

Female Genital Mutilation in Egypt: Recent trends and projections



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for every child

A NOTE ON DATA USED IN THIS PUBLICATION

The following analysis primarily features data collected in Egypt's Health Issues Survey 2015. While the prevalence of female genital mutilation (FGM) may have changed slightly in the intervening years, there is no reason to believe that data collected today would yield dramatically different results.

FGM is a practice that has affected girls and women for generations. In practising communities, FGM can carry a strong cultural significance, making behaviours and attitudes around it resistant to change. While Egypt is beginning to see a reduction in FGM, population-level shifts in the prevalence will take time – and continued efforts – to become apparent.

Data from other countries that have seen declines in the practice reveal that progress tends to occur incrementally. Thus, data from 2015 can still be considered a reasonably close estimation of the current situation. For an illustration of observed and projected trends in FGM, see Figure 14.





Female genital mutilation in the global development agenda

FGM is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG) target 5.3, which aims to eliminate the practice by 2030.



SDG 5



Achieve gender equality and empower all women and girls

TARGET 5.3

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

INDICATOR 5.3.2

Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation

Key Facts

Among girls and women aged 15 to 49 years, **nearly 9 in 10** have undergone FGM; in the vast majority of governorates, at least 7 in 10 girls and women have experienced the practice



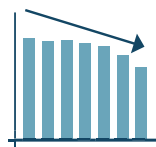
The prevalence of FGM is high across many population groups in Egypt, but the practice is somewhat more common in **rural areas**, in **less wealthy households** and among girls and women with **less education**

FGM is commonly performed by health personnel, and the practice has become increasingly medicalized. Girls under 15 years of age are **four times more likely** than women aged 45 to 49 years to have been cut by a medical professional



Just **over half** of Egyptians think FGM should continue, and a similar proportion believe the practice is required by religion

There is evidence that FGM is **becoming less common** at the national level particularly after 2000



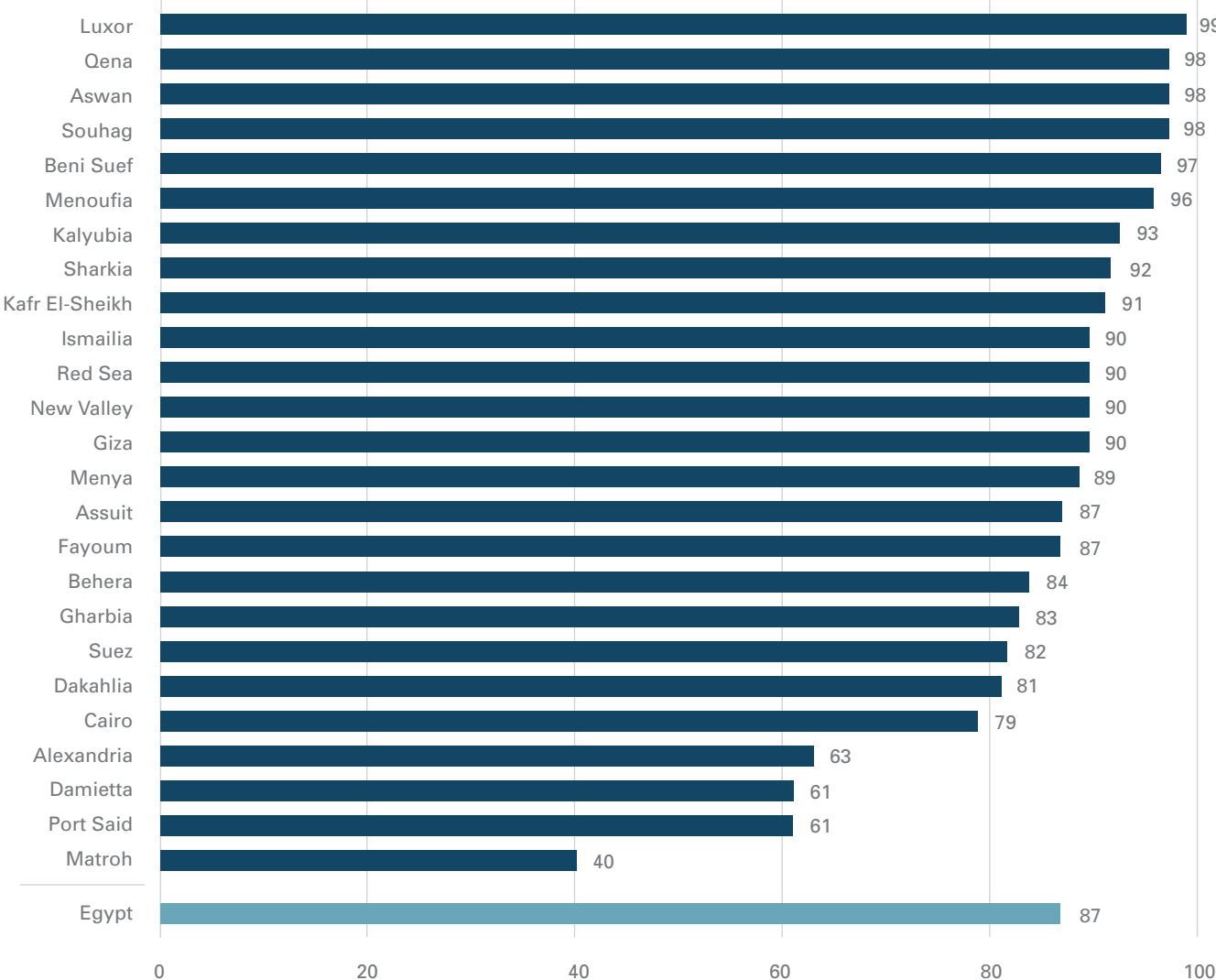
While progress is evident throughout much of the country, it is not even. **In some governorates, the practice remains nearly universal**

Egypt is **not on track** to reach the SDG target of eliminating FGM; compared to the rate of decline in the practice observed in the last 15 years, progress would need to be about 15 times faster to reach elimination by 2030



Notes: In this publication, unless otherwise noted, the latest data are from 2015. See note on inner cover regarding the recency of data. National data exclude North Sinai and South Sinai, as no recent data have been collected on these governorates.

