

**Refugee Review Tribunal
AUSTRALIA**

RRT RESEARCH RESPONSE

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Questions

1. Please advise whether female genital mutilation is illegal in Egypt?
2. Please advise what the attitude of authorities is towards FGM?
3. Please advise what steps have the government and/or NGOs taken to stop the practice? (The US State report refers to a conference in November in Cairo aimed at eradicating FGM).
4. Please advise what the attitude of the Coptic Church is towards FGM. Please provide any recent reports or statements by the Coptic Church on the practice?
5. Please advise whether the incidence of FGM is any different in the Coptic Christian community?
6. Are there any recent studies on the prevalence of FGM in Egypt?
7. What age are girls subjected to FGM?
8. Is the incidence of FGM any different in the big cities?
9. What groups of women are more at risk of FGM?
10. Who performs FGM?
11. Have there been any charges or action taken against doctors or midwives who perform FGM?
12. Are there any reports on women who have refused to be circumcised?

RESPONSE

1. Please advise whether female genital mutilation is illegal in Egypt?
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Legal status of female genital mutilation (FGM) and attitude of authorities to FGM in Egypt

Sources indicate that the Egyptian government moved to tighten the already-existing ban on FGM in June 2007 following the FGM-related death of a young girl. FGM was first prohibited by ministerial decree (as opposed to legislation) in 1959, but changes were made over the years until 1996, when the Health Minister decreed that FGM was prohibited “except for medical reasons certified by head of hospital’s obstetric department.” This legal loophole was described by critics as being “so wide that it effectively rendered the ban meaningless”. The June 2007 decree bans “health care workers – or anyone – from conducting the procedure for any reason”. Nonetheless, critics and supporters of the ban alike have expressed doubts on the viability of its enforcement, given the strong cultural tradition of FGM in Egypt and the resistance of the rural populace and local imams to “Western ideas” (for the June 2007 decree, see: Johnston, C. 2007, ‘Egypt death sparks debate on female circumcision’, *Reuters Alertnet*, 19 August – Attachment 3; for a brief history of FGM and the law in Egypt, see: US Department of State 2001, *Prevalence of the Practice of Female Genital Mutilation (FGM); laws prohibiting FGM and their enforcement; recommendations on how to best work to eliminate FGM*, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 – Attachment 6; for the legal loophole, June 2007 decree and overview of the FGM debate in Egypt, see: ‘Voices Rise in Egypt to Shield Girls From an Old Tradition’ 2007, *New York Times*, 20 September – Attachment 1; for the debate over the June 2007 decree, see: Al-A’Sar, M. 2007, ‘EGYPT: Islamic Scholar Opposed Ban on Female Circumcision’, The Female Genital Cutting Education and Networking Project website (Source: *Mail & Guardian Online*), 16 December http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1197838291&archive=&art_from=&ucat=1& – Accessed 13 February 2008 – Attachment 30; Mabrouk, M. 2007, ‘Good intentions are not enough’, *Daily News Egypt*, 12 July <http://www.dailystaregypt.com/article.aspx?ArticleID=8191> – Accessed 12 February 2008 – Attachment 22; and Zahra, R. 2007, ‘FGM: Rule of law vs. rule of tradition’, *Daily News Egypt*, 7 July <http://www.dailystaregypt.com/article.aspx?ArticleID=8071> – Accessed 12 February 2008 – Attachment 23).

A 2001 USAID report provides a brief summary of the history of the legal status of FGM in Egypt up to that time, as well as an overview of the work of NGOs in combating the practice:

Ministerial decree in 1959 prohibited FGM making it punishable by fine and imprisonment. Changes made over the years. In December 1997, the Court of Cassation upheld a government ban on FGM. Issued as a decree in 1996 by Health Minister, ban prohibits medical and non-medical practitioners from performing FGM in public or private facilities, except for medical reasons certified by head of hospital’s obstetric department. Government committed to eradicating FGM through education and information...Many NGOs doing outreach to teach about the harmful effects. In 1982, a project by the Population Crisis Committee and Cairo Family Planning Association produced material on harmful effects and carried out training for doctors, nurses, midwives and social workers. National Committee of IAC active in anti-FGM activities since 1985. Task force targets mothers’ clinics, family planning centres, secondary school students, etc. Current efforts focus on community-based Approaches and the Positive Deviance Approach that uses individuals who have deviated from tradition and stopped, prevented, oppose the procedure to advocate change. The U.S. Agency for International Development (USAID), in cooperation with Egyptian government, is funding projects to train health providers on dangers of the practice and providing grants to NGOs to increase public information about this subject. Government and NGOs use media to disseminate information on health risks (US Department of State 2001, *Prevalence of the practice of female genital mutilation (FGM); laws prohibiting FGM and their enforcement; recommendations on how to best work to eliminate FGM*, US Department of State website

A story from *Agence France Presse* quotes a UNICEF report from September 2007 that “acknowledged progress by authorities” in reducing the prevalence of FGM but “said that the problem was still widespread”. The report notes the banning of FGM in Egypt in 1997, but with a loophole that allowed doctors “to operate ‘in exceptional cases’”, and the subsequent closing of this loophole in June 2007. The report also claims that legislation “to toughen penalties against the practice” of FGM was due to go before the Egyptian parliament in November 2007:

UNICEF acknowledged progress by authorities in the country which has clamped down on the practice this year, but said the problem was still widespread... Affecting both Muslim and Christian women, it was banned in Egypt in 1997 with doctors allowed only to operate “in exceptional cases”. In June this year the government tightened the ban... A law to toughen penalties against the practice, prompted by the death of the two girls, is due to be put to parliament’s next session in November (‘UNICEF calls on Egypt to stop female circumcision’, 2007, *Google* (source: *Agence France Presse*), 11 September – Attachment 2).

A September 2007 report from the *New York Times* provides an overview of events in Egypt following the deaths of two young girls after they were subjected to FGM in June and July 2007. The report details the “ferocious” debate over FGM, and the efforts of an “unlikely alliance of government forces, official religious leaders and street level activists” to end the practice of FGM. It also outlines the opposition to reform, quoting an imam who claims that “it is natural that every person circumcises his daughter”, and that criticism of FGM is “criticising the practice of our fathers and forefathers”:

Circumcision, as supporters call it, or female genital mutilation, as opponents refer to it, was suddenly a ferocious focus of debate in Egypt this summer. A nationwide campaign to stop the practice has become one of the most powerful social movements in Egypt in decades, uniting an unlikely alliance of government forces, official religious leaders and street-level activists. Though Egypt’s Health Ministry ordered an end to the practice in 1996, it allowed exceptions in cases of emergency, a loophole critics describe as so wide that it effectively rendered the ban meaningless. But now the government is trying to force a comprehensive ban.

...the health minister has also issued a decree banning health care workers- or anyone – from conducting the procedure for any reason. Beyond that, the Ministry of Religious Affairs also issued a booklet explaining why the practice was not called for in Islam; Egypt’s grand mufti, Ali Gomaa, declared it haram, or prohibited by Islam; Egypt’s highest religious official, Muhammad Sayyid Tantawi, called it harmful; television advertisements have been shown on state channels to discourage it; and a national hot line was set up to answer the public’s questions about genital cutting.

...But now, quite suddenly, forces opposing genital cutting in Egypt are pressing back as never before. More than a century after the first efforts to curb this custom, the movement has broken through one of the main barriers to change: It is no longer considered taboo to discuss it in public. That shift seems to have coincided with a small but growing acceptance of talking about human sexuality on television and radio. For the first time, opponents said, television news shows and newspapers have aggressively reported details of botched operations. This summer two young girls died, and it was front-page news in *Al Masry al Yom*, an independent and popular daily. Activists highlighted the deaths with public demonstrations, which generated even more coverage.

...Dr. Nasr el-Sayyid, assistant to the minister of health, said there had already been a drop in urban areas, along with an aggressive effort in more than 100 villages, mostly in the south, to curb the practice. "Our plan and program over the next two years is aiming to take it down 20 percent nationwide," he said. The challenge, however, rests in persuading people that their grandparents, parents and they themselves have harmed their daughters. Moreover, advocates must convince a skeptical public that men will marry a woman who has not undergone the procedure and that circumcision is not necessary to preserve family honor. It is a challenge to get men to give up some of their control over women. And it will be a challenge to convince influential people like Osama Mohamed el-Moaseri, imam of a mosque in Basyoun, the city near where the 13-year-old girl lived, and died. "This practice has been passed down generation after generation, so it is natural that every person circumcises his daughter," he said. "When Ali Gomaa says it is haram, he is criticising the practice of our fathers and forefathers."

...Egypt is a patriarchal society, but women can be a powerful force. So Ms. Assaad helped persuade two important women, elite and privileged, who like herself could not believe the practice was as widespread as it was, to join her battle. The first was Suzanne Mubarak, the wife of President Hosni Mubarak and a political force in her own right. The second was an ally of Mrs. Mubarak, Mosheira Khattab, head of the National Council for Childhood and Motherhood, a government agency that helps set national health and social policies.

Mrs. Khattab has become a force in pressing the agenda. Her council now has a full-time staff working on the issue and runs the hot line. She toured the Nile Delta region, three cities in one day, promoting the message, blunt and outraged that genital cutting had not stopped. "The Koran is a newcomer to tradition in this manner," she said. "As a male society, the men took parts of religion that satisfied men and inflated it. The parts of the Koran that helped women, they ignored." It is an unusual swipe at the Islamists who have promoted the practice as in keeping with religion, especially since the government generally tries to avoid taking on conservative religious leaders. It tries to position itself as the guardian of Islamic values, aiming to enhance its own wilted legitimacy and undercut support for the Muslim Brotherhood, the banned but popular opposition movement. But the religious discourse concerning genital cutting has changed... ('Voices Rise in Egypt to Shield Girls From an Old Tradition' 2007, *New York Times*, 20 September – Attachment 1).

A *Reuters* report from August 2007 states that "Egypt imposed a complete ban on female genital cutting...in June" 2007, but also provides evidence that there is significant resistance to the ban, quoting high school-age girls who support the practice. The report also states that "activists fear the practice may go underground as the vast majority of Egyptian families still view circumcision as necessary":

The death of the 11-year-old schoolgirl at a private clinic in the Egyptian village Mughagha in June prompted the government to outlaw the custom of female genital mutilation, which is so widespread in Egypt that 95 percent of the country's women are estimated to have undergone the procedure. But the ban may be hard to enforce and activists fear the practice may go underground as the vast majority of Egyptian families still view circumcision as necessary to protect girls' chastity. Most girls are cut by the time they reach puberty. Even in Mughagha, a village of low rise houses hemming the Nile, many women and girls say they want the procedure to be allowed but under more stringent medical supervision.

"If a girl is not purified, she will just go hook up with men. This protects women's honour. Otherwise it will become just like America here and girls will go with guys," said Asma Said, a 16-year-old secondary school student. "Those who say it doesn't happen are lying 100 percent. There is not one person here not circumcised, and it will continue."

She like many of the schoolgirls in Maghagha who spoke to Reuters said they supported the practice, even if they were frightened of having it done. The only girl who spoke against the practice was shouted down by her classmates until she conceded that genital cutting was a necessity. "No one can get married without it," said the girl. Another classmate, 15-year-old Nesma Radi, chimed in: "Egypt lives in peace and security because there is circumcision."

Egypt imposed a complete ban on female genital cutting -- also known as female genital mutilation or circumcision -- in June after Shaker died of an excessive dose of anaesthesia while being cut at a private clinic in Maghagha. Egypt's state-appointed Grand Mufti, the government's official arbiter of Islamic law, decreed in June that female genital cutting was forbidden by Islam, in his strongest statement yet against the practice (Johnston, C. 2007, 'Egypt death sparks debate on female circumcision', *Reuters Alertnet*, 19 August – Attachment 3).

