

Violence Among Young People in Poor Areas in Greater Cairo

Female Genital Mutilation (FGM)*



*This document presents only the findings of the FGM section.

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Recommended Citation

Fahmy, A, Badr, A. and Vermandere, H. (2021) Violence Among Young People in Poor Areas in Greater Cairo. Tadwein for Gender Studies.

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Aim of the Study

The main aim of this study (1) is to identify the various types of violence among young people in Greater Cairo, in order to inform and influence preventive strategies. Consequently, the following research questions were developed:

- 1 What is the prevalence of the different types of violence among young people? (domestic violence, intimate partner violence, sexual harassment, female genital mutilation, violence in schools and violence work place)
- 2 What are the most important drivers and consequences of violence among young people?
- 3 Who are the perpetrators and victims of violence?
- 4 How do young people respond to the exposed types of violence?
- 5 How do perceptions of gender affect the experience and practice of violence among young people?

Methodology

Questionnaire Development

The survey gathered background information of the participants with regard to socio-demographics, childhood experiences, perceived quality of living environment, mental health (1), and their attitudes toward gender equality.

With regard to violence, several types were measured, such as street violence, sexual harassment domestic violence and female genital mutilation (FGM). Participants were asked about violence in various contexts such as home, workspace, and school. The study adapted a number of questions regarding emotional, physical and sexual violence, and gender norms from different surveys [Survey of Young People in Egypt (SYPE), Demographic Health Survey (DHS), International men and gender equality survey (IMAGES), and WHO Multi-Country Study on Women's Health and Domestic Violence]. The following validated scales were used to measure mental health and perceived quality of the living environment, and gender dynamics:

- 1 The Self-Reporting Questionnaire (SRQ20-), developed by the World Health Organization (WHO) to screen for common mental disorders
- 2 The Abbreviated Perceived Residential Environment Quality (PREQ) and Neighborhood Attachment (NA) Indicators
- 3 Compendium of Gender Scales

The questionnaires for male and female participants were very similar, with only some small differences to make the questions relevant and culturally acceptable for both men and women. The questionnaire was reviewed by an advisory committee that is composed of experts in the field of quantitative surveys and gender based violence from the Faculty of Medicine, Assiut University, Social Research Center (SRC) at the American University of Cairo (AUC), and the Faculty of Economic and Political Science at Cairo University. The committee reviewed the developed questionnaire and provided comments and recommendations on how to enhance it, several questions were changed or rephrased and others were added. After incorporating their inputs, a pilot study was conducted and further changes to the questionnaire took place based on the recommendations of the data collectors; we altered some of the questions that initial field work proved to be inappropriate or not well understood.

Study Areas

In order to identify poor areas in Greater Cairo, the study used the 2014 DHS data, as the CAPMAS data on poverty in Cairo was not accessible. The study areas were selected as follows:

- 1** An average wealth index score was calculated for all 259 areas in Greater Cairo, based on the scores of the households that participated in the 2014 DHS in each area.
- 2** The areas were arranged from the lowest score (poorest) to the highest score (richest) in each governorate (Cairo, Giza, and Qalyubia) separately.
- 3** Selection of areas occurred by using a cutoff point (0.49)* from the mean score of the wealth index for each governorate (which resulted in including less than the lowest 20% of the average score). As such, 25 areas were identified.

The selection process identified 25 clusters in Greater Cairo (Cairo, Giza, and Qalyubia), three of which were selected for the pilot phase. The field-work for the main study was conducted in 22 areas in Greater Cairo.

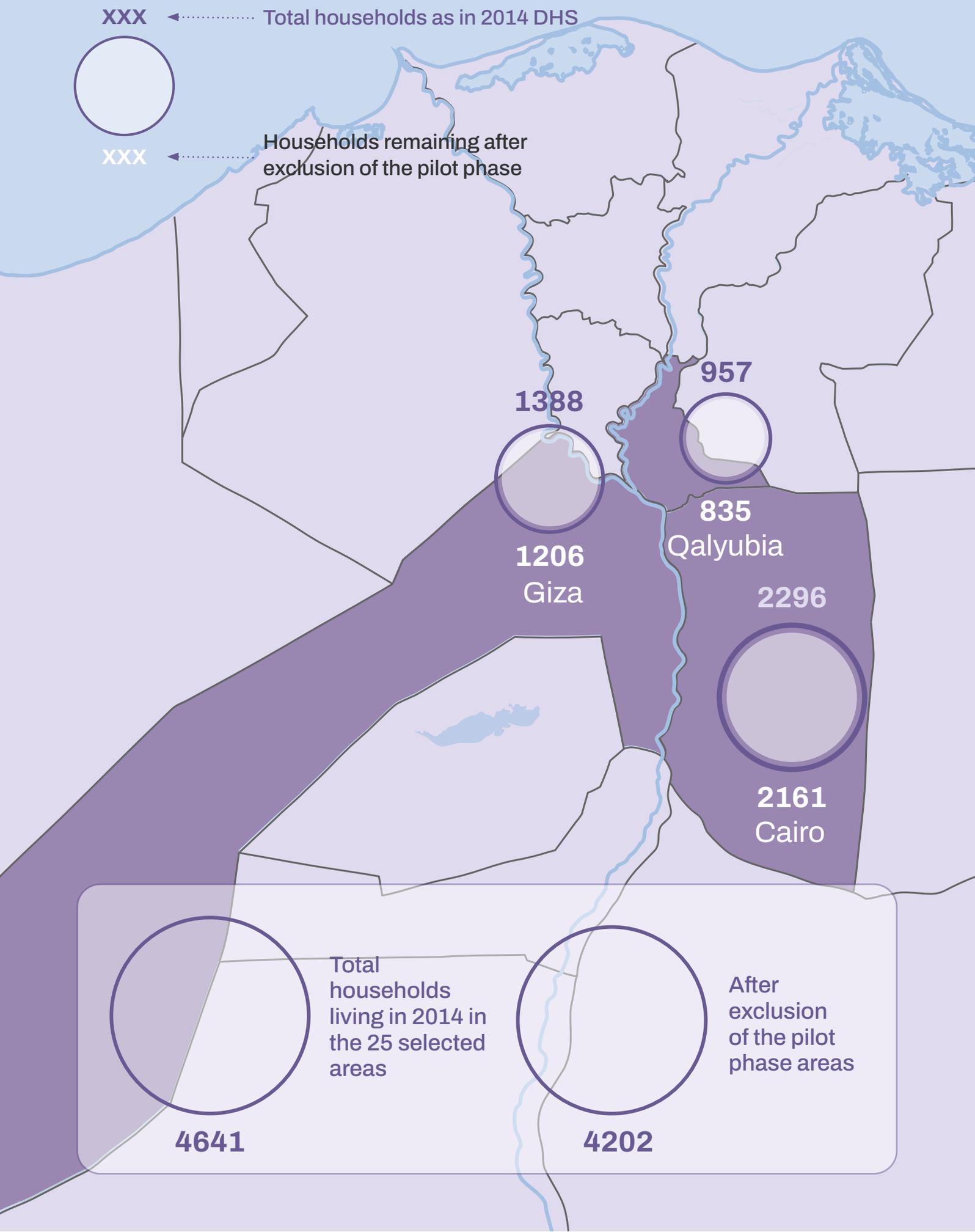
*The cutoff point was applied to limit the inclusion of middle class families since the 2014 DHS survey is a representative survey and does not especially target very poor people, the wealth index can be considered a 'luxury index' and even low scores can reflect a relatively well-off socio-economic status.

Selection of Households

El Zanaty & Associates provided the household lists and maps of all areas compiled for the 2014 DHS.

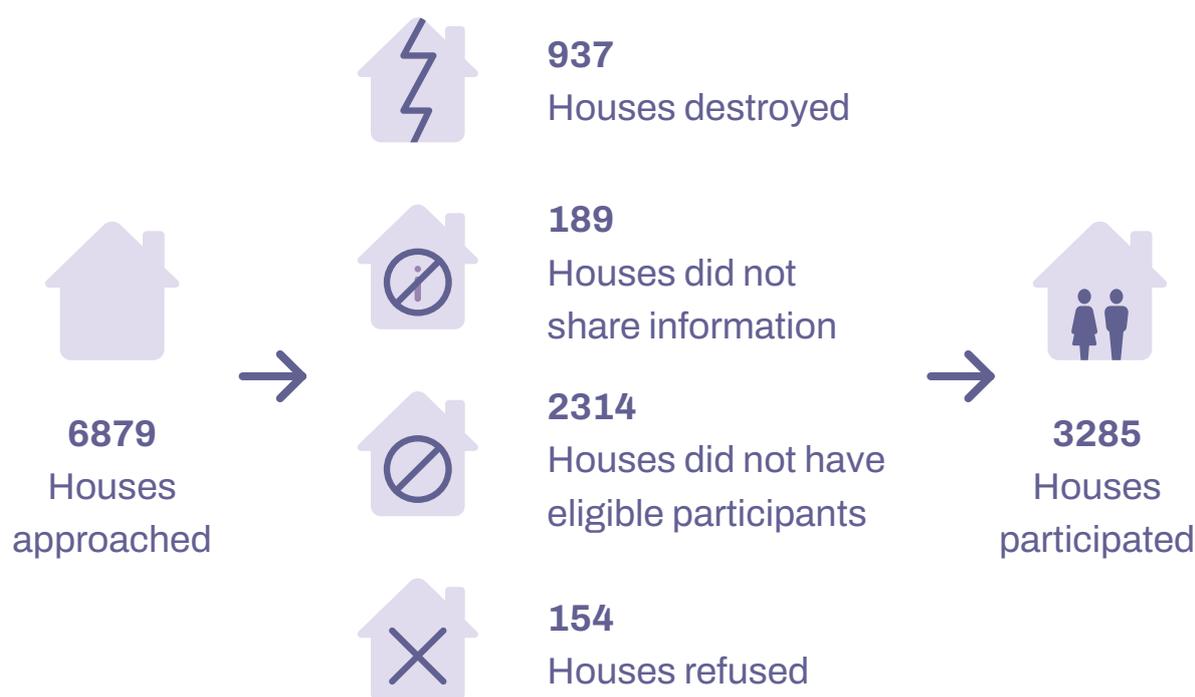
Accordingly, a total of 4641 households lived in 2014 in the 25 selected areas (2296, 1388, and 957 in Giza, Cairo, and Qalyubia respectively). After exclusion of the pilot phase areas, this resulted in 4202 households (2161, 1206, and 835 in Cairo, Giza, and Qalyubia respectively).

