

Original Review

Perception of Female Genital Mutilation among Upper Egypt Health

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Abstract

<p>Keyword:</p> <p>Female genital mutilation; Egypt; Upper Egypt; Medicalization.</p> <p>Corresponding author:</p> <p>Dr. Abdo Elswesy Consultant Obs&Gyn Aswan Governorate</p> <p>Phone: + 20 1000800021</p> <p>Mail: aalswasy@gmail.com</p>	<p>Background: Egypt has the highest rate of FGM medicalization as the percentage of girls aged 0-14 years that underwent FGM by a health care provider is the highest in the world (83%), with doctors performing 74% of cases. four out of five girls under the age of 15 were subjected to FGM at the hands of medical professional. Female genital mutilation (FGM) is still widespread – but increasingly condemned – throughout much of North and East Africa.</p> <p>Method: The study is a cross-sectional descriptive study aimed at analyzing data related to health care provider's (HCPs) perceptions regarding female genital mutilation in the private sector ibn Aswan Governorate in Upper Egypt. The study was conducted in two districts, namely Kom Ombo and Aswan districts. This research includes doctors, pharmacists, and lab specialists in the private sector to identify general knowledge, perception and attitude towards FGM.</p> <p>Result: Total number of health service providers enrolled in the study was 230 specialists, Sex & Age group: 68% male (n=156) and 32% female (n=54) (Fig 1), majority of participant (57%) in the age group of 20-40 years. 76% of the participants in the research sample were agreeing to participate in the research, provided that it was kept confidential, 10% of the sample declined to share any data, and 14% expressed uncertainty or were hesitant to commit.</p> <p>Conclusion: The survey results revealed advanced awareness among health care providers in Kom Ombo and Aswan districts, Aswan governorate, Upper Egypt regarding the seriousness of female genital mutilation (FGM), coupled with widespread personal and professional rejection of the practice. However, there is a gap remains in the willingness of some to actively participate. This requires multi-programs to combine awareness-raising, trust-building, and removing societal barriers to empower them as agents of change.</p>
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Background

Despite national efforts, Egypt continues to grapple with Female Genital Mutilation (FGM). UNICEF data ranks Egypt 5th globally for FGM prevalence among married women aged 15-49 (87%). Alarming, Egypt has the highest rate of FGM medicalization as the percentage of girls aged 0-14 years that underwent FGM by a health care provider is the highest in the world (83%), with doctors performing 74% of cases. Four out of five girls under the age of 15 were subjected to FGM at the hands of medical professional. This highlights the urgent need for targeted interventions within the medical sector¹.

Female Genital Mutilation (FGM), a practice involving the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons, is a severe violation of human rights with profound and lasting physical, psychological, and social consequences for millions of women and girls worldwide. Despite international and national efforts to eradicate it, FGM remains deeply entrenched in the social fabric of many communities, particularly across parts of Africa and the Middle East²

FGM in Egypt

Since 2008, there has been a shift in Egypt away from traditional practitioners and towards health professionals (particularly doctors) performing FGM.⁴⁸ The primary focus on health issues by early anti-FGM campaigns has been suggested as a contributory factor in families turning to medical staff and facilities, which are perceived as 'safer'. Additionally, doctors, as professionals, are seen as having more 'power' in society than the traditional midwife, and thus are less likely to be punished for performing FGM. Thus, the medicalization of FGM in Egypt is a huge challenge in the campaign to end the practice; currently, 78.4% of incidences of FGM are carried out by a health professional³. Medicalized FGM is most common in the Urban Governorates and Lower Egypt, perhaps because easy access to health professionals and the funds to pay them is more common for families living there⁴.