A December 2007 report sourced from the *Mail and Guardian Online* highlights the division in Egyptian society over FGM, noting that "a controversial Islamic scholar filed a lawsuit against the minister of health protesting a recent ban on female circumcision". The report states that "in June, the Health Ministry banned doctors and nurses from carrying out the procedure":

In an act that has sparked outrage among Egyptian women's rights activists, a controversial Islamic scholar filed a lawsuit against the minister of health protesting against a recent ban on female circumcision, a practice referred to by rights groups as female genital mutilation (FGM).

Egyptian Sheikh Youssif al-Badri claims the ministerial decree violates the Egyptian Constitution as well as Islamic principles.

...In June, the Health Ministry banned doctors and nurses from carrying out the procedure. The announcement followed the death of an 11-year-old girl in Upper Egypt as a result of the procedure. Medics who carry out circumcisions may face imprisonment and being stripped of their medical licences.

While al-Badri argues that the practice is necessary in curbing women's sexual inclinations, women's rights activists and physicians disapprove of his view.

"Many of the circumcised women who seek our help were traumatised, having no ability to lead a normal sex life, which affects their relationships with their husbands," said Nihad Abul-Qomsan, head of the Egyptian Centre for Women's Rights.

...Egypt's top Islamic and Christian authorities were quick to voice support for the ban, saying the practice had no basis either in the Qur'an or in the Bible (Al-A'Sar, M. 2007, 'EGYPT: Islamic Scholar Opposed Ban on Female Circumcision', The Female Genital Cutting Education and Networking Project website (Source: *Mail & Guardian Online*), 16 December
http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1197838291&archive=&start_from=&ucat=1& – Accessed 13 February 2008 – Attachment 30).

An August 2007 report from *Agence France Presse* provides detail on the proposed new penalties for those who practice FGM, and quotes a spokesperson for the Egyptian government claiming that "the health ministry will allocate a further one million euros in the fight to stamp out the practice":

A law to strengthen penalties against female circumcision will be put to parliament when it reconvenes in autumn, a health ministry spokesperson said on Sunday, after a teenage girl died during an illegal operation to mutilate her genitalia. Spokesperson Abdel Rahmane Shahine told reporters that doctors and parliamentarians are working on the text, which will be presented to parliament when it meets again in November. "The proposed law is aimed at strengthening penalties for the practice," he said, without elaborating. Those currently in place, he added, are "not proportional to the seriousness of the crime". People found guilty of carrying out female circumcision currently risk up to three years in prison. The health ministry will also allocate a further one million euros in the fight to stamp out the practice, Shahine added ('Cairo MPs ponder tougher FGM laws', 2007, *Agence France Presse* (AFP), *IOL*, 12 August – Attachment 4)

An August 2007 report states that the Egyptian minister of religious endowments (*awqaf*), called on all imams to condemn FGM as un-Islamic in their Friday sermons:

Awqaf Minister, Dr. Mahmoud Hamdy Zakzouk, asked all imams nationwide to prohibit female circumcision during their Friday sermons and to say that it is a mere habit that has absolutely nothing to do with Islam.

In his speech at the inauguration of the eighth specialized training session for imams at the Nour Mosque in Abbasiya yesterday, Zakzouk said: "During your Friday sermons, you must stress that female circumcision is just one of the "bad" habits widespread in some countries of the Nile basin, including Egypt, and that it is not at all a sign of Islamic worship. This is proved by the fact that Saudi Arabia, the birthplace of Islam, does not know anything called 'female circumcision' and neither do all Gulf and Northern African countries and several Islamic States".

He pointed out that 100,000 copies of a book entitled "Circumcision Is Not an Islamic Ritual", printed by the Ministry of Awqaf, will be distributed to imams, ministries and libraries nationwide in order to raise awareness about the physical and psychological risks linked to this habit (Beheiri, A. 2007, 'Zakzouk to Imams: Say in Your Friday Sermons that Female Circumcision Is a Bad Habit and the Birthplace of Islam Does Not Apply It', *Al-masry Al-youm* website <http://www.almasry-alyoum.com/article.aspx?ArticleID=72200> – Accessed 11 February 2008 – Attachment 18).

An opinion piece in the *Daily News Egypt* addresses the difficulties of changing cultural practices through legislation, and the possibility that "the latest ban is likely to be as ineffective as the ones before but more dangerous to the girls' health". It suggests that the "particular social standing" enjoyed by village *dayas* (midwives) and barbers, who often perform FGM procedures, and that "FGM represents a lucrative source of income" for them, makes changing cultural attitudes to FGM difficult. The piece calls for "a massive campaign involving the government, NGOs, the Church and Al-Azhar" to combat FGM at a village level:

This latest ban is likely to be as ineffective as the ones before but more dangerous to the girls' health. There appears to be an impression in Egypt that merely passing an edict, or even a law, will be enough to bring about a desired state of affairs. This is difficult enough when the situation involves legislation on matters like finance or real estate. However, when one is dealing with a deep-seated cultural bias, as with matters concerning say, women's rights or FGM, matters need to be handled with significantly more delicacy and thought.

FGM has been perpetuated by thousands of years of culture, practice and the lack of any solid religious edicts banning it. It is only recently that the Mufti passed a fatwa declaring it to be

haram — before this, Al-Azhar's position had been oddly noncommittal. One might speculate that the institution did not want to handle an issue perceived by the vast majority of the population as a moral one. Be that as it may, the fatwa was finally announced.

However, both Muslims and Christians circumcise their girls so the issue is clearly a cultural one. Nor are they going to stop simply because the government says they should. In fact, this latest ban will merely push parents into the arms of those unqualified practitioners like midwives and barbers. Such people are doubly dangerous; they have slightly more skill than the local butcher and much the same sense of hygiene. The operation is often performed under conditions more suited to a cheap horror film than an actual medical procedure.

However, they are also dangerous because, especially in rural areas, they have a particular social standing. Midwives have access to every home in the village and they are often older women who set and maintain peer standards. When the government wants to initiate a national campaign, for example, on family planning, the local midwife must be brought on board if you want the women of the village to listen. And the local barber is often trusted with minor medical procedures and has often acquired a bogus and therefore highly dangerous medical standing. For both these professions, FGM represents a lucrative source of income; the operation can cost anywhere from LE 20 to LE 50. There is no reason for them to argue against it.

This latest edict bans any medical professional from performing this procedure. In effect, it hands the entire market over to the midwives and barbers. One obstetrician recently told me that many doctors performed a minor version of the procedure, some merely nicking the labia. In this way, he said, the girl was spared and her parents satisfied. While this might be a rosy view of matters, at least the procedure was performed under sterile conditions.

Bodour apparently died of an anaesthetic overdose, which might have happened during an appendectomy. Her death was caused by an apparently negligent doctor who allegedly tried to bribe her parents into remaining silent; the girl's mother, Zainab Abd El-Ghani, told the daily Al-Masry Al-Youm that the doctor offered them LE 3,000 to keep their mouths shut.

To make matters perfectly clear, this is not an attempt to claim that FGM would be an acceptable practice if only it were performed under sterile conditions. It's a vile evil that is perpetuated through ignorance and fear and it must be stamped out.

However, it's a mistake to think that it will cease just because someone says it has to. FGM is a misguided attempt to protect family honour. Girls who 'dishonour' the family are still murdered in many parts of Egypt. The lives of the girls, then, are not as important as the protection of the family honour. Families in Upper Egypt continue with vendettas, burying one slaughtered male family member after another without ever informing the police, although they know the identity of the murderer. Family honour requires that the murderer be killed in return. It's a bizarre social obligation and it has not ground to a halt merely because it's illegal.

Weeds are not destroyed by pulling off the surface leaves. They must be torn out by the roots. There needs to be a massive campaign involving the government, NGOs, the Church and Al-Azhar. Parents need to understand that far from ensuring chastity, this is a barbaric custom that predates all religion and ensures nothing but misery. Attitudes are slow to change and parents must be aware of the dangers to their children and of the futility of the procedure. There has already been some movement on this — Secretary General of the National Council for Childhood and Motherhood, Mushira Khattab told NPR that the circumcision rate had dropped almost 20 percent, with victims currently measuring "in the seventies" percent.

In a way, the death of the little girl gave impetus to those crying out for an end to the practice. Her death should not be in vain; constructive measures need to start immediately. Perhaps there is some way to bring midwives and barbers into the fold by introducing either incentives or strict punishments, or both. The ban eventually needs to become actual legislation with a prison sentence involved. Most importantly, parents need to be informed that behaviour is a matter of upbringing and not biology and that honour can only be maintained through purity of mind, rather than body (Mabrouk, M. 2007, 'Good intentions are not enough', *Daily News Egypt*, 12 July <http://www.dailystaregypt.com/article.aspx?ArticleID=8191> – Accessed 12 February 2008 – Attachment 22).

Another report from the *Daily News Egypt* also suggests that there are doubts about the efficacy of centralised legal or religious edicts in eliminating FGM. The report quotes the "Manager of the FGM program in the Egyptian Centre for Women's Rights" suggesting that there are "health concerns" in banning medical personnel from performing FGM procedures. It also outlines local and religious resistance to the ban. A villager is quoted saying that "people have very strict traditions and opinions on matters related to sex. They can do what they believe in. They can support each other by hiding that one of them is undergoing the operation". A lawyer claims that "mosque imams in villages" are undermining anti-FGM efforts, and denying the validity of the fatwa announcing that FGM is not religious practice in Islam, by stating that anti-FGM campaigns are "Western ideas":

Would a fatwa by the highest religious authority and a ministerial decree be enough to reduce, let alone stop, the practice of Female Genital Mutilation (FGM)? In a country where, according to national and international organizations, 96 percent of women have undergone FGM, the answer isn't that easy. While many activists are optimistic, others are sceptical about the implementation of the fatwa and the law in real life.

However, despite the strong support for the decision and the fatwa, not everybody shares the rosy picture. Others have expressed serious concerns regarding the implementation of the ban in real life. "I am very optimistic, but there are some health concerns," the Manager of the FGM program in the Egyptian Centre for Women's Rights, Ahmed Elaiwa, told *The Daily Star Egypt*. "Previously, physicians would perform circumcision, but after [the ban] they were threatened with suspension from practicing medicine and even a jail sentence," Elaiwa continued, "People could go to barbers who practice medicine, and midwives."

Accordingly, Elaiwa believes that the timing of the ministerial decree is "not suitable." It is only suitable when all parties coordinate to fight FGM, he added. Elaiwa highlighted the role of the media, in addition to school curricula, where religious studies are modified and reproductive health classes would be added. "Egyptians are accustomed to practicing FGM. If the law criminalizes it, they will resort to illegitimate means," and it will no longer be monitored, Ahmed Sayed, a lawyer, told *The Daily Star Egypt*. He added that Bodour Shaker, the girl who died just before the decision was taken, died from an excessive dosage of anaesthesia not circumcision itself.

In a previous interview with *The Daily Star Egypt*, Soheir Mohamed, a house cleaner from Sharqeya governorate, indifferent about whether FGM is religiously permissible or not, downplayed the role of the new law against tradition. "People have very strict traditions and opinions on matters related to sex. They can do what they believe in. They can support each other by hiding that one of them is undergoing the operation," Mohamed said.

Scepticism also covers the very areas other activists are optimistic about: the power of the fatwa. Elaiwa said his centre is having problems with mosque Imams in villages who say anti-FGM campaigns are "Western ideas" (Zahra, R. 2007, 'FGM: Rule of law vs. rule of tradition', *Daily News Egypt*, 7 July

<http://www.dailystaregypt.com/article.aspx?ArticleID=8071> – Accessed 12 February 2008 – Attachment 23).

