

## Cultural Awareness about Female Genital Mutilation among Female Employees of Minia University

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**Abstract :** Female genital mutilation (FGM) is a reflection of the violation of women's basic human rights. The new prohibiting laws In Egypt seem to have no significant effect on its prevalence. The aim of this study was to assess the awareness and attitudes of women in Upper Egypt regarding FGM, and to identify the underlying motives that may help in change. This cross-sectional study was conducted on convenience sample of 300 women working in Minia University, Upper Egypt. Data were collected using an interview questionnaire including an attitude scale. Data collection lasted from 19/11/2009 to 17/5/2010. Women's age ranged between 18 and 60 years, and 30.7% were illiterate; 95.7% of women and 77.3% of their daughters were circumcised. The attitude towards FGM was generally encouraging it. Multivariate analysis showed that lower education and having been circumcised were the statistically significant independent predictors of the attitude score. Meanwhile, the determinants of getting daughter circumcised were woman's older age, religious belief, lower education, and more encouraging attitude score. It is concluded that FGM is still an important and culturally sensitive issue in Upper Egypt, and most women, especially with low education, encourage it mainly on religious grounds. Health education efforts should be more focused on illiterate women, and must be supported by religious scholars.

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### 1. Introduction:

Female genital cutting, termed female genital mutilation (FGM), pertains to any interventions that may involve injury or removal of the female external genitalia either partial or complete for any reasons other than therapeutic<sup>(1)</sup>. The practice was first known as female circumcision, but since the late 1970s this was replaced by the term FGM to give a better reflection of the violation of the woman or girl's basic human rights<sup>(2)</sup>.

Despite the efforts combating this practice, still millions of women worldwide are affected. About 100 million women and girls worldwide have undergone FGM, and about 2 million girls are at risk each year.<sup>(3)</sup> It is currently practiced in many countries, specifically in Africa, Middle East, and other parts of Asia. Nevertheless, no true worldwide prevalence rates are available because of the inconsistent reporting and poor documentation, and the variations in the quality of informants. The perpetuation of FGM is often related to religious beliefs although many scholars deny it<sup>(1)</sup>.

The age at performing FGM varies between early infancy and just before marriage<sup>(4)</sup>. The practitioner is often not trained or licensed<sup>(5)</sup>. This, added to the unsterile conditions in which the

procedure is performed, leads to increased risk for acute complications that may end up with posttraumatic stress disorders and even fatalities<sup>(6)</sup>, in addition to long-term obstetric and sexual complications<sup>(7-9)</sup>.

In Egypt, a 1995 ministerial decree forbade FGM under sanctions of fine and imprisonment for perpetrators, as well as loss of practice license. Following ministerial decrees prohibited non-medical practitioners from practicing any form of FGM, and physicians in governmental healthcare settings. More recently, FGM was prohibited in all public or private facilities and by medical and non-medical practitioners, except for approved medical reasons. Nevertheless, FGM is still widely practiced in Upper Egypt<sup>(10)</sup>, and the issue is still controversial among the Egyptian medical professionals<sup>(11)</sup>. The results of the recently-released 2005 EDHS have not shown a significant decline in the practice<sup>(12)</sup>. The new law in Egypt seems to have no significant effect on the prevalence<sup>(13)</sup>, and despite increased international efforts to end FGM, there is little evidence of its decline<sup>(14)</sup>.

Since the change of the attitude is the first step toward effecting a change in behaviors, it is of great importance to identify the factors that may

convince people to modify their deeply rooted traditional beliefs regarding FGM. This would help in planning and designing custom-tailored health education programs targeted to specific groups deemed amenable to change. Hence, the aim of this study was to assess the awareness and attitudes of women in Upper Egypt regarding FGM, and to identify the underlying motives that may help in change.

