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Diverging Prevalence of Female Genital Cutting

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Egypt is home to the largest number of Orthodox Christians in the Middle East. Comprising 6 to 18 per cent of the total population, about 60 per cent of Copts live in Upper Egypt. Historically, relations between Egyptian Christians and Muslims have varied. Under Nasser, expansion and secularization of public institutions brought new groups into the nation's citizenship, but adherence to Arab de facto secularism meant that Islam continued to represent the religion of society. Islamic revivalism and the state's Muslim identity emerged more clearly following Sadat's *infitah*, the effects of which led to a 'crisis of faith' among some in socialist and capitalist paths to modernity. Under Sadat, the government promulgated a constitution that made Islam the religion of the state and articulated a dichotomy between women as *public citizens* and *private family members* governed by *shari'a* law (Shukrallah 1994). During the 1970s and 1980s, Islamists used this dichotomy to challenge reforms to the codes of personal status. Like fundamentalist discourses elsewhere, Islamist discourse emphasized 'cultural authenticity' and the 'moral structure of society', and a focus of this discourse was gender (ibid.:17).

Gender politics and religious identity

A 'frenzy of interpretation' over female genital cutting arose in Egypt in 1994 after a broadcast by CNN depicted the lay circumcision of a young girl. In response, the mufti of Egypt publicly declared that female genital cutting has no foundation in the Qur'an, and Sheik Gad al-Haq Ali of al-Azhar university issued a fatwa that female circumcision honours Muslim women. A committee of medical experts also issued warnings about the procedures of untrained practitioners, leading the minister of health to decree that doctors could circumcise girls in designated facilities and at fixed times and prices. International criticism and the reported deaths of girls who were circumcised in hospitals instigated a renewed ban on the practice in state hospitals, which was overturned and then reinstated in 1997. This example illustrates how public 'control of symbols' becomes tied to control of the state (Sedra 1999:220).

Responses to the increasingly Islamic character of the Egyptian state have included sectarian strife and the proliferation of religious voluntary organizations. The growth of Christian social services is said to reflect a growing 'Coptic activism' (Zeidan 1999:60) and a mission of the Church to gather its stray (Nikolov 2002). For example, the Coptic Evangelical Organization for Social Services (CEOSS) began in the 1950s as a literacy project. Charged with serving Muslim and Christian communities, CEOSS separated from the Egyptian Evangelical Church and undertook activities in agriculture, income generation, education, infrastructural development, and health in Beni Suef, Minya, and metropolitan Cairo. In the 1970s, CEOSS identified female genital cutting, early marriage, and 'bridal deflowering' as harmful customs and established women's committees in the villages in which it worked as part of a 'deliberate effort' to empower women (Tadros 2000:26). By 1994, CEOSS received 75 per cent of its funding from North America and Europe and was the only private voluntary organization (PVO) to be registered with the US Agency for International Development (Sullivan 1994). The Bishopric of Public, Ecumenical, and Social Services of the Coptic Orthodox Church also has served Cairo's poor since 1962, and has since expanded its services to women and girls, endorsed participation of women in development, and undertaken activities to eradicate female genital cutting in 24 communities (Nikolov 2002).

The arrival of female genital cutting to northeastern Africa predates that of Christianity and Islam, and Muslims, Christians, and Jews continue the practice today. Popular association of the practice with religious ideals has justified its continuation, and beliefs that the practice contradicts religious principles have justified its abandonment. Anthias and Yuval-Davis (1989) argue that strategic use of 'gender symbols' concerning the sexuality of women can reproduce religious boundaries, and this process of differentiation may involve national or transnational political bodies that endorse or oppose selected symbols. This framework helps to understand the diverging prevalence of female genital cutting among Christians and Muslims in Egypt.

The Christian community in Egypt is noted for having strong international ties (Sullivan 1994).