A 2006 WHO report on FGM underlines the difficulty in enforcing anti-FGM laws in African countries in which the tradition is culturally established, stating that “a study published in 2000 found that prosecutions had been brought in only four of the 28 countries of Africa and the Middle East where FGM is practised” (World Health Organisation 2006, ‘Female genital mutilation—new knowledge spurs optimism’, *Progress in Sexual and Reproductive Health Research*, No. 72 <http://www.who.int/reproductive-health/hrp/progress/72.pdf> – Accessed 13 February 2008 – Attachment 28).

A 2001 USAID report on enforcement of anti-FGM laws or decrees in African countries concurs, stating that “the cultural norms in these countries or regions often render women unwilling to step forward and discuss FGM (let alone seek protection or compensation under the law)”:

Even in those countries where laws do exist, however, there have been very few instances of adjudicated cases (and punishment of the excisors). Enforcement of laws regarding FGM is extremely lax in most countries or even non-existent. Furthermore, the cultural norms in these countries or regions often render women unwilling to step forward and discuss FGM (let alone seek protection or compensation under the law) (US State Department Office of the Senior Coordinator for International Women’s Issues 2001, *Prevalence of the practice of female genital mutilation (FGM); laws prohibiting FGM and their enforcement; recommendations on how to best work to eliminate FGM*, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 – Attachment 6).

Steps taken by NGOs to stop FGM, and the November 2006 anti-FGM conference in Cairo

Two reports make reference to the November 2006 anti-FGM conference in Cairo, organised under the auspices of a German NGO, Target. At the conference, the “three leading government-appointed Muslim religious leaders” in Egypt “publicly refut[ed] the notion that FGM had any sort of religious sanction”. A 2007 report quotes UNICEF praising the efforts being made by government and NGOs in Egypt to eliminate FGM, describing the country as being in “the forefront among nations attempting to eradicate female circumcision”. Other reports describe the actions of groups such as the National Council for Childhood and Motherhood, the Assiut Childhood and Development Association, the Better Life Association for Comprehensive Development, and the Egyptian Centre for Women’s Rights (for the November 2006 conference, see: US Department of State 2007, *Country Reports on Human Rights Practices 2006 – Egypt*, 6 March, Section 5 – Attachment 25; and El-Magd, N. 2006, ‘EGYPT: Rare anti-female circumcision conference held’, The Female Genital Cutting Education and Networking Project website (source: *Independent Online*), 22 November http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1164977085&archive=&start_from=&ucat=1 – Accessed 13 February 2008 – Attachment 31; for the UNICEF report, see: ‘UNICEF: Egypt among leading nations battling female circumcision’, 2007, *International Herald Tribune* (source: *Associated Press*), 13 September <http://www.iht.com/articles/ap/2007/09/13/africa/ME-GEN-Egypt-UNICEF-Female-Circumcision.php> – Accessed 6 February 2008 – Attachment 8; for the work of NGOs see: Rashwan. H. 2007, ‘National Council for Childhood and Motherhood Provides Experts to Answer to Questions about FGM and Receives People’s Complaints on a Hot Line’, *Al-*

masry Al-youm website, 13 August <http://www.almasry-alyoum.com/article.aspx?ArticleID=72199> – Accessed 11 February 2008 – Attachment 19; Saleh, Y. 2008, 'New program tackles children's rights', *Daily News Egypt*, 5 February <http://www.dailystaregypt.com/article.aspx?ArticleID=11707> – Accessed 8 February 2008 – Attachment 14; and Bociurkiw, M. 2005, 'Changing Attitudes to FGM/C one family at a time', UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9).

A 2006 USDOS report notes the efforts made by government and religious leaders in combating FGM. The report mentions the November 2006 conference in Cairo “aimed at eradicating FGM under the sponsorship of a German human rights NGO (Target)”, and the public renunciations of FGM by “the three leading government-appointed Muslim religious leaders”:

The government supported efforts to educate the public about FGM; however, illiteracy impeded some women from distinguishing between the deep-rooted tradition of FGM and religious practices. Moreover, many citizens believed that FGM was an important part of maintaining female chastity. FGM was equally prevalent among Muslims and Christians. Religious leaders joined the government in publicly refuting the notion that FGM had any sort of religious sanction. In late November, the three leading government-appointed Muslim religious leaders, participating in a conference in Cairo aimed at eradicating FGM under the sponsorship of a German human rights NGO (Target), said that FGM is not encouraged by Islam. The Grand Sheikh of Al-Azhar (Mohamed Sayed Tantawi), the Grand Mufti (Ali Gom'a), and the Minister of Muslim Religious Endowments (Mahmud Hamdi Zaqzuq) expressed the view that FGM was not condoned by the Holy Qu'ran or by the teachings and traditions of the Prophet Muhammad. The government-supported National Council for Childhood and Motherhood also played a leading role in the November conference and in the overall attempt to eliminate FGM (US Department of State 2007, *Country Reports on Human Rights Practices 2006 – Egypt*, March 6, Section 5 – Attachment 25).

A story sourced from the *Independent Online* website makes reference to the November 2006 anti-FGM conference in Cairo:

Prominent Muslim scholars from around the world, including conservative religious leaders from Egypt and Africa, met on Wednesday to speak out against female genital mutilation at a rare high-level conference on the age-old practice. The meeting was organised by a German human rights and held under the patronage of Dar Al-Iftaa, Egypt's main religious-edicts organisation. It was held at the conference centre of Al-Azhar, the highest Sunni Islamic institution in the world.

Al Azhar's grand sheik, Mohammed Sayed Tantawi, attended as well as Egypt's Grand Mufti, Ali Goma'a, whose fatwas are considered binding religious edicts. It is rare for such religious figures in Egypt to attend such a conference on an issue that remains sensitive and controversial here. An estimated 50 percent of schoolgirls in Egypt are thought to undergo the procedure, according to government statistics.

...Laws against the practice exist in many of the regions where it is practiced, but poor enforcement and publicity can hinder the laws, some human rights groups and women activists say. They say laws aren't effective unless those practicing the tradition are first made aware of its physical and mental damage. In Egypt, there is no law that specifically bans the practice, although it can be prosecuted under other laws related to assault and bodily harm.

...Egypt is sensitive to outsiders intervening in controversial religious and cultural issues and the conference was expected to raise some dissent (El-Magd, N 2006, 'EGYPT: Rare anti-female circumcision conference held', The Female Genital Cutting Education and Networking Project website (source: *Independent Online*), 22 November http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1164977085&archive=&start_from=&ucat=1& – Accessed 13 February 2008 – Attachment 31).

A September 2007 article sourced from the *International Herald Tribune* quoted UNICEF commending Egypt as being among the “leading nations battling female circumcision”, and mentions the work of the National Council for Childhood and Motherhood (NCCM), a prominent anti-FGM NGO:

Egypt has moved to the forefront among nations attempting to eradicate female circumcision, UNICEF said Thursday, applauding efforts by the government and religious leaders in the country. The praise by the international rights group comes amid controversy in Egypt over two young girls who died over the summer from the operation, also known as female genital mutilation, which is widely practiced by both Muslims and Christians in the country. The death of one of the girls, a 12-year-old from Upper Egypt, prompted First Lady Suzanne Mubarak to announce a national campaign aimed at drawing more attention to female circumcision and accelerating efforts to end the practice, the report said.

The government passed a decree in June prohibiting female circumcision, overriding a 1996 measure that gave leeway to medical professionals to perform the operation, according to UNICEF. The ban is not as enforceable as a law, which requires passage in the national legislature. Meanwhile, Egypt's highest Islamic authorities condemned female circumcision, saying the practice has nothing to do with Islam.

One of the most active organizations in the country has been the National Council on Childhood and Motherhood, which works with partners in 120 villages in Upper and Lower Egypt, according to the report. “Since 2002, the NCCM has led the national movement against FGM/C (female genital mutilation) at both national and sub-national levels, and has succeeded in building partnerships with the different governmental, non-governmental, donor and U.N. stakeholders to advocate against the practice,” said UNICEF Executive Director Ann M. Veneman. NCCM's efforts have led several Egyptian villages to denounce female circumcision, part of the positive trend in the country, said UNICEF (‘UNICEF: Egypt among leading nations battling female circumcision’, 2007, *International Herald Tribune* (source: *Associated Press*), 13 September <http://www.ihf.com/articles/ap/2007/09/13/africa/ME-GEN-Egypt-UNICEF-Female-Circumcision.php> – Accessed 6 February 2008 – Attachment 8).

An August 2007 report on the *Al-masry Al-youm* newspaper website stated that the NCCM in Egypt has established a “free phone line” on which Egyptians could speak to “experts in medicine, religion, law, psychology and social sciences” about “any question about FGM”. The report also noted the difficulty of disseminating accurate information about FGM, and that “the NCCM warned that some individuals, satellite TV stations, websites or any civil society institution publicise FGM for alleged, but untrue, religious, moral or medical reasons”:

The National Council for Childhood and Motherhood (NCCM) called on Egyptian families to refrain from carrying out female circumcision, or rather female genital mutilation (FGM), affirming that this practice violates Egyptian little girls' innocence and their right to live a healthy human life, both physically and psychologically. As affirmed in a statement issued yesterday, the Council charged several experts in medicine, religion, law, psychology and social sciences with answering to any question about FGM on a free phone line (number:

16000) working 24 hours a day all week long. The NCCM also receives phone calls on the same line from any family wanting special counseling on this issue. It is also possible to fix an appointment with one of the experts.

...The Council severely condemned the doctor who performed the operation that killed Karima and all those practicing this barbaric habit. This is a violation to Decree No. 271 of 2007, issued by the Minister of Health and Population, prohibiting doctors and not only them from carrying out FGM, punishing all violators. The NCCM warned that some individuals, satellite TV stations, websites or any civil society institution publicise FGM for alleged, but untrue, religious, moral or medical reasons. The Council pointed out that these people all contribute to the killing of innocent people such as Karima and Boadour and to inflicting physical and psychological damages to many girls and women.

It said that all Egyptians keen to protect their daughters' health and life must immediately report to the SOS children line (16000) any case where FGM is performed or anyone, be it doctors or others, intend to do so (Rashwan. H. 2007, 'National Council for Childhood and Motherhood Provides Experts to Answer to Questions about FGM and Receives People's Complaints on a Hot Line', *Al-masry Al-youm* website, 13 August <http://www.almasry-alyoum.com/article.aspx?ArticleID=72199> – Accessed 11 February 2008 – Attachment 19).

A February 2008 story from the *Daily News Egypt* website reported that a new children's television programme, produced by Swedish and Egyptian NGOs in conjunction with an "edutainment" company, has been launched to promote children's rights in Egypt. The report notes that "topics discussed on the program vary from children's basic rights...to the more controversial issues such as female circumcision":

In a positive attempt to tackle the issue of children's rights in Egypt, terrestrial Channel 1 has launched a new program under the name "Esma'oon" or "Hear us out," which aims at raising awareness on the issue. The launch of the program, which airs every Friday at 11 am under the slogan "Hear us to gain us," was announced at a press conference Monday.

The program — which is sponsored by Nokia, the Swedish International Development Agency (SIDA), Plan Egypt, and Alkarma Edutainment — is the first public-private partnership to tackle the issue of children's rights. It is also part of the Child Media Project, which was launched in 2006 under the same sponsors along with the American University in Cairo (AUC) and the National Council for Childhood and Motherhood.

...Topics discussed on the program vary from children's basic rights, such as having a home and getting an education, to the more controversial issues such as female circumcision and street children (Saleh, Y. 2008, 'New program tackles children's rights', *Daily News Egypt*, 5 February <http://www.dailystaregypt.com/article.aspx?ArticleID=11707> – Accessed 8 February 2008 – Attachment 14).