## 2. Subjects and methods:

The study was conducted at Minia University, Upper Egypt. It has 17 faculties, 14 of which are science specialties, and three are arts. A descriptive cross-sectional design was used. The study population consisted of all female employees of Minia University at the time of data collection. Their total number was 734. A convenience sample of 300 women was selected from this population with the criteria of being married and having at least one daughter. This sample size was large enough to detect a prevalence of positive (rejecting) attitude towards FGM of 50% or higher and 5% absolute precision at 95% level of confidence and about 20% dropout rate using a sample size equation for a single proportion and with finite population correction<sup>(15)</sup> The total sample was divided equally among the 17 faculties.

The data were collected using an interview questionnaire form developed by the researcher based on rigorous review of the literature, and validated through the opinions of nursing and medical experts in obstetrics and community health. The form covered woman's demographic data and the history of circumcision for the woman and her daughter. It also included awareness about illegalization of FGM and its religious aspects. A 3-point Likert scale for attitude (agree, uncertain, disagree) was designed and included 12 positive and negative statements soliciting opinions regarding issues related to FGM as reasons for encouraging or discouraging, chastity and honor, sexual arousal, hygienic aspects, etc. The reliability of the scale was high (Cronbach alpha=0.774). The responses "agree", "uncertain", and "disagree" were respectively scored 2, 1, and 0. The scoring was reversed for negative statements so that a higher score reflects a positive or discouraging attitude. The scores of the items were summed-up and the total divided by the number of the items, giving a mean score. These scores were converted into a percent score. The attitude was considered positive if the percent score was 60% or higher and negative if less than 60%.

The study protocol was approved by the University research committee. After securing official permissions, the researcher started the fieldwork. The administration of each of the 17

faculties was approached to explain the purpose of the study and seek cooperation. A sample of convenience of about 20 female employees and workers were recruited from each faculty according to the eligibility criteria. Each participant was met individually by one of the researchers who explained to her the aim and procedures of the study. An informed verbal consent was obtained from each participant before recruitment in the study sample. Upon acceptance, she was interviewed using the questionnaire form. The study maneuver could not entail any possible harmful effect on participants. The data collection procedure lasted from 19/11/2009 to 17/5/2010.

Data entry and statistical analysis were done using SPSS 14.0 statistical software package. To identify the independent predictors of the attitude score, multiple linear regression analysis was used after testing for linearity. To identify the independent predictors of daughter circumcision, multiple logistic regression analysis was used. Statistical significance was considered at p-value <0.05.

## 3. Results:

The age of women in the study sample ranged between 18 and 60 years, with mean about 40 years (Table 1). Slightly more than half (52.0%) of them were from rural areas, and about one-third (30.7%) were illiterate. The majority (92.0%) were Moslems.

Table 2 shows that almost all of the women (95.7%) were circumcised, and more than three-fourth of them (77.3%) did it for their daughters. The mean age at circumcision was slightly higher for daughters (11.8 years) compared to women (11.4 years). Also, more daughters were circumcised by doctors, and had associated complications.

The attitude towards FGM was generally negative, i.e. encouraging it. As shown in Table 3, 69.3% of the women had such negative attitude. The highest agreements upon negative attitudes were related to husbands' approval (76.0%), tradition (71.7%), and decreasing sexual arousal (68.0%), while the least was upon improving sexual relations (36.3%).

Multivariate analysis was done to identify the predictors of women's disagreeing attitude scores regarding FGM. Table 4 shows that only education and having been circumcised were the statistically significant independent predictors of the attitude score. It is evident that education increased the positive attitude score, whereas the history of being circumcised decreased the positive attitude score, i.e. increased the agreement upon FGM.

Regarding the determinants of getting daughters circumcised, Table 5 indicates that

women's older age and belief that FGM is mandated by religion were statistically significant independent positive predictors. On the other hand, higher level of

education, and positive attitude score were statistically significant independent negative predictors.

