A close-up photograph of a single, vibrant pink rose in full bloom, positioned in the upper left quadrant. The rose's petals are tightly packed and layered, showing a gradient from light pink to a deeper magenta. To the right and below the rose, there are several splatters and streaks of bright red paint on a plain white background. One prominent, thick red line extends from the center towards the right edge of the frame. The overall composition is clean and minimalist, with high contrast between the colors and the white background.

# **Female Genital Mutilation: Policies to Encourage Abandonment**

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Political Science Senior Thesis  
Patrick Donnay - Advisor**

# Introduction:



Female Genital Mutilation (FGM) also known as Female Genital Cutting (FGC) is a severe violation of girl's and women's human rights.

Waris Dirie – *Desert Flower* – “Female Mutilation has no cultural, no traditional and no religious aspect. It is a crime which seeks justice.”

FGM is practiced in many countries in Africa, the Middle East, and around the world. It is a barbaric practice that has no known religious significance and is incredibly harmful to children and women.

Health Consequences: Mental, physical and emotional.

# History of Culture



Originated around 3000  
BCE in Egypt.

Misconception that it is an  
Islamic tradition.

Performed by women in the  
villages with handmade  
tools.

Why this tradition continues.



# Types of FGM - Classifications



FGM is classified into four main types as defined by the World Health Organization.

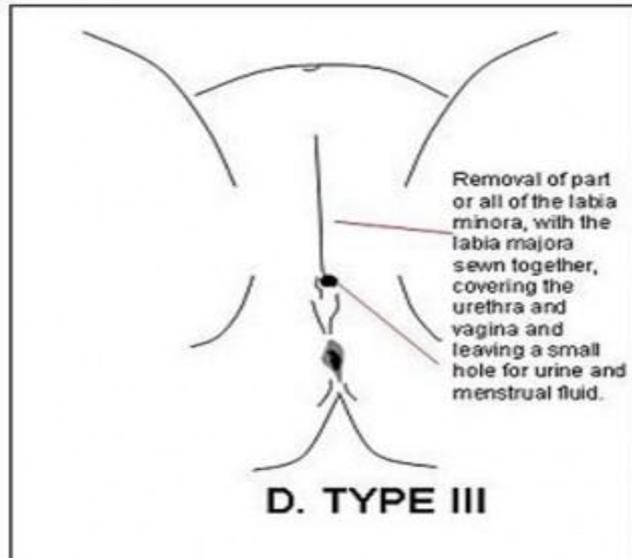
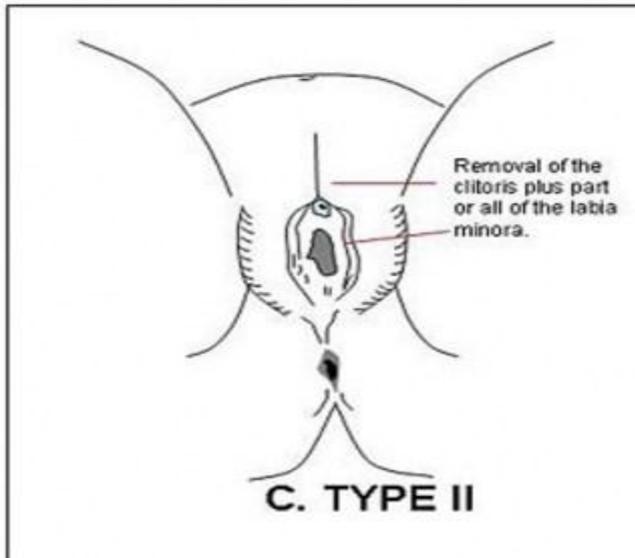
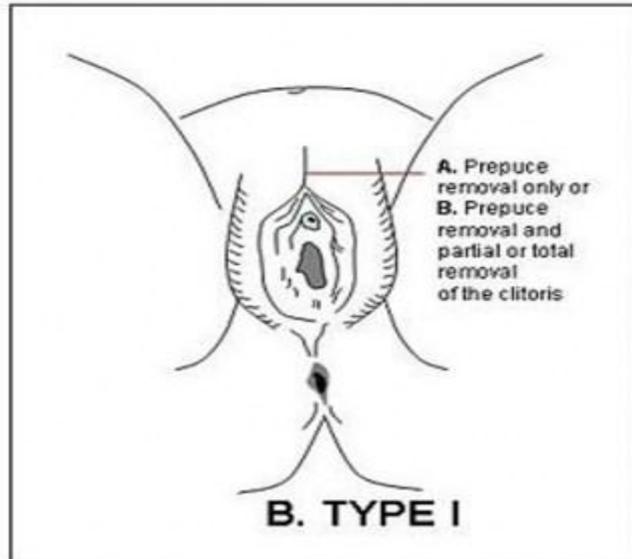
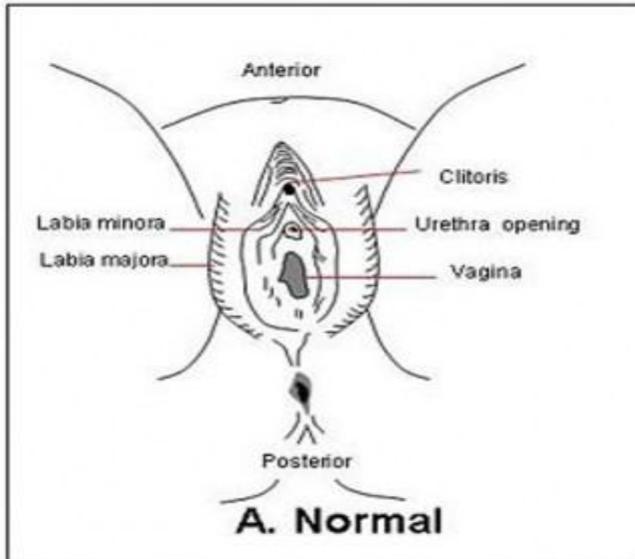
Type I: Clitoridectomy - Partial or total removal of the clitoris and/or the prepuce.