A 2005 UNICEF report on NGOs fighting FGM in Egypt notes the work of the NCCM and the Assiut Childhood and Development Association (ACDA)

Last week several hundred people in this Upper Egypt city took part in a march supporting the elimination of FGM/C. Organized by the National Council on Childhood and Motherhood (NCCM) it was held several days after the tragic death of Budoor –a 12-year old girl in a private clinic near Minya, also in Upper Egypt. Large posters of Budoor adorned the streets during the march.

"Three or four years ago this type of march wouldn't have been possible," said a United Nations programme officer. While such public marches receive substantial attention the real

grassroots work takes place in rural villages where traditional ways have been hardened over time.

The UNICEF-supported Assiut Childhood and Development Association (ACDA) deploys field workers to speak to rural families about the dangers of FGM/C. Using a mix of persuasion, facts and even table-top plastic models – the workers find they have to be extremely innovative when speaking about FGM/C. At times they face a wall of resistance but this does not dissuade them.

...There are subtle hints that attitudes towards FGM/C among rural Egyptian families is changing. “Before there used to be celebrations after a FGM took place but you don’t see this any more,” said one field worker. “Now people are saying it deserves to be thought about.”

Field workers say they have more access to villages than before. As recently as three years ago at least one village refused entry to anyone carrying FGM-related messages. In another instance a village Sheikh cut off water to farmers so they could not attend a FGM session.

Still, parents who denounce FGM are reluctant to make their decision public for fear of being ostracized. Said a field worker: “People are waiting before announcing their decision (not to practice FGM). They fear they will be insulted. Or worse – men won’t agree to marry their daughters” (Bociurkiw, M. 2005, ‘Changing Attitudes to FGM/C one family at a time’, UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9).

The UNICEF website carries an interview with an ACDA field worker, who tells of the problems faced by anti-FGM workers from NGOs due to the “sensitive and taboo” nature of the subject of FGM:

If I go to a village alone, as a village outsider, I will not be welcomed. I used to work for the development of community schools and when I knocked on someone’s door and spoke with parents on the importance of education, I was always welcomed. Now that I am working on FGM/C, it is not the case anymore, because it is a very sensitive and taboo subject and people rarely want to talk about it (Malauzat, A. ‘Transcript of Interview with Nivine Rasmi, Field Coordinator for Assiut Childhood and Development Association’ (undated), UNICEF website [http://www.unicef.org/egypt/Egy-MC-interview_Assiut\(1\).doc](http://www.unicef.org/egypt/Egy-MC-interview_Assiut(1).doc) – Accessed 6 February 2008 – Attachment 10)

A September 2007 *Daily News Egypt* report tells of a *daya* who had stopped performing FGM procedures and become a ‘positive deviant’ working for the local NGO the Better Life Association for Comprehensive Development:

Rasheeda stopped circumcising girls a few years ago when a doctor told her — wrongly — that the operation was now forbidden by law and she faced three months in prison and a LE 3000 fine.

Until now, no such law exists in Egypt, only a ministerial decree that bans FGM procedures from government hospitals and health care clinics, but which is not strictly enforced.

Some families still come and ask Rasheeda to circumcise their daughters — unaware perhaps that she is now a volunteer (or “positive deviant”) working with the anti-FGM campaign led by a local NGO, the Better Life Association for Comprehensive Development, with the support of UNICEF.

Since last year, Rasheeda has been attending regular community awareness-raising sessions on FGM, designed to convince other villagers to give up the practice.

Rasheeda says such sessions are starting to have an effect, because she receives fewer requests for her services as a circumciser nowadays. “Attitudes in the village are changing”, she says. “More and more people are now against circumcision” (Ashton, L. 2007, ‘Giving up on FGM: why a village midwife put down her scalpel’, *Daily News Egypt*, 12 September – Accessed 8 February 2008 – Attachment 15).

A 2001 USAID report provides information about the FGM elimination programmes they support in Egypt:

USAID supports FGM elimination activities in a number of African countries including ... Egypt... These activities include policy development and advocacy; development, testing and assessment of strategies to end FGM; training of health care workers to enable them to manage the complications of FGM as well as to engage in outreach to their communities to reduce the demand for the practice; and the collection and dissemination of data on the prevalence and harmful consequences of FGM.

Examples of these activities include:...Development and testing of strategies to end FGM, including the adoption of alternative rites or “circumcision with words” ceremony in Kenya and the Positive Deviance Inquiry approach pioneered in Egypt where emphasis is placed on working in local communities to create positive images of uncircumcised women as a strategy for advocating for discontinuing the practice. Training health care providers about the long-term complications of FGM, and improving their ability to advocate against FGM and to counsel clients and educate communities about the harmful consequences of FGM. Data collection and dissemination of data on the prevalence and harmful consequences of FGM under the Demographic and Health Surveys Program (DHS) in nine countries in Sub-Saharan Africa, and in Egypt and Yemen (US Department of State 2001, *Prevalence of the practice of Female Genital Mutilation (FGM); Laws prohibiting FGM and their enforcement; Recommendations on how to best work to eliminate FGM*, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 – Attachment 6).

The Egyptian Centre for Women’s Rights, another prominent anti-FGM NGO, makes the following statement on its website, calling for “support of...the efforts of all NGOs working to prevent this violent practice”:

...decision makers continue to ignore this horrible issue that is a violation of the rights of young women and girls, whose body parts are cut without any legal, medical or religious justifications. We consider all Egyptian medical institutions – which are supposed to protect and improve women’s health but that ignore this dangerous issue – to be accomplices in this crime. There is no direct law or legal action from the Ministry of Health that criminalizes and prevents this harmful traditional practice. The Doctors’ Syndicate has made no positive moves to punish the perpetrators of this crime or other medical malpractice that threatens 85-95% of girls in Egypt.

The Egyptian Center for Women’s Rights demands that:

1. decision makers in Egypt adopt a law that criminalizes FGM
2. the Doctor’s Syndicate punish doctors who commit this crime
3. the Minister of Health to commit to preventing FGM and closing clinics and hospitals that continue to practice it

The Egyptian Center for Women's Rights supports the efforts of the National Council for Childhood and Motherhood to prevent this crime and call for support of their efforts and the efforts of all NGOs working to prevent this violent practice ('ECWR Demands a Law to Criminalise FGM' (undated), Egyptian Centre for Women's Rights website <http://www.ecwronline.org/english/News/2007/criminalizefgm.htm> – Accessed 13 February 2008– Attachment 24).

4. Please advise what the attitude of the Coptic Church is towards FGM. Please provide any recent reports or statements by the Coptic Church on the practice?

An *Agence France Presse* report from August 2007 states that “the Coptic Patriarch Chenouda III...declared [FGM] had ‘no foundation in the religious texts’ of either Islam or Christianity”:

Religious leaders, usually silent on taboos relating to female sexuality, have also started to speak out against the practice, which many Egyptians believe is a duty under Islam and Christianity. After the death of Shaker, chief mufti Ali Gomaa declared female circumcision forbidden under Islam. Mohammed Sayyed Tantawi, the sheikh of Al-Azhar university, the top Sunni Muslim authority, and Coptic Patriarch Chenouda III also declared it had “no foundation in the religious texts” of either Islam or Christianity (‘Cairo MPs ponder tougher FGM laws’, 2007, *Agence France Presse* (AFP), IOL, 12 August – Attachment 4).

There are several reports relating to Coptic Christian NGOs with anti-FGM agendas and programmes. An October 2007 report in the Lebanon *Daily Star* discusses information sessions held by the Coptic Centre for Education and Development, and run by “Sister Joanna, the petite and slightly stern Coptic nun who runs the NGO”:

“It’s a big problem with my husband. We argue all the time. I never want to make love. I have no reaction, no feelings, no pleasure,” says Helmy, 35, attending an information session organized by the Coptic Centre for Education and Development NGO at a church in Bayad al-Arab, south of Cairo. Helmy, a Copt, was circumcised twice at the age of 10 because “there was still a little bit left...”

“Do you take your daughter to the doctor to know if her nose or eyes are too big or small? So why would you do it for that part of the body?” asks Sister Joanna, the petite and slightly stern Coptic nun who runs the NGO. The government has even enlisted the country’s top religious authorities to drive home the message against what the UN Children’s Fund, describes as “one of the most persistent, pervasive and silently endured human rights violations.” Mohammad Sayyed Tantawi, the sheikh of Al-Azhar University, the top Sunni authority, and Coptic Patriarch Shenouda III also declared it had no foundation in the religious texts of either Islam or Christianity.

The centre is particularly worried about girls aged eight to 12, prime time for circumcision. Arranging seminars in 15 villages in the deserts of Upper Egypt, workers hand out tea, washing powder and soap to encourage women to come. Sister Joanna insists there has been headway. “Ten years ago it was taboo even to say ‘female circumcision,’” she says, citing progress in spite of widespread local distrust including rumours she is pushing a Western agenda “to corrupt Egyptian girls” (‘Egyptian nun battles female genital mutilation’, 2007, *Daily Star* (source: *Agence France Presse*), 22 October – Attachment 5).

A 2007 report from the Coptic Orphans website tells of the organisation taking part in a march “to demand the end of female circumcision”:

On July 5, 2007 20 girls participating in the Valuable Girl Project along with Coptic Orphans staff marched with other organisations to demand the end of female circumcision. The march was organized in the wake of the recent death of 12 year old Bedour Shaker, who died while being subjected to female circumcision at an illegal clinic in Assuit.

The National Council for Childhood and Motherhood (NCCM) organised the march, which included groups such as the National Red Crescent Society and the Coptic Orphans partner Association of Upper Egypt for Education and Development. Participants carried signs often featuring Bedour Shaker's picture and messages such as "No to FGM," "We don't want FGM for our Girls," and "Give Us a Law to Protect Us."

...Coptic Orphans joined the march last week to ensure that it is indeed the beginning of the end for female genital mutilation. One girl who participated in the march from the Valuable Girl Project commented: "we have talked a lot about this practice, but marching for it has left a great impact on us. We must get this message to the whole world" ('Coptic Orphans Marches for the End of FGM' (undated), Coptic Orphans website <http://www.copticorphans.org/fgm-march.html> – Accessed 11 February 2008 – Attachment 17).

A 2005 statement on the website of the Coptic Evangelical Organisation for Social Services discusses the organisation's commitment to ending FGM in Egypt:

CEOSS' efforts in combating FGM began as part of a comprehensive campaign against harmful social traditions, including early marriage and defloweration ceremonies. By addressing these issues through integrated community involvement, significant strides have been made in changing community attitudes toward FGM. By convincing community leaders, especially religious authorities, of its detrimental effect on women, CEOSS has been instrumental in prompting entire communities to condemn FGM and discontinue its practice.

The changes in one Egyptian community present a compelling example of CEOSS' success in combating FGM. The men and women living in Dair Al Barsha, a village in Upper Egypt, came together to condemn this practice. They wrote and signed a pledge forbidding midwives and birth attendants from performing female circumcision, effectively ending any practice of FGM in their community. This revolutionary document is the result of over a decade of CEOSS' work in Dair Al Barsha and the product of the initiative taken by members of this community. Since 2000, as a result of CEOSS' work, over 1,600 families have committed to stop female genital mutilation (Coptic Evangelical Organisation for Social Services 2005, 'Combating Female Genital Mutilation', CEOSS website

<http://www.ceoss.org.eg/desktopmodules/enhancedarticles/templates/view/ArticlesHome.aspx?tabID=323&itemid=323&mid=3226> – Accessed 13 February 2008 – Attachment 29).

5. Please advise whether the incidence of FGM is any different in the Coptic Christian community?

Sources indicate that FGM is performed on both Muslim and Christian girls. A 2007 report on *Reuters* states that "the cutting is done on both Muslim and Christian girls", and a 2001 USAID report states that FGM in Egypt is "practised by both Muslims and Coptic Christians, across ethnic lines" (Johnston, C. 2007, 'Egypt death sparks debate on female circumcision', *Reuters Alertnet*, 19 August – Attachment 3; US Department of State 2001, *Prevalence of the practice of female genital mutilation (FGM); laws prohibiting FGM and their enforcement; recommendations on how to best work to eliminate FGM*, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 – Attachment 6).

