

Reproductive Health of Women in Egypt

Marguerite Peterseim

Julia Sherry - Global Health

HLTH 4700

November 14, 2021

The United Nations General Assembly established a goal to “eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation” globally by the year 2030 (United Nations, 2021). Female genital cutting or mutilation (FGC/FGM), or female circumcision, involves the partial or total removal of external female genitalia or other modifications to these organs for non-medical reasons (World Health Organization, 2021). There are no medical benefits to either male or female circumcision (Gee et al., 2019). Female circumcision can, however, cause severe bleeding, urination complications, cysts, infection, and even complications in childbirth and increased risk of newborn deaths. Acceptance of female circumcision is more controversial globally than male circumcision procedures due to cultural debates regarding motives for the surgery. For centuries the procedure has been practiced as a rite of passage for young women to prepare them for womanhood and marriage (Althaus, 2016). The danger arises when operations are performed without safe medical supplies by individuals with little knowledge of medicine or human anatomy, resulting in permanent health effects, pain, and even death. Despite the risks, many medical professionals consider the procedure an integral aspect of their cultural and ethnic identity, while others regard it as a religious obligation (Althaus, 2016). In opposition, medical critics emphasize the detriments to women’s health and well-being and bring attention to evidence of ritualized child abuse and violence against women as violations of human rights. Global controversy trickles down to Egyptian society, where FGC procedures are routinely conducted dating back almost 2000 years, with current estimations stating nearly 92% of women ages 15-49 have undergone circumcision (Ministry of Health and Population, 2015). In 2013, Egypt was ranked sixth out of twenty-nine countries regarding FGM prevalence; according to the United Nations Children’s Fund (Rossem & Meekers, 2020), estimating as many as 27.2 million women have been circumcised. Due to the controversial nature of the female circumcision procedure, attention must be called to secure suitable surgical environments, mitigate the risk of complications, and decrease mental health effects from these operations to improve reproductive health policies for Egyptian women.

The death of a fourteen-year-old girl in 2008 caused the Egyptian government to pass an anti-

FGM law that criminalizes FGM, primarily because these procedures are not considered to be a “medical practice” nor are they taught in medical schools; however, the motivations for this law to be passed are centered around religion and culture and are less focused on the direct health impacts from these procedures (Criminalizing FGM, 2008). Despite the new legislation, it remains unclear how heavily enforced the mandate is in Egypt, primarily because of the political overturn in 2011 due to the Arab Spring. The anti-FGM law ties into Sustainable Development Goal (SDG) three targets 3.5 and 3.7, which call for universal access to sexual and reproductive healthcare services and access to quality essential healthcare services (United Nations, 2021). Since 2008, Egypt has shifted away from traditional practitioners and towards health professionals performing FGM, decreasing exposure to unhygienic settings. A taboo against sex in Egypt causes women to seek these unhygienic settings when medical professionals withhold their services if the patient is deemed unfit for such procedures due to their reproductive anatomy. Doctors who refuse to perform circumcision on women with smaller anatomical components enable riskier operations performed by traditional practitioners. Thus, legislation and international goals should provide measures to account for these traditions that result in procedures conducted in unhygienic settings, which ultimately enable the possibility of baleful complications.

Circumcision may be performed during infancy, as most male circumcisions are; however, in Egypt, these procedures are typically carried out on girls between four and twelve, with the median age being ten (Althaus, 2016). The three types of circumcision offer different possible complications, the most severe being infibulation which results in the excising of the clitoris and labia and stitching together the edges of the vulva (Oxford University Press, 1992). Because the urethral opening is covered during the procedure, repeated urinary tract infections are common, and stones may form due to infection. If the procedure leaves the opening too small, menstrual flow may be blocked, leading to reproductive tract infections, lower fertility, and even sterility. Additionally, without deinfibulation before childbirth, that is, the reopening of the vulva, obstructed labor can threaten the lives of both the mother and infant (Althaus, 2016). A study that analyses the prevalence of FGC among Egyptian girls found that while

76.7% of patients from the 38,816 study participants did not experience complications, 21.8% did experience mild complications such as prolonged pain, and 1.5% endured severe complications such as excessive bleeding (World Health Organization, 2021). Over decades, the continued threat of complications reflects the lack of input and representation from women who undergo such operations. SDG target 5.5 calls for full and effective participation and equal opportunities for leadership from women at all decision-making levels in political, economic, and public life. Furthermore, increased input from women of Egyptian society regarding the stigma around sex and female circumcision might alleviate the mental weight many women internalize.

Social stigma around female circumcision procedures is not the only source of mental health struggle for women in Egypt. The decision parents and young girls make is a process that is influenced by outside forces such as cultural norms and traditions and even social requirements for marriage. Being “cut” in Egypt symbolizes a woman is “of good standing” (Rossem & Meekers, 2020). When a woman is in good standing, her social status, prestige, and marriageability increase, while “non-cut” women may risk being socially isolated and may be perceived by others as immoral. Outside forces such as these can create toxic thoughts, increase irritability and create sources of unnecessary stress for young women. Undergoing the procedure can cause long-term emotional difficulties, including the onset of depression, anxiety, post-traumatic stress disorder, and even sleep disorders (NHS, 2021). Close to 50% of women in Egypt take advantage of mental health services. Promoting equitable access to mental health services, Egyptian policymakers encourage the development of community-based psychiatric units and outpatient facilities in each catchment area throughout the country, improving the overall quality of life of individuals living in Egypt.