Type II: Excision - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: Infibulation - Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris.

Type IV or “Normal”: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

(World Health Organization, Department of Reproductive Health and Research, 2008)



# Incidence

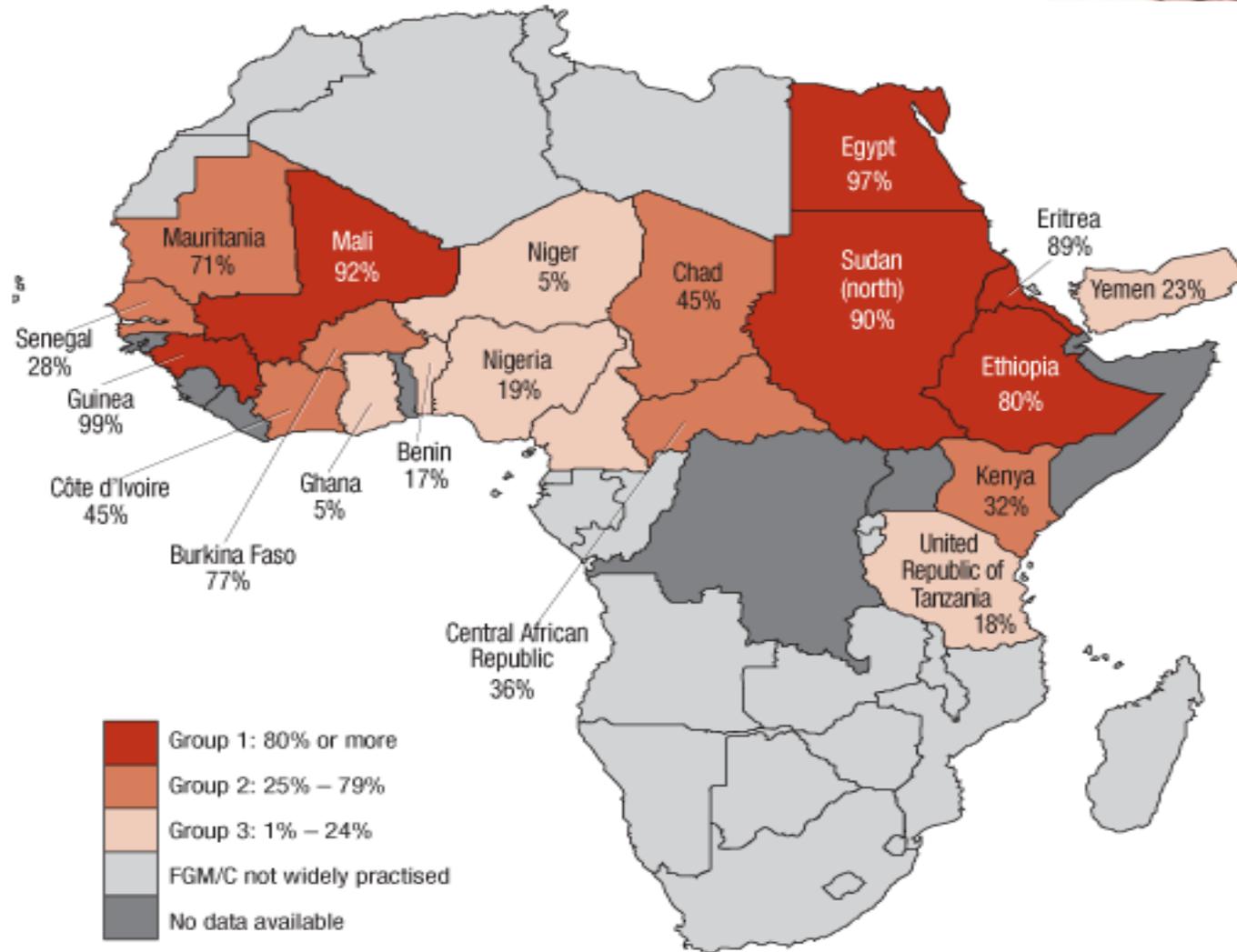


The World Health Organization estimates between 100 and 140 million girls and women in the world have undergone FGM procedures, and 3 million girls are at risk every year.