A 2004 study in the journal *Social Forces* argues that the partly politically-motivated positions taken over FGM by Islamists and Coptic Christian groups throughout the 1970s and 1980s may have caused the practice to decline more rapidly among Christians than Muslims. The author discusses the work of the Coptic Evangelical Organisation for Social Services (CEOSS), and states that in “1976, CEOSS established the Family Life Education Unit, which identified female genital cutting, early marriage, and ‘bridal deflowering’ as customs that were harmful for women”. The report also notes the work of The Bishopric of Public, Ecumenical, and Social Services of the Coptic Orthodox Church (BLESS), whose “campaign against female genital practices has been undertaken in 24 communities throughout Egypt”:

as Islamists attempted during the 1970s and onward to assert national political power by engaging the Egyptian state in debates over women’s “authentic” roles in the private sphere, local Christian voluntary organizations began to promote ideals and activities that reflected a different vision of women’s empowerment and included the eradication of female genital practices.

...After a broadcast by CNN depicting a lay practitioner’s circumcision of a young girl, the mufti of Egypt publicly declared that female genital cutting has no foundation in the Koran. Following this declaration, Sheikh Gad al-Haq Ali of Al Azhar issued a fatwa (religious ruling) that “female circumcision is a part of the legal body of Islam and is a laudable practice that does honour to the women”. Others sought to strengthen the foundations of the practice by calling upon custom as a source of Islamic law...Such contestations highlight the way in which customary and revivalist Muslims have engaged the Egyptian state in “symbolic gender politics” as a means to assert a national Muslim identity in opposition to transnational influences.

...Zeidan (1999) asserts that the growth of Coptic voluntary organizations (especially in Upper Egypt) is a “marker of Coptic activism” (see Sullivan 1994).

Several Christian voluntary organizations have endorsed the ideals of comprehensive community development, women’s public and private empowerment, and the rights of children, and several such organizations have initiated activities to eradicate female genital practices. Sullivan (1994) notes that the Christian community also is known for its ability to seek assistance from international sources. The Coptic Evangelical Organization for Social Services (CEOSS), for example, began as a literacy project in the 1950s. In 1960, CEOSS was registered with the Egyptian government and charged with serving Muslim and Christian communities. CEOSS separated from its parent organization -the Egyptian Evangelical Church -and undertook activities in Beni Suef, Minya, and metropolitan Cairo. Its programs grew to include agriculture, income generation, education, infrastructural development, and health. In 1976, CEOSS established the Family Life Education Unit, which identified female genital cutting, early marriage, and “bridal deflowering” as customs that were harmful for women.” CEOSS has helped establish women’s committees in the villages in which it has worked as part of a “deliberate effort” to empower women (Tadros 2000:26). As of 1994, CEOSS received 75% of its funding from Europe, the US., and Canada and at one point was the only private voluntary organization to be registered with the U.S. Agency for International Development (Sullivan 1994).

Similarities between the mission and implementing strategies of CEOSS and those of other Christian voluntary organizations in Egypt are striking. The Bishopric of Public, Ecumenical, and Social Services of the Coptic Orthodox Church (BLESS), for example, was established in 1962 to provide comprehensive services to the poor in Cairo and included among its goals the eradication of female genital practices (Nikolov 2002). As early as 1974, the bishopric developed a comprehensive program to expand the services that it offered to women and to

develop the skills of women and girls, and its strategy for implementation explicitly identified women's participation as integral to the process of development. As of 2000, BLESS'S campaign against female genital practices has been undertaken in 24 communities throughout Egypt (Nikolov 2002). The missions and activities of these and other Christian organizations arguably reflect a wider trend within the Christian social service community to adopt an integrated vision of women's public and private empowerment as a marker of religious identity (see Sullivan 1994 for other examples).

...The previous discussion suggests that efforts of customary and revivalist Muslims to engage the Egyptian state in symbolic gender politics as a means to assert an "authentic" national Muslim identity created an obstacle to the efforts of liberal Muslims to alter popular support for female genital practices. Although Christians were marginalized from public debates over the meaning of this and related gender symbols in Shari'ah law, the proliferation of social services of Christian origin since the 1960s provided a public space in which Christian identities could be enacted and by which Coptic Christians in particular could address social problems "according to the values and norms of the Coptic Orthodox tradition" (Nikolov 2000:2). Not facing the same ideological conflict over female genital cutting within their leadership (Abdel-Hadi n.d.), Christian activists were able to form state-approved voluntary institutions that operated under a politically acceptable umbrella of nonsectarian community development while promoting a vision of women's empowerment that differed from revivalist Islamic discourses on gender. This alternative vision emphasized the integrated empowerment of women in the public and private spheres and included the eradication of female genital practices (Yount, K. 2004, 'Symbolic Gender Politics, Religious Group Identity, and the Decline in Female Genital Cutting in Minya, Egypt', *Social Forces*, Vol. 82, No. 3, March, pp. 1063-1090, pp. 1065, 1068-1070 – Attachment 21).

The report goes on to discuss the prevalence of FGM among Coptic Christian and Muslim women in the governate of Minya, in Upper Egypt, using data collected between 1995 and 1997. The study found small but significant differences in levels of FGM between Muslim and Christian women, with lower percentages of Christian mothers having undergone FGM, fewer Christian daughters having been subjected to FGM, and that Muslim women experienced a higher rate of the "more extensive forms of cutting". The study found that Christian mothers who have higher education have a significantly lower likelihood of submitting their daughters to FGM, but that this is not the case among Muslim mothers with higher education. The author attributed these differences to ideological differences regarding the status and role of women between the Islamic and Christian communities, and suggests that "sustained opposition to 'traditional practices' among Christian voluntary organizations may have encouraged rapid and dramatic declines in the prevalence of female genital practices among Christians":

...a slightly higher percentage of Muslim than Christian mothers...were circumcised at the time of interview (99% vs. 96%).

...a higher percentage of daughters of Christian than Muslim families were not circumcised at the time of interview (54% vs. 42%) and a lower percentage of daughters of Christian than Muslim families had experienced more extensive forms of cutting (30% vs. 43% excised). A lower percentage of Christian than Muslim mothers of uncircumcised daughters also intended at the time of interview to have their daughters circumcised (54% vs. 85%) such that the percentage of daughters already or expected to be circumcised was lower among Christian than Muslim families.

...although the probability of circumcision appears to be declining among both religious groups in Minya, a much larger percentage of Christian than Muslim daughters can expect to

remain uncircumcised by age 13. A majority of Christian and Muslim daughters continue to be circumcised in Minya, however.

...Estimated coefficients of this model (not shown) indicate a marginally significant interaction between religious affiliation and secondary or higher education of the mother: the adjusted odds that daughters of mothers with secondary or higher education versus daughters of those with no education are circumcised is .23 times lower among Christians than Muslims. This significant interaction is apparent in the sharp decline in predicted probabilities of circumcision among daughters of Christian mothers with secondary or higher education compared to daughters of Christian mothers with less education (.47 vs. .92 and .88, respectively). By contrast, there is no difference in these predicted probabilities among daughters of Muslim mothers with secondary or higher education and those of Muslim mothers with less education (.92 vs. .97 and .97, respectively).

...Findings are consistent with expectations and show that daughters of Christian families in Minya have lower adjusted odds of circumcision, lower adjusted odds of experiencing more severe forms of cutting, and lower adjusted odds of having their mothers report an intention to circumcise them if they were uncircumcised at the time of interview. Declines in the age-specific probability of circumcision also have been substantially more dramatic among Christians than Muslims and suggest that abandonment of the practice has been under way among Christians in Minya since at least the late 1980s. Christian mothers also have lower adjusted odds than Muslim mothers of perceiving customarily positive effects of circumcision and customarily negative effects of non-circumcision. Negative effects of higher maternal education on the odds that daughters are circumcised and that mothers report some positive effect of circumcision are substantial among Christians and absent among Muslims. These findings are consistent with the argument made at the outset of this article that popularization during the last 25 years of an Islamic ideology identifying women as the keepers of “cultural authenticity” and “traditional identity” may have hindered declines in the prevalence of female genital cutting and potentially negative effects of women’s higher education on the odds of circumcising daughters among Muslim families in Minya. By contrast, sustained opposition to “traditional practices” among Christian voluntary organizations may have encouraged rapid and dramatic declines in the prevalence of female genital practices among Christians (Yount, K. 2004, ‘Symbolic Gender Politics, Religious Group Identity, and the Decline in Female Genital Cutting in Minya, Egypt’, *Social Forces*, Vol. 82, No. 3, March, pp. 1063-1090, pp. 1074, 1076, 1081, 1083-84 – Attachment 21).

6. Are there any recent studies on the prevalence of FGM in Egypt?

Most sources indicate that the prevalence of FGM in Egypt is between 90 and 97 percent among ever-married women. A 2005 Demographic and Health Survey conducted on behalf of the Egypt Ministry of Health and Population concluded that “the practice of female circumcision is virtually universal among women of reproductive age in Egypt...96 percent of the ever-married women interviewed in the 2005 EDHS reported that they had been circumcised”. A 2005 UNICEF report quotes data from the 2003 Demographic and Health Survey of Egypt indicating that “FGM/C is almost universal among women of reproductive age”, and that “among women aged 15–49 who are or have been married the prevalence rate is 97 per cent”. A September 2007 report in the *International Herald Tribune* quoted 2003 UNICEF data suggesting that “97 percent of married women in Egypt had undergone genital mutilation.” An August 2007 *Reuters* report claimed that “more than 95 percent of Egyptian women had been circumcised” and a June 2007 *BBC News* report stated that “some 90% of Egyptian women have been circumcised” (for the full results of the 2005 Demographic and Health Survey, see: El-Zanaty, F. & Way, A. 2006, ‘Chapter 16 – Female Circumcision’, in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National

Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 211 – Attachment 32; UNICEF 2005, *Female Genital Mutilation/Cutting – A Statistical Exploration 2005*, UNICEF website, 10 October http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf – Accessed 6 February 2008 – Attachment 7; ‘UNICEF: Egypt among leading nations battling female circumcision’, 2007, *International Herald Tribune* (source: Associated Press), 13 September <http://www.iht.com/articles/ap/2007/09/13/africa/ME-GEN-Egypt-UNICEF-Female-Circumcision.php> – Accessed 6 February 2008 – Attachment 8; Johnston, C. 2007, ‘Egypt death sparks debate on female circumcision’, *Reuters Alertnet*, 19 August – Attachment 3; Abdelhadi, M. 2007, ‘Egypt forbids female circumcision’, *BBC News*, 28 June http://news.bbc.co.uk/2/hi/middle_east/6251426.stm – Accessed 6 February 2008 – Attachment 11).

The most recent official data on the prevalence of FGM in Egypt comes from a 2005 Demographic and Health Survey conducted on behalf of the Egypt Ministry of Health and Population. This survey provides extensive information on rates of FGM among women by age group, urban or rural background, place of residence, level of education, work status, and wealth quintile. The report states that “the practice of female circumcision is virtually universal among women of reproductive age in Egypt....96 percent of the ever-married women interviewed in the 2005 EDHS reported that they had been circumcised.” The survey goes on to report that “only in the Urban Governorates (89 percent) and the Frontier Governorates (72 percent) does the prevalence of circumcision fall below 90 percent” (El-Zanaty, F. & Way, A. 2006, ‘Chapter 16 – Female Circumcision’, in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 211 – Attachment 32).