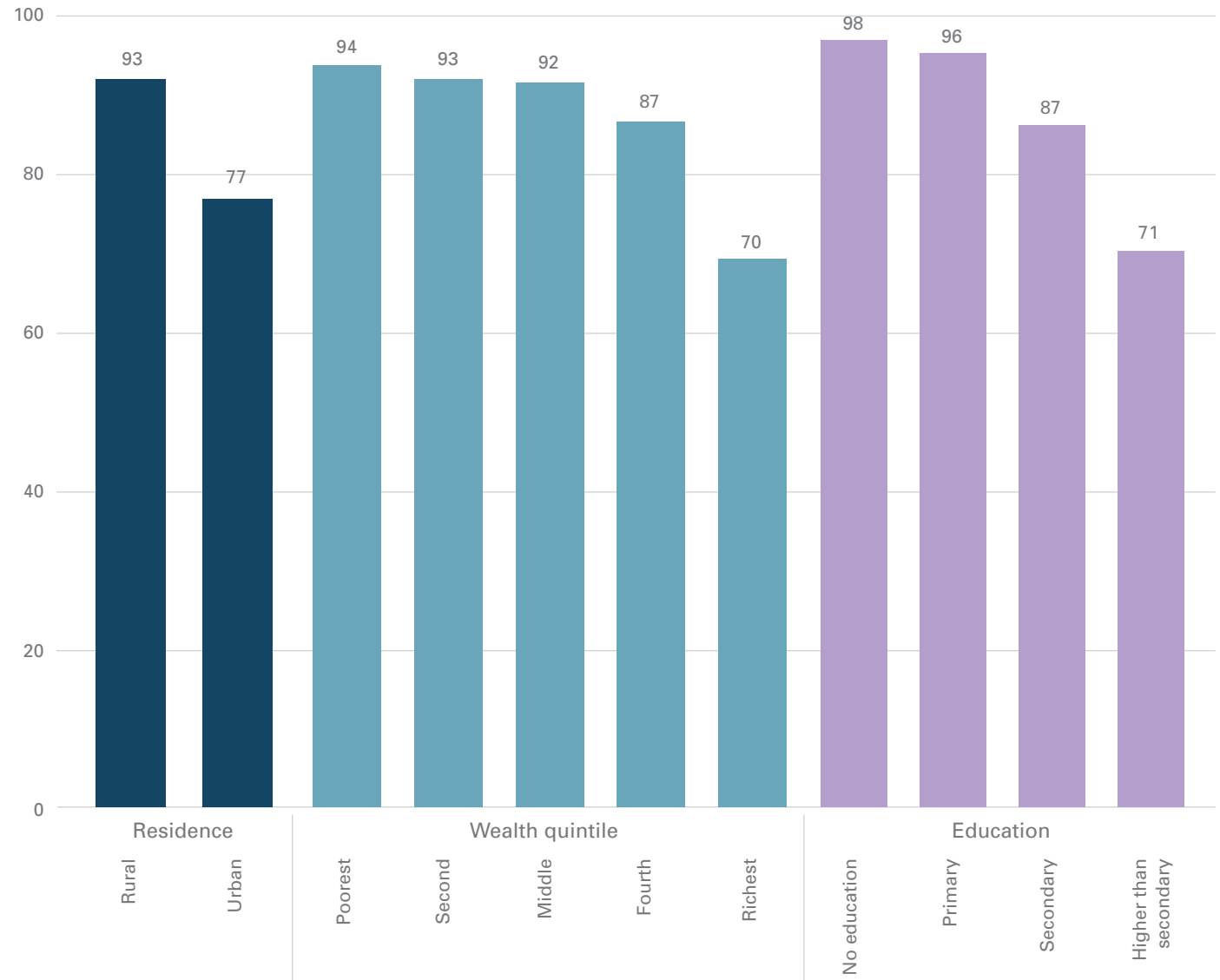
Current levels of female genital mutilation



Eighty-seven per cent of girls and women aged 15 to 49 years have undergone FGM; levels are high throughout most of the country

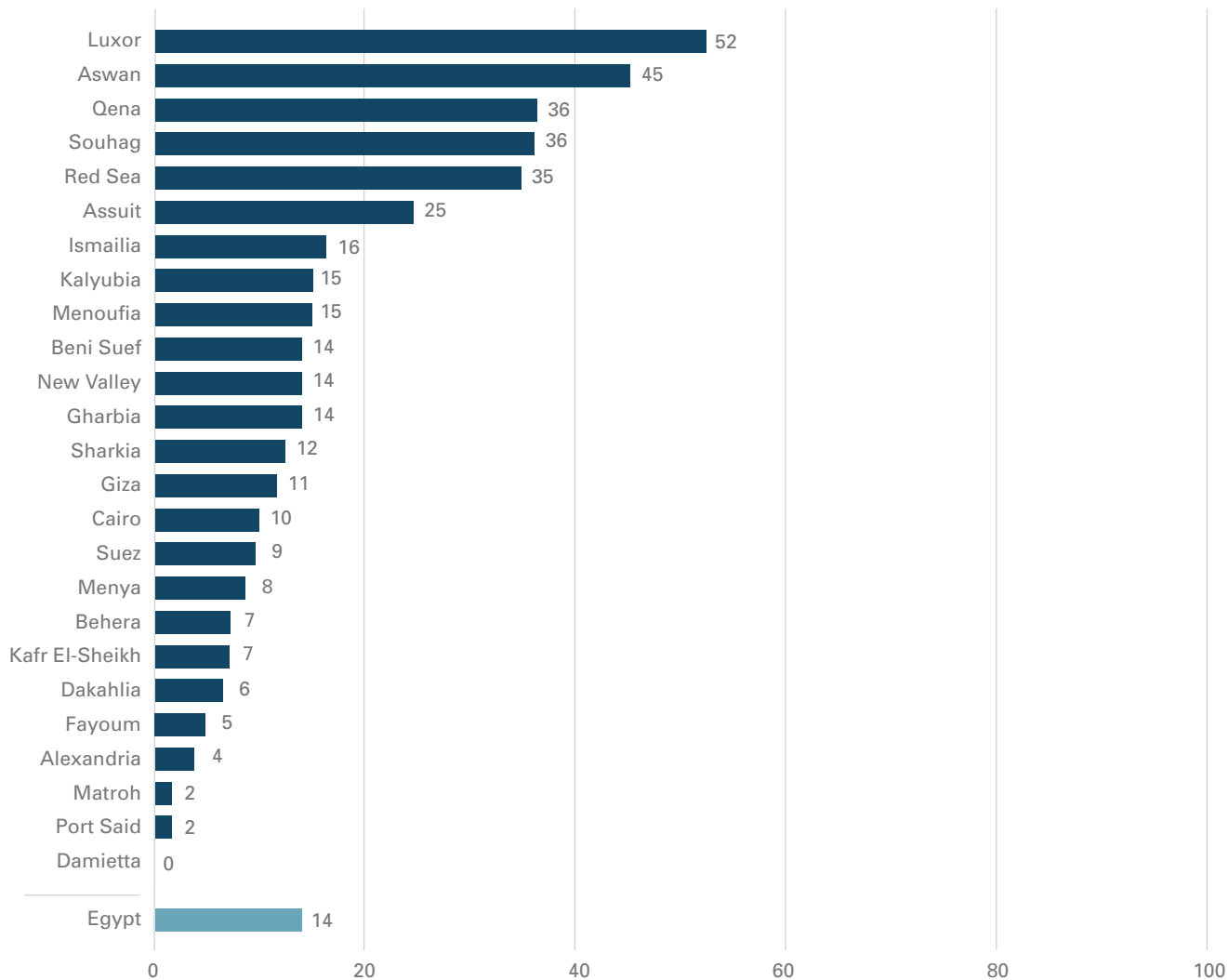
► FIG.1 Percentage of girls and women aged 15 to 49 years who have undergone FGM

The prevalence of FGM is high across many population groups in Egypt, but the practice is somewhat more common in **rural areas, in less wealthy households** and among girls and women with **less education**



► **FIG.2** Percentage of girls and women aged 15 to 49 years who have undergone FGM, by residence, wealth quintile and education

|| Across Egypt, 14 per cent of girls under age 15 years have undergone FGM



Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk once they reach the customary age for cutting.

Therefore, the data on prevalence for girls under age 15 is an underestimation of the true extent of the practice.

Since age at cutting varies among settings, the amount of underestimation also varies (see Figure 4). This should be kept in mind when interpreting all FGM prevalence data for this age group.

► **FIG.3** Percentage of girls aged 6 months to 14 years who have undergone FGM, by governorate

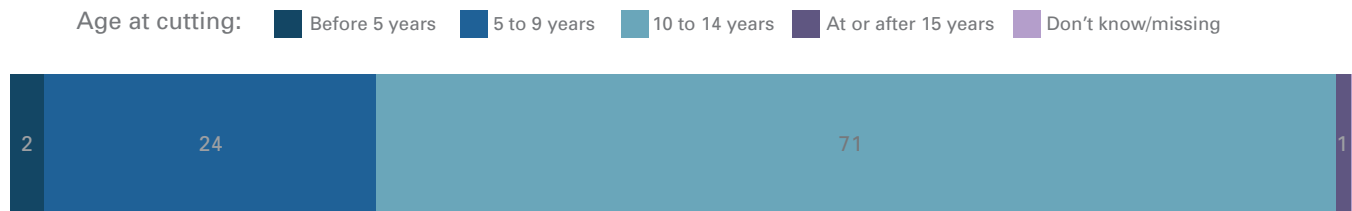
Notes: Data were collected from female respondents aged 15 to 49 years about their daughters aged 6 months to 14 years at the time of the survey. Girls' FGM status was reported by their mothers.