Since the 2014 survey, data was not updated and it was possible that listed families could have moved away from the area. As such, rather than looking specifically for the families on these lists, the number of households in each area was used as a target of how many housing units (apartments) were to be approached by data collectors in each area. The data collectors were asked to go to every address on the list (ie. each apartment) and to verify on the spot whether the families currently living there were eligible or not. Newly built housing units in the study areas were also included. Households were considered eligible when a man and/or woman between the ages of 18-35 years was a permanent resident in the house.



Given that we aimed to include 4000 participants, it was anticipated that the selected housing units (4202) would not be sufficient as a result of non-participation and non-eligible households (i.e. nobody in the identified age range is resident in the household). The pilot phase showed that we needed to double the number of housing units in each area in order to obtain sufficient eligible participants. Therefore, data collectors were asked to include housing units in the borders of each area: hence, they invited households living across the street of the buildings in the areas, up until they had approached the maximum same number of households as were originally listed in that area.

Fieldwork ended after approaching 6879 housing units, of which 937 housing units turned out to be either destroyed, empty or abandoned, or had become commercial spaces. Out of the remaining 5942 housing units, 189 households refused to share information on the age of their members, while another 2314 households reported not to have any eligible person in their family (ie. nobody between 35-18 years old).



It was however surprising to find that 2314 out of 5738 households, (40%) claimed to have no eligible family members, given the current demographics of the Egyptian population with 24.6% men and 25.5% women are between 20 and 35 years of age (2). As such, we believe that a certain percentage of the approached population preferred not to participate by saying that nobody in their household fell into the age range we were targeting.

Selection of Participants

Up to one male and one female participant could be invited per household (e.g. husband and wife, or brother and sister). After introducing himself/herself, the data collector briefly explained the purpose of the visit and asked if there were members in the household between 18 to 35 years old. If so, he/she would ask to meet and invite them to participate in the study. Male data collectors only invited male participants while female data collectors invited only female participants. After, data collectors shared information about potential candidates of the opposite sex with their supervisor so that another data collector, with the same sex of the potential candidate, could go and visit the household again.

In households where more than one man or woman was eligible and willing to participate, the data collector would select the final participant through listing the household members and using a Kish grid. If the selected person was not at home, the data collector would schedule another appointment to invite the potential candidate. If he/she was not willing to participate or was unavailable during the entire fieldwork period, the next eligible person in the grid was invited (and so on).

Training of Data Collectors

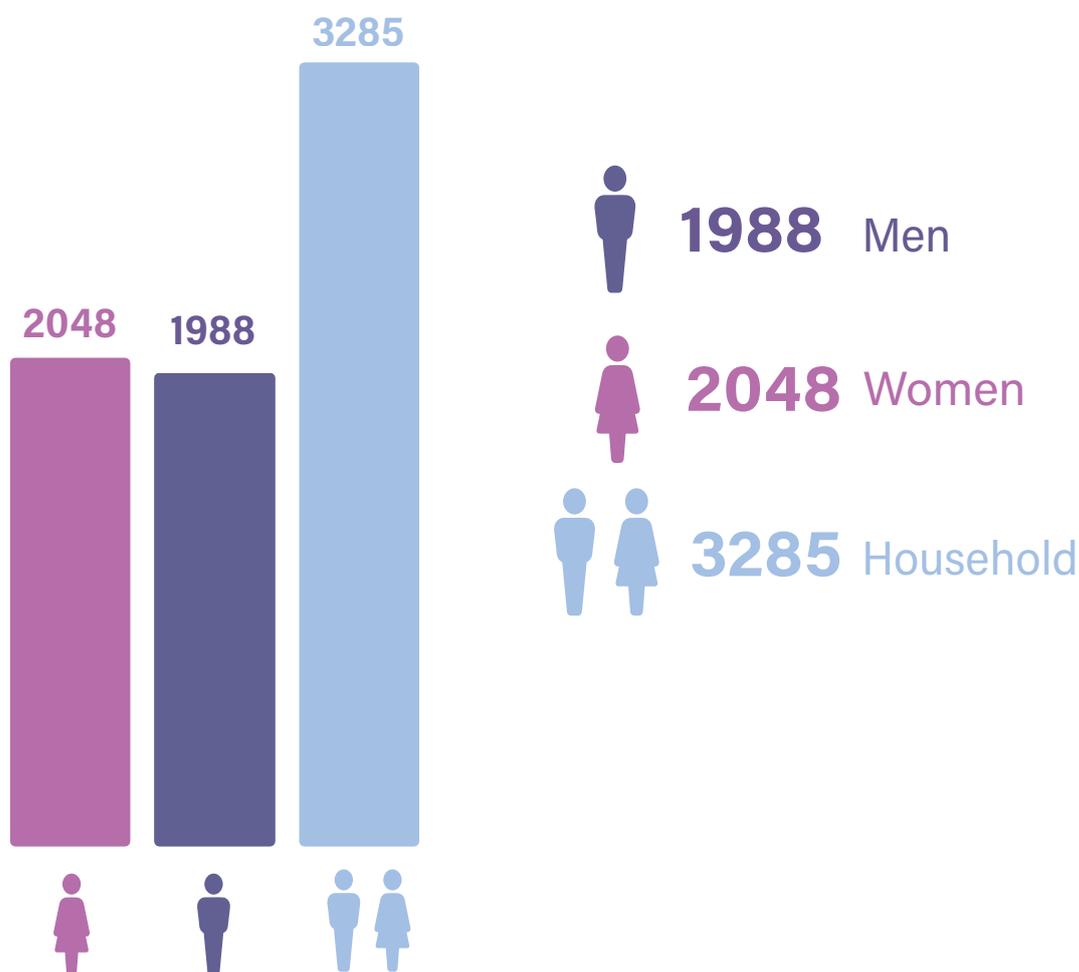
All field data collectors received extensive training on both data collection and ethical considerations prior to the fieldwork of both the pilot and the main study. They were asked to ensure the selection of a private section/space within the household prior to the commencement of the interview and to provide the participants with information regarding the study before receiving their consent.

Government and Ethical Approval

Before the commencement of data collection, Tadwein for Gender Studies applied to the Central Agency for Public Mobilization and Statistics (CAPMAS) to be granted approval to conduct the study. The approval was received eight months after submittal of the request, which resulted in fieldwork delays. Further, the study received ethical approval by the ethical committee of Assiut University after presenting the ethical protocol, which included the consent form and ethical procedures. The consent form ensures that the study participants are not subjected to any coercion before or during data collection and they were informed that the interview could be stopped at any time and/or questions could be skipped if they felt uncomfortable answering them. All data collectors were given the number of a local NGO that supports victims of violence in case the interview caused emotional distress to any of the study participants.

Characteristics of Study Participants

A total of 1988 men and 2048 women participated in the study representing 3285 households. A total of 1158 participants who were married and living in the same household (579 husband and wife) participated in the study.