A 2005 UNICEF report on FGM quotes the 2003 Demographic and Health Survey of Egypt in stating that FGM/C “is almost universal among women of reproductive age”, putting the rate of prevalence at 97 percent. It states that there is little variation due to “regional or educational levels”:

In Egypt...FGM/C is almost universal among women of reproductive age. According to the most recent DHS data (2003), among women aged 15–49 who are or have been married the prevalence rate is 97 per cent. Estimates of FGM/C prevalence rates obtained from the past three DHS (1995, 2000 and 2003) are virtually constant, indicating the possibility of no change over the past decade. This can also be explained, however, by the fact that girls in Egypt generally undergo FGM/C between the ages of 7 and 11, and it would therefore take at least one generation for any decline to be reflected in the data...Because almost all girls in Egypt undergo FGM/C, few differences in prevalence rates can be observed at the regional or educational levels. For example, 95 per cent of women living in urban areas have undergone genital mutilation/cutting, compared to 99 per cent of women living in rural areas (UNICEF 2005, *Female Genital Mutilation/Cutting – A Statistical Exploration 2005*, UNICEF website, 10 October http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf – Accessed 6 February 2008 – Attachment 7).

A 2007 article in the *International Herald Tribune* quoted a 2003 survey by UNICEF indicating that prevalence of FGM in Egypt was 97 percent, but suggesting that survey data indicates that this will drop to between 60 and 80 percent in the next decade:

A 2003 survey by UNICEF said that 97 percent of married women in Egypt had undergone genital mutilation. But the Egypt Demographic and Health Survey has projected that the

prevalence of the practice will decline from around 80 percent among girls aged 15-17 to around 60 percent for the same age group in around a decade, according to the report ('UNICEF: Egypt among leading nations battling female circumcision', 2007, *International Herald Tribune* (source: *Associated Press*), 13 September <http://www.iht.com/articles/ap/2007/09/13/africa/ME-GEN-Egypt-UNICEF-Female-Circumcision.php> – Accessed 6 February 2008 – Attachment 8).

An August 2007 report from *Reuters* noted the outlawing of FGM by the Egyptian government in the wake of the death of a schoolgirl, and stated that “95 percent of the country’s women are estimated to have undergone the procedure”:

The death of the 11-year-old schoolgirl at a private clinic in the Egyptian village Mughagha in June prompted the government to outlaw the custom of female genital mutilation, which is so widespread in Egypt that 95 percent of the country’s women are estimated to have undergone the procedure... More than 95 percent of Egyptian women had been circumcised, with the highest levels in poor families living in rural areas of the Nile valley in southern Egypt, according to an Egyptian Demographic and Health Survey conducted in 2005 (Johnston, C. 2007, ‘Egypt death sparks debate on female circumcision’, *Reuters Alertnet*, 19 August – Attachment 3).

A *BBC News* report from June 2007 put the rate of FGM prevalence in Egypt at 90 percent:

Recent studies have shown that some 90% of Egyptian women have been circumcised. The practice is common among Muslim as well as Christian families in Egypt and other African countries, but is rare in the Arab world. It is believed to be part of an ancient Egyptian rite of passage... (Abdelhadi, M. 2007, ‘Egypt forbids female circumcision’, *BBC News*, 28 June http://news.bbc.co.uk/2/hi/middle_east/6251426.stm – Accessed 6 February 2008 – Attachment 11).

However, sources indicate that the practice of FGM seems to be becoming less prevalent. The 2007 *International Herald Tribune* article claims that “the prevalence of the practice will decline from around 80 percent among girls aged 15-17 to around 60 percent for the same age group in around a decade”, quoting data from the 2005 Demographic and Health Survey. A 2005 UNICEF report quoted a *daya* (midwife) from “the village of El-Nekheila” stating that anti-FGM efforts by NGOs have ruined her business and claiming that “now only one or two families come up to me to circumcise their daughters”. A 2001 USDOS report stated that “some progress” appeared to have been made in reducing the prevalence of FGM, claiming that the percentage of girls aged 10-19 who had undergone FGM had dropped to 78 percent in 2000 versus 83 percent in 1995, and that the percentage of mothers intending to subject their daughters to FGM had dropped to 31 percent in 2000 from 38 percent in 1995 ('UNICEF: Egypt among leading nations battling female circumcision', 2007, *International Herald Tribune* (source: *Associated Press*), 13 September <http://www.iht.com/articles/ap/2007/09/13/africa/ME-GEN-Egypt-UNICEF-Female-Circumcision.php> – Accessed 6 February 2008 – Attachment 8; Bociurkiw, M. 2005, ‘Changing Attitudes to FGM/C one family at a time’, UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9; US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27).

A 2005 UNICEF report noted that a Field Coordinator for the Egyptian NGO Assiut Childhood and Development Association claimed that village-based anti-FGM programmes seemed to be having an impact. The report quoted a *daya*, or midwife, a traditional provider of FGM services in villages, stating that dropping levels of FGM practice among families in her village were hurting her financially:

Rasmi says she now has concrete evidence that the tide is turning and that FGM/C is becoming less popular in some villages. "I started seeing the real effects of our work in the villages when a *daya*- midwife- from the village of El-Nekheila told me: 'I want a financial compensation from you since I used to make 2000 pounds every summer and now only one or two families come up to me to circumcise their daughters. You have ruined my business.' This really showed me the powerful effect we were having on the communities we work in and it made me proud to be participating in this initiative" (Bociurkiw, M. 2005, 'Changing Attitudes to FGM/C one family at a time', UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9).

A 2001 USDOS report stated that "some progress" appeared to have been made in lowering the prevalence of FGM in Egypt, based on data from 1995 and 2000 Demographic and Health Surveys:

Data from the 2000 DHS shows some progress in terms of percentage of daughters (aged 11-19) of women surveyed who have undergone this procedure (78 percent in 2000 versus 83 percent in 1995) and in the intention of women surveyed to have their daughters undergo one of these procedures (31 percent in 2000 versus 38 percent in 1995).

The 1995 DHS survey (detailed data from the 2000 survey is not yet available) indicated that two-thirds of girls had the procedure when they were between the ages of seven and ten years. Fewer than five percent were under the age of five and fewer than three percent were over the age of 13 (US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27).

7. What age are girls subjected to FGM?

A 2005 Demographic and Health Survey conducted on behalf of the Egypt Ministry of Health and Population suggests that most FGM takes place between the ages of 9 and 14, which "reflects the fact that, in Egypt, traditionally girls are circumcised slightly before or at puberty." Rates of FGM among girls rise from 9.6% at 8 years, to 23.8% at 10 years, 51.4% at 12 years and 68.8% at 14. The report states that 76.5% of all girls aged 17 and under have been subjected to FGM, with 79.8% expected to undergo FGM by the age of 18. A 2006 WHO report stated that "in Egypt 90% of girls who had undergone FGM were between five and 14 years of age when subjected to the procedure". A 2001 USDOS report quotes 1995 data in suggesting that most FGM takes place "between the ages of seven and ten years", and a 1989 study found that in amongst its study sample, taken from Cairo in 1985, 81.2% of female genital mutilations occur between 6 and 11 years of age (El-Zanaty, F. & Way, A. 2006, 'Chapter 16 – Female Circumcision', in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 212 – Attachment 32; World Health Organisation 2006, 'Female genital mutilation—new knowledge spurs optimism', *Progress in Sexual and Reproductive Health Research*, WHO website, No. 72 <http://www.who.int/reproductive->

health/hrp/progress/72.pdf – Accessed 13 February 2008 – Attachment 28; US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27; Badawi, M. 1989, 'Epidemiology of Female Sexual Castration in Cairo, Egypt', Paper Presented at The First International Symposium on Circumcision, Anaheim, California, NOCIRC.org website <http://www.nocirc.org/symposia/first/badawi.html> – Accessed 11 February 2008 – Attachment 16).

The 2001 USDOS report quotes 1995 data in suggesting that most FGM takes place “between the ages of seven and ten years”:

The 1995 DHS survey (detailed data from the 2000 survey is not yet available) indicated that two-thirds of girls had the procedure when they were between the ages of seven and ten years. Fewer than five percent were under the age of five and fewer than three percent were over the age of 13 (US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008- Attachment 27).

A 1989 study found that in amongst its study sample, taken from Cairo in 1985:

The majority of female genital mutilations occur between 6-11 years of age: 81.2%; 4.5% occur under 6 years of age; and 14.3% occur after age of 11 years. Virtually all genital mutilations occur before the age of menstruation, i.e., it is a pre-menstrual or pre-fertility ritual (Badawi, M. 1989, 'Epidemiology of Female Sexual Castration in Cairo, Egypt', Paper Presented at The First International Symposium on Circumcision, Anaheim, California, NOCIRC.org website <http://www.nocirc.org/symposia/first/badawi.html> – Accessed 11 February 2008 – Attachment 16).

The website of the Coptic Orphans, a Christian NGO, claims that “Egypt ‘s Ministry of Health and Population concludes in a recent survey that at least 50 percent of girls between the ages of 10-18 years in Egypt have undergone genital mutilation” (‘Coptic Orphans Marches for the End of FGM’ (undated), Coptic Orphans website <http://www.copticorphans.org/fgm-march.html> – Accessed 11 February 2008 – Attachment 17).

8. Is the incidence of FGM any different in the big cities?

9. What groups of women are more at risk of FGM?

Some sources indicate that the incidence of FGM in Egypt is near-universal, crossing geographic and class boundaries, but others suggest that there are notable differences in rates of FGM prevalence between urban and rural, educated and non-educated, and wealthy and disadvantaged women in Egypt. The most recent official data, from the *Egypt Demographic and Health Survey 2005*, suggests differences in prevalence of FGM and attitudes to the practice depending on the mother’s education level and socio-economic status, and between urban and rural dwellers. Nonetheless, a September 2007 report from *Agence France Presse* quoted a UNICEF official claiming that “the practice, which dates back to the pharaohs, was prevalent in ‘all classes, all level of society, urban and rural areas’.” In August 2007 a *Reuters* report noted that “the cutting is done on both Muslim and Christian girls”, but also that “the highest levels [are] in poor families living in rural areas of the Nile valley in

southern Egypt". A June 2007 *BBC News* report claimed that the practice of FGM "is more common in rural areas". Figures from a 2005 UNICEF report indicate that attitudes to the continuation of FGM as a cultural practice are different in urban and rural areas, putting the figures at 57% for urban women and 82% for rural women. A 2001 USDOS report stated that FGM in Egypt is "practiced by both Muslims and Coptic Christians; across ethnic lines", and a different USDOS report, also from 2001, claimed that "these practices are widespread but are even more prevalent in rural than urban areas" (El-Zanaty, F. & Way, A. 2006, 'Chapter 16 – Female Circumcision', in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 212 – Attachment 32; 'UNICEF calls on Egypt to stop female circumcision', 2007, *Google* (source: *Agence France Presse*), 11 September – Attachment 2; Johnston, C. 2007, 'Egypt death sparks debate on female circumcision', *Reuters Alertnet*, 19 August – Attachment 3; Abdelhadi, M. 2007, 'Egypt forbids female circumcision', *BBC News*, 28 June http://news.bbc.co.uk/2/hi/middle_east/6251426.stm – Accessed 6 February 2008 – Attachment 11; UNICEF 2005, *Female Genital Mutilation/Cutting – A Statistical Exploration 2005*, UNICEF website, 10 October http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf – Accessed 6 February 2008 – Attachment 7; US Department of State 2001, *Prevalence of the practice of female genital mutilation (FGM); laws prohibiting FGM and their enforcement; recommendations on how to best work to eliminate FGM*, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 Attachment 6; US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27).