Circumstances around FGM

Age at cutting, practitioners and medicalization

The majority of FGM occurs during **early adolescence**: 7 in 10 girls were cut between ages 10 to 14 years

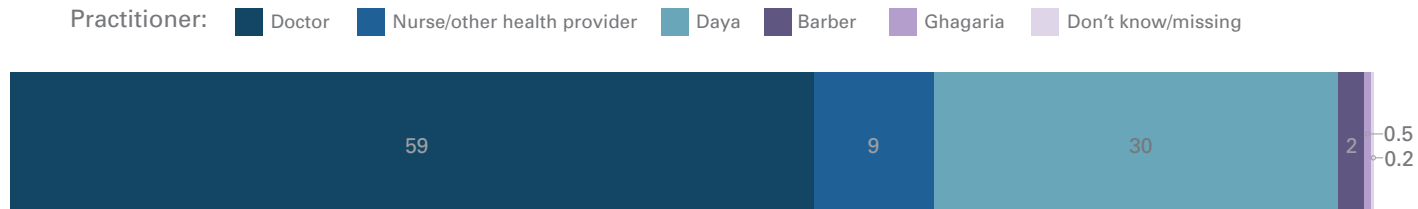
► FIG.4 Percentage distribution of adolescent girls aged 15 to 19 years who have undergone FGM, by age at cutting



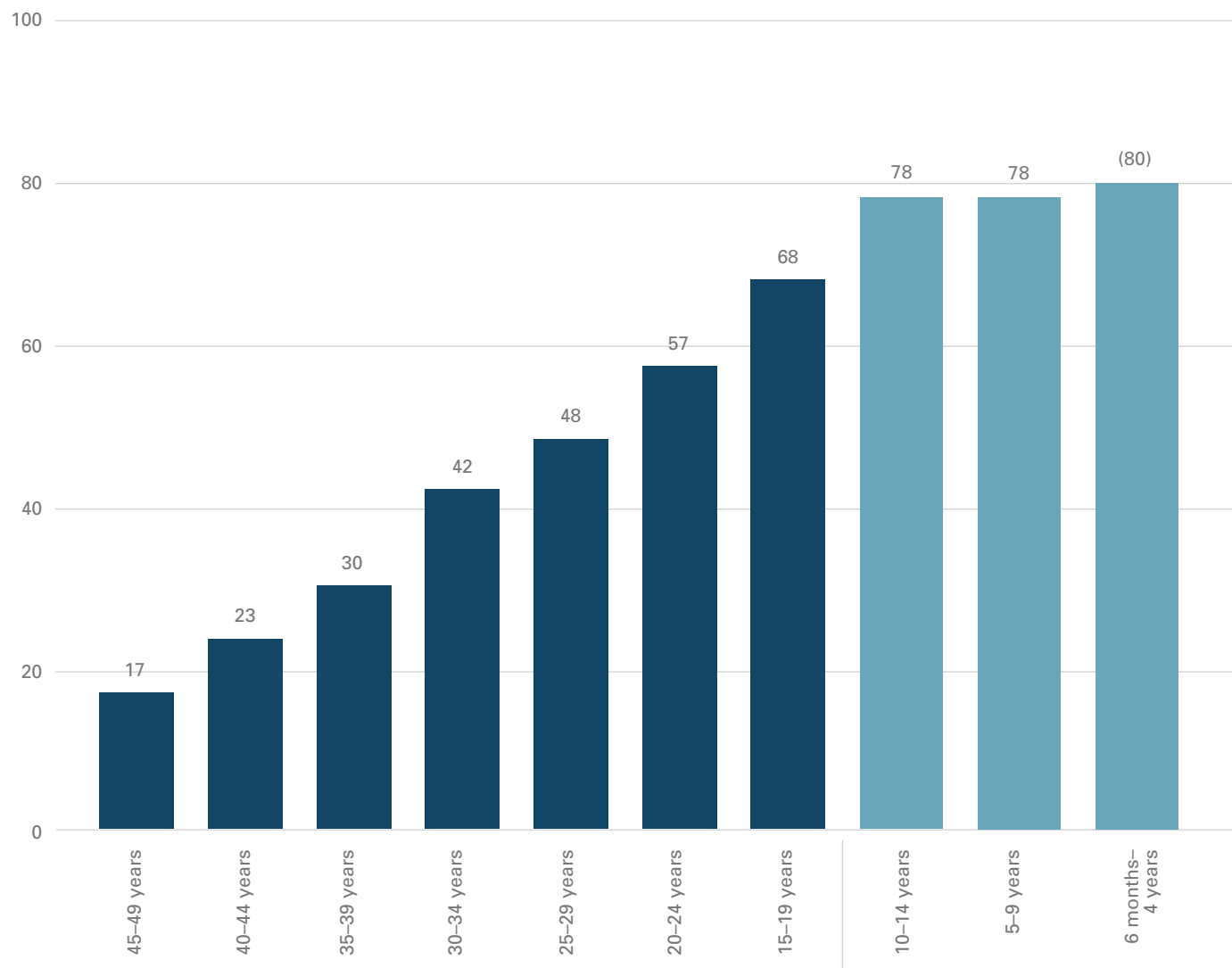
Note: Figures may not add up to 100 per cent due to rounding.

FGM in Egypt is commonly practised by **medical personnel**: 6 in 10 girls were cut by doctors, and 7 in 10 girls were cut by medical practitioners overall

► FIG.5 Percentage distribution of adolescent girls aged 15 to 19 years who have undergone FGM, by type of practitioner



Note: Figures may not add up to 100 per cent due to rounding.



FGM has become **increasingly medicalized**: Of those who underwent the practice, 4 in 5 girls under age 15 experienced FGM at the hands of a medical professional, compared to fewer than 1 in 5 women aged 45 to 49 years

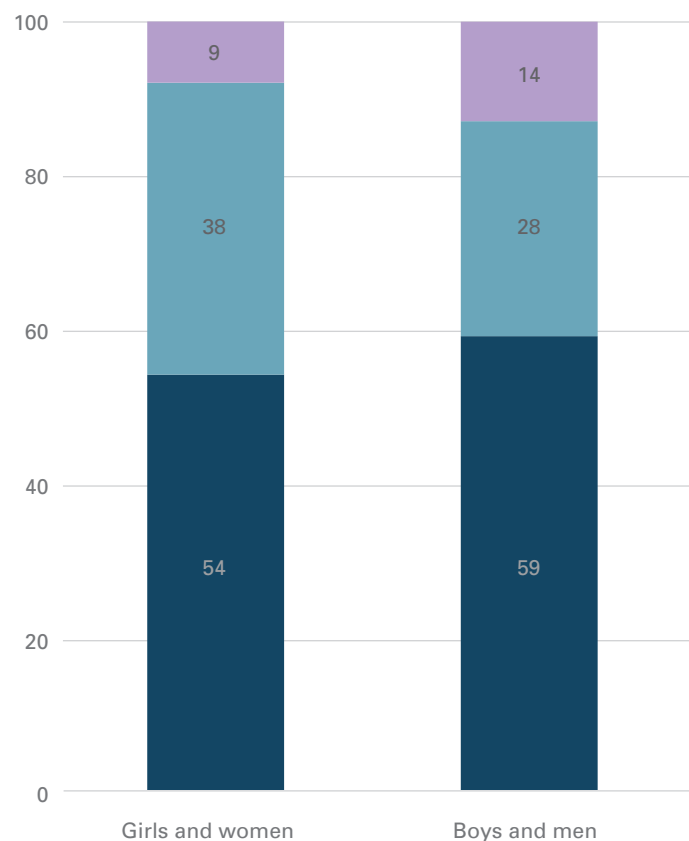
► **FIG.6** Percentage of cut girls and women aged 6 months to 49 years who underwent FGM by a medical practitioner, by age

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Medical practitioners include doctors, nurses and other health providers. Data were collected from female respondents aged 15 to 49 years about their daughters aged 6 months to 14 years at the time of the survey. Girls' FGM status was reported by their mothers. Some girls under age 15 who have not been cut may still be at risk once they reach the customary age for cutting, which should be kept in mind when interpreting data for this age group (see box on page 7).