Age Distribution of Study Participants

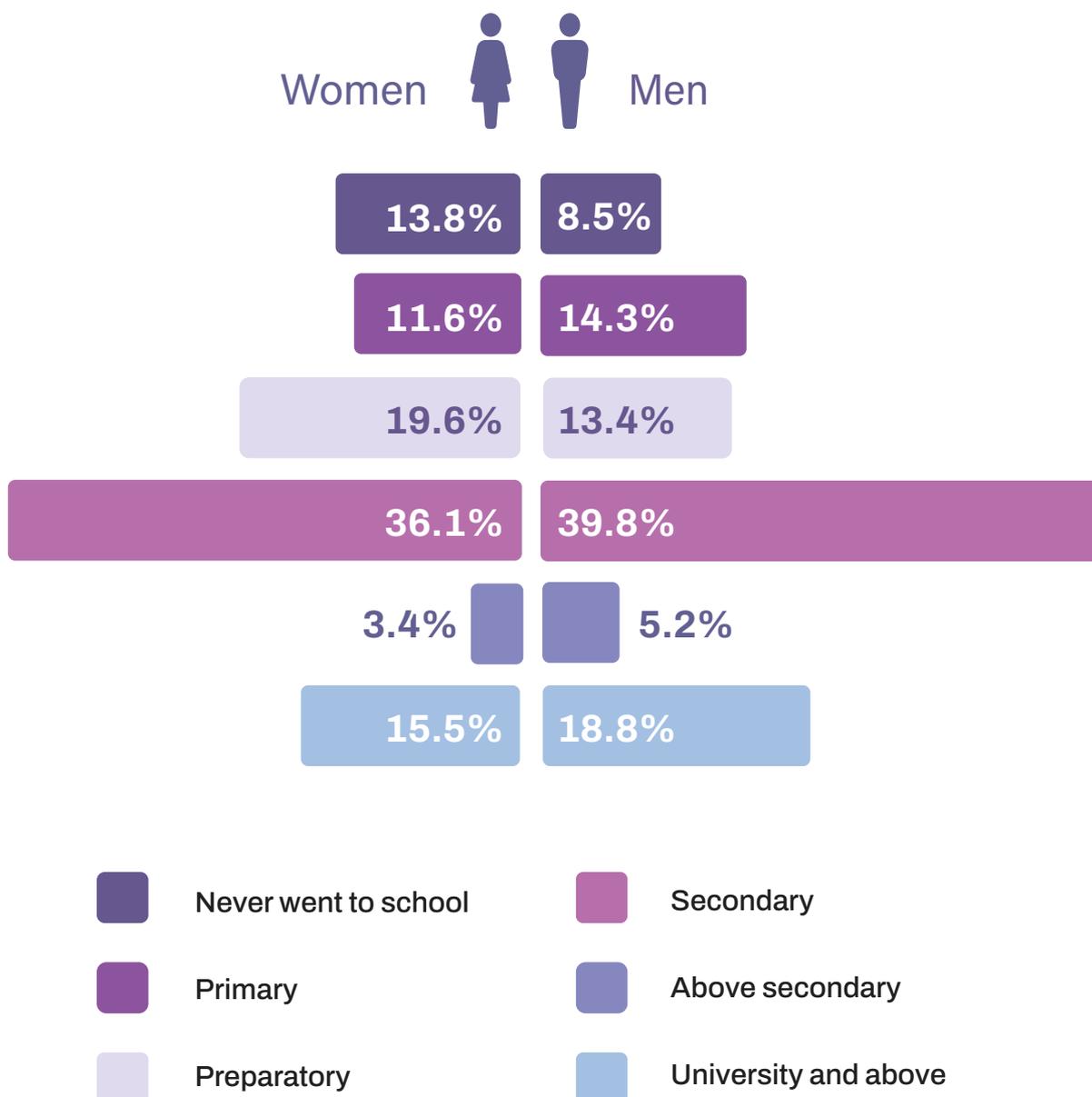
A total of 35.7% of study participants are between the ages of 18-23 and 29.1% between the ages 24-29. The below table represent study participants by age distribution.



Educational Level of Study Participants

A total of 37.9% of total study participants finished their secondary education (39.8% male, 36.1% female) and 17.1% finished their university education or above, while 11.2% never went to school.

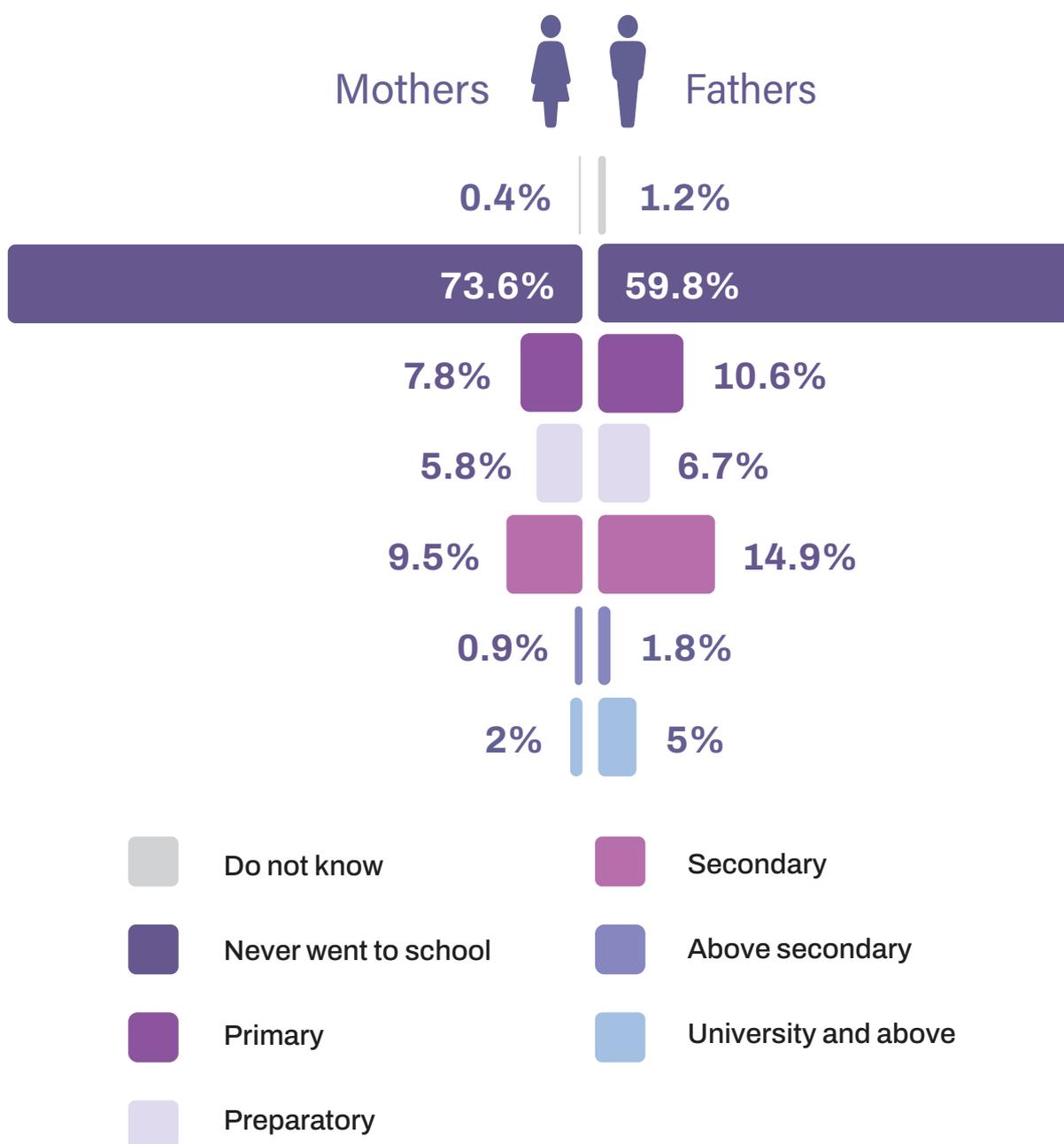
Educational level by gender



Educational Level for Parents of Study Participants

The majority of parents of study participants never went school (59.8% fathers and 73.6% mothers) and very few of them received university education (5.1% fathers and 2.0% mothers).

Educational level for parents of study participants by gender



Female Genital Mutilation

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Major Findings

- 86.3% of girls and women (18-35 years) in poor Greater Cairo are circumcised.
- The majority of study participants (90.3%) are familiar with the term “female circumcision”.
- A total of 48.1% of young people (18-35 years) in the study approve of FGM.
- 47.1% of young people in poor Greater Cairo support the continuation of FGM.
- More than half of the young men (59.4%) support the continuation of FGM in comparison to 39.3% of young women.
- Almost half (47.2%) of the study participants will perform FGM to their future daughters.
- Almost one-third of young people in poor Greater Cairo refuse that their son marry a non-circumcised woman.
- A total of 68% of young people in the study did not know about the anti-FGM law in Egypt.

1

Introduction

The World Health Organization (WHO) defines Female Genital Mutilation (FGM) as all procedures that involve partial or total removal of the external female genital or other injury to the female genital organs. FGM is a violation of women and girls rights especially that it is mostly practiced on minors. FGM reflects gender inequality and represents a form of discrimination against women (3).

FGM is quite prevalent in Egypt. According to the 2015 Demographic Health survey, 92% of ever-married women between the ages of 14-49 in Egypt are circumcised. This percentage decreased to reach 61% among girls between the ages of 15-17 (4). The practice is still widely supported between males and females, especially young people. According to the 2015 SYPE Survey, 70.7% of girls and 68.6% of (5) boys between the ages of 15-17 are intending to circumcise their daughters in the future.

Despite all exerted efforts to end FGM in Egypt that started since 1995 and the implementation of different intervention programmes, still the change in prevalence rate is slow. A total percentage of 86% of girls between the ages of 15-19 are circumcised demonstrating that there are intergeneration change. However, Egypt is not on track to reach the Sustainable Development Goals (SDG) no. 5 target of eliminating FGM in 2030. 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 (6).

The study investigated the prevalence of FGM among women between the ages of 18-32 living in poor Greater Cairo, knowledge of study participants about the physical, physiological and sexual consequences of the practice, reasoning for practicing FGM and supporting its continuation. The study also assessed participant's views regarding the medicalization of FGM and explored their knowledge anti-FGM law and penalties.