The *Egypt Demographic and Health Survey 2005* found that levels of education, socio-economic status, and physical location of mothers were clearly linked with the prevalence of FGM. Rates of FGM and support for the practice decline among women who live in urban areas, are highly educated, and who have a higher socio-economic status:

...residence is strongly associated with the likelihood a daughter will be circumcised now or in the future. The percentage of women who have at least one daughter who had been circumcised or who intend to have their daughter circumcised in the future is 53 percent in urban areas compared to nearly 80 percent in rural areas. The percentage of daughters who are or are likely to be circumcised in the future is lowest in the Urban Governorates (45 percent) and the Frontier Governorates (43 percent) and highest in rural Upper Egypt (83 percent).

...The proportion of girls who are currently circumcised or expected to be circumcised in the future decreases with the mother's educational attainment and with wealth status. Notably, 36 percent of girls in the highest wealth quintile are expected to be circumcised by the time they reach age 18 compared to 85 percent of girls in the lowest wealth quintile.

...Urban residents are less likely than rural residents to believe circumcision should be continued or to feel men support continuation of the practice. Both a woman's educational level and wealth status are negatively related to the likelihood that she supports the continuation of the practice of circumcision or believes that men want the practice to be continued (El-Zanaty, F. & Way, A. 2006, 'Chapter 16 – Female Circumcision', in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, pp. 212, 214-215 – Attachment 32).

Figures from a 2005 UNICEF report indicate that attitudes to the continuation of FGM as a cultural practice are different in urban and rural areas:

In most of the countries...women residing in urban areas tend to favour the continuation of FGM/C to a much lesser extent than women living in rural areas. The most obvious disparities between urban and rural residents can be found in Egypt, Eritrea, Ethiopia and Guinea...In Egypt...values are 57 per cent and 82 per cent (UNICEF 2005, *Female Genital Mutilation/Cutting – A Statistical Exploration 2005*, UNICEF website, 10 October http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf – Accessed 6 February 2008 – Attachment 7).

Two comprehensive scholarly studies may be of interest, despite their reliance on comparatively old data, as they address the role of underlying social, economic, and religious forces in the prevalence of FGM. A 1989 study, based on 1985 data, is worth noting despite its age because it investigates the role of socio-economic family status, level of education of parents, and urban or rural location as factors in prevalence of FGM in Egypt. The report claimed that women from a rural background, with lower socio-economic status, and with “partially-educated parents” were at higher risk of FGM than those from urban areas:

In overview, the majority of women with genital mutilations came from modest and low socio-economic family status (SES); illiterate and partially educated parents (although the majority of daughters who were subjected to genital mutilation had a high school or college education (79%); and came from rural regions, particularly southern communities. Girls of urban/rural areas (living in urban areas but raised in rural areas) remain at a higher risk for genital mutilation than urban/urban girls. Girls of rural/rural families remain at the highest risk for genital mutilation. Regional factors involving peer and ancestral pressures influence the family’s decision to have their daughter’s genitals mutilated (Badawi, M. 1989, ‘Epidemiology of Female Sexual Castration in Cairo, Egypt’, Paper Presented at The First International Symposium on Circumcision, Anaheim, California, NOCIRC.org website <http://www.nocirc.org/symposia/first/badawi.html> – Accessed 11 February 2008 – Attachment 16).

A 2002 study published in the *Journal of Health and Social Behaviour* examines the role of education and the mother’s own FGM history in the prevalence of FGM in Minia, described as “a relatively poor area in Upper Egypt, beginning about 200 kilometres south of Cairo and extending about 80 kilometres along the Nile” [*researcher’s note: this is the same governate as the “Minya” referred to in the 2004 study; the spelling has changed*]. According to the study, “about 20 percent of Minia residents are Coptic Christians and the remaining residents are Muslim”. This study finds clear links between urban dwelling, higher levels of education and access to meaningful employment, higher socio-economic status, and lack of FGM in mothers, and lower rates of FGM in daughters. However, even among the most privileged sectors of urban Egyptian society, FGM rates are still at 75%, and the report notes that “a majority of the daughters of highly educated mothers in these settings are still circumcised”:

...urban residence is negatively associated with female genital cutting and its perceived necessity in Egypt...

National and community- based studies in Egypt show that better educated women less often approve of female genital cutting and less often decide to circumcise their daughters.

...the extent to which a mother had access to unconventional opportunities (education) and whether she was obliged to conform (i.e., was genitally cut) will influence her perception of the need to genitally cut her daughters.

...the median age of circumcision among daughters is 10 years.

...Informants also characterized female genital cutting as a prerequisite for marriage...By facilitating and enhancing marriage, female genital cutting represents an initial event in a prescribed sequence that enables girls to acquire a social identity, economic security, and some measure of familial authority in a patrilineal society.

...it is in this context of opportunities and constraints that the decision to circumcise a daughter has rested with a mother, and the lenient attitude of fathers about the practice is attributed to their belief that women will maintain the tradition (because daughters are usually circumcised between the ages of 8 and 12 years, they generally have little say in the decision).

...daughters are less likely than their mothers to be circumcised at each age... and the decline is marked among the three youngest cohorts of daughters... The probability of circumcision among daughters aged 10-14 still exceeds 0.75, however.

...Compared to circumcised mothers, uncircumcised mothers less often intend to have daughters circumcised and less often have daughters circumcised. A mother's educational level and her ownership of gold are highly negatively associated with her intent and decision to circumcise daughters and with expected levels of genital cutting among daughters. Expected levels of female genital cutting do not differ by either the co-resident status of the paternal grandmother or the presence or absence of the mother's family in the community. Otherwise, lower levels of female genital cutting are expected for the daughters of urban families (vis-à-vis rural families) and for daughters living in households with luxury items (due only to differences in reported intent). Lower levels of circumcision, intent to circumcise, and expected levels of circumcision are apparent among the daughters of better educated fathers, younger mothers, and daughters living in households with electricity.

...Circumcised mothers have 6 times higher odds than uncircumcised mothers of intending to circumcise their daughters ... A large, negative effect of education is also apparent. Adjusting for daughter and household characteristics, the daughters of more than secondary educated mothers have 0.14 times the odds of an anticipated circumcision than those of uneducated mothers; the effect of mother's circumcision status disappears, however. Neither the mother's age, ownership of gold, nor the proximity of grandmothers are associated with a mother's intention to have her daughters circumcised. Regarding other variables, daughters of urban families have 0.3 times the odds of daughters of rural families that their mothers intend to have them circumcised, and daughters of Muslim families have 6.0 times the odds of daughters of Christian families that their mothers intend to have them circumcised... Daughters of fathers with at least preparatory education have less than half the odds of daughters of uneducated fathers that their mothers intend for them to be circumcised.

...These results strongly suggest that a mother's conventional (circumcision) and unconventional (education) sources of security are associated with the circumcision status of her daughters.

...daughters of Muslim families have about 4.5 times the adjusted odds of being circumcised compared to the daughters of Christian families.

...These data suggest that age-specific probabilities of female genital cutting have declined among younger girls in Minia. This finding corroborates findings from national studies of Egyptian adolescents (El-Gibaly et al. 2002; Carr 1997) but contradicts findings from Assiut,

Egypt that female genital cutting remains nearly universal (Sayed et al. 1996). Still, over 75 percent of daughters aged 10-14 years have been genitally cut in Minia, and doctors increasingly perform these procedures.

...a mother's circumcision status is highly positively associated with the decision to circumcise a daughter, and her educational attainment is highly negatively associated with this decision... these results support the idea that mothers who have access to higher education may have broader ideas about the life options of their daughters. The absence of an effect of father's education on the circumcision status of daughters further suggests that higher education has a different meaning for women than men in this setting.

Authority over the decision to circumcise a girl may be shifting from the female kin structure to the nuclear family as educational levels among fathers rise. Consistent with this last interpretation are the negative effects of the father's education on the mother's intent to circumcise a daughter and on her choice of provider, and the absence of any effect of other female kin; inconsistent however, is the absence of any effect of father's education on the actual decision to circumcise a daughter.

Higher education of women is not a panacea, however-while this study, and that of Carr (1997), finds lower prevalence of female genital cutting among daughters of the highest educated mothers in Minia, Mali, and Sudan, respectively, a majority of the daughters of highly educated mothers in these settings are still circumcised (Yount, K. 2002, 'Like Mother, like Daughter? Female Genital Cutting in Minia, Egypt', *Journal of Health and Social Behaviour*, Vol. 43, No. 3, September, pp. 336-358, pp. 337-39, 341-42, 346, 350, 352-54 – Attachment 20).

10. Who performs FGM?

The most recent official statistics come from the *Egypt Demographic and Health Survey 2005*, which states that "trained medical personnel performed almost three-quarters of the circumcisions" and that "dayas (traditional birth attendants) performed the majority of the remaining circumcisions". A representative of UNICEF in Egypt claimed in a September 2007 report from *Agence France Presse* that "female circumcision was carried out by medical personnel in 75 percent of cases". An August 2007 *Reuters* report concurs, stating that "nearly three quarters of girls ... are cut by medical personnel, rather than by female elders at home". A 2006 WHO report on FGM states that "in Egypt up to 90% of FGM procedures are performed by a health-care provider". A 2005 UNICEF report claims that "94 per cent of daughters are found to have undergone FGM/C conducted by trained health personnel (a doctor, nurse, midwife or traditional birth attendant), while this was the case for 79 per cent of mothers". These contrast with a 1989 study which found that in amongst its study sample, taken from Cairo in 1985, the majority of FGM incidents took place in the family home, with the "Daya" being the most likely to perform the procedure (El-Zanaty, F. & Way, A. 2006, 'Chapter 16 – Female Circumcision', in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 212 – Attachment 32; 'UNICEF calls on Egypt to stop female circumcision', 2007, *Google* (source: *Agence France Presse*), 11 September – Attachment 2; Johnston, C. 2007, 'Egypt death sparks debate on female circumcision', *Reuters Alertnet*, 19 August – Attachment 3; World Health Organisation 2006, 'Female genital mutilation—new knowledge spurs optimism', *Progress in Sexual and Reproductive Health Research*, WHO website, No. 72 <http://www.who.int/reproductive-health/hrp/progress/72.pdf> – Accessed 13 February 2008 – Attachment 28; UNICEF 2005, *Female Genital Mutilation/Cutting – A Statistical Exploration 2005*, UNICEF website, 10

October http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf – Accessed 6 February 2008 – Attachment 7; Badawi, M. 1989, ‘Epidemiology of Female Sexual Castration in Cairo, Egypt’, Paper Presented at The First International Symposium on Circumcision, Anaheim, California, NOCIRC.org website <http://www.nocirc.org/symposia/first/badawi.html> – Accessed 11 February 2008 – Attachment 16).

The *Egypt Demographic and Health Survey 2005* reports that, across Egypt, the majority of FGM procedures are carried out by trained personnel:

trained medical personnel performed almost three-quarters of the circumcisions. Dayas (traditional birth attendants) performed the majority of the remaining circumcisions. Dayas performed more circumcisions in rural Upper Egypt than in other areas; however, even in rural Upper Egypt, the majority of all circumcisions were performed by medical personnel (El-Zanaty, F. & Way, A. 2006, ‘Chapter 16 – Female Circumcision’, in *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, & ORC Macro, Cairo, pp. 211-219, p. 212 – Attachment 32).

It may be of interest to note how much the providers of FGM services have changed in a short time. A 1989 study found that in amongst its study sample, taken from Cairo in 1985, the majority of FGM incidents took place in the family home, with the *daya* being the most likely to perform the procedure:

The home of the girl is the primary place for genital mutilations where 79.3% of genital mutilations occur; 13.5% occur in clinics; 4.1% in street booths, and 3.0% in hospitals. The primary person that inflicts the genital mutilations is the midwife--Daya (60.9%); followed by physicians (22.9%); and then barbers (16.2%) (Badawi, M. 1989, ‘Epidemiology of Female Sexual Castration in Cairo, Egypt’, Paper Presented at The First International Symposium on Circumcision, Anaheim, California, NOCIRC.org website <http://www.nocirc.org/symposia/first/badawi.html> – Accessed 11 February 2008 – Attachment 16).