Among countries with representative data, Egypt and Guinea have the highest prevalence of FGM on the African continent with 97% - 99% of ever married females stating they are circumcised. (Yount, 2002).

Other countries with extremely high prevalence are Mali at 92%, northern Sudan at 90% and Eritrea at 89%. Ethiopia, Burkina Faso and Mauritania follow with rates in the 70-80% range. (Unicef, 2005). More than likely due to caravan routes of trade.

# Map of Incidence



# Health Consequences



The removal of, or damage to, healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences.

Women who have undergone FGM suffer a higher rate of neonatal death compared with women who have not undergone the procedure.

Health consequences are not only physical but cause deep emotional scarring including impaired cognition, nightmares, panic attacks and post traumatic stress syndrome.

(World Health Organization, Department of Reproductive Health and Research, 2008)

# Health Consequences



Immediate complications can include severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

Long-term physical health consequences of FGM can include keloids, fistulas, cysts, infertility, persistent infections such as urinary or bladder and increased risk of childbirth complications including increased risk of death for both baby and mother.

In some extreme forms of Type III FGM, women must be opened and then reclosed after intercourse and childbirth. This is usually done with a knife or sharp piece of glass.

# Why Choose Egypt?

FGM has been illegalized twice yet still continues.

Egyabandonment programs with pt has tested multiple successful results.

**Centre for Development and Population Activities (CEDPA)** initiated:

- Positive Deviance Approach
- Toward New Horizons
- FGM-Free Village Model



# Statement of Hypotheses



The higher level of education of the Respondent, the less likely she is to circumcise her daughter(s).

The higher level of education of the Respondent's husband, the less likely she is to circumcise her daughter(s).

Urban Respondent is less likely to circumcise her daughter(s) than Rural Respondent.

Level at which the entire community is educated on the negative health consequences of the procedure and given alternate options for coming of age rituals or traditions, the more likely they will be to question the necessity of the procedure.

# Methods and Analysis



Data is from the Measure DHS – Department of Health Surveys’ website, which is funded through USAID (United States Agency of International Development).

Data was collected by the Ministry of Health and Population / El-Zanaty and Associates from March to June 2008 by surveying 16,527 Egyptian “ever married women” ages 15 – 49.

Of the 16,527 women surveyed, 15,605 admit to being circumcised, 918 say they are not and four are missing. (Demographic and Health Surveys)

(<http://www.measuredhs.com>)

# Methods and Analysis



## **Unit of Analysis**

Respondent (Mother)