**Table 1. Socio-demographic characteristics of women in the study sample (n=300)**

	Frequency	Percent
Age (years):		
<30	39	13.0
30-	108	36.0
40-	88	29.3
50+	65	21.7
Range	18.0-60.0	
Mean±SD	40.6±11.0	
Residence:		
Urban	123	41.0
Suburban	21	7.0
Rural	156	52.0
Education:		
Illiterate	92	30.7
Basic	63	21.0
Secondary	92	30.7
University	53	17.7
Religion:		
Moslem	276	92.0
Christian	24	8.0

**Table 2. History of circumcision among women and their daughters in the study sample (n=300)**

	Frequency	Percent
Have been circumcised	287	95.7
Age at circumcision:		
Range	5-16	
Mean±SD	11.4±2.0	
Circumcised by doctor	42	14.6
Had complications	23	8.0
Know that FGM is illegal	169	56.3
Believe FGM is mandated by religion	167	55.7
Have circumcised their daughters	232	77.3
Age at circumcision for daughter:		
Range	8-17	
Mean±SD	11.8±1.8	
Circumcised by doctor	62	26.7
Had complications	36	15.5

**Table 3. Attitude towards FGM among women in the study sample (n=300)**

	Agree	
	No.	%
FGM is a traditional practice that will continue	215	71.7
FGM is important to decrease sexual arousal	204	68.0
FGM helps to ease labor	155	51.7
FGM improves marital relations	157	52.3
FGM is a hygienic procedure for the girl	125	41.7
FGM is esthetic to decrease the size of the clitoris	115	38.3
FGM will continue for honor reasons	155	51.7
FGM is a good habit	193	64.3
FGM improves sexual relations	109	36.3
Encourage FGM for daughters	157	52.3
Husbands approve FGM	228	76.0
FGM should not be illegalized	189	63.0
Total attitude:		
Positive (discouraging)	92	30.7
Negative (encouraging)	208	69.3

**Table 4. Best fitting multiple linear regression model for positive (discouraging) attitude score towards FGM**

	Unstandardized Coefficients		Standardized Coefficients	T	p-value	95% Confidence limits for B	
	B	SE				Lower	Upper
Constant	48.85	6.80		7.187	<0.001	35.48	62.23
Education (reference: illiterate)	6.69	0.79	0.438	8.476	<0.001	5.14	8.25
Has been circumcised	-19.56	5.99	-0.169	3.265	0.001	-31.35	-7.77

r-square=0.26

Model ANOVA: F=51.90, p&lt;0.001

Variable excluded from model: age, religion, residence

**Table 5. Logistic regression model for daughter circumcision**

	Odds Ratio (OR)	p-value	95.0% C.I. for OR	
			Lower	Upper
Constant	3.239	0.341		
Age	1.098	<0.001	1.051	1.147
Education (reference: illiterate)	.375	<0.001	.245	.574
Positive attitude score	.256	0.002	.109	.598
FGM has religious basis	4.928	<0.001	2.107	11.530

Nagelkerke R Square=0.558, overall classification: 87.1%

Model ANOVA: F=123.60, p&lt;0.001

Variable excluded from model: religion, residence, age at circumcision, know FGM is illegal

#### 4. Discussion and conclusion

The study was aimed to assess the awareness and attitudes of a sample of Upper Egypt women towards FGM. The results indicated a very high prevalence of this practice, as well as a high percentage of encouraging attitudes which were related to the education of women and their being circumcised. Also the determinants of getting daughters circumcised were older age, religious belief, lower education, and encouraging attitude. These findings point to important factors that must be considered in the efforts addressing this major health problem.

According to the present study, almost all women included in the sample were circumcised. Although this finding is deceiving, it is expected since the minimal age in the sample (18 years) is older than the time of the first decree forbidding the practice in 1995. Therefore, the rate of FGM is expected to be high in this cohort. Our results are in congruence with those reported in a city of Upper Egypt, Luxor<sup>(10)</sup>, which is further to the South of the site of the present study. The percentage of circumcised women was 99.3%, compared to 95.7% in our study. Our slightly lower figure may be explained by the time difference as well as the setting, as the present study setting is much closer to the capital, which may have a positive influence on its socio-cultural environment.