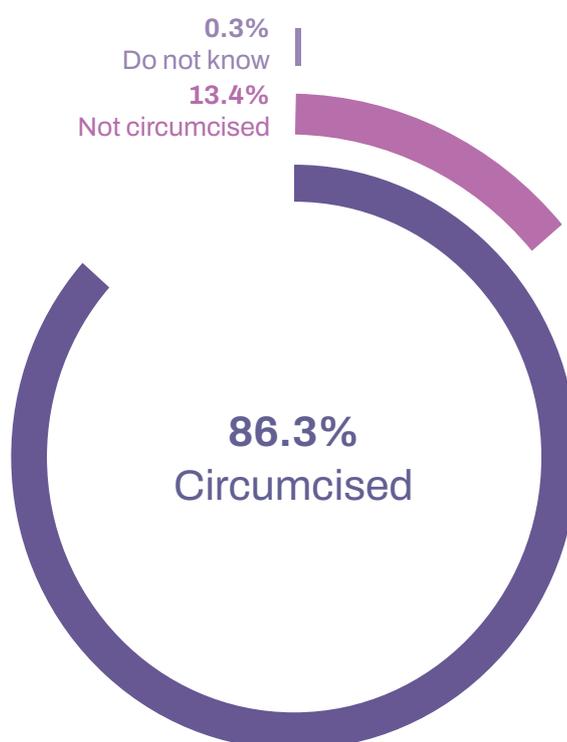
2

Prevalence of FGM

Questions regarding knowledge about the practice revealed that 90.3% of the young people in poor Greater Cairo have heard about FGM. The majority of participants who did not know about FGM were men. To measure the prevalence of the FGM practice among the young girls and women in poor Greater Cairo, we asked all female study participants if they were circumcised or not. Further, we asked ever-married men if their current or previous wives have been circumcised or not.

A total of 86.3% of female participants confirmed they are circumcised. Out of the ever-married men interviewed, 80.5% said they have married a circumcised woman and 8.6% stated not knowing.

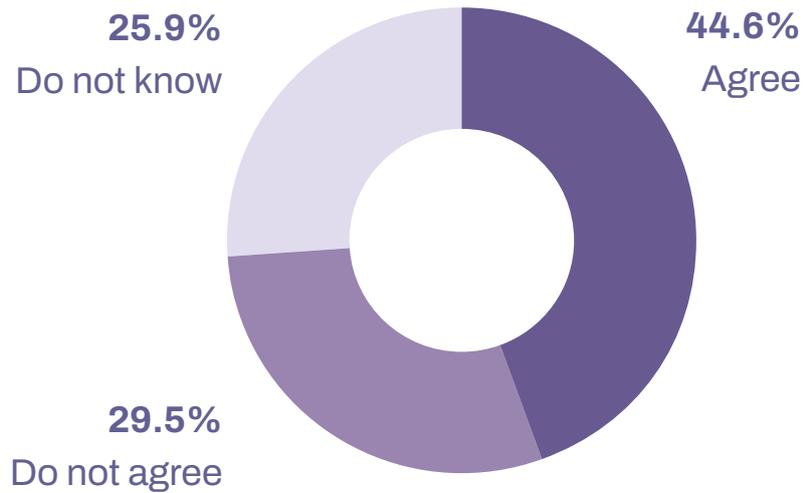
Prevalence rate of FGM among female study participants



3 Reasons for Practicing FGM

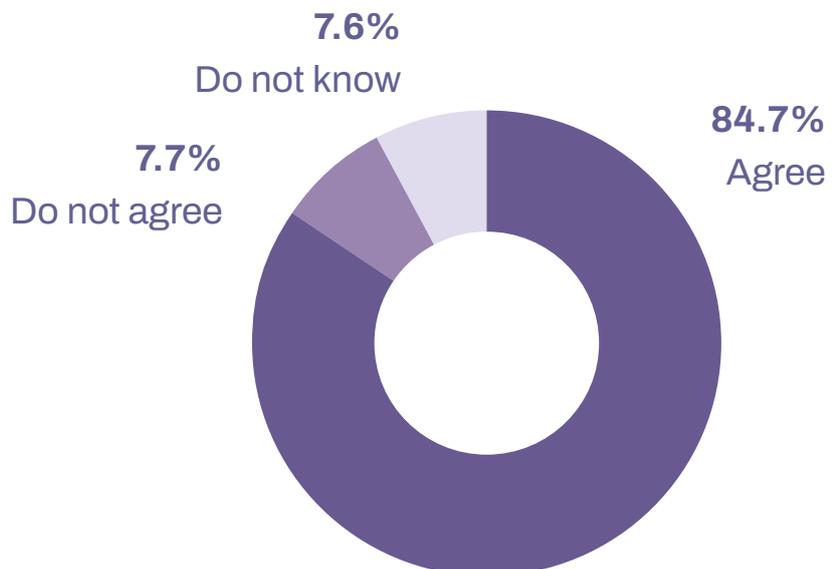
The data revealed that of 44.6% of study participants believe that FGM is a religious teaching. More men than women agreed with this statement (56.9% and 35.1% respectively).

Perceptions of study participants on FGM as a religious teaching



Most of the study participants (84.7%) believe that FGM is a traditional practice. There was no significant difference between men’s and women’s views (82.7% and 86.4% respectively).

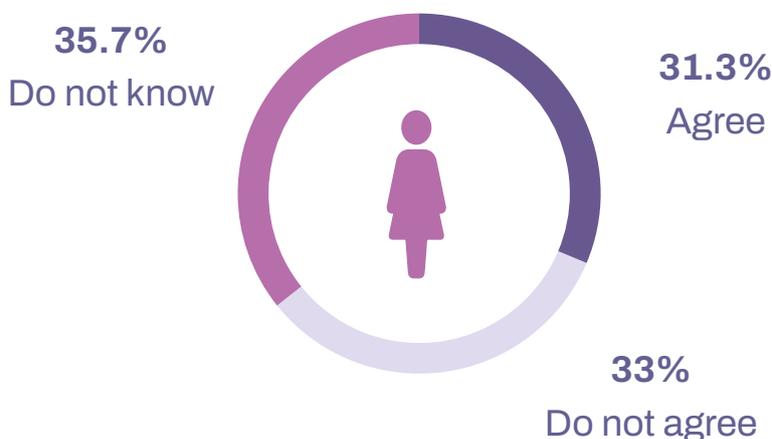
Perceptions of study participants on FGM as a traditional practice



4 Consequences of FGM

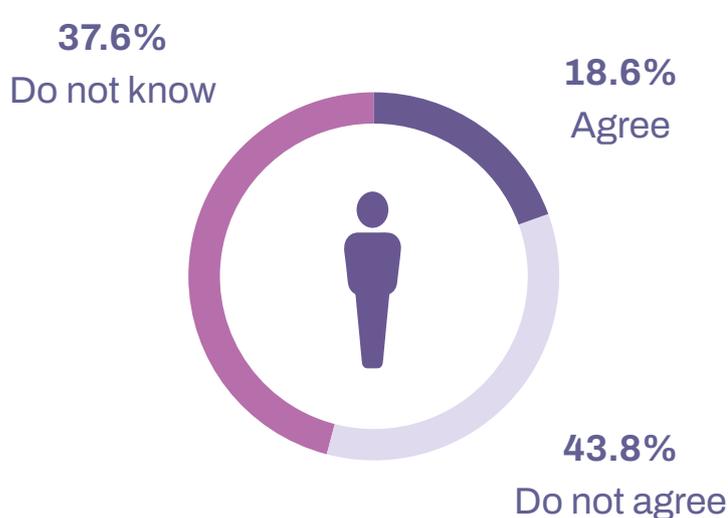
Young people in poor Greater Cairo when asked if FGM can reduce female sexual desire, the percentage of study participants who agreed with this statement were almost equal to the percentage of participants who did not agree (31.3% and 33% respectively). More than a third of the study participants reported that they do not know the effect of FGM on female sexual desire (35.2% male and 36.2% female). The percentage of both young men and women to report not knowing the effect of FGM on female sexual desire was almost equal (35.2% and 36.2% respectively).

Perceptions of study participants on the effect of FGM on female sexual desire



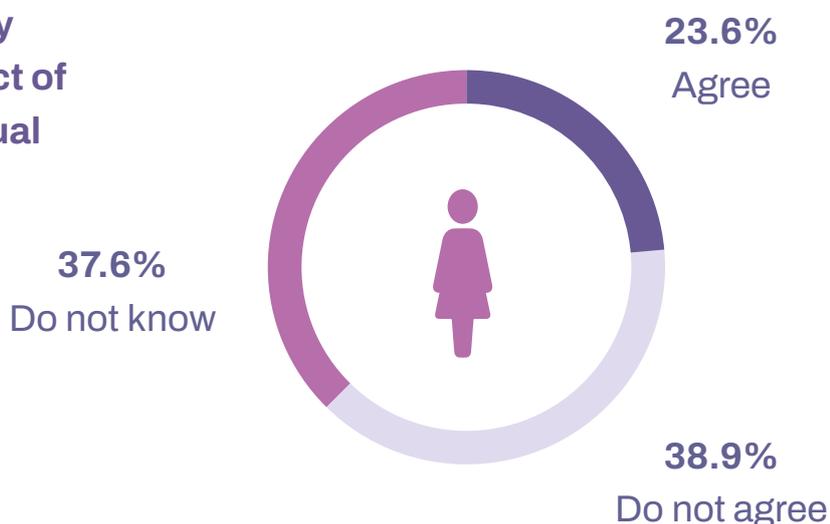
With regard to the effect of FGM on male sexual pleasure, only 18.6% of study participants stated that FGM can reduce male sexual pleasure and women agreed with this statement more than men (24.4% and 11.2% respectively).