## **Dependent Variable:**

Intent to Circumcise Daughter

## **Independent Variables Include:**

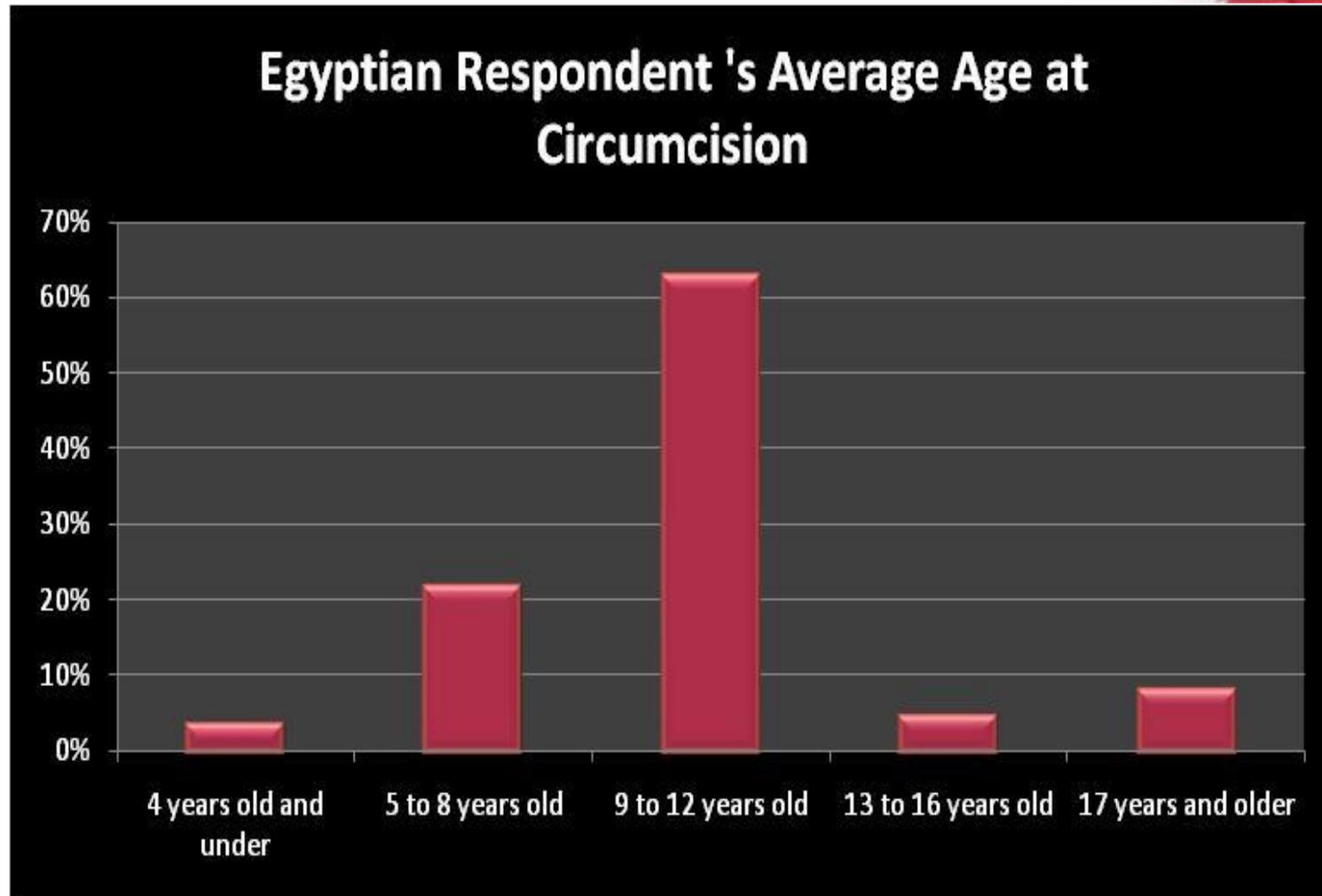
Respondent Region

Highest Level of Education of Respondent (mother)