Female genital mutilation (FGM) is still widespread – but increasingly condemned – throughout much of North and East Africa. However, the recent history of the practice in Egypt presents special challenges for those trying to end it. According to the Egyptian Family Health Survey (EFHS) 2021, 86 percent of Egyptian married women between the ages of 15 and 49 have undergone FGM, 74 percent of whom by doctors. Although a positive change in women's attitudes about circumcision has

occurred, there is still widespread support for the continuation of FGM in Egypt. The percentage of mothers who intend to circumcise their daughters in the future has declined to only 13% (EFHS 2021) compared to about 35% (DHS 2014). FGM is part of the social fabric of the Egyptian community and is in some cases upheld by beliefs associated with religion. In June of 2008, the Egyptian Parliament agreed to criminalize FGM/C in the Penal Code, establishing a minimum custodial sentence of three months and a maximum of two years, or an alternative minimum penalty of 1,000 Egyptian pounds (LE) and a maximum of 5,000 LE. As of yet no one has been convicted according to this law. Also, the new Child Law included the formation of Child Protection Committees (CPC) at different national levels with duties to identify, support and monitor children at risk of neglect and abuse, including girls at risk of circumcision⁵

Methodology:

The study is a cross-sectional descriptive study aimed at analyzing data related to health care provider's (HCPs) perceptions regarding female genital mutilation in the private sector in Aswan Governorate in Upper Egypt. The study was conducted in two districts, namely Kom Ombo and Aswan districts. This research includes doctors, pharmacists, and lab specialists in the private sector to identify general knowledge, perception and attitude towards FGM.

Study design:

Qualitative study, questioner specially designed to explore service providers' knowledge, norms, attitude and readiness to participate in efforts and activities that combat female genital mutilation.

First; Develop research tool (questioner) by research team and reviewed and validated; the questionnaire was translated into Arabic, then back-translated to fit the Egyptian context. The survey form is attached (attachement#1).

Second; assembling a research field team from social female's teams selected and thoroughly trained. Then made sure they were well-prepared to use the research tools, understood the potential challenges they might face, and knew how to handle those situations with sensitivity and good judgment. The research team consisted of ten dedicated socially background researchers.

Third; the research tool was tested, the results reviewed, and the tool was subsequently revised and finalized for printing.

Fourth; the process began with selecting the research sample, carefully ensuring adequate representation for doctors, pharmacists, and lab specialists. Following this, a database was prepared for data management. The fieldwork was then carried out in two key districts in Aswan Governorate, Kom Ombo and Aswan districts.

The questionnaire included 4 sections; (1) Personal & geographical data, (2) Knowledge about FGM (3) Practice, which both reflect the attitudes and practices of the HCPs; finally, (4) Readiness to support, the efforts to combat FGM. The questionnaire included 21 questions to collect socio-demographic data and information regarding the believes of HCPs. 230 Health care providers from the private sector from both genders were included, staff members including doctors ($n = 79$), pharmacists ($n=85$) and laboratory physicians($n=66$). All health care providers were informed about the study and were included in the study after their approval. The field research study lasted 14 field working days, and then questionnaires were being reviewed both in the field and at the office. An initial data analysis was done then the data being organized into a table format, making it ready for quantitative and qualitative analysis.

Ethical approval and consent to participate

The study was approved by the research ethics committee of MISSUE ethical committee. In addition to the approval of the syndicates leadership to enable the dissemination of the survey amongst the private sector staff. All procedures for data collection were treated with confidentiality according to the Helsinki Declaration of biomedical ethics. Given the sensitive nature of the questions, respondents were allowed to skip any question they were uncomfortable answering, and their confidentiality and anonymity were guaranteed by identifying them by codes. No personal identifiers were collected.

Results:

1) Demographic Data

- 1- Total number of health service providers enrolled in the study was 230 specialists, according to geographic distribution shown in (Tab1).

Item	Aswan	Kom Ombo	Total
Doctors	36	34	79
Pharmacist	42	43	85
Lab. Specialist	30	36	66
Total	108	122	230

Table 1: number of health service providers enrolled in the study

2- Sex & Age group: 68% male (n=156) and 32% female (n=54) (Fig 1), majority of participant (57%) in the age group of 20-40 years. (Fig 2)

