Program Issues

The potential for change

What is the potential for changing cutting-related attitudes and practices in the countries surveyed? High prevalence levels in many countries, combined with widespread support among women, suggest that genital cutting traditions are tenacious. Some groups, however, may be more open to change than others. This section will discuss respondents who express relatively high levels of support, disapproval, and "dissatisfaction," which is measured in terms of prevalence exceeding support. The objective is to identify those groups who might be most and least receptive to program efforts aimed at eradication. Some discussion will also focus on general program issues, exploring potential barriers to changing cutting practices. Finally, for greater insights about generating change, DHS findings on women's opinions about why these practices continue and how to best abolish genital cutting will be discussed.

Critical mass of opposition and dissatisfaction apparent in Eritrea

Among the high prevalence countries (≥89 percent), only Eritrea appears to have a critical mass of opposition among the adult population that suggests a large-scale openness to change. About four out of 10 Eritreans want to see genital cutting discontinued. Eritrea is also distinguished by one of the largest disparities between prevalence and support, suggesting widespread dissatisfaction with genital cutting. Although 95 percent of Eritrean women undergo these procedures,

Comparison of prevalence and support for genital cutting

Country	Prevalence of genital cutting (%)	Support for continuation of genital cutting (%)	Dissatisfaction: difference between prevalence and support (percentage points)	Opposition to continuation (%)
CAR	43	30	13	56
Egypt	97	82	15	13
Eritrea				
Women	95	57	38	38
Men	na	46	49	42
Mali	94	75	19	13
Sudan	89	79	10	21
Yemen	u	21	u	60
Average difference			24	

na = not applicable
u = unknown; no information

only 57 percent of women and 46 percent of men support these practices. The other countries with prevalence levels around 90 percent all have support levels of at least 75 percent among respondents.

Groups expressing relatively high levels of opposition and dissatisfaction

Higher levels of opposition and dissatisfaction expressed by educated women

In most countries, respondents with at least some secondary-level education are among those least favorably disposed toward genital cutting (see Appendix Table 1). The differences based on education are particularly extreme in Eritrea, where 80 percent of women with at least some secondary-level education oppose cutting, compared to 24 percent of uneducated women. At present, however, educated women in high prevalence countries are not substantially less likely than uneducated women to have undergone cutting. In Egypt, prevalence levels exceed 89 percent among women with every level of educational attainment. The combination of high prevalence and relatively low support suggests widespread dissatisfaction with these practices among the educated. Less favorable attitudes among these women may translate into substantially lower prevalence levels in the future. If highly educated mothers are able to realize their intentions, for instance, cutting may become slightly less prevalent among their daughters.

Urban respondents are among the groups with the highest levels of dissatisfaction

Overall, higher proportions of women are likely to have undergone cutting than support the practice. This suggests that if respondent attitudes prevail, the prevalence of cutting could decline slightly among the youngest generation of girls. The largest differences between prevalence and support for genital cutting tend to occur among women in urban areas, most prominently in Egypt, Eritrea, and Mali (see Appendix Table 1). For instance, 95 percent of women in the capital city region of Bamako in Mali have undergone cutting, but only 65 percent support these practices. In most other parts of Mali, prevalence is 90 percent or higher, and at least 79 percent of women favor continuation. Areas with large disparities between prevalence and support may be particularly amenable to educational and other program interventions aimed at reducing levels of cutting.

Other factors relating to opposition and dissatisfaction

Only CAR and Mali have data on ethnicity in relation to prevalence and attitudes (see Appendix Table 2). In CAR, the Mandjia and Banda groups appear most dissatisfied with genital cutting, exhibiting the largest differences between prevalence and support levels. Mali has less attitudinal variation among ethnic groups, with most groups exhibiting a prevalence level that is 17 to 21 percentage points higher than support levels among women.

Regions with high prevalence or support levels may be more resistant to change

Although slightly more than half of women oppose cutting in CAR, these practices are concentrated in one part of the country, Région Sanitaire IV. In this region, prevalence is 91 percent and support is 77 percent. This region, sharing long borders with Chad and Sudan, may warrant special programmatic attention.

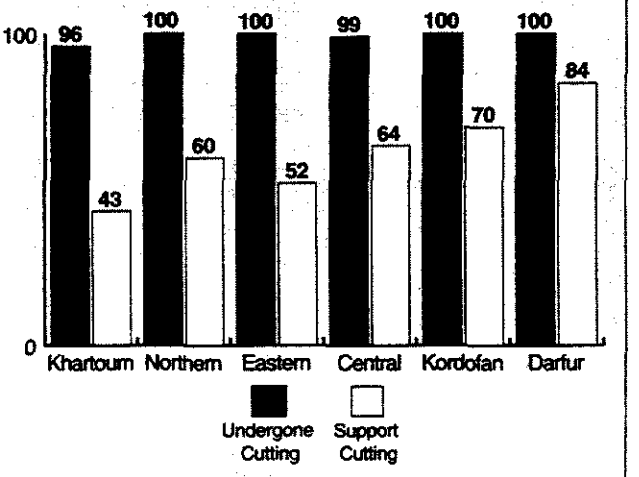
In Côte d'Ivoire, genital cutting practices are concentrated in three regions, the West, North, and North-West. Prevalence levels in these areas are substantially higher than average (43 percent):