Highest Level of Education of Husband

Percent of Wealth Index of Respondent

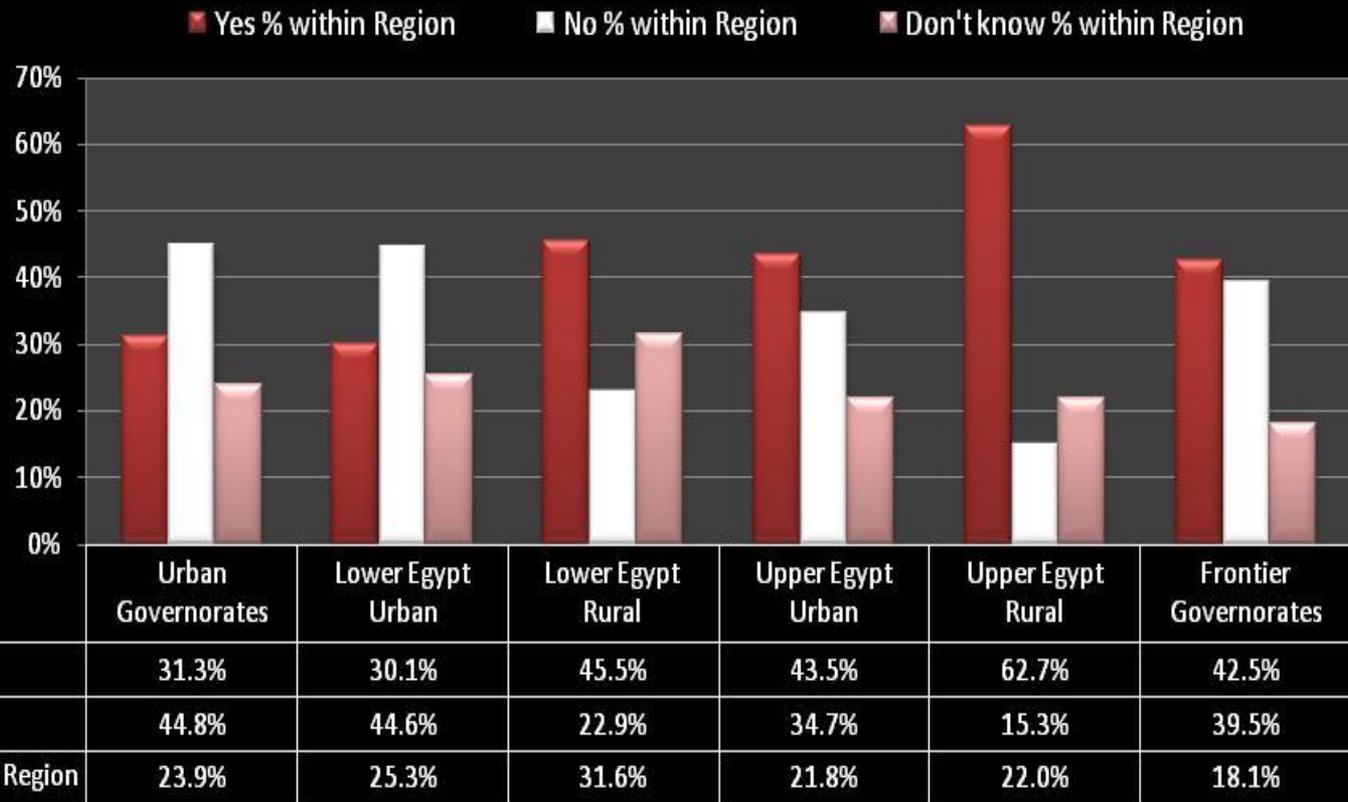
# Methods and Analysis



# Methods and Analysis

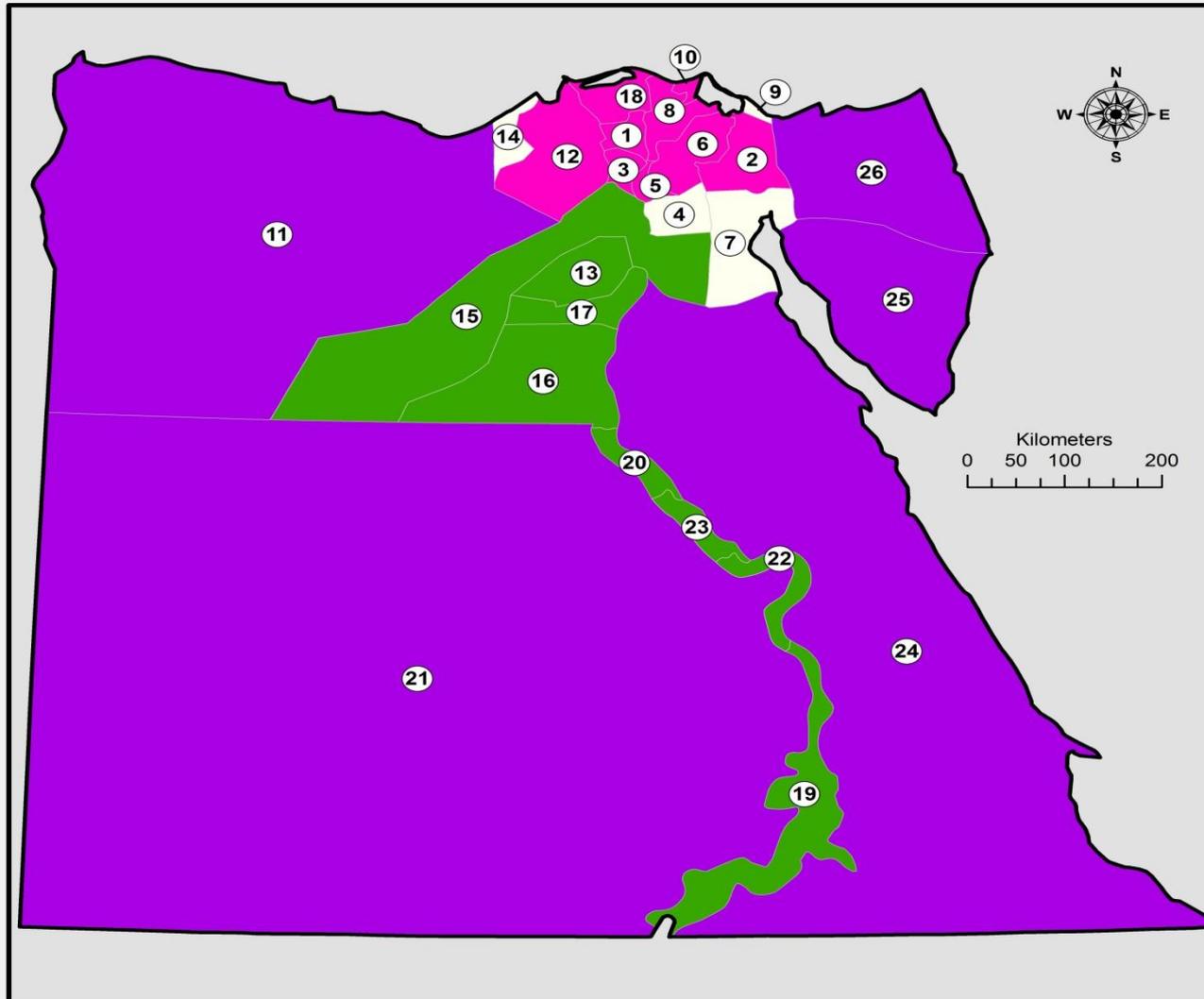


## Intent to Circumcise Daughter Based on Respondent's Region



- Phi = .295,  $p < .000$
- Cramer's V = .209,  $p < .000$
- Chi = 690,  $p < .000$

# Egyptian Regions



## EGYPT Administrative Units

ID	NAME	DENSITY (People/SqKm)
1	Al Gharbiyah	1,864.3
2	Al Isma'iliyah	115.8
3	Al Minufiyah	1,816.7
4	Al Qahirah	2,262.4
5	Al Qalyubiyah	3,039.4
6	Ash Sharqiyah	826.3
7	As Suways	43.6
8	Ad Daqahliyah	1,155.2
9	Bur Sa'id	1,121.3
10	Dumyat	1,487.7
11	Marsa Matruh	1.2
12	Al Buhayrah	180.8
13	Al Fayyum	300.2
14	Al Iskandariyah	1,570.1
15	Al Jizah	118.1
16	Al Minya	164.2
17	Bani Suwayf	366.2
18	Kafir ash Shaykh	630.7
19	Aswan	62.0
20	Asyut	1,009.2
21	Al Wadi al Jadid	0.3
22	Qina	745.8
23	Suhaj	1,099.7
24	Al Bahr al Ahmar	0.6
25	Janub Sina'	1.2
26	Shamal Sina'	7.5