What is more important than the high proportion of circumcision of women in our sample is the proportion among their daughters, reaching more than three-fourth of them. This is almost double of that reported in Ethiopia (42.4%), compared to 77.3% in our sample<sup>(16)</sup>. Although the proportion is lower in daughters, it is still high in view of the laws and decrees that date more than 15 years. It is also noticed that more than half of the women knew that FGM was illegal, but still practiced it. This shows that the laws alone are not sufficient to eradicate this habit. In this regard, *Aigbodion et al*<sup>(17)</sup> mentioned that this culturally patterned habit is handed from past generation and from parents to children. So, whatever the parents' attitudes and behaviors may be, they are adopted by their children.

Moreover, it seems that the laws forbidding FGM led to changes in the patterns of the practice. Thus, the minimal age shifted from five to eight years, with more physicians practicing it, and more associated complications. The age shift could be related to the more difficulty of finding a practitioner due to fear of sanctions. The higher complication rate might be attributed to lack of training of physicians in this procedure, which is not taught as a standard procedure in medical practice. It also might be related to the untoward non-standard conditions of the

settings in which they are practiced for fear of criminal accusation.

The present study demonstrated a generally encouraging attitude towards FGM. The attitudes reflected underlying reasons related to tradition, chastity, and honor as previously reported in similar studies<sup>(4,18,19)</sup>. However, the most agreed upon statement was that FGM was a demand of husbands or potential husbands. Therefore, women may feel themselves forced to perform it to their daughters on the grounds that it will ensure better chances for them daughters to get married in a society where FGM is deeply rooted and related to honor and men's desires. Such better marriage prospects were reported in the Egyptian Interim Demographic and Health Survey<sup>(20)</sup>.

According to the study findings, women' encouraging attitude was related to a number of factors. However, in multivariate analysis, only education and having been circumcised were the statistically significant independent predictors of the attitude score. Therefore, it is education that should be the long-term target that will lead to a change in the attitudes of women regarding FGM. Hence, the health education efforts should currently be focused on illiterate women, and those with low socio-economic conditions.

In line with these findings, studies in Egypt demonstrated that the majority of well educated women, as medical students, were against FGM<sup>(11, 21)</sup>. On the other hand, a study in Nigeria showed that lower educational background was associated with more favorable attitudes to FGM<sup>(17)</sup>. Moreover, a study in Nigeria<sup>(22)</sup> showed that only educational qualification contributed significantly to the prediction of women's attitude towards FGM.

The present study has also identified the factors associated with women's practice of circumcision of their daughters. Logistic regression revealed that older age and religious belief were positive predictors, while education and positive attitude score were negative predictors. The older age is expected since older women may be more compliant to the traditions of parents, and in their era, circumcision was not a forbidden or even a debatable issue. The finding is in agreement with *Afifi*<sup>(14)</sup> who reported that young age was associated with the intention to discontinue the practice. As for education, it is evident that it can shape the attitude, and consequently the behavior, which is in congruence with previous studies<sup>(23, 24)</sup>.

The last and most important factor is thus the religious belief. It is noteworthy that it is the religious belief and not the religion that determines the decision since no differences were revealed between Moslem and Christian women. Although studies have cited the importance of religion as the



major driving forces behind the practice of FGM<sup>(25, 26)</sup>, there is no religious scriptural evidence supporting it<sup>(27)</sup>. In fact, FGM was practiced before Islam and Christianity<sup>(18)</sup>. However, it is difficult or even impossible to disentangle religious from cultural and social beliefs, and people try to relate the milder forms of FGM with Islamic religion<sup>(4, 25)</sup>.

The study findings lead to the conclusion that FGM is still an important and culturally sensitive issue in Upper Egypt community, and most women encourage it mainly on religious grounds. Also, illiteracy is a risk factor for perpetuation of this habit. Therefore, health education efforts should be focused on those women with lower educational levels, and these programs should be supported by religious scholars who must convince people that this habit is not mandated by religion. They should also be addressed to older women who advocate the habit and are usually in a decision-making position in its practice.

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