she doesn't want the girls at school to reproach me. I know that circumcision is painful but I will endure the pain".*

**G**irls understand circumcision in relation with growth and maturity, which guarantees marriage and having children. They also see it as a kind of protection from sinning: *"it makes the girl wise and not a naughty girl"*. In spite that most of these beliefs are not clear in the minds of these young girls yet they repeat them as they hear. The most logic reasons they say was related to the care that they receive after circumcision; especially good meals, for the mother cares much with feeding her daughter proteins and fruits, this is considered a very important reason that makes girls desire circumcision.

**W**hat we have just mentioned doesn't make all girls desire circumcision. Some of the stories that were mentioned in discussion groups show that some girls escaped to their relatives to flee from that fate, not knowing that she will be forced to be circumcised anyway. The main reason of escaping of that process is fear: -

*"I saw on channel (7) on T.V. a girl who died as a result of circumcision and one of my friends at school bled and suffered a lot. It is so scaring".*

**G**rasping and understanding the cultural and social characteristics of the target community, which form individuals' attitudes and beliefs is the first step in a behavior changing trial. Without this understanding all trials and efforts are in vain.

# 4

## ***Fourthly: knowledge and behaviors changing***

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**I**n confronting female circumcision, all the efforts are almost focused on spreading the information of circumcision harms and risks; it is all for raising the target communities' awareness (and especially mothers'). It is done through intensive and organized awareness campaigns and through variant tools. Now the question is: are there any guarantees that such campaigns will achieve its goal? Or in another meaning: is the problem of spreading that habit refers only to lack of information?

**I**t is well known that many factors form people's behaviors, beliefs, and situations, which are never to be changed just through affording the needed information or raising the awareness on a specific issue. This doesn't mean to reduce the importance of raising the awareness or the availability of information, but it is so important to build such work on a profound knowledge of the target sector and understanding the cultural and social roots of this habit.

**O**ut of this way of thinking, this chapter looks at the samples' knowledge level of the harms of female circumcision and its effect on practicing this habit. It also

searches in the effect of variant information sources to know the most effective people and the most spread tools among the study of the targets.

**Table (18) knowledge level of circumcision harms**

Knows about circumcision harms	Repetition	%
Yes	325	83.5
No	64	16.5
<b>Total</b>	<b>389</b>	<b>100</b>

**S**tudy results showed that the majority (83.5) have the knowledge of circumcision harms, and the preventing law (64%). In spite that personal interviews showed that they do not know what these harms are nor how far their effect on women's health or psychology is, still nothing changed the dominating belief which is: -

*"Circumcision is mutilation of secondary or excess polyps that may cause problems for women, and that it doesn't affect anyway her productive health".*

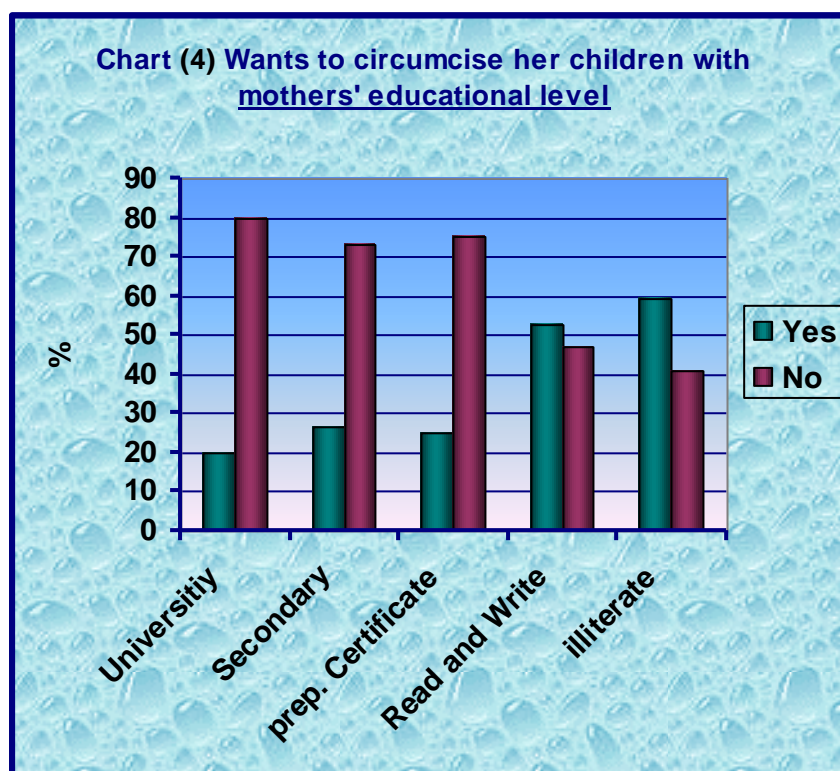
**T**herefore great numbers of mothers (54.2%) have the desire and intention to circumcise their daughters (table 19).

**Table (19) desire of circumcising girls:**

Do you want to circumcise your daughter?	Repetition	%
Yes	211	54.2
No	178	45.8%
<b>Total</b>	<b>389</b>	<b>100</b>

**R**esults (figure 4) show the strong relation between the educational status of mothers and their intention in practicing that habit with their daughters. The higher the educational level is the lower the desire in circumcising the girls. At the same time there are a good percentage of educated mothers who have the intention to circumcise their daughters. From this we conclude that education only is not enough to get rid of such habit with such roots in culture, traditions and customs. Therefore whoever gives up that habit faces a lot of strains from the local community, as we mentioned before.

***Figure (4) intention of circumcising in relation with the educational level of mothers***





**V**isual media plays a very significant role in transferring information. It is considered as well a very important information source for the mothers (table 20). Study shows the importance of health visitors' role in transferring information in comparison with other sources such as doctor and religious leaders, whom should play effective roles being effective personalities in their communities. The same is true with the non governmental associations as a source of information and awareness. That weak role may be because their absence or shortage of their activities in the study area.