Opinions on FGM

More than half of girls and women as well as boys and men **support the continuation of FGM**

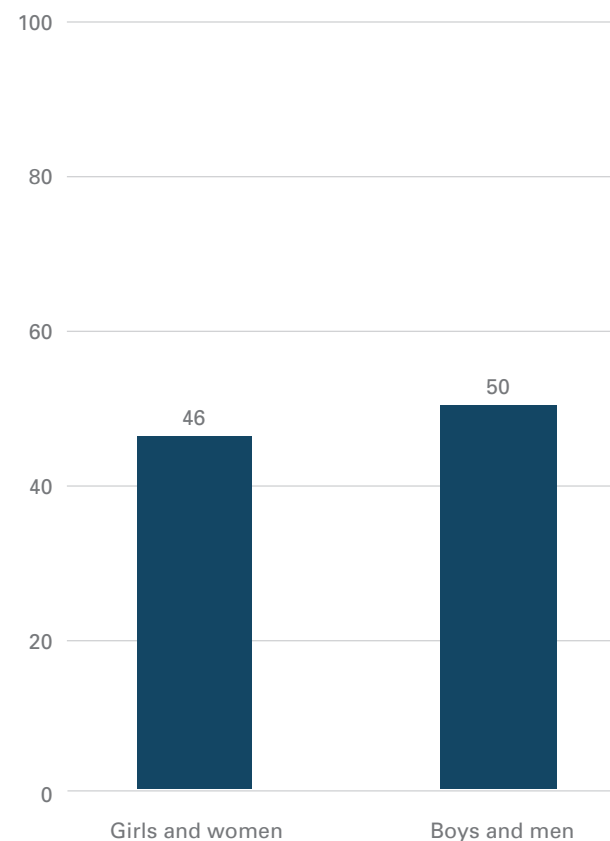
Think FGM should continue Think FGM should stop Say it depends/are not sure



► **FIG.7** Percentage distribution of girls and women and boys and men aged 15 to 49 years, by their attitudes about whether FGM should continue

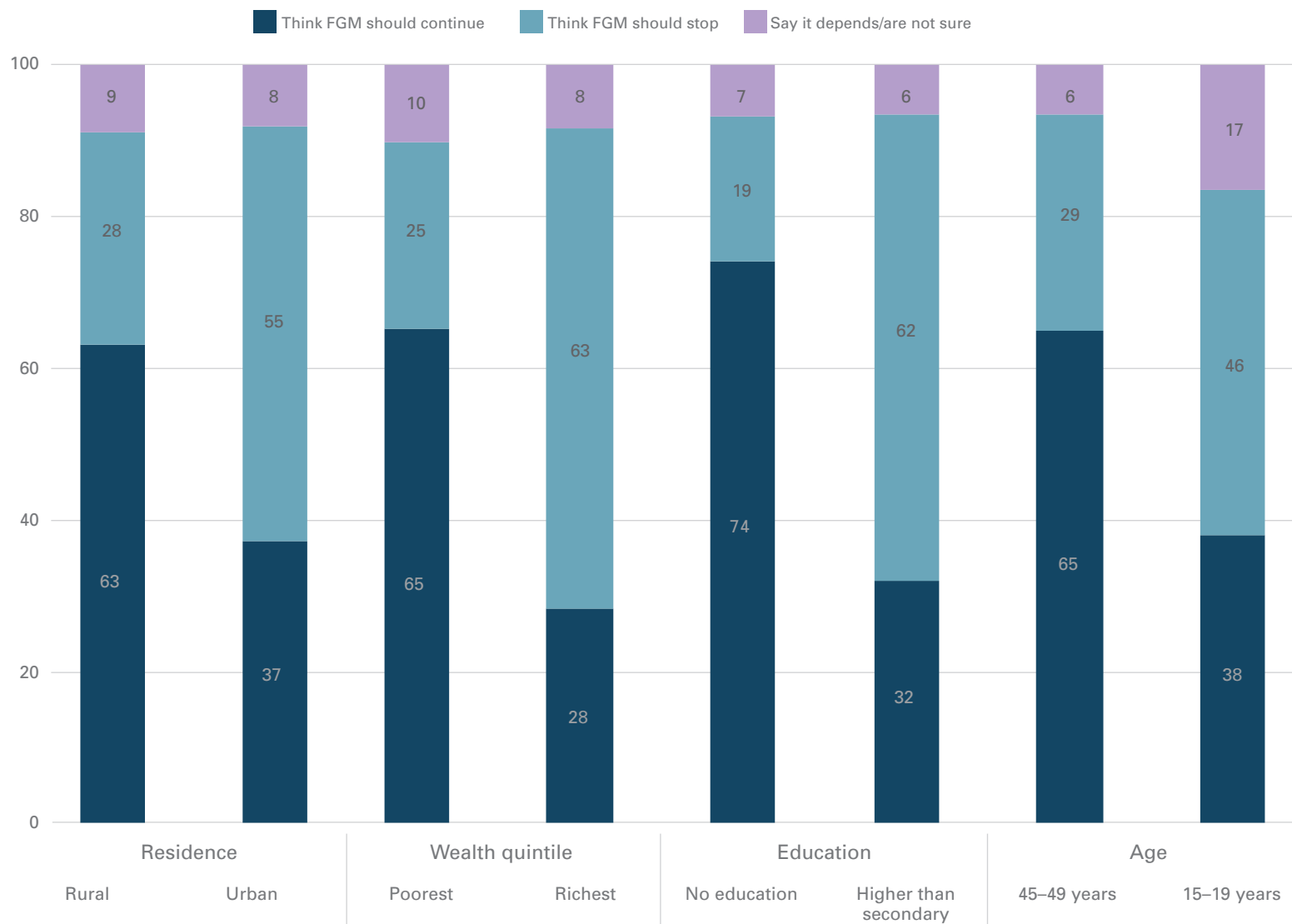
Note: Figures may not add up to 100 per cent due to rounding.

Almost half of Egyptians think FGM is required by religion



► **FIG.8** Percentage of girls and women and boys and men aged 15 to 49 years who believe FGM is required by religion

Support for FGM is most common among girls and women in **rural areas** and the **poorest households** as well as those who are **older** and have **less education**