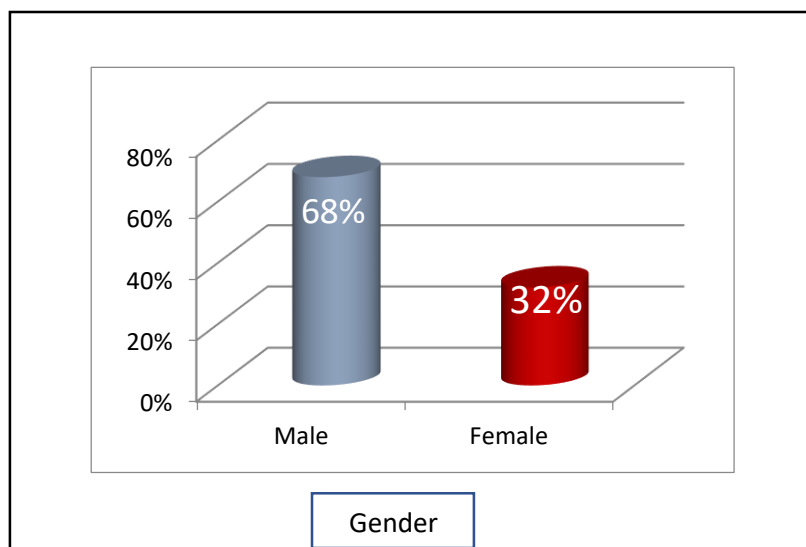


Fig 1: Gender of participants

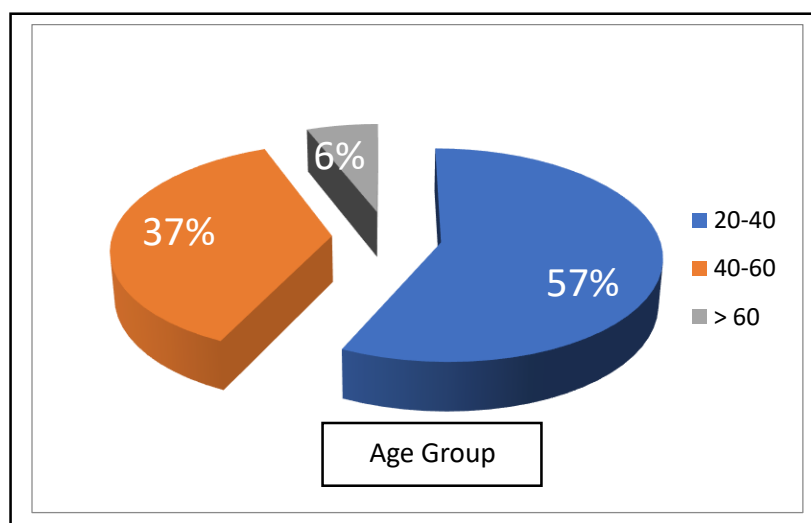


Fig 2: Age groups of participants

2) General knowledge and perception data:

1- Participation in the research

76% of the participants in the research sample were agreeing to participate in the research, provided that it was kept confidential, 10% of the sample declined to share any data, and 14% expressed uncertainty or were hesitant to commit.