**Table (20) source of information: -**

<b>Source of information</b>	<b>Repetition</b>	<b>%</b>
T.V and radio	186	57.2%
Doctor of health clinic	24	7.4
Nongovernmental associations	5	1.5
Health visitors	97	29.8
Religious leaders	5	1.5
Neighbors	2	0.6
<b>Total</b>	<b>325</b>	<b>100</b>

**M**idwife plays big role as the mothers' information source, she transfers her experience to other women. And most of the examples she transfer are positive and urges practicing circumcision regardless the problems and complications that might happen as a consequence.

**T**here are some effective personalities who do not play their role spreading information and awareness; they are negative because they are not convinced of the

necessity of eradicating of that habit. Through interviewing the health unit doctor we found out that he is supporting an idea of limiting health complications and consequences through allowing only doctors to do it. It was completely out of his mind that practicing it through a doctor will not prevent the lasting effect on the long term, and give it a legal form for sustainability.

**T**he situation of young men is different as the discussion groups' results show. They find media means and especially the programs about female circumcision do not afford adequate information, they also criticized the way the present or deal with the issue: -

*"All what the television programs introduce is to say (no for circumcision) without explaining why nor what are the harmful consequences of that habit, why is it really dangerous, and why should we stop such habit which we practiced for ages?"*

**S**ome others doubt that sudden concern and attention with female circumcision issue, and think that it is linked somehow with the west, which lead to more steadfastness: -

*"This subject was never an issue till a film was shown about a girl's circumcision, then the west put it in their mind, and that issue became a priority....why?"*

**D**iscussion groups made clear the lack of information of young men and girls of the anatomy of woman's body, and also of the circumcision issue and its health, social and psychological harms. Many young men asked questions about circumcision, if there are any health side effects, and if it is really the reason behind

sexual frigidity. It is a fact that absence of scientific knowledge in such issues leave youth exposed to receive wrong information and hold fast circumcision habit.

**A**s for the preventing law, in spite that the majority is aware of it yet they see that it didn't help in limiting practicing that habit whether among midwives, some doctors and of course families. That was the opinion of around half of the sample. That assures that laws alone can not change reality, and that dominant culture and customs offers the umbrella and legality to practice circumcision.

**B**ut culture is not rigid unable to change, on the contrary it changes all the time, it is only a long process that needs time, effort directed against that habit, keeping in consideration the community's culture and customs. Changing behavior is a long process that starts with the awareness from the target community's side of the risks and consequences of that harmful habit, and understanding that giving up some habits doesn't mean to give up other customs which have meaning in their culture.

**No for F.G.M**

# 5

## ***Fifth: Conclusion and recommendations:***

**T**he aim of this research study is to afford a baseline of the practices, attitudes, and the dominating beliefs of female circumcision in five villages lay at east of Nile of Minia, and to introduce more profound understanding for circumcision phenomenon in these villages with the motives behind. This is to support a kind of better intervention in order to eradicate that phenomenon. Results of this study will be used in measuring the change in behaviors and beliefs after program implementation for confronting the phenomenon in these villages.

**R**esults have showed the spread of female circumcision phenomenon in the study area, the level of its spread varies according to mothers' educational level. It decreases when educational level increases, yet it is still existing among the educated. The data we have points to the decrease of that phenomenon among Christians than Moslems, and also in some of the villages where the majority of its inhabitants are Christians that can be referred to the impact of church and her

objection in practicing that habit, and to the role which the church plays.

Looking at the situation of female circumcision, it is clear that there is great support for that habit among the different sectors in the areas of study. The reasons of this support refer to the cultural and social meanings these sectors adopt, whom differ among themselves (men, women – young and old). Study showed that the problem is not because of lack of information or knowledge about the consequences and the harms of the phenomenon, for neither the mothers' knowledge affected the phenomenon, nor the preventing law prevented midwives and doctors from practicing this habit. The need is for understanding whatever affect and form the communities' behaviors, attitudes, beliefs, and values in order to be able to achieve the needed change. Female circumcision is a complicated and sophisticated phenomenon in terms of its spread, the way to limit, social and cultural logic that supports it which differs from a place to another. Therefore confronting that phenomenon needs a kind of understanding for its deep roots of beliefs and customs. For changing behaviors requires such understanding. It is also necessary to activate the local community's participation with all its sectors to eradicate that phenomenon.

### **Recommendation of the study: -**

- It is necessary to enlarge the scale of the target groups in the target areas to include men and young men, because it became clear that the father/husband plays big role than it was imagined, even if it is not outstanding because of

the sensitivity of that issue, and women are not the decision maker of that process.

- It is important to raise youth awareness on that subject, sexual relation in marriage, and productive health, and to feed them with scientific correct information to be able to play their vital role in confronting that phenomenon.
- Verifying techniques of intervention and messages that address the target group to match their beliefs and nature that it might achieve the aim, especially the girls in circumcision age in order to answer their questions and queries.
- Activating the role of local leaders and those who have influence over the community such as religious leaders, teachers, and doctors, not only through trainings but also their participation in the intervention plan.
- Putting a monitoring plan to measure the performance, and define the used mechanism to guarantee the sustainability of changing behaviors.
- It is important to work on the political level for legalization of punishing and criminalizing whoever practices female circumcision. And to work in the final year of Medicine College, doctors of rural health clinics, schools, institutions of nursing, and with the religious association especially Azhar scientists on the harms of that habit.

- Working with the audiovisual media – press – television – media faculties; to encourage students to do researches on that phenomenon.
- Working with youth on the conceptions of productive health for the two sexes.

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