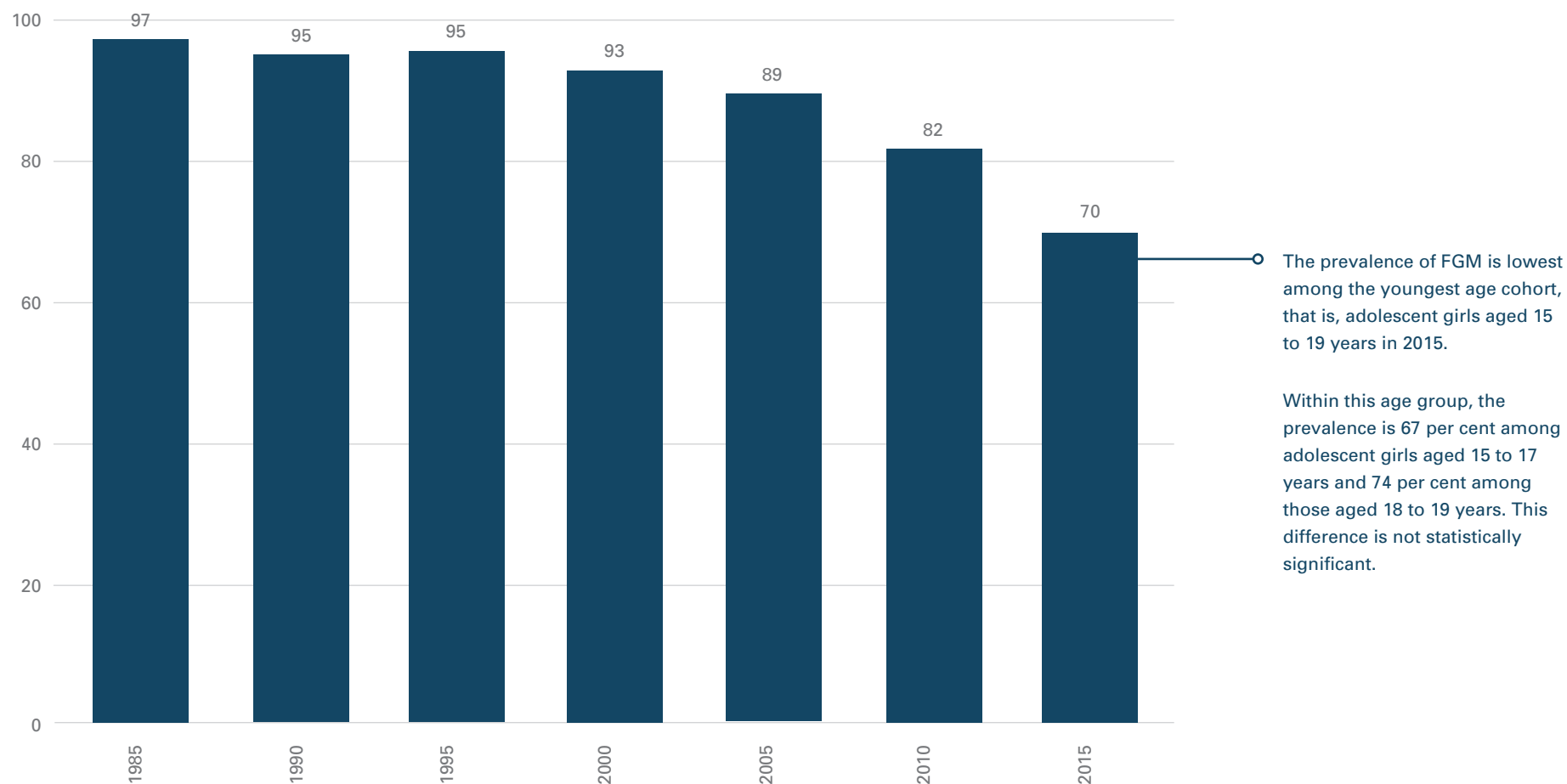


► **FIG.9** Percentage distribution of girls and women aged 15 to 49 years, by their attitudes about whether FGM should continue, by residence, wealth quintile, education and age

Note: Figures may not add up to 100 per cent due to rounding.

Generational trends in reducing FGM

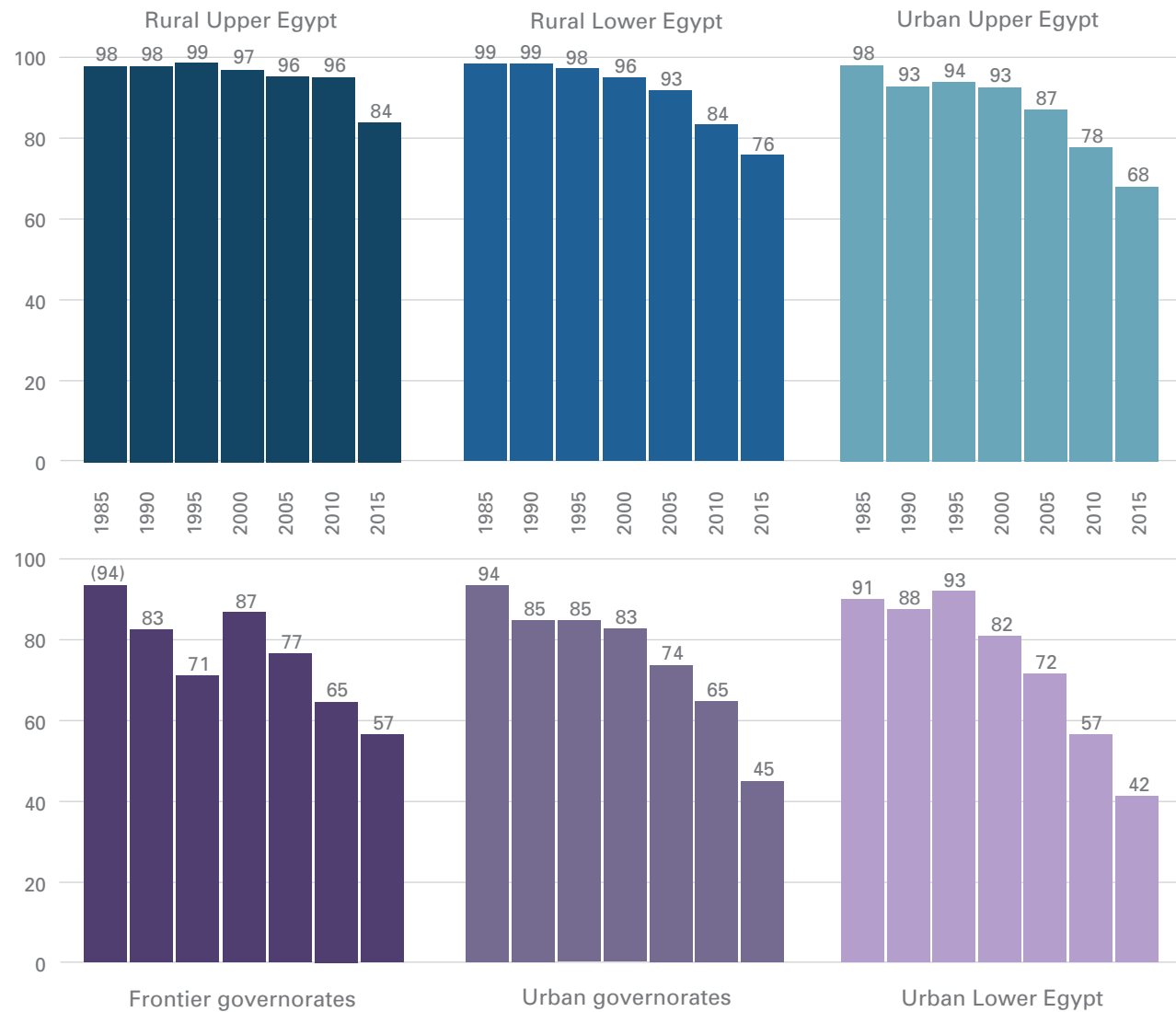
|| There is **evidence of a decline** in the prevalence of FGM, particularly after 2000



► **FIG.10** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM

Notes: This trend analysis is based on the prevalence of FGM across age cohorts, as measured in the Health Issues Survey 2015. See technical notes for details.

