



F G M

The role of socioeconomic status
in the practice and awareness
of female genital mutilation

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The World Health Organization (WHO) has reported that more than 90 percent of women in Egypt have been circumcised.

I come from an Egyptian background; although I was born and raised in the United States, I frequently visited, and spent my eighth- and ninth-grade years living in Cairo. I first learned of female genital mutilation (FGM), and became aware of the statistics, while planning a FGM workshop for my medical school's Global Health Conference.

My immediate reaction was one of denial. I thought the data must be incorrect and exaggerated; there's no way that a terrible act like this could be practiced in a country I consider my second home. And, if it was common, why had I never heard of anyone talking about it?

The practice of FGM

FGM is defined by WHO as "...all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons." The practice is fairly common in 29 African countries, and to a lesser extent in some Middle Eastern countries. It is estimated that 125 million women living in these areas have been "cut."¹

The practice is usually performed in tribes in sub-Saharan Africa by a circumciser, without anesthesia, and under life threatening, unsanitary conditions. Some of the equipment used includes knives, thorns, and nails.

In Egypt, midwives, called *dayas*, traditionally performed these procedures. In recent years, the practice has shifted to the medical realm with more than 60 percent of cases performed by doctors and nurses in an outpatient clinical setting.²

There are four types of FGM; the severity of the procedure increasing with each type. The first type—the main type practiced in Egypt—clitoridectomy, involves a partial or total removal of the clitoris.

The second type, excision, removes the labia minora, and possibly the labia majora, in addition to the clitoris.

The third, and most severe type of FGM, is infibulation, which, in addition to all the previously mentioned procedures, narrows the vaginal opening, and seals it by apposition of the labia majora, with only a small opening left for urinary and menstrual flow. This type of FGM is common in sub-Saharan Africa countries such as Ethiopia and Somalia.

The fourth type of FGM is any other harmful procedure to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping, and cauterization.¹

Complications from each of the types include hemorrhaging; persistent urinary tract infections; cysts; infertility; an increased risk of childbirth complications and newborn deaths; the need for corrective surgeries; necrotizing fasciitis; tetanus; and sepsis.¹

Although the actions are traumatizing and torturous, the cultures that practice these procedures believe that it protects the female from sexual urges, and preserves virginity until marriage. The practice is primarily performed on young girls before they reach puberty.

A major problem with this type of procedure is that the sexual urges it is supposed to suppress are actually initiated and controlled by hormonal releases orchestrated by the brain. The long-term physical effect is painful intercourse and loss of sexual satisfaction, which can affect psychological health, and future marital relations.

The predominance of this practice is in lower socioeconomic populations that are less educated regarding women's health concerns and sexuality. Discussion of the female body is still considered taboo in these societies, and it is difficult



for them to accept that a “simple cut” can lead to physical and emotional sequelae.

FGM performed in Egypt is usually the least aggressive/invasive of the procedures, making it more acceptable as a way to accommodate families’ requests.

The origins of FGM

It is believed that female circumcision started in sub-Saharan Africa and later moved to Egypt. Egyptologists and anatomists have studied female mummies for signs of FGM, but nothing was found, which does not eliminate the possibility as checking a mummy’s anatomy can be very complicated.

Writings by the Greek geographer Strabo describe the practice during visits to Egypt around 25 B.C.³

U.S. historian Mary Knight, author of the paper “Curing Cut or Ritual Mutilation?: Some Remarks on the Practice of Female and Male Circumcision in Graeco-Roman Egypt,” describes how social motivations favored the continuation of a practice that initially may have been narrowly performed, and its original motivation most likely had long been forgotten.⁴ Many Egyptians who have been cut, state that they grew up knowing about this and are doing to their children what their mothers had done to them—a protective procedure. Others claim that it is the Islamic thing to do as a “*Sunnah*” act, a practice that is commendable but not obligatory, and is based on the teachings and practices of the Prophet Muhammad (PBUH).

There is no indication of female circumcision in the *Quran*. Azhar University scholars in Cairo, one of the oldest and most prestigious centers for Islamic and Arabic learning in the world, stated that after thorough investigation, female circumcision is not at all an Islamic requirement or recommended practice. Those who believe that it is *Sunnah* base their claims on one story of an encounter the Prophet Muhammad (PBUH) had with a woman who was performing FGM on a little girl in the city of Medina. The Prophet said to the woman, “Do not cut severely as that is better for a woman and more desirable for a husband” (Sunan Abu Dawūd, Book 41, #5251).

However, some Islamic scholars have stated that this is a weak narrative, and should not be taken to mean that the Prophet enforced or recommended female circumcision in any way, and it might not be a correct story.

Taken literally, the only clearly stated prohibition was the severity of the act of circumcision in order to eliminate the risk of potential harm to the woman, and the issues



she and her husband might face later. However, the act itself was not completely banned. A fundamental aspect of Islamic law is that what is not prohibited is allowed.