11. Have there been any charges or action taken against doctors or midwives who perform FGM?

There have been several recent reports of doctors or midwives who have performed FGM being charged with offences under the ministerial decree banning the practice. Nonetheless, it may be of interest to note that in most of the following cases, action was taken against doctors or midwives who had performed FGM and caused serious injury or death to the victims. Only one report, an August 2007 *Reuters* report regarding the arrest of “a nurse in a town south of Cairo” who “had cut the genitals of three girls in a single day”, illustrates an arrest made without evidence gained from an injury or death subsequent to the procedure. The report quotes an official from the Ministry of Health stating that “the woman, who confessed, could face up to two years in jail”. An *Agence France Presse* report from September 2007 stated that “an official said earlier this month that four Egyptian doctors and a midwife were to be prosecuted for conducting female circumcision following the death of two girls. Their private clinics were shut down”. In August 2007, the *Khaleej Times* reported that police in Minya, south of Cairo, had arrested a woman for performing FGM on a girl who “went into a coma”. The *Al-masry Al-youm* website in August 2007 reported that the Egyptian Ministry of Health and Population had taken action against a doctor who caused the death of a girl through FGM. The report states that the “Ministry shut down this doctor’s

clinic, withdrew his license, referred him to the general prosecution and asked the General Syndicate of Doctors to ban him from practicing”.

The aforementioned August 2007 report from *Reuters* talks of the possible jailing of a nurse for committing three acts of FGM, and quotes an Egyptian source as claiming that “there is a lot of talk now of enforcing the law”:

Health authorities are investigating reports that a nurse in a town south of Cairo had cut the genitals of three girls in a single day in procedures done in their homes. The ministry said the woman, who confessed, could face up to two years in jail. “At least the doctors will be scared,” Wahba said. “They will be scared because there is a lot of talk now of enforcing the law” (Johnston, C. 2007, ‘Egypt death sparks debate on female circumcision’, *Reuters Alertnet*, 19 August – Attachment 3).

The August 2007 story in the *Khaleej Times* reports of the nearly fatal consequences of an FGM procedure on a young girl and the subsequent arrest of “the woman who carried out the mutilation”:

Egyptian police are holding a woman who conducted a near-fatal circumcision on a young girl, a widely-condemned practice the authorities are trying to stamp out, the press reported on Friday. The victim, Naglaa Khamis, went into a coma and suffered severe haemorrhaging after the removal of part of her genitals, but was saved after being taken to hospital by her parents. Police took the woman who carried out the mutilation in Minya, south of Cairo, into custody (‘Egyptian woman held for female circumcision’, 2007, *Khaleej Times Online*, 17 August

http://www.khaleejtimes.com/DisplayArticle.asp?xfile=data/middleeast/2007/August/middleeast_August173.xml§ion=middleeast – Accessed 6 February 2008 – Attachment 12).

In the August 2007 statement from the National Council for Childhood and Motherhood, on the *Al-masry Al-youm* newspaper website, the NGO “praises the role played by the Ministry of Health and Population” in prosecuting a doctor who carried out a FGM procedure on a young girl who subsequently died:

The Council praised the role played by the Ministry of Health and Population, its precise following up on Karima’s passing, and the serious measures taken to punish the doctor that caused her death. The Ministry shut down this doctor’s clinic, withdrew his license, referred him to the general prosecution and asked the General Syndicate of Doctors to ban him from practicing (Rashwan. H. 2007, ‘National Council for Childhood and Motherhood Provides Experts to Answer to Questions about FGM and Receives People’s Complaints on a Hot Line’, *Al-masry Al-youm* website, 13 August <http://www.almasry-alyoum.com/article.aspx?ArticleID=72199> – Accessed 11 February 2008 – Attachment 19).

A 2001 USDOS report on FGM stated that “at least 13 individuals...including doctors, midwives and barbers” had been prosecuted:

There are provisions under the Penal Code involving “wounding” and “intentional infliction of harm leading to death”, however, that might be applicable. There have been some press reports on the prosecution of at least 13 individuals under the 22 Penal Code, including doctors, midwives and barbers, accused of performing FGM that resulted in haemorrhage, shock and death... Perpetrators are subject to the loss of their medical licenses and can be subjected to criminal punishments. In cases of death, perpetrators are also subject to charges of manslaughter under the Penal Code (US Department of State 2001, *Prevalence of the practice of female genital mutilation (FGM); laws prohibiting FGM and their enforcement*;

recommendations on how to best work to eliminate FGM, US Department of State website <http://www.state.gov/documents/organization/9424.pdf> – Accessed 5 February 2008 – Attachment 6).

12. Are there any reports on women who have refused to be circumcised?

No specific reports were found on women who have refused to be circumcised. However, sources indicate that the social and cultural pressure placed on women to undergo FGM, and to ensure that their children undergo FGM, can be intense. A 2005 report on the UNICEF website quotes Egyptian sources indicating that “parents who denounce FGM are reluctant to make their decision public for fear of being ostracised” and that “men won’t marry their daughters”. Also on the UNICEF website, in an interview with a field worker for the NGO Assiut Childhood and Development Association, the interviewee states that a village woman lied about her daughters having undergone FGM because “she feared for her reputation” and “was scared that her daughters were not going to be able to get married if the community learnt that they hadn’t undergone FGM/C”. A 2004 Freedom House report provides anecdotal evidence of social pressure placed upon women who choose not to have their daughters undergo FGM, arguing that “‘Social proof,’ or the principle that people determine whether certain behaviour or practices are acceptable by finding out what other people think is correct, is a strong force in any society”. A 2001 USDOS report talks of the social significance of FGM for Egyptian females, as “a woman achieves recognition mainly through marriage and child bearing and many families refuse to accept as a marriage partner, a woman who has not undergone the procedure” (Bociurkiw, M. 2005, ‘Changing Attitudes to FGM/C one family at a time’, UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9; Malauzat, A. ‘Transcript of Interview with Nivine Rasmi, Field Coordinator for Assiut Childhood and Development Association’ (undated), UNICEF website [http://www.unicef.org/egypt/Egy-MC-interview_Assiut\(1\).doc](http://www.unicef.org/egypt/Egy-MC-interview_Assiut(1).doc) – Accessed 6 February 2008 – Attachment 10; Katulis, B. 2004, *Women’s Rights in Focus: Egypt – Findings from May–June 2004 Focus Groups with Egyptian Citizens on Women’s Freedom*, Freedom House website, 19 October http://www.freedomhouse.org/uploads/special_report/21.pdf – Accessed 13 February 2008 – Attachment 26; US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27).

A 2005 UNICEF report on the work of anti-FGM Egyptian NGOs tells of the difficulties faced in attempts to encourage rural families to follow anti-FGM measures:

Still, parents who denounce FGM are reluctant to make their decision public for fear of being ostracised. Said a field worker: “People are waiting before announcing their decision (not to practice FGM). They fear they will be insulted. Or worse – men won’t agree to marry their daughters” (Bociurkiw, M. 2005, ‘Changing Attitudes to FGM/C one family at a time’, UNICEF website, 5 July http://www.unicef.org/egypt/reallives_3884.html – Accessed 6 February 2008 – Attachment 9).

The UNICEF website also carries an interview with Nivine Rasmi, a Field Coordinator for the Assiut Childhood and Development Association, in which she tells of the potential for social stigmatisation attached to those who reject FGM:

The first time I started visiting villages, I stopped by a house and I met a woman who told me that she had 4 daughters who were all circumcised. I left to visit other houses and when I was leaving the village, I saw this mother of four calling me to tell me that in reality her daughters were not circumcised but that she feared for their reputation, which explains why she had lied to me. She was scared her daughters were not going to be able to get married if the community learnt that they hadn't undergone FGM/C.

...The main reason given by most families for practicing FGM/C is honour. Mothers and fathers who want their daughters to be circumcised do it because they believe it will preserve their purity. There is also the weight of tradition and for a few people, the belief that FGM/C is commanded by religion (Malauzat, A. 'Transcript of Interview with Nivine Rasmi, Field Coordinator for Assiut Childhood and Development Association' (undated), UNICEF website [http://www.unicef.org/egypt/Egy-MC-interview_Assiut\(1\).doc](http://www.unicef.org/egypt/Egy-MC-interview_Assiut(1).doc) – Accessed 6 February 2008 – Attachment 10).

A 2004 Freedom House report provides anecdotal evidence of the social pressure placed upon women who choose not to have their daughters undergo FGM:

One strong argument in favour of practicing al-khitan (FGM) is simply that society expects it. One illiterate middle aged woman in Cairo recounted a story from her neighbourhood about a man who would not sleep with his wife on their wedding night when he discovered that she was not circumcised. The man sent the woman back to her parents the morning after the wedding and told his mother-in-law that he would not touch her unless she was circumcised. "Social proof," or the principle that people determine whether certain behaviour or practices are acceptable by finding out what other people think is correct, is a strong force in any society. One Christian woman from a rural village in Upper Egypt near Asyut says that she decided not to circumcise her daughter and she heard a lot of criticism about this decision in the streets (Katulis, B. 2004, *Women's Rights in Focus: Egypt – Findings from May–June 2004 Focus Groups with Egyptian Citizens on Women's Freedom*, Freedom House website, 19 October http://www.freedomhouse.org/uploads/special_report/21.pdf – Accessed 13 February 2008 – Attachment 26).

A 2001 USDOS report also outlined the potential problems faced by women who choose not to undergo FGM:

One of the main factors behind the persistence of the practice is its social significance for females. In communities where it is practiced, a woman achieves recognition mainly through marriage and child bearing and many families refuse to accept as a marriage partner, a woman who has not undergone the procedure (US Department of State 2001, *Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, US Department of State website, 1 June <http://www.state.gov/g/wi/rls/rep/crfgm/10096.htm> – Accessed 13 February 2008 – Attachment 27).

One incident was found in which a husband forced his wife to undergo FGM. A report in the *Khaleej Times* from September 2007 states that a husband beat his wife after an argument over her never having undergone FGM, and that the subsequent FGM procedure was organised by the victim's mother:

An Egyptian man forced his 20-year-old wife to be circumcised after a year of marriage, resulting in her hospitalization for acute bleeding, the state-run news agency reported on Saturday.

According to the police commissioner of the Cairo's gritty northern suburb of Shubra el-Kheima cited by the Middle East News Agency, a dispute erupted between Shaaban el-Menshawi and his wife because she had never been circumcised, a once common operation in Egypt that has since been banned by the government.

When her husband started beating her, Ashgan Riyadh Abdelati fled to her mother's house. Once there, however, her mother brought in a doctor to conduct the illegal operation on the spot, said the news report. Abdelati was later admitted to Nasser General Hospital for acute bleeding. Hospital officials declined to comment on her condition ('Egyptian man forces his wife to be circumcised', 2007, *Khaleej Times Online*, 1 September http://www.khaleejtimes.com/DisplayArticleNew.asp?xfile=data/theworld/2007/September/theworld_September24.xml§ion=theworld&col – Accessed 6 February 2008 – Attachment 13).

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Staggregation Google API Proximity Search <http://www.staggregation.com/cgi-bin/gaps.cgi>

Yahoo <http://search.yahoo.com/>

Region Specific Links

Khaleej Times Online website <http://www.khaleejtimes.com/Index00.asp>

Daily News Egypt website <http://www.dailystaregypt.com/>

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Egyptian Centre for Women's Rights website <http://www.ecwronline.org>

Coptic Evangelical Organisation for Social Services website <http://www.ceoss.org.eg>

The Female Genital Cutting Education and Networking Project website
<http://www.fgmnetwork.org>

Government Information and Reports

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Databases:

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