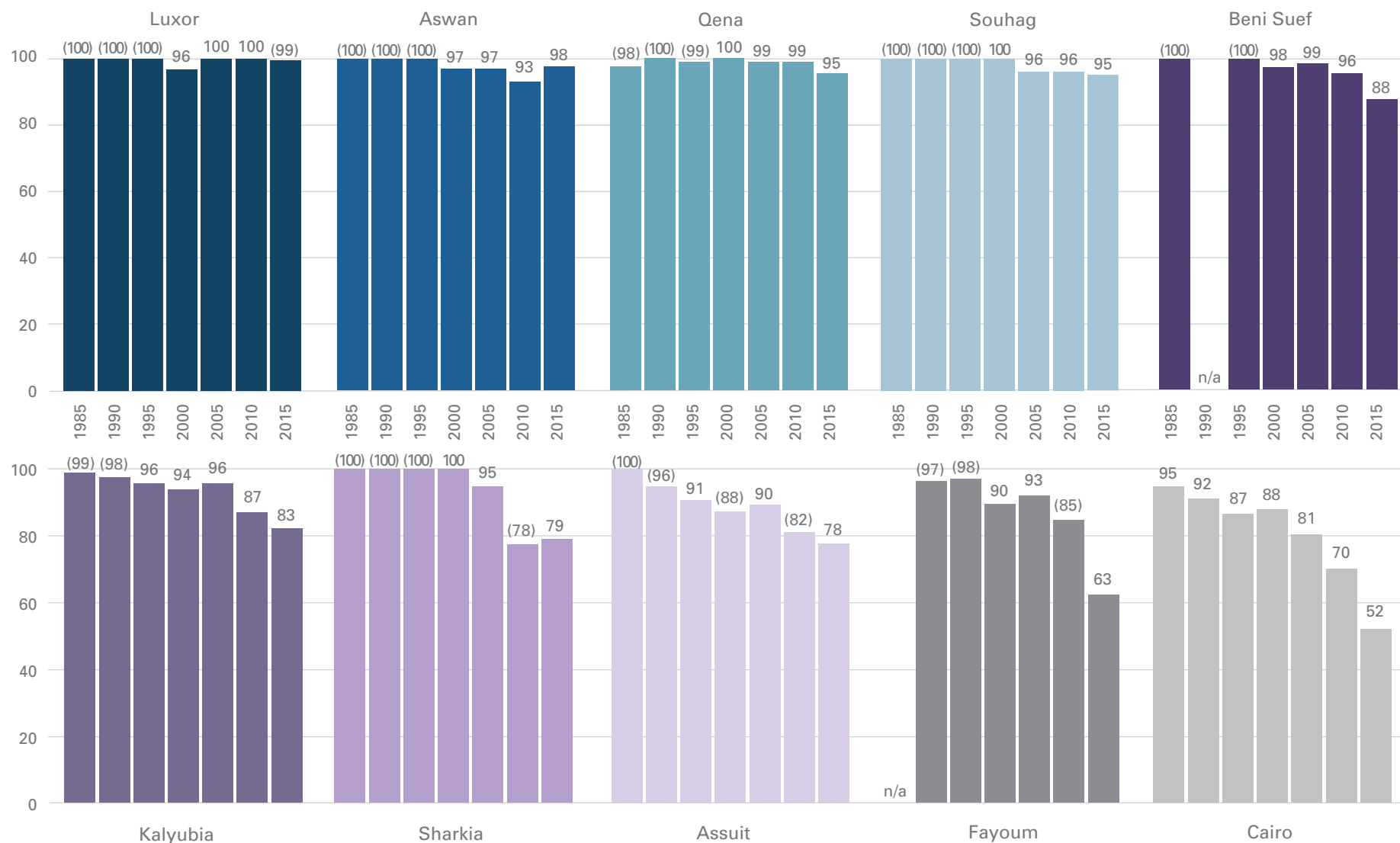
Most regions of Egypt have seen a decline in FGM, with the **strongest progress in the urban governorates and urban Lower Egypt**



► **FIG.11** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, by region

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

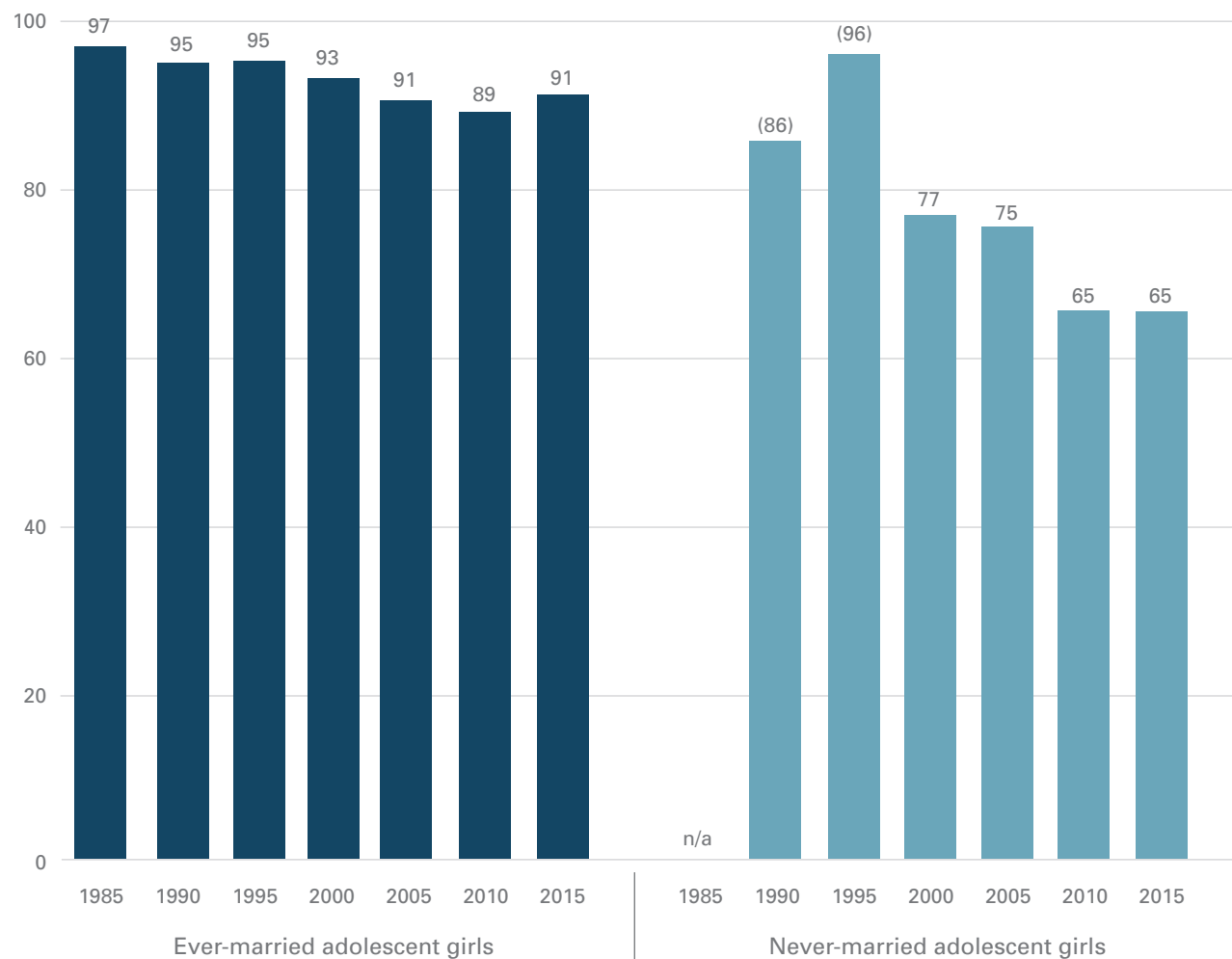
While strong progress in reducing FGM has occurred in some governorates, the practice remains nearly universal in others



► **FIG.12** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM in selected governorates

Notes: Governorates presented here include those with a high prevalence of FGM and/or receiving programmatic interventions. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Those with fewer than 25 unweighted cases are marked 'n/a' for 'not available'.

Declines in FGM are most prominent among those who have not married



Data collected in Demographic and Health Surveys conducted in Egypt since the mid-1990s have been limited to ever-married women. Only two surveys, in 2008 and 2015, represented all women, including those who had never been married. Analysis based on previous surveys shows that levels of FGM have been persistently high, and that among ever-married women, they remain high even according to the latest data from 2015.

There does appear to be both a lower prevalence of FGM and a recent decline in the practice among women who have not married. This explains why the aggregate prevalence for all women (as shown in Figures 10 to 12) is dropping despite the consistently high levels of the practice among married women.