Contrary to some Western beliefs, women are very important and treasured in Islam, and are given many rights. One of these is a woman’s right to sexual enjoyment. A woman has the right to divorce if her husband does not provide sexual satisfaction.⁵ Therefore, a practice such as FGM, which results in loss of sexual satisfaction and painful intercourse, should not be associated with Islam, and is rarely practiced in largely Islamic countries, other than Egypt. It has been practiced in Christian countries in sub-Saharan Africa, and can also be found in Central America and South America. With written recordings of such practices in ancient Egypt around 25 B.C., this practice cannot be attributed to any religion. It is a practice based on sub-cultural beliefs.

Although the results of the scholarly debate over the religious aspects of female circumcision indicate that this is not an Islamic practice, the majority of Egyptian women persist in citing this reason for performing the ritual. WHO has studied FGM in Egypt, and included a comparison



An illegal act that requires more education

In 1996, FGM was outlawed in Egypt, however, there were loopholes that allowed continued practice of the procedure for certain situations.

In 2007, the Egyptian Ministry of Health issued a ministerial decree banning anyone from performing FGM.⁷ Many families use midwives to perform the procedure, skirting the law and making it difficult to obtain data.

Recently, a doctor in Cairo was sentenced to two-years- and three-months in prison after a

13-year-old girl he performed an FGM procedure on died—two years for manslaughter, and three months for performing FGM. In addition, the doctor's clinic was suspended for one year, and the father of the girl was given a three-month suspended sentence.⁸ This is the first case of FGM to ever make it to court in Egypt.

between governorates of school-aged girls. The study revealed that the majority of cases were performed in rural cities such as Luxor (85.5% of females are circumcised), Assuit (75.5%), Sharkiya (73.9%), and Bani Suif (73.1%). The city with the lowest frequency was Port Said (17.9%). For the largest two cities in Egypt, Cairo and Alexandria, the results showed that 36.5% and 39.2%, respectively, of females were circumcised. The study also showed a correlation between the likelihood of the act and the education level of the girl's parents, with most cases happening in less educated families.⁶

Disparity among classes

Physicians and medical students need to understand the practice of FGM, and all the associated complications, in order to correctly treat patients. There is great potential for medical professionals to have a positive influence on their communities, and it is vital that medical schools in Egypt and any country where FGM is prevalent include a section on FGM as part of the curriculum. Medical students in regions of the world where FGM is endemic should participate in direct patient education, and partner with existing community programs. They should talk about the medical and psychological complications associated with the procedure with the younger generation to empower them through education and preventive medicine.

The majority of the population in Egypt makes up the lower class in which many people are illiterate, homeless, and unemployed.

In addition to efforts to educate and eradicate FGM, there must also be organizations that support young females who are forced to get "cut." The Maasai Education Discovery program in Kenya provides support to young girls hoping to escape the forced procedure.⁹ It also promotes open dialogue and discussion of alternatives to FGM, and works to educate young men who are strong believers of marrying only circumcised women.

Egypt ranks 16 on a list of the world's most populated countries with 88.5 million people. There is little mixing of social classes in Egypt.

Other organizations such as UNICEF, the United Nations (UN), Doctors Without Borders, and local organizations in Africa are also working to eradicate FGM.

Although I frequently visited Egypt, and lived there for two years, I associated most closely with the middle/upper class, the minority of the population, who understand that the practice is not religious. Even if I had known this practice existed in Egypt, I wouldn't have believed that it was prevalent, even in the main cities.

Friends and family members, including my parents, who lived in Egypt for many years, were shocked to hear of the pervasiveness of FGM throughout the country.

Two Middle-Eastern medical school graduates who are from Iraq, lived in Dubai, and went to medical school in Bahrain—and were in attendance at the FGM workshop at my school's conference—had never heard of this practice.

Eliminating FGM

Social media provides for worldwide communication to reach out to and educate men, women, children, physicians, midwives, and anyone who will listen. It can be especially useful in Egypt where almost everyone, regardless of socioeconomic status, owns a smartphone, has a computer with internet access, or can connect at public cyber offices for a small fee.

Women who have experienced FGM can also be vocal critics of the procedure from a personal perspective. The KMG Ethiopia organization, founded by two sisters, works with Christians and Muslims alike to eradicate FGM. They use the *Bible* and the *Quran* to dispel the commonly held belief that FGM is a religious obligation.¹⁰

Laws are essential, but without proper education, and enforcement, laws cannot bring about a change in behavior. The incident of the doctor being sentenced to prison, brought more awareness to the topic in Egypt. Media campaigns have been launched, and the UN and ministry of health have undertaken efforts to promote awareness.¹¹

The key is collaboration. Medical professionals and community/religious leaders must join forces and target education for young women and men.

FGM inclusion in medical school curricula should not be exclusive to endemic regions. All medical students should be provided the opportunity to learn about these, and other, cultural medical decisions.

It is illegal in the United States to perform FGM, but this doesn't stop many people from having it done to their children by sending them to their country of origin.¹²

In a world where every country has multiple cultures and socioeconomic groups, we can no longer attribute the problem to a select number of countries. FGM is a worldwide issue that needs to be universally addressed.

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