These examples reflect a trend among Christian voluntary organizations to promote an integrated vision of women's empowerment as a marker of Coptic identity and to develop international partnerships that support their activities. Although Christians were marginalized from debates over the meaning of gender symbols in *shari'a* law, they did not face ideological conflict over female genital cutting within their leadership (Abdel-Hadi n.d.), and the proliferation of Christian social services provided a public space in which Christians could address social problems according to the values of their tradition (Nikolov

2002). It is therefore possible that declines in the prevalence of female genital cutting began among Christians before its practice in Egypt gained international attention and that this integrated view of women's empowerment catalyzed negative effects of higher maternal education on the odds of circumcising Christian daughters. The emphasis that Islamists placed on women's traditional identity may have stalled similar declines and effects among Muslims.

The diverging prevalence

This study is based on data collected in 1996 from 1504 married mothers between the ages of 15 to 54 and residing in seven districts in Minya Governorate. Local interviewers gathered information about socio-demographic characteristics of respondents, husbands, and co-residents. Respondents answered questions about their circumcision status, the perceived effects of circumcision and non-circumcision, the circumcision status of daughters aged five years or more, intent to circumcise uncut daughters, and age at circumcision and circumciser of cut daughters.

Minya is an agrarian governorate located about 200 kilometres south of Cairo. About 20 per cent of the residents are Coptic Christians, and most remaining residents are Muslim. Over the last quarter century, Minya has been a site of sectarian conflict and efforts by PVOs – most notably CEOSS – to advance comprehensive programmes of development. In 1982, CEOSS founded its first women's committee consisting of 12 female representatives of all churches in the predominantly Christian village of Deir El Barsha (Abdel-Hadi n.d.). Members of the committee received training, supervised projects, and raised awareness to prevent practices like female genital cutting. In 1995, CEOSS intensified its anti-female-genital-cutting programme in 22 communities. Although declines in the rate of female circumcision were observed in predominantly Muslim villages, declines were greater in homogeneous, Christian villages (PRB 2001). No research has compared attitudes and behaviours regarding the practice among Muslims and Christians in Minya prior to these efforts.

This study shows that about two-thirds of mothers and about half of fathers in Minya have no education. Educational attainment is higher among younger mothers, and a higher percentage of Christian than Muslim mothers in this group have secondary or more education (21.8 versus 15.5 among 25- to 34-year-olds). Just over half of all households own no major assets, and about 20 per cent of families live in urban settings.

Circumcision is nearly universal among Muslim and Christian mothers (99 and 96 per cent respectively), but the probability that daughters aged 10 to 14 are circumcised is 0.75 (Yount 2002). Adjusted odds of circumcising a daughter are 4.5 times higher among Muslims than Christians (ibid.), and a higher percentage of Muslim than Christian

Figure 1. Daughters' Cumulative Probability of Circumcision by Age and Religious Affiliation, Minya, Egypt

Table 1. Adjusted Odds of FGC-Related Behavior and Attitudes, Christians vs. Muslims, Minya Egypt

	ORa	(95% CI)	
Daughter's circumcision status (1776 circumcised, 1424 uncircumcised)^b			
Circumcision intended (vs not, uncircumcised daughters)	0,19	(0,12 , 0,30)	***
Circumcised (vs not)	0,31	(0,22 , 0,44)	***
Excised (vs other)	0,45	(0,33 , 0,63)	***
Mother's perceived effects of circumcision (n=1504)^c			
Identifies alternatives	1,53	(0,51 , 4,59)	
Bleeding	0,59	(0,39 , 0,90)	*
Scarring	0,74	(0,33 , 1,65)	
Good for the girl	0,40	(0,23 , 0,67)	***
Satisfies the husband	0,61	(0,28 , 1,32)	
Normal	0,81	(0,51 , 1,27)	
Clean	0,52	(0,32 , 0,83)	**
Beautifying	0,66	(0,36 , 1,21)	
Other	0,84	(0,48 , 1,50)	
Any positived	0,49	(0,28 , 0,87)	*
No effect	1,67	(0,90 , 3,11)	*
Mother's perceived effects of non-circumcision (n=1504)^c			
Marital problems	0,77	(0,47 , 1,26)	
Unattractive/unfeminine	0,60	(0,28 , 1,27)	
Fertility problems	1,33	(0,47 , 3,75)	
Unclean	1,16	(0,46 , 2,92)	
Not good for girl/girl's reputation	0,36	(0,18 , 0,74)	**
Excessive sexual desire/commit "sin"	0,57	(0,39 , 0,85)	**
Health problems	1,64	(0,96 , 2,81)	+