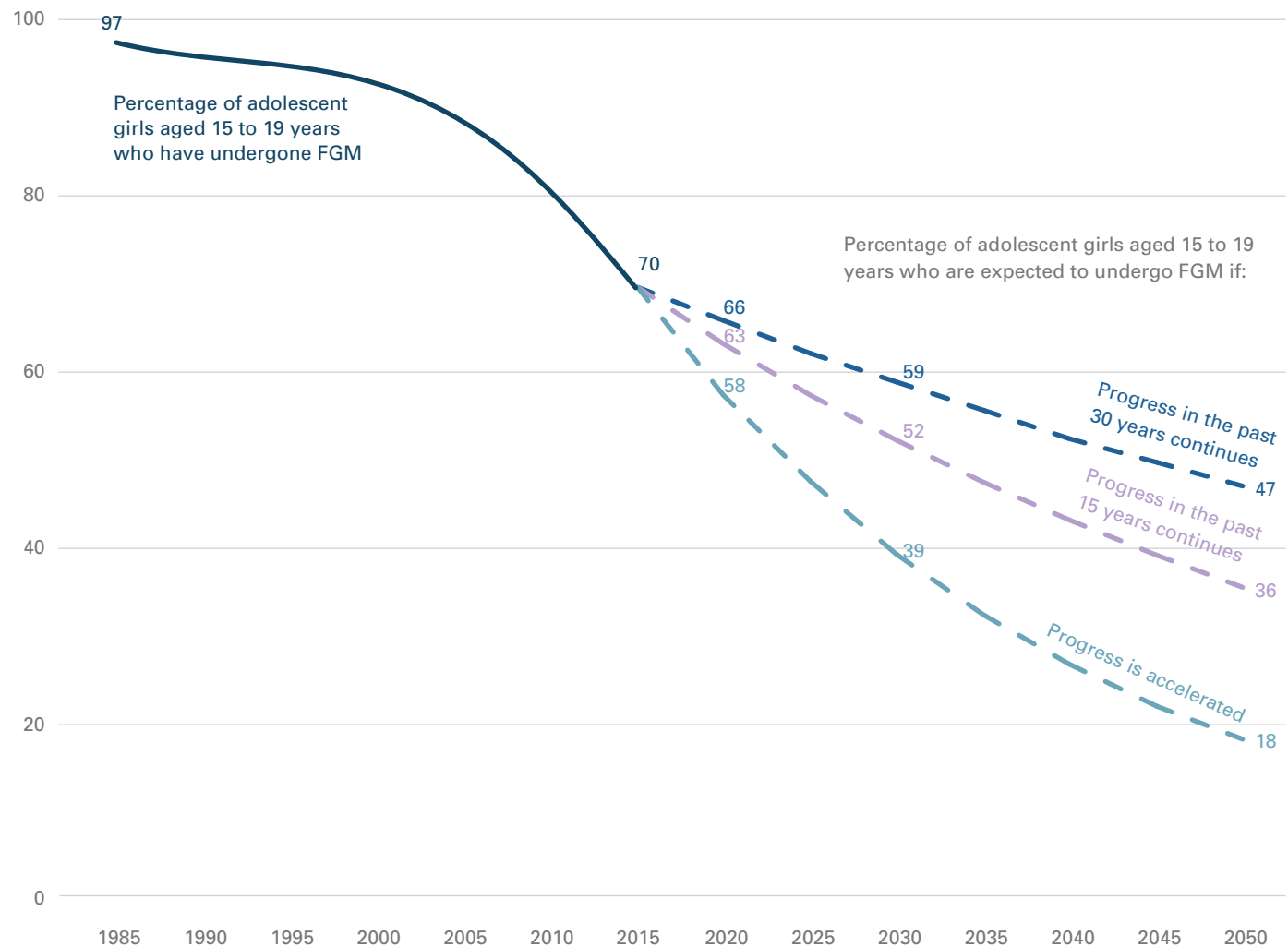
► **FIG.13** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, by marital status

Notes: In the Health Issues Survey 2015, girls and women who answered 'signed contract' to the question about their marital status are considered to be never-married. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Those with fewer than 25 unweighted cases are marked 'n/a' for 'not available'. In each marital status group, the difference between girls aged 15 to 17 years and 18 to 19 years is not statistically significant, suggesting no additional decline within the youngest cohort.

Looking ahead towards elimination

If the decline seen after 2000 continues, the prevalence of FGM in Egypt would drop to 52 per cent by 2030 and to 36 per cent by 2050

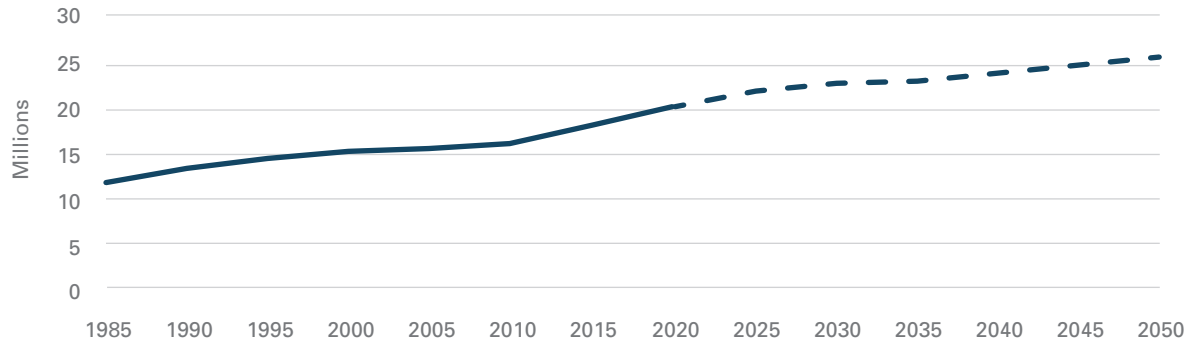
If progress is accelerated, this proportion can be cut by half



► FIG.14 Observed and projected percentage of adolescent girls aged 15 to 19 years who have undergone FGM

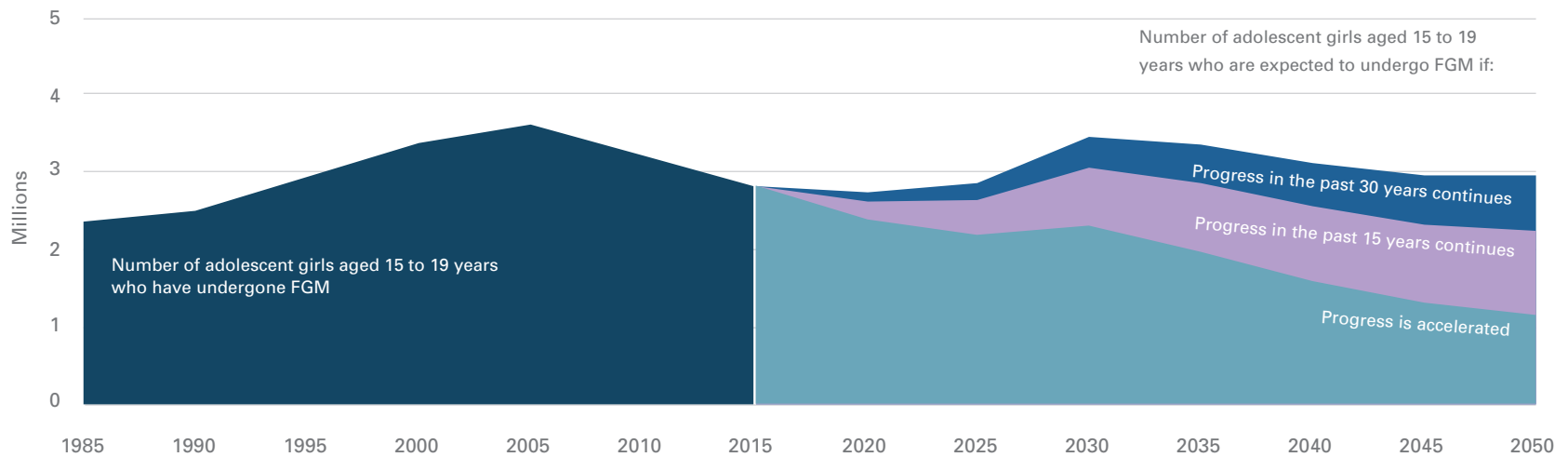
Note: See "How to read the projections" on page 19.