Perceptions of study participants on the effect of FGM on male sexual pleasure



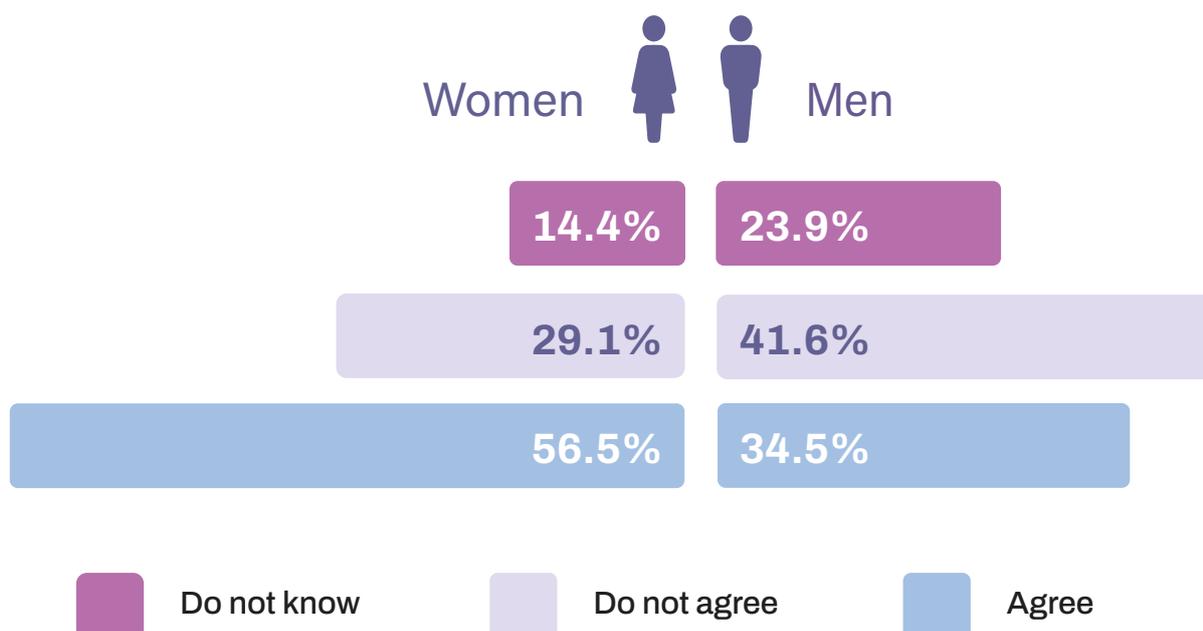
Only 23.6% of young people in poor Greater Cairo agree that FGM can reduce women’s sexual pleasure. More women than men agreed with this statement (29.2% and 16.3% respectively). Still, more than a third of young people (37.6%) do not know the possible effect of FGM on female sexual pleasure.

Perceptions of study participants on effect of FGM on female sexual pleasure



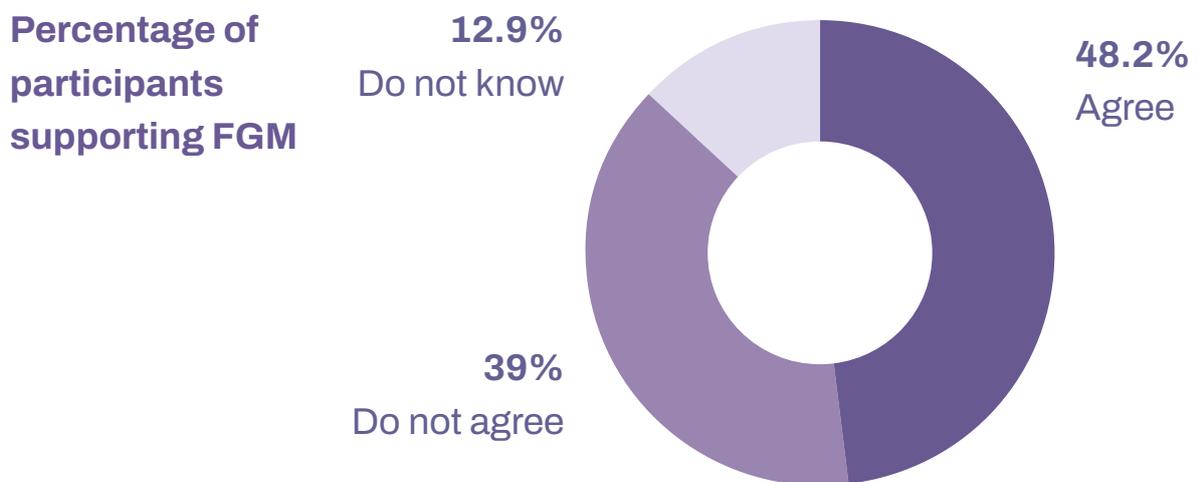
Participants were asked if they believed that FGM presents risk factors that can lead to death. A total of 46.8% of study participants agreed that it can, with women representing the majority (56.5%). Men were divided in their perceptions, 34.5% of them believed that FGM can lead to death and 41.6% believed it does not.

Perceptions of study participants on FGM as a cause of death by gender

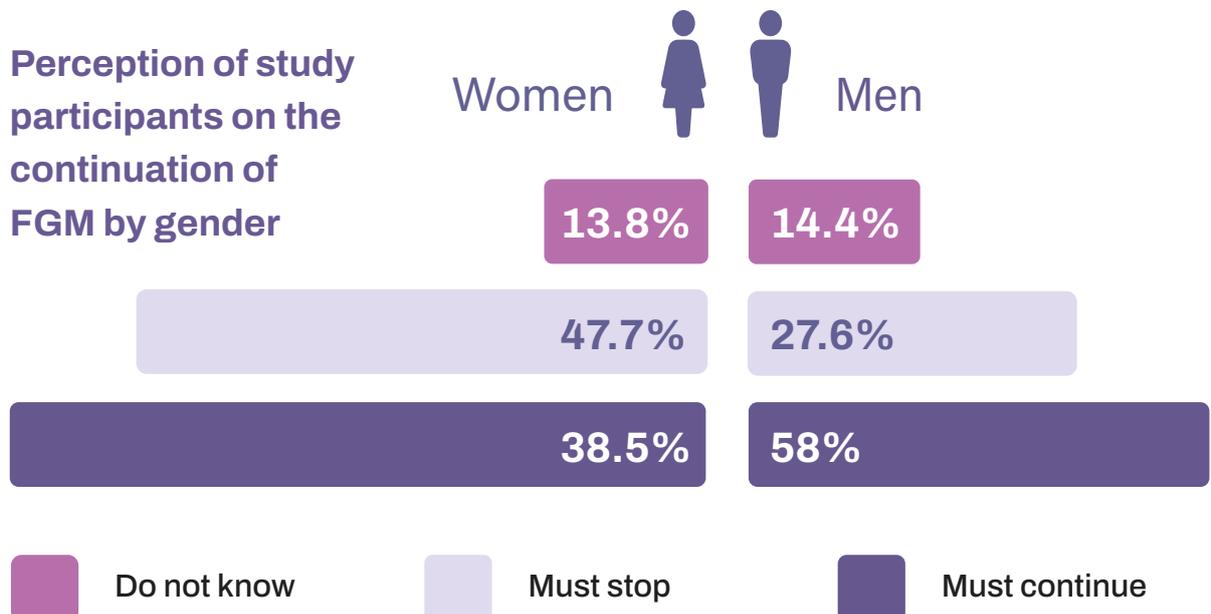


Attitudes of Study Participants on FGM

Study participants were presented with a set of statements to assess their attitudes towards FGM. A total of 48.2% reported that they support the practice of FGM in comparison to 39% who did not support the practice. Young men were more supportive of the practice than young women (59.5% and 39.3% respectively).

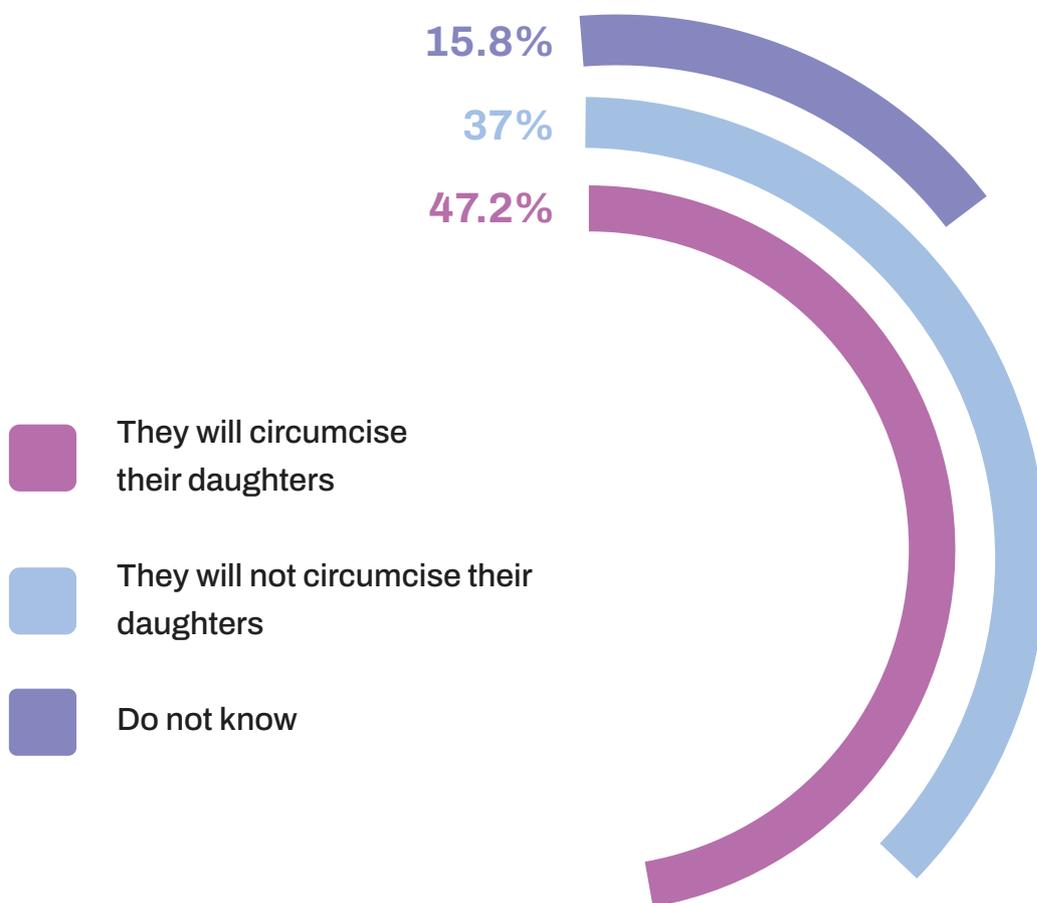


Study participants were asked if FGM should continue or not. It was found that 47.1% support the continuation of FGM, while, 38.9% were against, and 14.1% did not know. The majority of those favoring the continuation of the practice were men (58%), in comparison to 38.5% of women.