+ $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

- a All models are adjusted for maternal age, maternal educational level, paternal educational level, household assets, urban/rural residence, and district. Models for daughter's circumcision status are additionally adjusted for daughter's age, daughter's birth order (among living daughters), and maternal circumcision status.
- b Standard errors in all models are adjusted for non-independence of reported behaviour of mothers with more than one daughter age 5 yrs or older.
- c Standard errors in all models are adjusted for the multi-stage, stratified, cluster-sample design.
- d Desired by religion, normal/tradition, beautifying, good for girl, satisfied husband, cleansing/purifying.

daughters are more severely cut (30 versus 43 per cent excised).¹ The cumulative probability of circumcision has declined with successive age cohorts of daughters, but particularly among Christians (Figure 1). Although a majority of Christian and Muslim daughters still are circumcised, a lower percentage of Christian than Muslim mothers intend to have uncut daughters circumcised (54 versus 85 per cent).

Common perceptions of the effects of circumcision are that the practice is good for the girl, cleansing/purifying, desired by religion, normal/a tradition, beautifying, and satisfying for the husband (ibid.). Mothers associate non-circumcision with problems in the domains of marriage, fertility, and physical and psychological health. Non-circumcision also is believed to cause overly sexual or 'sinful' behaviour and to be unattractive, unfeminine, unclean, or bad for the girl's reputation. A few Muslim mothers claim that not circumcising daughters to imitate foreigners is undesirable, and some mothers state that the practice is required or a norm.

Table 1 shows adjusted odds (and 95 per cent confidence intervals) that a daughter is circumcised and that a mother perceives selected effects of circumcision and non-circumcision for Christians versus Muslims. Adjusted odds of intended, actual, and more severe circumcision are lower among Christian than Muslim daughters. Compared to Muslim mothers, Christian mothers have lower adjusted odds of reporting that circumcision is good for the girl, is cleansing or purifying, or has any positive effect, and have lower adjusted odds of reporting that non-circumcision is bad for the girl's reputation or leads to excessive sexual behaviour.

Table 2 provides predicted probabilities (and 95 per cent confidence intervals) of circumcision among daughters and predicted probabilities of reporting positive effects of circumcision among mothers, by religious affiliation. Probabilities are derived from logistic regression models that include an interaction between maternal education and religious affiliation, and are computed for 'typical' Minyan residents (first-born daughters aged 15 or older; mothers aged 35 to 44 without education and circumcised; fathers without education; families living in rural Samaloot district and owning no major assets). Results show a sharp decline in the predicted probability of circumcision among Christian daughters of

Table 2. Predicted Probabilities of FGC-Related Attitudes and Behaviour by Religious Affiliation and Maternal Education, Minya Governorate

	Circumcised		Any Positive Effect	
	Daughters ≥ 5 yrs (n=3212)	Mothers of Daughters (n=1504)	Daughters ≥ 5 yrs (n=3212)	Mothers of Daughters (n=1504)
	Pred. Prob.	(95% CI) ^a	Pred. Prob.	(95% CI) ^b
Christian				
Mother's education (none)	0,92	(0,88 , 0,95)	0,79	(0,65 , 0,89)
Primary/preparatory	0,87	(0,75 , 0,94)	0,76	(0,61 , 0,86)
Secondary +	0,43	(0,16 , 0,75)	0,46	(0,24 , 0,70)
Muslim				
Mother's education (none)	0,97	(0,95 , 0,98)	0,86	(0,74 , 0,93)
Primary/preparatory	0,96	(0,94 , 0,98)	0,85	(0,73 , 0,92)
Secondary +	0,91	(0,81 , 0,96)	0,82	(0,66 , 0,92)