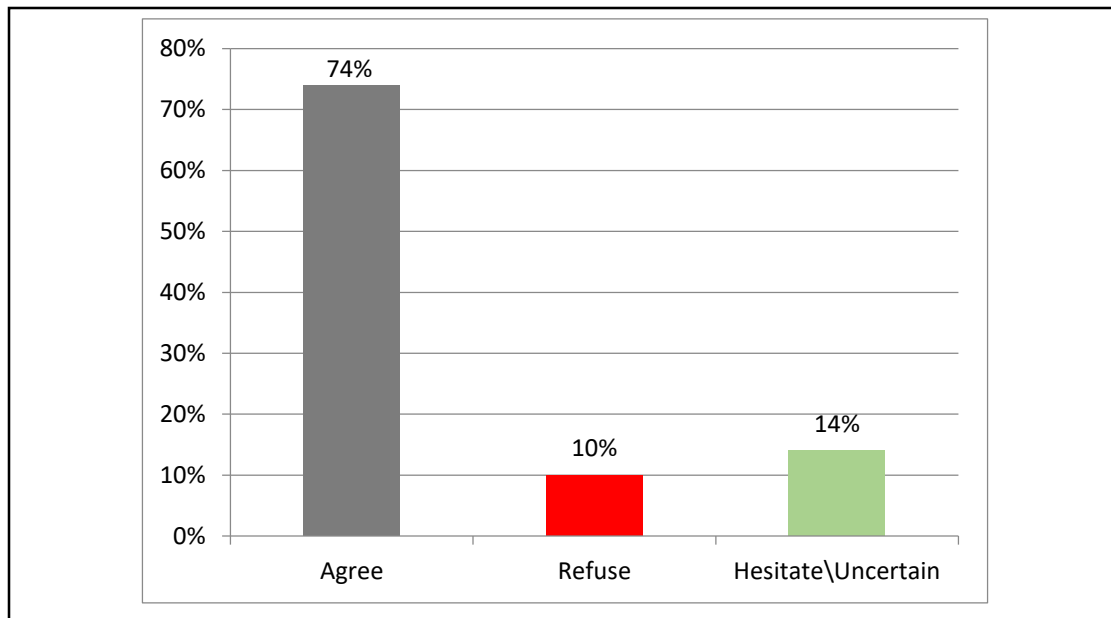


Fig 3: Participation in the survey

2- Does FGM affect female health?

82% of the research sample was aware that female genital mutilation is harmful to a girl's health, while 12% were unable to answer, and 6% were certain that female genital mutilation is not harmful."

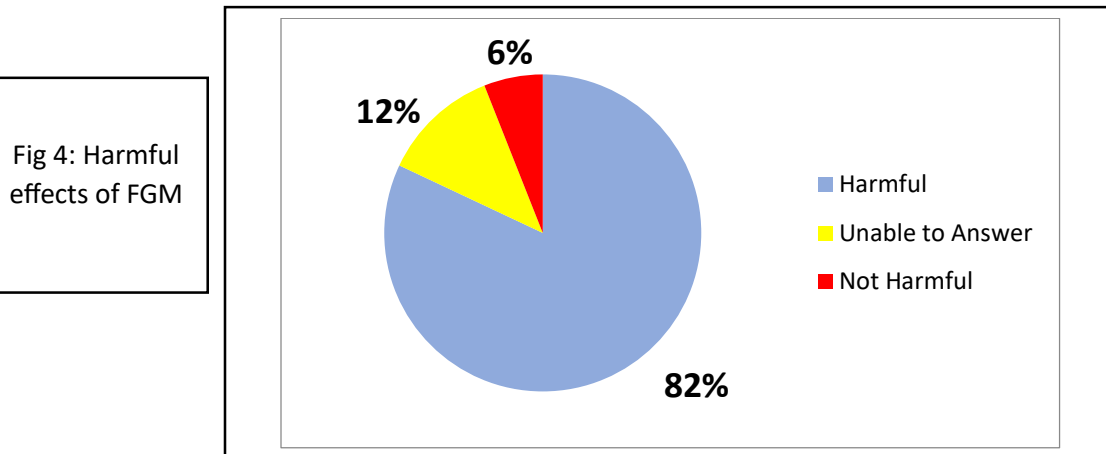


Fig 4: Harmful effects of FGM

3- Is FGM has a religious root?

6% reported that female genital mutilation has a religious basis, while 87% reported that it has no religious basis. 3% preferred not to answer, and 4% were unable to answer.