Support for genital cutting is strong among educated women in Darfur, Sudan

Overall, educated women are less likely to favor the continuation of genital cutting. This pattern, however, does not hold everywhere. Support, for example, among educated women in Darfur, Sudan, is strong.[1] More than 80 percent of the most highly educated women in Darfur favor the continuation of genital cutting. In contrast, support among the most educated in other regions of Sudan ranges from 43 percent in Khartoum to 70 percent in Kordofan.

Traditionally, many ethnic groups in Darfur, which is in western Sudan, did not practice genital cutting. Overall prevalence in the region (65 percent) is still the lowest in the country. The association of these practices with higher socioeconomic groups, however, may be contributing to the positive reception of cutting among educated women in Darfur. In her fieldwork in Sudan, Gruenbaum observes that the Arab-Sudanese commonly consider western Sudan's ethnic groups "socially inferior," with some regarding infibulation as a sign of "ethnic superiority" (Gruenbaum, 1991). Toubia notes that after Sudan's independence in 1956, the expansion of various government services into the western region by northern elites led to the adoption of genital cutting among some ethnic groups that had not previously performed these procedures (Toubia, 1995).

Percentage of educated women in Sudan who have undergone and support cutting



Ever-married women 15–49 who have attended at least some secondary school

[1] Much of this information is drawn from research on cutting-related attitudes and behaviors in northern Sudan conducted by Katherine Neitzel. The findings were presented as part of the "Tools and Indicators for Assessing Women's Status," panel, Association for Women in Development conference, Beyond Beijing: From Words to Actions, Washington, D.C. (September 5-8, 1996).

79 percent in the West, 85 percent in the North, and 88 percent in the North-West. Special programmatic attention might be directed to these regions, which abut Liberia, Guinea, Mali, and Burkina Faso.

In Egypt, more than 90 percent of residents of rural Lower Egypt and rural Upper Egypt governorates want to see these practices continue. Only residents of the Sudanese region of Kordofan have a similarly high level (90 percent) of support. In Eritrea, the highest levels of support among women are in Gash-Barka (83 percent), while the highest levels among men are in Anseba (71 percent). Four Malian regions share similarly high levels of support among women, Koulikoro (83 percent), Kayes (82 percent), Sikasso (79 percent), and Mopti (79 percent). Yemen reveals generally less favorable attitudes among women, with the highest support levels found in the South and East (36 percent).

The role of men

At least one researcher has suggested that if men did not demand that their wives be cut, these practices would end immediately (Hosken, 1995). Evidence from the DHS confirming a strong male role in perpetuating these practices is ambiguous.

Egyptian women believe men prefer women who are cut

In Egypt, male-related reasons for cutting appear to be important, contributing to the strength of these traditions among women. For example, many Egyptian women appear to associate cutting with attracting and keeping a husband (El Zanaty et al., 1996). Three out of four Egyptian women agree that husbands prefer women who have been cut. A number of women also believe that cutting assures a faithful wife, with 41 percent agreeing that cutting prevents adultery.

Men do not appear to be barriers to change in Eritrea or Sudan

Most likely, men are not major obstacles to eliminating these practices in Eritrea or northern Sudan. In Eritrea, men are slightly less likely to support continuation of genital cutting than women (see Appendix Table 1). A number of men do not seem to hold strong opinions about these practices, expressing uncertainty as to whether or not they oppose cutting. Eritrean men are also particularly concerned about the health effects of these practices on women, with one-third of men ages 15 to 59 explaining that they oppose cutting because of medical complications.

In Sudan, male support also does not appear to be a major issue (DOS and IRD, 1991). According to married women, nearly half of their husbands are either indifferent toward (33 percent) or oppose (16 percent) these practices. This would suggest that active support among men in Sudan may be less pronounced than female support (79 percent) for genital cutting. Among women who oppose cutting, only 3 percent think that these practices continue because of male preferences.

More investigation of the male role is needed

Overall, the information available about men does not support any simple conclusions about their role in furthering these traditions. More research into male attitudes and participation is warranted. Except for Eritrea, no national-level information on male attitudes is available. The findings from Egypt and northern Sudan rely on the perceptions of women regarding male preferences. The degree to which women's perceptions are consistent with actual male attitudes is unknown. At present, there is no information from men that could validate the accuracy of these perceptions.