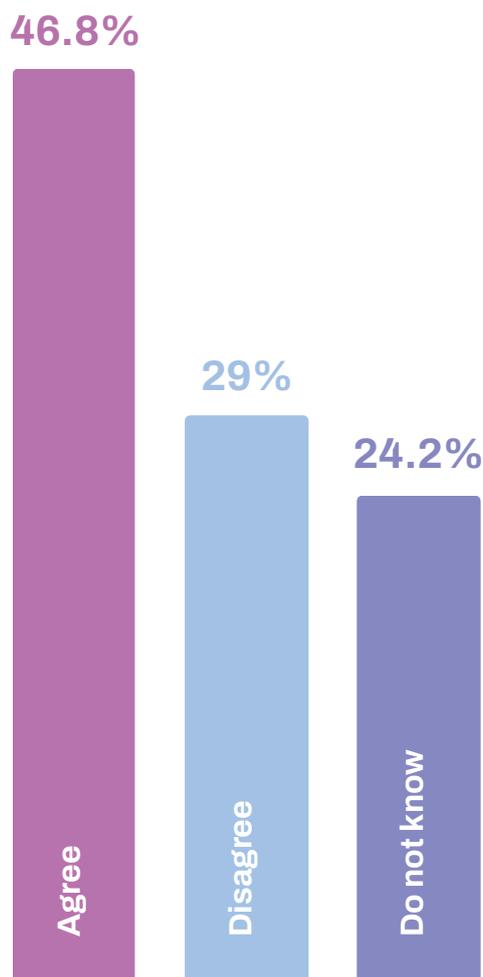
Study participants were asked if they would circumcise their daughter in the future. Almost half of the study participants, (47.2%) stated that they would circumcise their daughters. The majority of those were men (60.7%). On the other hand, women were equally divided in their views, 40.6% stated that they will circumcise their daughter, while 41.9% stated that they will not circumcise their daughters and the rest were undecided (17.5%).

Participants' attitudes towards circumcision of their future daughters



Study participants were asked if they would agree for their son to marry an uncircumcised woman. 46.8% stated that they would approve, while the other participants were split between refusing (29%) and not knowing what they would do (24.2%). The majority of those who refused were men (39.9%).

Participants' attitudes towards their sons marrying an uncircumcised woman



6 Medicalization of FGM

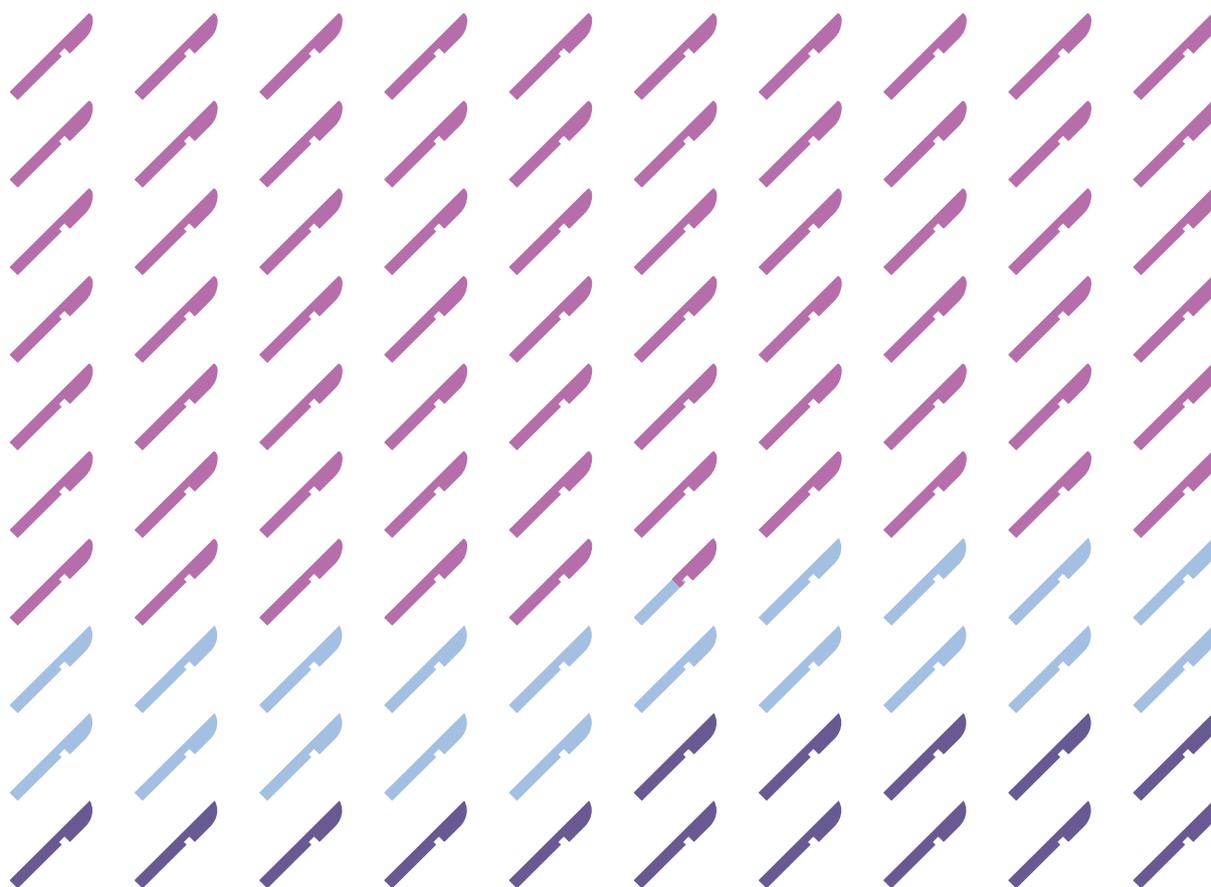
Regarding the medicalization of FGM, 65.5% of young people in poor Greater Cairo believe that FGM performed by a doctor reduces risks. This belief was almost equally shared by women and men (63.3% and 68.3% respectively).