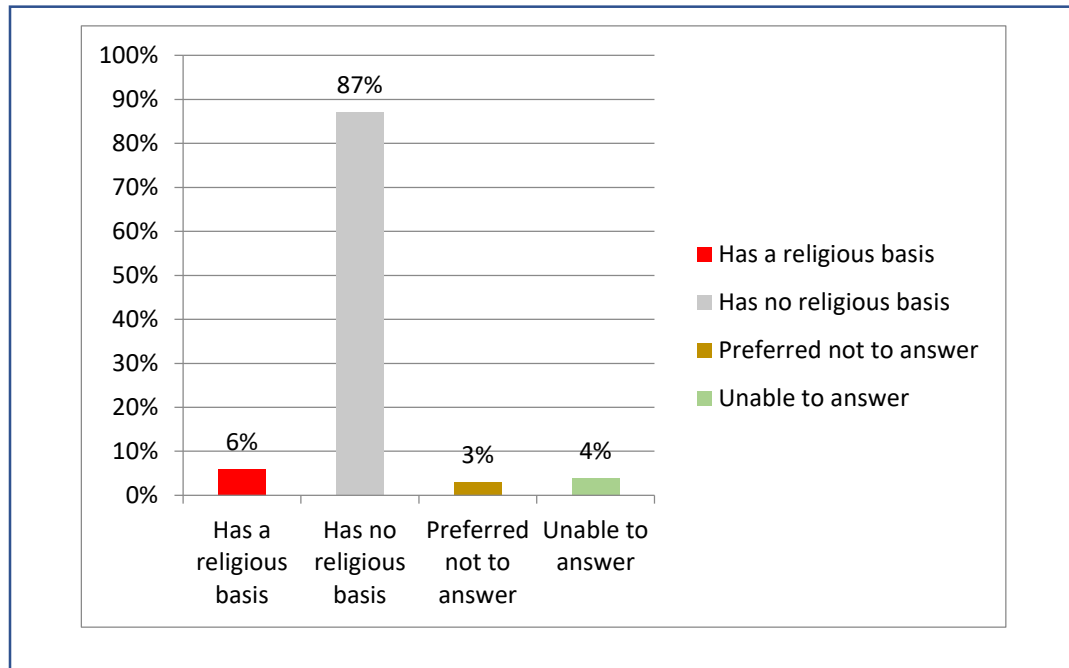


Fig 5: Religious bases for FGM

4- Does this practice perform frequently in your area?

50% of the respondents reported that female genital mutilation does not occur frequently in their areas, while 27% reported that it occurs at all in their areas and 23% preferred not to answer.

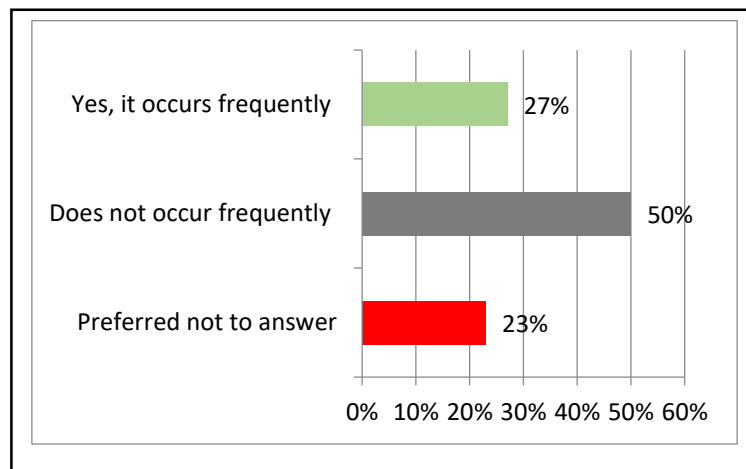


Fig 6:
Occurrence of
FGM in the
locality

5- Do you believe in having FGM in your family?

“87% of the respondents are believe that female genital mutilation should not continue at the community level, at the same time, 6% believe that FGM should continue, but 7% prefer no answer”

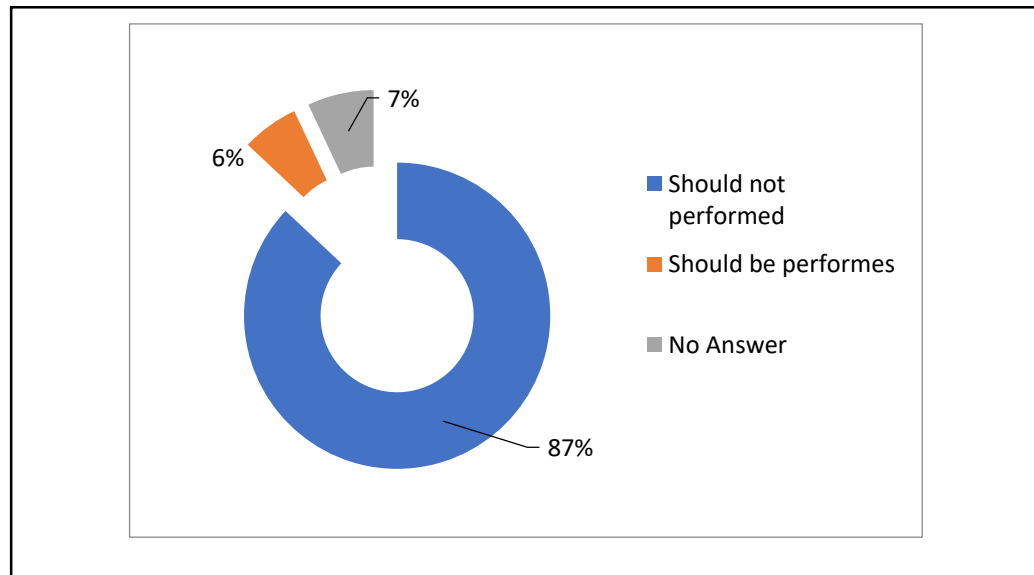


Fig 7: Believe about FGM in the family

3) Legal knowledge data:

- “91% of the respondents are knew that Egyptian law address FGM, 3% didn’t know, 2% preferable no answer, 4% answers may be.
- About 47% of the respondents didn’t hear about any legal cases or criminal penalties resulting from FGM, but 35% hear about legal cases and 14% respondents’ answers may be, also 4% prefer not answer.