### Legend

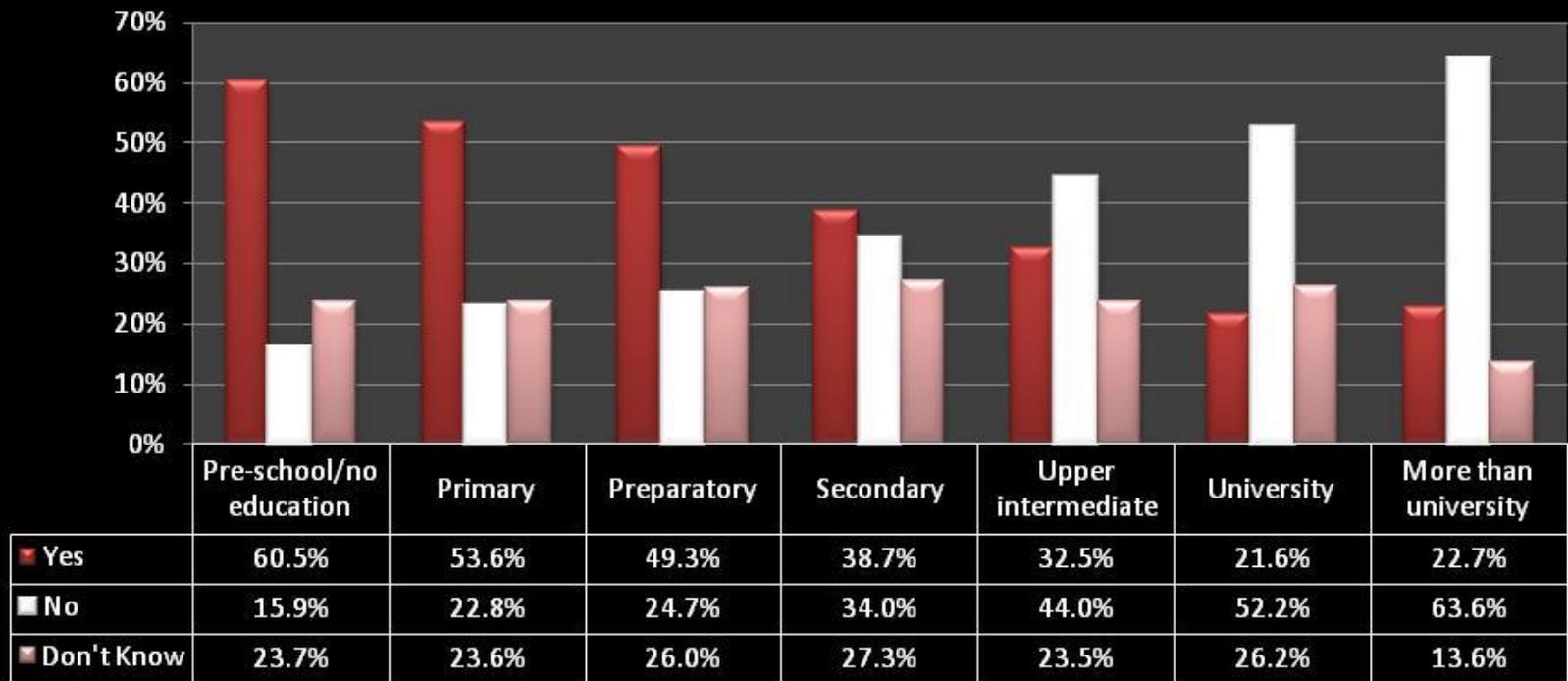
- Frontier Governorates
- Lower Egypt
- Upper Egypt
- Urban Governorates