Perception of study participants on the medicalization of FGM

65.5%
Agree

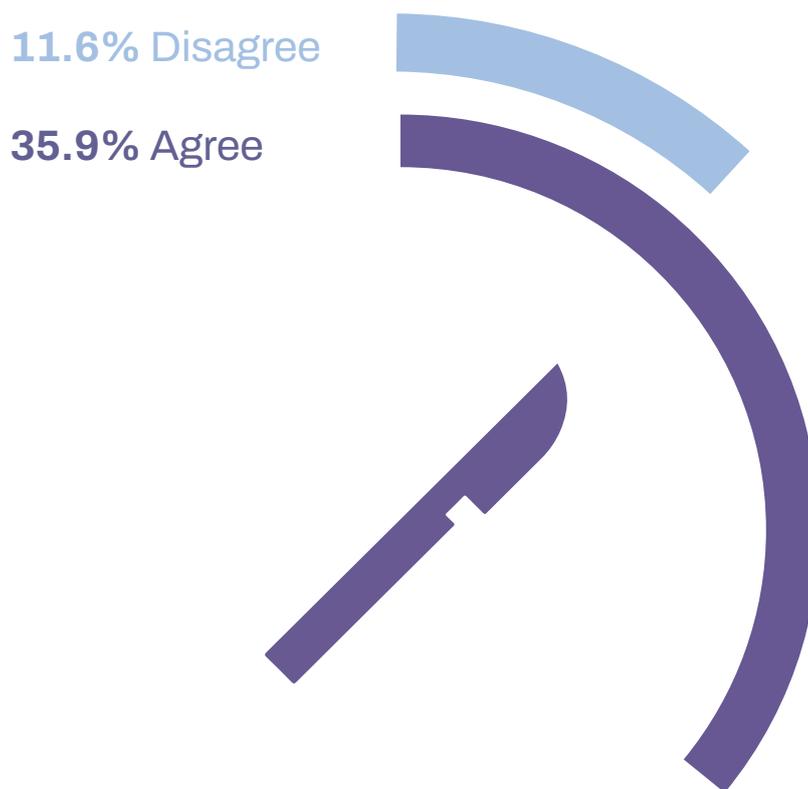
19.3%
Disagree

15.2%
Do not know



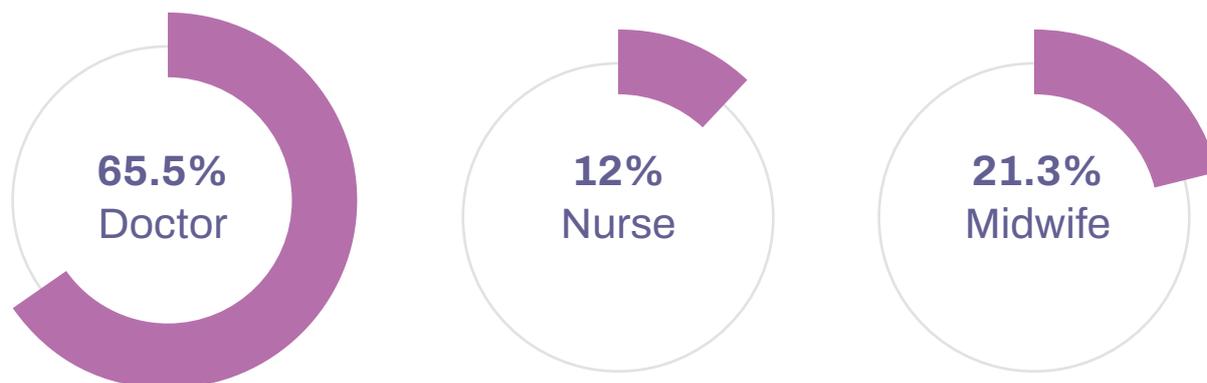
Further, 35.9% of the study participants believe that doctors have learned to perform the procedure in medical school. Only 11.6% do not agree that performing FGM is taught in medical schools.

Perception of study participants in regards to doctors learning to perform the FGM procedure in medical school



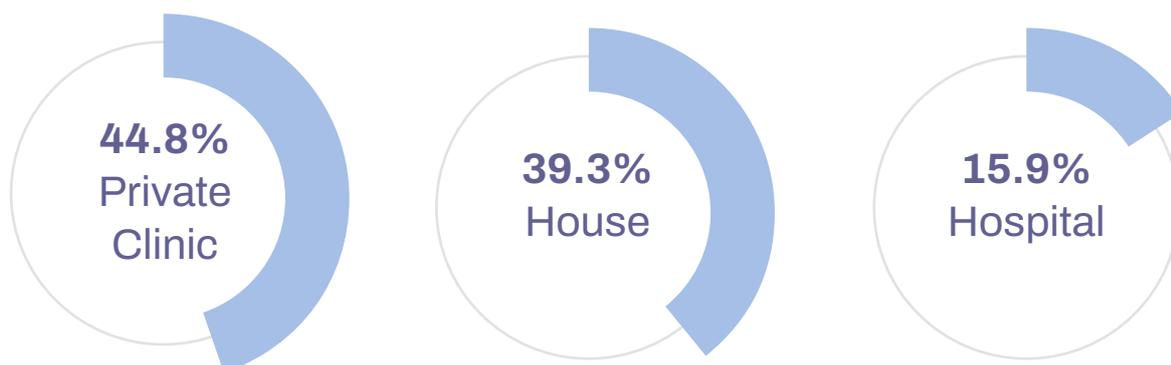
More than half of the daughters of study participants (65.5%) were circumcised by a medical doctor, 12% by nurses, 21.3% by a traditional midwife (dayas), and 0.6% by barbers.

Personnel performing FGM



Almost half of the daughters of the study participants (44.8%) had undergone FGM in private clinics, 39.3% had undergone FGM in the household, and 15.9% inside hospitals or government health units.

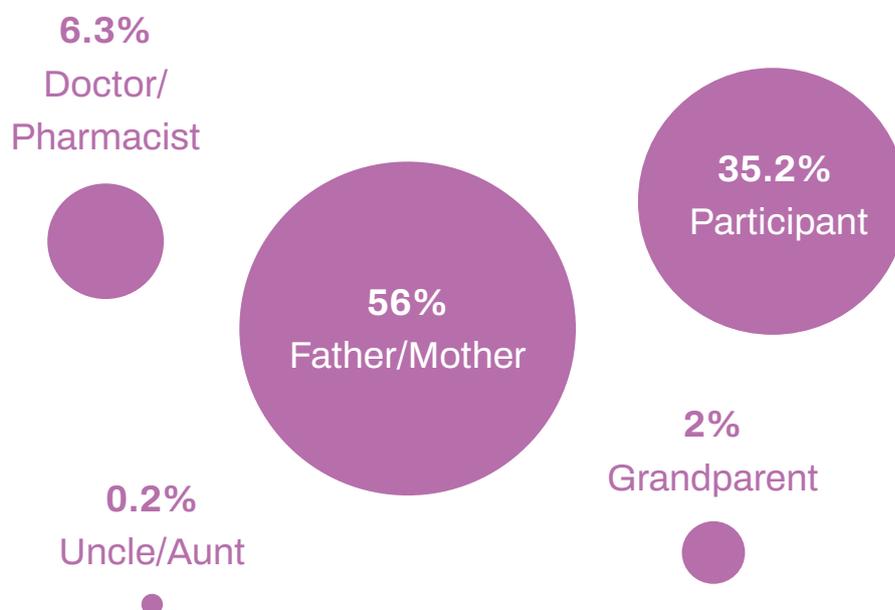
Places where FGM is practiced



7 Decision-Making Process of FGM

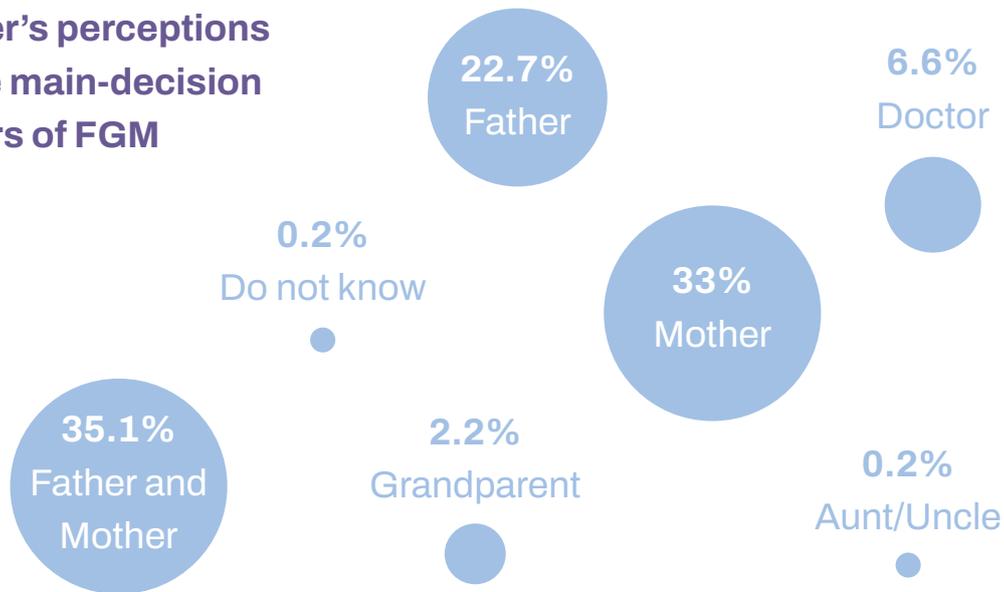
The study included questions to measure FGM decision-making processes within the family. Study participants were asked about whom they consult with when taking the decision of FGM. Findings revealed that more than half (56%) of young people will consult their parents, a 35.2% will not consult anyone beyond themselves and 6.3% stated that they will consult a medical doctor/pharmacist.

The decision-making process of FGM



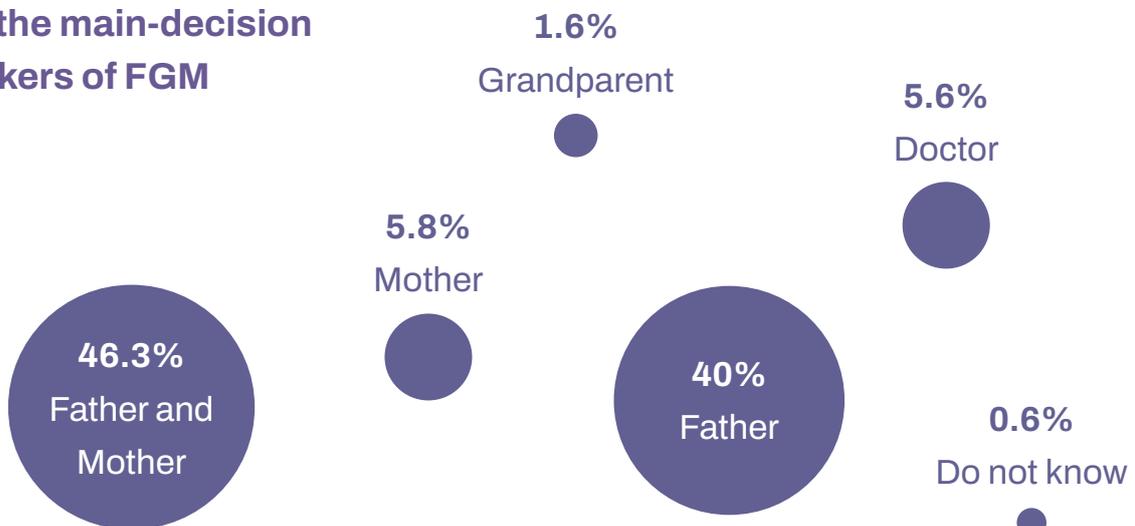
Furthermore, above one-third (33%) of young married and/or ever-married women in poor Greater Cairo who have at least one daughter reported that main decision makers on FGM are mothers. Only 22.7% reported that fathers are the main decision makers, while 35.1% reported that the decision is a mutual decision between father and mother.