Despite extensive negativity surrounding the female circumcision procedure, a little over half of the ever-married Egyptian women believe the procedure is required by their religion (Ministry of Health and Population, 2015). Two-thirds of women in Upper Egypt believe female circumcision should continue. Influences from Western feminists and human rights activists have provoked negative

reactions from women who practice female circumcisions voluntarily. Many of these women perceive public health efforts from Westernized organizations as condescending and derogatory toward their culture (Althaus, 2016). Egyptian women who value their traditions should be included in developing policies that directly impact their health and their daughters' health, despite cultural differences among policymakers. While questions surround the safety of these practices both physically and mentally, international interference and legislation should consider the beliefs of women who willingly participate in eliminating unsafe practices. With the de-stigmatization of the female circumcision procedure in Egypt, the practice may become standardized, as the male circumcision procedure is in the United States, to secure reproductive health safety in Egypt.

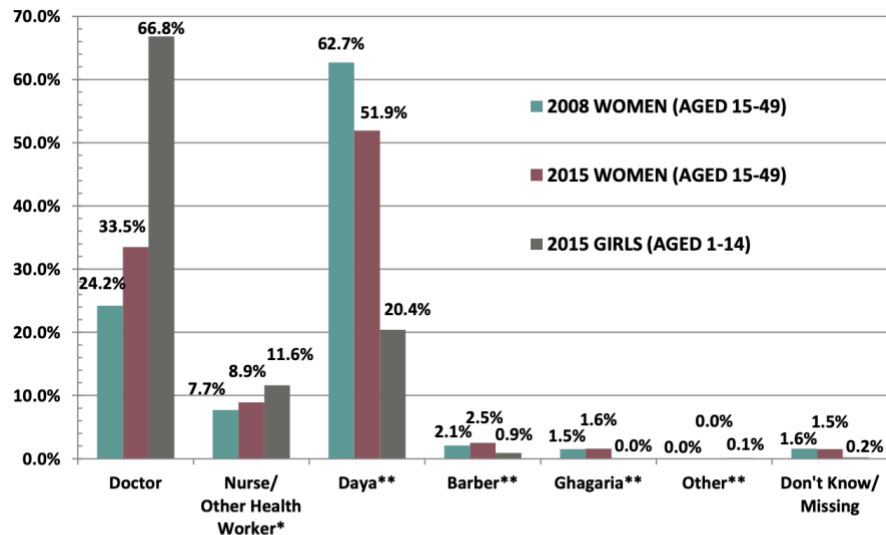
References

- Althaus, F. A. (2016, December 6). Female circumcision: Rite of passage or violation of rights? Guttmacher Institute. Retrieved November 12, 2021, from <https://www.guttmacher.org/journals/ipsrh/1997/09/female-circumcision-rite-passage-or-violation-rights>.
- Criminalizing FGM. (2008). Criminalizing FGM... by Law. The Egyptian Parliament. *Archives 2008 Child law no. 12 of 1996 amended by law 126 of 2008*.
- Gee, A., Kraus, E., & Bilyeu, A. (2019). Female Genital Cutting: Considerations for the Western Physician. *Missouri medicine*, 116(1), 32–34.
- Ministry of Health and Population [Egypt], El-Zanaty and Associates [Egypt], and ICF International. 2015. Egypt Demographic and Health Survey 2014: Key Findings. Cairo, Egypt, and Rockville, Maryland, USA: Ministry of Health and Population and ICF International.
- NHS. (2021). Female genital mutilation (FGM). NHS choices. Retrieved November 12, 2021, from <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>.
- Oxford University Press. (1992). The Oxford Dictionary.
- Tag-Eldin, M. (2008). Prevalence of female genital cutting among Egyptian girls. *Bulletin of the World Health Organization*, 86(4), 269–274. <https://doi.org/10.2471/blt.07.042093>
- United Nations. (2021). #ENVISION2030 Goal 3: Good health and well-being enable. United Nations. Retrieved November 12, 2021, from <https://www.un.org/development/desa/disabilities/envision2030-goal3.html>.
- United Nations. (2021). #ENVISION2030 Goal 5: Gender Equality Enable. United Nations. Retrieved November 12, 2021, from <https://www.un.org/development/desa/disabilities/envision2030-goal5.html>.
- Van Rossem, R., & Meekers, D. (2020). The decline of FGM in Egypt since 1987: A cohort analysis of the Egypt demographic and Health Surveys. *BMC Women's Health*, 20(1).

<https://doi.org/10.1186/s12905-020-00954-2>

World Health Organization. (2021). Female genital mutilation. World Health Organization. Retrieved November 12, 2021, from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

This graphic is essential to see how frequently a doctor or a traditional practitioner (Daya) practices a female circumcision procedure in Egypt.



* 'Other Health Worker' includes midwives

** These are all classed by UNICEF as 'Traditional Practitioners'¹

Figure 16: Percentage distribution of women who have had FGM and girls who are reported to have had FGM, according to the type of practitioner who performed it²