

TRENDS IN AGE-SPECIFIC RATES OF FEMALE GENITAL CUTTING (FGC) IN EGYPT

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Introduction

Egypt has a long tradition of practicing FGC. In line with the global movement to ban or limit FGC, Egypt issued a series of ministerial decrees aimed at prohibiting FGC. Since 1997, Egypt has banned practitioners from performing FGC in public and private facilities, except for medical reasons. This latter loophole allowed the practice to continue, and scattered reports suggest it had little effect. A 2007 decree has completely banned FGC, but its effects are not yet known.

Objectives

This study aims to 1) examine the proportion of girl who have been circumcised by a given age and the associated age-specific hazard of FGC, and 2) examine the extent to which these age-patterns of FGC differ for girls coming of age before and after the implementation of the 1997 FGC ban.

Data and Methods

We use data from the 2005 Egypt Demographic and Health Survey, which contains information on a representative sample of 19,474 women. Women were asked about the circumcision status and age at circumcision of all their living daughters aged 0-17. These data were used to create a file of daughters (n=20,887). We use survival analyses to estimate the median age at FGC, the percentage experiencing FGC by specific ages, and the age-specific hazard of FGC. Because most girls born up to 1990 were not yet circumcised by the time of the 1997 FGC ban, we compare circumcision prevalence for different birth cohorts (born before 1991 vs. born in 1995 or later).

Results

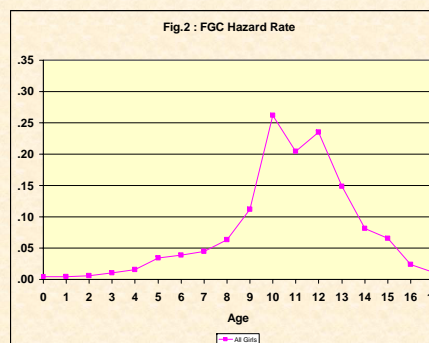
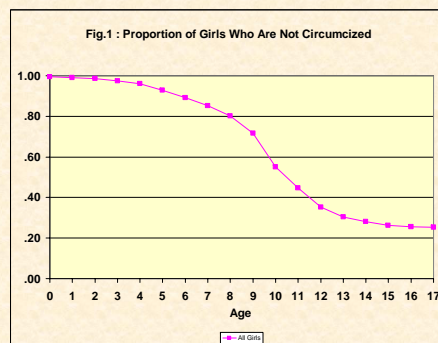
The median age at circumcision is 11.5 years. The lifetable analysis shown in Figure 1 indicates that 20% of girls were circumcised by age 9, 28% by age 10, 45% by age 11, and 70% by age 14. By age 18, 99% were circumcised. Figure 2 shows that the risk of FGC is highest between ages 9 and 13.

Comparison by birth cohort shows that age-specific circumcision rates have declined. For girls born before 1991, the median age at FGC was 11.0, compared to 11.8 for those born in 1991 and later. Figure 3 shows that among girls born by 1990, 32% were circumcised by age 10, and 51% by age 11. By contrast, among those born 1991 or later, only 27% were circumcised by age 10 and only 41% by age 11. Figure 4 reveals modest declines in the FGC hazard between ages 8 and 10, but substantial declines from age 11 onward.

Conclusions

Although the 1997 FGC ban had a major loophole that allowed the practice to continue for “medical reasons”, the perception that the ban had little or no effect appears to be incorrect. Our lifetable analyses of the age-patterns of FGC reveal substantial decreases in FGC. We are currently analyzing the 2008 DHS to determine whether the apparent impact of the FGC ban has persisted, and to identify the factors that facilitate and/or hamper the intended reduction in the FGC rates.

Age Pattern of FGC



Trends in FGC