Cartography: Jeff Ueland; 2011; Proj: Egypt Red Band; Source: ESRI

# Methods and Analysis



**Intent to Circumcise Daughter by Respondent's Highest Level of Education. Respondent (Mother) is Circumcised.**



Phi = .285,  $p < .000$

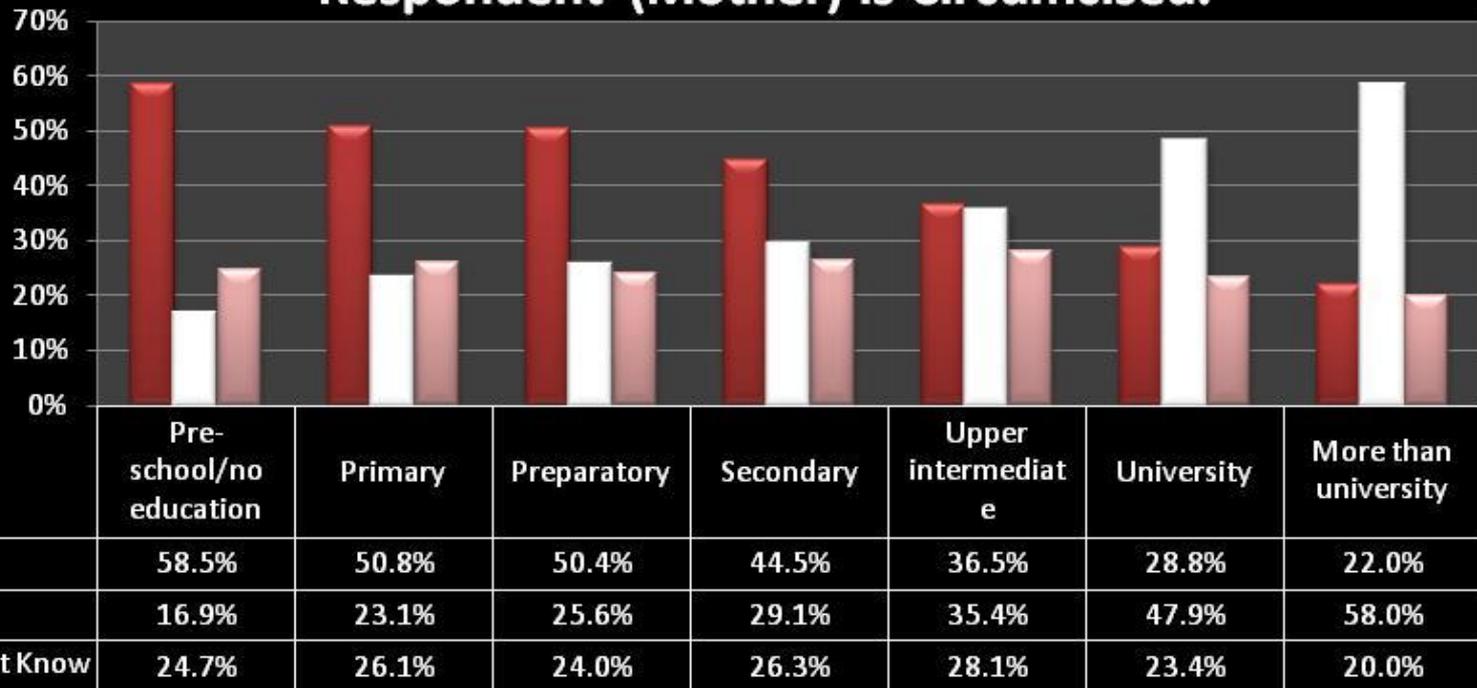
Cramer's V = .202,  $p < .000$

Chi Square = 643.9,  $p < .000$

# Methods and Analysis



**Intent to Circumcise Daughter by Husband's Highest Level of Education. Respondent (Mother) is Circumcised.**

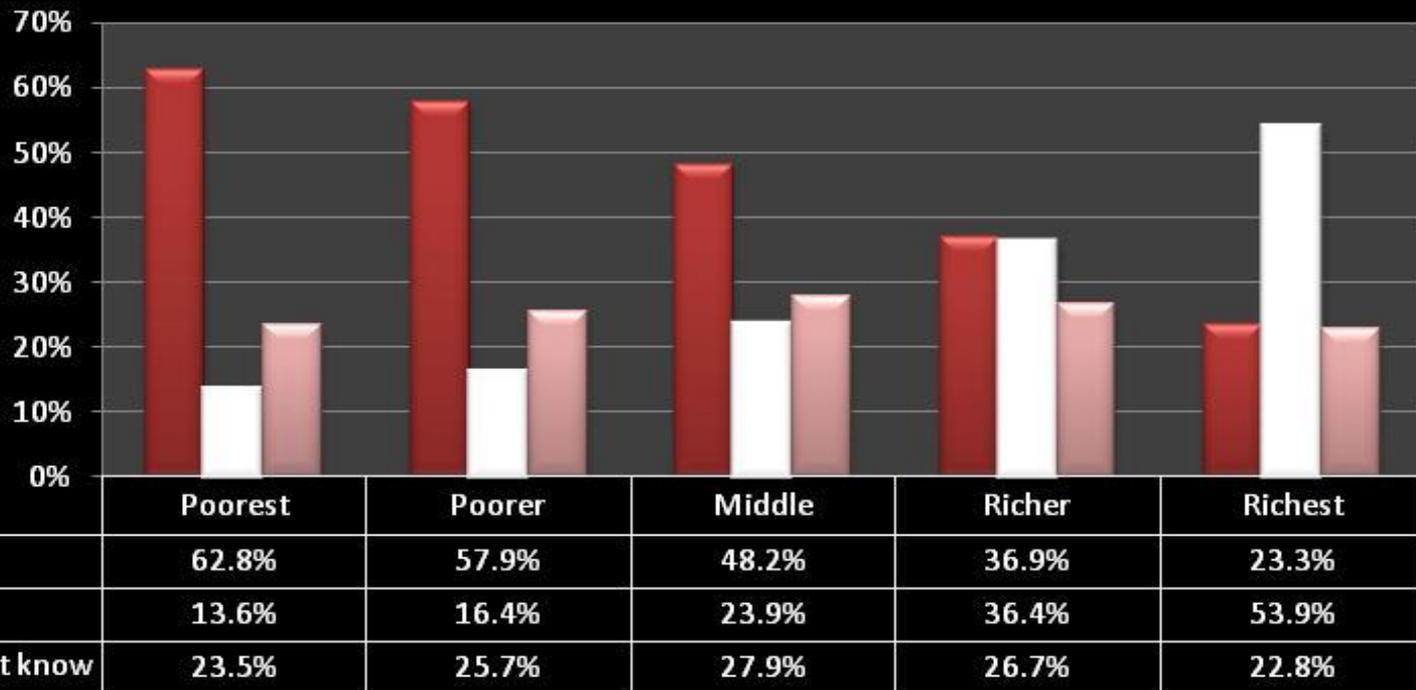


Phi = .229,  $p < .000$   
 Cramer's V = .162,  $p < .000$   
 Chi Square = 413.8,  $p < .000$

# Methods and Analysis



**Intent to Circumcise Daughter Based on Percent of Wealth Index. Respondent is Circumcised.**

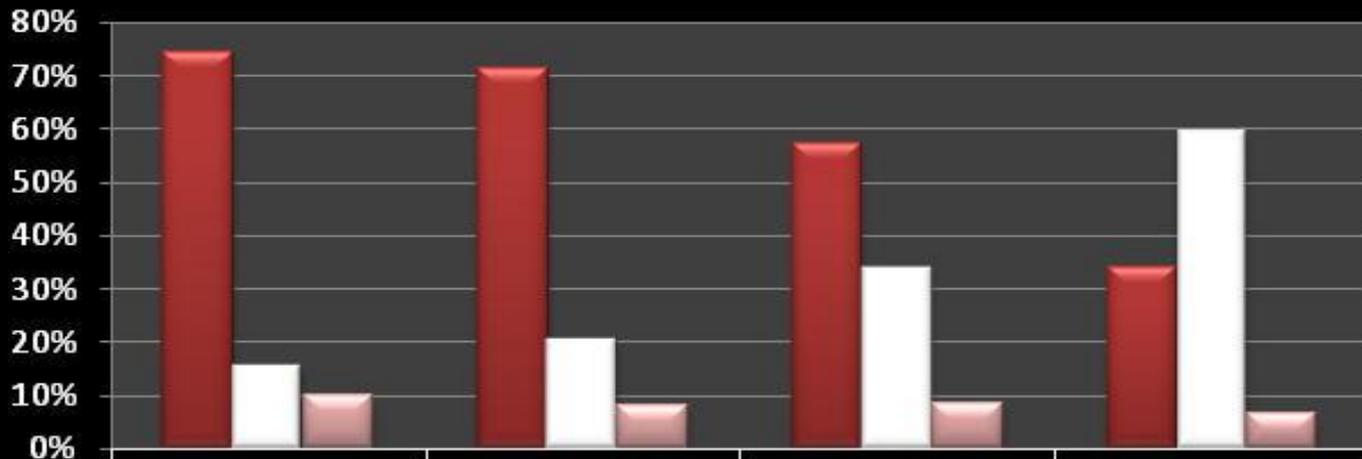


Phi = .346,  $p < .000$   
Cramer's V = .245,  $p < .000$   
Chi Square = 950.0  $p < .000$

# Methods and Analysis



**Respondent's Opinion Whether FGM should Continue or Discontinue Based on Highest Level of Education.**



	No education	Primary	Secondary	Higher
Continued	74.6%	71.4%	57.3%	33.9%
Discontinued	15.5%	20.6%	34.1%	59.5%
Don't Know	9.9%	8.1%	8.6%	6.6%

Phi = .273,  $p < .000$

Cramer's V = .212,  $p < .000$

Chi Square = 1488.5,  $p < .000$

# Conclusion



Abandonment of FGM will not be an easy task. However, my data shows that mothers are less likely to circumcise their daughters at a fairly high statistically significant level for:

Higher levels of education of both mother and father (both formal schooling and community education on awareness of the dangers of FGM).

By Region with mothers in urban areas less likely to circumcise their daughters than rural mothers.

Respondents with a higher wealth index.

# Conclusion



- “We need to raise the status of women and children worldwide. FGM is no longer just a problem of third world countries. It has ‘reached the shores of the United States,’ and we can no longer say that we are not aware of this practice. The world has the tools and resources to end this form of torture and mutilation against women, and it must end today.” (Broussard, 2008)
- We must continue to fight female genital mutilation until every mother knows that she has the right to say “I will not circumcise my daughter.”

A close-up photograph of a single, vibrant pink rose in full bloom, positioned in the upper left quadrant. The rose's petals are tightly packed and show a gradient from light pink to a deeper magenta. To the right and below the rose, there are several dynamic splatters of red paint on a plain white background. One prominent splatter is a long, horizontal streak that extends towards the right edge of the frame. Other smaller, more irregular splatters are scattered around it, some appearing as fine droplets and others as larger, more textured blotches. The overall composition is clean and artistic, with a strong contrast between the soft colors of the rose and the bold, saturated red of the paint.

Questions?  
Comments?