Note: Predicted probabilities are estimated for modal respondents/residents of Samaloot district, mothers age 35-44 without education, father's without education, households without major assets, residence rural. For models for daughter's circumcision status, probabilities are estimated for first born (among living daughters) aged 15+ years, and mother circumcised.

a Standard errors in all models are adjusted for non-independence of reported behaviour of mothers with more than one daughter age 5 years or older.

b Standard errors in all models are adjusted for stratified, cluster-sample design.

mothers with secondary or more education compared to those of mothers with less education, but only a modest decline in this probability by educational level of Muslim mothers. Also apparent is a sharp decline in the predicted probability of reporting positive effects of circumcision among Christian mothers with secondary or more education compared to those with less education, but little difference in this probability by maternal education among Muslims.

Findings are consistent with the idea that popularization of Islamist ideology casting women as keepers of 'traditional identity' attenuated declines in the prevalence of female genital cutting among Muslims in Minya when efforts by Christian PVOs to eradicate 'traditional practices' enhanced such declines among Christians. Sectarian tensions in Minya during this period also may have limited the diffusion of competing ideals about gender, reinforcing the potential for diverging trends. This interpretation corroborates feminist theory that religious groups may use gender symbols in a process of differentiation that national and transnational political bodies reinforce. Although one cannot infer a causal relationship between the activities of CEOSS, attitudes pertaining to the practice, and observed patterns of female genital cutting among Christians and Muslims in Minya, ideologies and behaviours favouring decline appear to have spread among Christians while Islamists were promoting women's traditional identity. Whether recent legislation against female genital cutting in Egypt will lead all Muslims and Christians to abandon the practice remains a question for future research.

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Notes

- Excision usually involves removal of the clitoris and labia minora.

References

- Abdel-Hadi, A. n.d. *We Are Decided: The Struggle of an Egyptian Village to Eradicate Female Circumcision*. Cairo: Cairo Institute for Human Rights Studies.
- Anthias, F. and N. Yuval-Davis. 1989. 'Introduction', in: Nira Yuval-Davis, Floya Anthias, and Jo Campling (eds.), *Women, Nation, State*. London: MacMillan, pp. 1-15.
- Nikolov, B. 2002. 'Making Copts: Christian Orthodox Social Services in Cairo, Egypt'. Paper presented at the Annual Meeting of Middle East Studies Association, Washington, D.C., 23-26 November 2002.
- Population Reference Bureau [PRB]. 2001. *Abandoning Female Genital Cutting: Prevalence, Attitudes, and Efforts to End the Practice*. Washington, D.C.: PRB.
- Sedra, P. 1999. 'Class Cleavages and Ethnic Conflict: Coptic Christian Communities in Modern Egyptian Politics', *Islam and Christian-Muslim Relations* 10(2): 219-35.
- Shukrallah, H. 1994. 'The Impact of the Islamic Movement in Egypt', *Feminist Review* 47:15-32.
- Sullivan, D.J. 1994. *Private Voluntary Organizations in Egypt: Islamic Development, Private Initiative, and State Control*. Gainesville: University Press of Florida.
- Tadros, M. 2000. 'Breaking the Silence: An Egyptian Experience', *Hadithi* 2:1-35.
- Yount, K.M. 2002. 'Like Mother, Like Daughter? Female Genital Cutting in Minia, Egypt', *Journal of Health and Social Behavior* 43(3): 336-58.
- Zeidan, D. 1999. 'The Copts - Equal, Protected, or Persecuted? The Impact of Islamization on Muslim-Christian Relations in Modern Egypt', *Islam and Christian-Muslim Relations* 10(1): 53-67.