4) Readiness to share in FGM counseling services:

- More than 55% of the participants’ health center didn’t have prior experience providing counseling services
- 75% of the respondents are willing to participate in providing counseling, 19% refuse to participate in providing counseling.

Discussion:

Despite all the various efforts to ban FGM in Egypt, attitudes supporting FGM are still far from being eradicated and have hardly changed over the past years. Rarity of the Egyptian study's literature during the last 10 years that investigating HCP behavior toward FGM was interesting. Since the 2000s, only 5 studies' in Egypt from exploring attitudes towards FGM/C have increased after it was recognized as an essential problem and gained increased attention worldwide.

To our knowledge it is the first study to explore the perception of health service providers in Aswan- Upper Egypt about FGM. 86% of the study group referee FGM to tradition and no religious base, while 74% of physicians agree to enrolled in the study, 82% of our population believe that this habit has harmful effect, there is a great difference from the study done in Cairo & Gharbia governorate that show 60% of the respondents believed that FGM/C is a mandatory religious practice⁶.

While 87% of HCP respond that they refuse FGM to be done in their families in our study and 13 % believe that the operation should be performed in contrary to the HCPs enrolled in the study done by Omima El Gebaly in Cairo & Gharbia governorates that stated "Despite having a medical education, physicians themselves, especially those who were from rural areas, were also affected by the prevailing cultural norms and beliefs of their community". The pressure to conform to cultural norms sometimes meant that they performed FGM/C although they were aware about the medical risks involved, as 63% believed the practice should continue⁷.

Knowledge of legal aspects to perform FGM were 91% in our but in the previous mentioned study it was only 28.8% of HCPs aware of the legal responsibilities.⁸

Conclusion

The survey results revealed advanced awareness among health care providers in Kom Ombo and Aswan districts, Aswan governorate, Upper Egypt regarding the seriousness of female genital mutilation (FGM), coupled with widespread personal and professional rejection of the practice. However, there is a gap remains in the willingness of some to actively participate. This requires the program to combine awareness-raising, trust-building, and removing societal barriers to empower them as agents of change.

Recommendations:

To effectively support the involvement of health service providers in counseling about FGM and its dangers to girls and women, both in clinical and community settings, a multi-faceted approach is needed. This combines strengthening their capacity, creating a supportive environment, and integrating their efforts into broader anti-FGM initiatives.

1. Target reluctant participants in secure, closed sessions to break down social barriers and build trust.
2. Promote legal literacy with accessible, simplified content about sanctions.
3. Design symbolic activities, such as distributing brochures or attending a closed session, for participants who are not ready to fully participate.
4. Work with health leaders as advocates within the medical community.
5. Leverage advocates as "ambassadors of support" within the healthcare sector.

Abbreviations:

FGM: female Genital Mutilation

HCPs: Health care providers

CS: Cesarean Section

Acknowledgment:

UNICEF Egypt is highly appreciated to fund this research as a part of implementing a program to support HCPs in providing counselling for females who undergone FGM and those who survive from it.

We highly acknowledged the integrated and hard work done by Dr. Soher Almasry and DACT Company in preparing, collecting and analyzing data of this research.

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Declaration:

The author is the current president of the board of trustees of “Health & Social Integration Service Foundation”, “TAKAMOL Foundation”. TAKAMOL foundation is a non for profit, non-governmental organization, established in 2015 # 1472, under the low of non-governmental organization, Ministry of Social Solidarity in Egypt. TAKAMOL foundation is completely responsible for this study.

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 - ⁷ Health care providers’ and mothers’ perceptions about the medicalization of female genital mutilation or cutting in Egypt: Previous reference
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