Mother’s perceptions on the main-decision makers of FGM



On the other hand, 40% of young married and/or ever-married men in poor Greater Cairo with at least one daughter reported that fathers are the main decision maker when it comes to FGM, while almost half of them (46.3%) reported that the decision is a mutual decision between father and mother.

Father’s perceptions on the main-decision makers of FGM



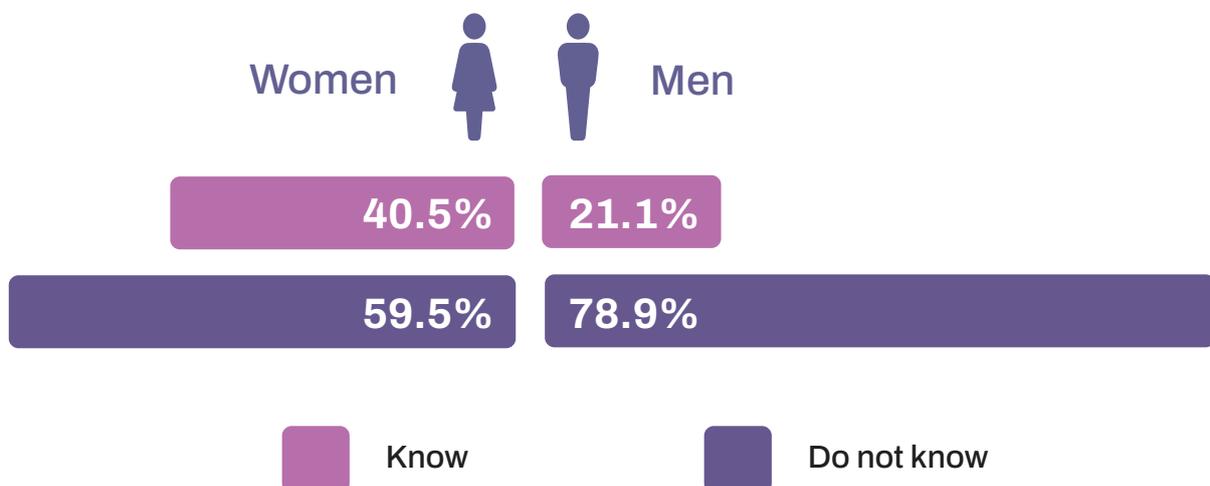
8 Knowledge of FGM Legislation

The study assessed the knowledge of young people in poor Greater Cairo regarding the FGM legislation. Results indicated that more than half of the study participants (68%) do not have any knowledge about the current anti-FGM law. Women were more informed than men (40.5% and 21.1% respectively).

Participants knowledge of FGM law

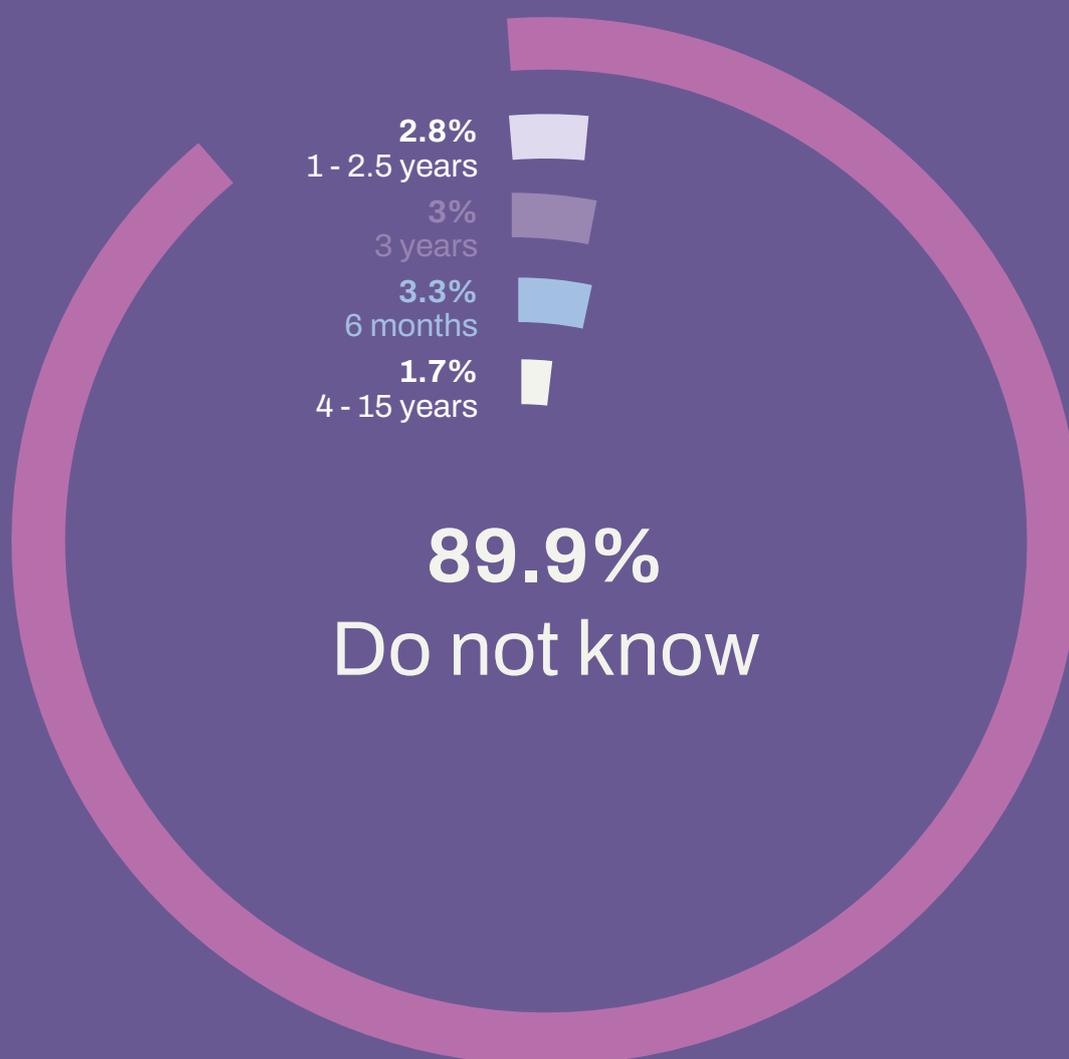


Participants knowledge of the FGM law by gender



Participants that indicated being informed about existing laws on FGM practice were asked questions to evaluate how informed they were of the legal consequences of practicing FGM, namely, who could be prosecuted and the length of the sentence. In terms of the person most likely prosecuted, most study participants (76.6%) said the practitioner (i.e., doctor or daya) and 63.2% believed that the parents are the ones to be prosecuted. The overwhelming majority of study participants did not know the length of sentences (89.9%).

Participants knowledge of length of sentence for practicing FGM



Recommendations



SPEAK OUT ABOUT THE RISKS AND REALITIES OF FGM

Many of the young women in the study are not sure of the possible effect of FGM on their sexuality and mental wellbeing. Generally, ideas about female purity, chastity, honour, and cleanliness are manifested through FGM to reinforce pre-marital virginity and marital fidelity and social control.



SPREAD UNDERSTANDING THAT RELIGION DOES NOT REQUIRE FGM

Despite wide denouncement of FGM by reputable religious institutions such as Al-Azhar and other prominent religious leaders, still half of the study participants believes that FGM is part of the religious teachings.



DESIGN EFFECTIVE INTERVENTIONS TO INVOLVE MEN AND BOYS TO END FGM

More men than women support the continuation of FGM and regard it as a practice with limited or no effect on women's sexuality and pleasure. There is a crucial need to involve boys and men in the fight against FGM. Men should be educated on the possible negative consequences of FGM not only on women but on them as well. This in turn will assist in addressing men as allies in preventing FGM and will ensure the transformation of gender relations and systems that sustain gender inequality through violence.



IMPROVE COMMUNICATIONS BETWEEN MEN AND WOMEN ON ISSUES OF SEXUALITY

Lack of communication has caused both men and women to uphold inaccurate opinions, perceptions and expectations of the other parties towards FGM.



ADDRESS FGM AS A FORM OF INTERSECTIONAL GENDERED VIOLENCE

In working to end FGM, we need to conceptualize the practice as a form of intersectional gendered violence; this will make it possible to design interventions that are taking into consideration different factors. Although FGM is quite prevalent in Egypt, yet women living in poor households with limited infrastructure and services, and lower educational levels, lack of participation in civil society are at more risk to undergo FGM than other women.



END THE MEDICALIZATION OF FGM

Around 67% of study participants believe that FGM is safer if performed by a medical doctor. Correct and clear messages denouncing medicalization of the practice and highlighting the possible long-term complications of FGM on women's emotional and sexual wellbeing should be widely disseminated. Knowledge of existing legislations and decrees that prohibit medical personnel from performing FGM should widely infiltrate the Egyptian community.



INCREASE KNOWLEDGE OF THE ANTI-FGM LAW

More than half of the young women and men in poor Greater Cairo are not aware of the existence of a law that prohibits FGM and punishes whomever performs it or requests it. Although, laws do not end a practice with wide social acceptance, criminalization of FGM sends the message that it is an unacceptable practice. Criminal sanctions is one of the many, multi-pronged steps that collectively will help to eradicate FGM. Thus, educating community members of the existence of the law and the different penalties is very crucial.

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