► **FIG.15** Observed and projected female population under age 18



Without an accelerated rate of reduction, it is possible that **the number of adolescent girls experiencing FGM could increase by 2030** due to population growth

► **FIG.16** Observed and projected number of adolescent girls aged 15 to 19 years who have undergone FGM

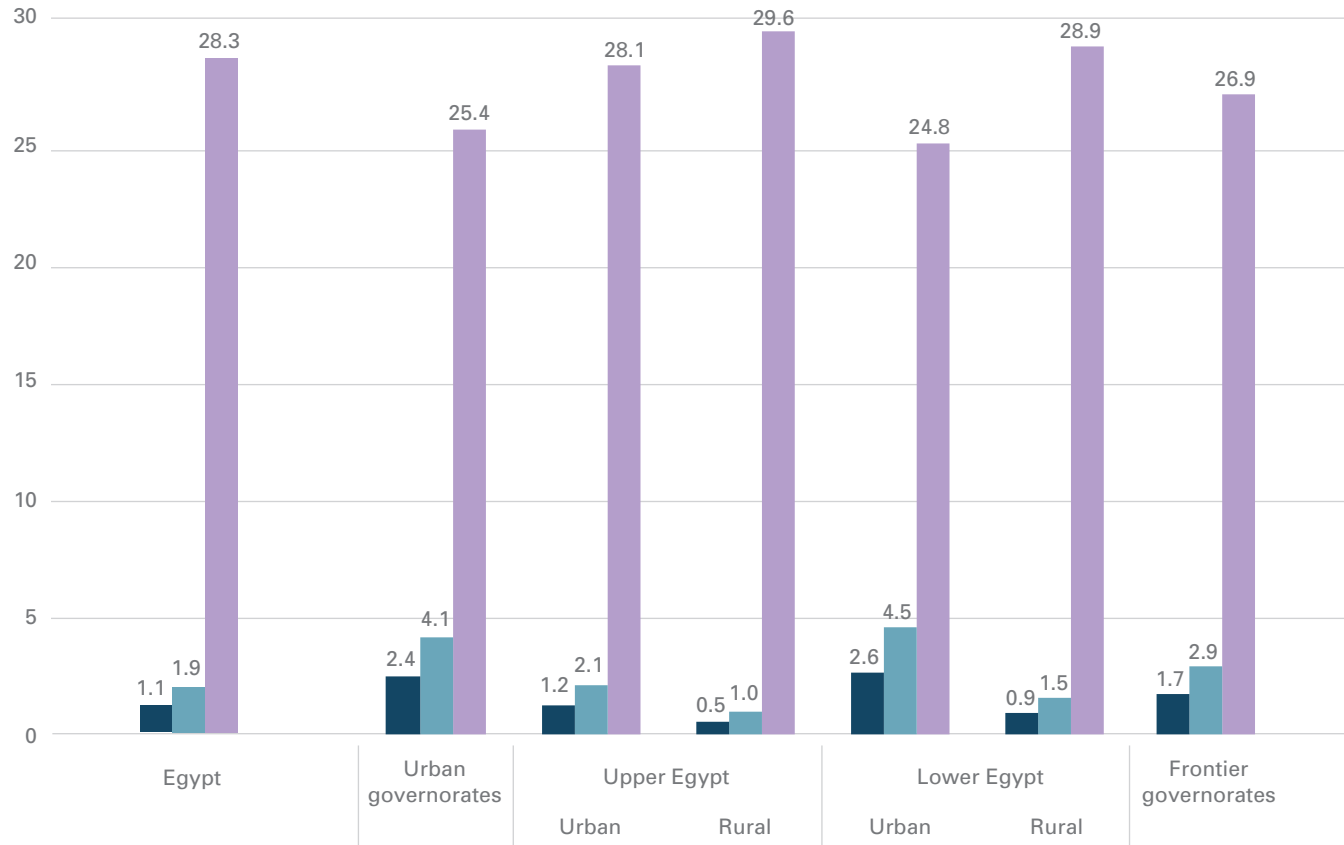


Note: See "How to read the projections" on page 19.

Egypt is not on track to reach the SDG target of eliminating FGM. Compared to the rate of decline in the last 15 years, progress would need to be about 15 times faster to eliminate the practice by 2030

Average annual rate of reduction:

■ Observed in the past 30 years ■ Observed in the past 15 years ■ Required for elimination by 2030



How to read the average annual rate of reduction

The observed average annual rates of reduction quantify the rate of progress in reducing the prevalence of FGM over each period. A higher rate indicates faster progress. Required rates illustrate what would be necessary to eliminate the practice by 2030 and achieve SDG target 5.3. In urban Upper Egypt, for example, compared to the last 15 years, progress would need to be 14 times faster to eliminate FGM by 2030 (based on a 2.1 per cent observed annual rate of reduction compared to a 28.1 per cent required rate).

► **FIG.17** Average annual rate of reduction (per cent) in the percentage of adolescent girls aged 15 to 19 years who have undergone FGM, observed and required for elimination, by region

Technical notes

To assess the prevalence of FGM, this analysis used SDG indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation.

Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key message titles for the charts were developed in light of the confidence intervals for all values. Thus, in cases where the title indicates that there is a difference among groups, it has been confirmed as statistically significant.

Data on circumstances around FGM in Egypt are presented here as measured among adolescent girls aged 15 to 19 years. In Egypt, cutting mainly occurs among girls under age 15 years; therefore, the cohort aged 15 to 19 years is the one that has most recently surpassed the customary age at cutting, allowing for the most recent assessment of circumstances around FGM without the risk of censoring. Data on types of FGM are not presented here as questions on type of cutting only differentiated infibulation from non-infibulating forms.

Trends in the prevalence of FGM (Figures 10 to 12) and the associated average annual rates of reduction (Figure 17) were calculated using an age-cohort analysis of data from the Health Issues Survey 2015. The results were validated against previous surveys (Demographic and Health Surveys from 1995, 2000 and 2005, and the 2008 and 2014 Health Issues Surveys).

How to read the projections

Figures 14 and 16 show how the scale of the practice of FGM has changed since 1985, as well as various scenarios that could occur in the future. Figure 17 shows progress in the observed rate of reduction and the rate that would be required to meet elimination targets.

The projection scenarios build on existing trends. They show expected values if progress from the past 30 years (in blue) or the past 15 years (in purple) was to continue. Progress appears to have accelerated over the past 15 years, making this the more ambitious of the two scenarios. A third scenario (in light blue) illustrates what could happen if the rate observed over the past 15 years was to double.

The observed average annual rates of reduction quantify the rate of progress in reducing the prevalence of FGM over each period. A higher rate indicates faster progress. Required rates indicate what would be necessary to eliminate FGM by 2030 and achieve SDG target 5.3. For statistical purposes, 'elimination' is defined as a prevalence of less than 1 per cent.

Data Sources

The analysis in this publication is based on the Health Issues Survey 2015. Population data are from the United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019, Online Edition*, 2019.

Acknowledgements

This data brief was prepared by the Data and Analytics Section of UNICEF (Claudia Cappa, Colleen Murray and Hyunju Park) with inputs from the Egypt Country Office (Reem Elsherbini, Shantanu Gupta, Manar Soliman and Saji Thomas).

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A social worker (centre) speaks about the dangers of FGM to a girl and her mother at their home in the village of Nazlet Ebeid in Minya Governorate in Upper Egypt.

Page 2: ©UNICEF/UNI42924/Pirozzi

A community educator speaks to a group of women about the dangers of FGM at the UNICEF-supported Kabbary Youth Centre for working children in Alexandria. The centre offers community education and outreach programmes, educational activities, vocational training, and psychosocial support and medical care for working children.



For information on the data in this brochure:

UNICEF Data and Analytics Section
Division of Data, Analytics, Planning and Monitoring
3 United Nations Plaza
New York, NY 10017, USA

E-mail: data@unicef.org
Website: data.unicef.org

For information on FGM in Egypt:

UNICEF Egypt
Intersection of Rd. 87 & 14,
Sarayat Al Gharbeyah
Maadi, Cairo, Egypt

E-mail: infoegy@unicef.org
Website: unicef.org/egypt/