Religion

Although often perceived to be a Muslim practice, genital cutting predates Islam in Africa and has no doctrinal support in the Qur'an (Toubia, 1995). Most Islamic scholars also maintain that the "hadith" or sayings of the Prophet Mohammed, another source of Islamic instruction, offers no or only tenuous support for female "circumcision." There is, however, a tradition of interpretation suggesting that some passages of the "hadith" indicate that the Prophet may have considered a minor form of genital cutting advisable or beneficial for Muslims (Aldeeb, 1994). Even still, this would suggest that genital cutting is not a religious requirement for Muslims, but only a "beneficial" practice for the faithful.

Overall, no clear doctrinal mandate for genital cutting has been found in any of the sacred or primary texts of Christianity, Islam, or Judaism (Toubia, 1995).

Prevalence and support levels are generally higher among Muslims than those of other faiths

Despite the lack of doctrinal support in the Qur'an, prevalence and support levels are generally higher among Muslims than women of other faiths. These findings may reflect the strength of a cultural tradition among Muslim women. Alternatively, women may directly associate cutting with religious doctrine. In Egypt, seven out of 10 women agree that genital cutting is a religious tradition (El Zanaty et al., 1996). In many instances, this perception has been corroborated by Egypt's religious leadership. Since the 1950s, numerous fatwas, or edicts, issued by religious leaders in Egypt have maintained that genital cutting is advisable or a duty for believers. Although a fatwa from 1949 indicated that the faithful could forsake genital cutting, edicts issued in 1951, 1981 (Aldeeb, 1994), and 1995 (Aslam, 1996) all suggested that these practices were, at the least, advisable for Muslims.

Custom, tradition, and social norms

Women commonly believe that cutting is an important tradition

When asked why they favor the continuation of genital cutting, most supporters explain that these practices are custom and tradition. For some women, genital cutting practices may not be strongly associated with any particular reason. In Egypt, for instance, women most commonly explain that tradition, rather than any particular person, dictates their decisions to have their daughters undergo cutting. As a result, program efforts may need to address the prevailing attitude among women that cutting practices are important traditions to uphold.

More research is needed on women's cutting-related knowledge and beliefs

In general, DHS data do not provide much information about women's attitudes, misconceptions or deficits in knowledge regarding cutting. The reasons given by respondents for supporting or opposing cutting do not necessarily fully reflect a respondent's knowledge or attitudes. In general, the most common explanations for support or opposition are that these practices are "custom and tradition" or a "good (bad) tradition." These responses are difficult to interpret and may encompass many specific reasons. More research in this area is needed.

Why these practices continue

Sudanese women confirm that a 'fear of social criticism' helps perpetuate genital cutting

In northern Sudan, researchers asked women who oppose genital cutting why these practices continue. According to these women, three top reasons account for the persistence of cutting traditions, including a fear of social criticism (27 percent), an ignorance of consequences (21 percent), and the influence of old women or grandmothers (13 percent) (DOS and IRD, 1991). A number of women give no response, with about 40 percent of rural residents and nearly half of those with no formal education saying that they don't know why these traditions continue. Few women specifically mention parental influence, male preference, or custom.

Established traditions and social norms may explain the gap between a woman's personal opposition and behavior toward daughters

In some countries, families who want to keep their daughters intact face the weight of established traditions and entrenched social norms. These practices are nearly universal in some areas, with widespread support among women. Families may believe or know that they will incur social criticism for dropping practices that are widely embraced. Field research suggests that uncut girls and women can face a number of sanctions: in some areas, uncut girls cannot be christened, milk cows, "serve elders," or easily find a husband (Eliah, 1996; Issayas, 1996).

Active, public opposition in many areas is rare; only 3 percent of Malian mothers report that someone opposed their daughter's operation. DHS findings suggest that mothers who oppose these practices may not always be able to prevent their daughters from undergoing cutting. Some programmatic effort might be directed toward addressing social norms, facilitating the efforts of women and men who oppose these practices to keep their daughters intact.

How to abolish genital cutting

Egyptian and Sudanese women recommend educational campaigns to eradicate cutting

In Egypt and northern Sudan, researchers asked women who oppose genital cutting about the best ways to abolish these practices (El Zanaty et al., 1996; DOS and IRD, 1991). Most Egyptian opponents of cutting (83 percent) endorse educational campaigns directed toward parents as one of the best means for eradicating these procedures. Sudanese respondents most commonly propose (40 percent) educational campaigns for women as one of the best measures. In Sudan, the higher a woman's educational level, the more likely she is to endorse education as one of the best means for abolishing cutting. The majority of rural (53 percent) and uneducated (60 percent) women in Sudan say that they don't know how these practices can be eradicated.

A small, but sizable group of respondents recommend legal recourse, with Sudanese women proposing that laws against the practice be enforced (20 percent) and Egyptian women suggesting that operators be prohibited from performing operations (23 percent). In Egypt, around 12 percent of women recommend sex education as one of the best strategies. Few Sudanese women mention other measures as effective, including the involvement of fathers (4 percent), improvements in women's status (1 percent), or sex education (1 percent).