

A t t i t u d e s

For the most part, international agencies and governments agree that genital cutting adversely affects the health and well-being of women. But in countries where genital cutting is common, these procedures often have widespread support among women. The majority of supporters in the countries surveyed say that these practices are custom or tradition. Field research suggests that families and practitioners also associate a number of specific benefits with cutting. The reasons for practicing cutting, however, can vary substantially within and between countries. Below is a general overview of some of the primary benefits attributed to genital cutting drawing upon literature reviews and field research from a number of different countries (Abdalla, 1982; El Saadawi, 1980; Ericksen, 1996; Gruenbaum, 1991; Price, 1979; Toubia, 1995; Van der Kwaak, 1992).

For the woman, cutting is believed to impart:

Chastity and virtue. Cutting safeguards women against pre- and extra-marital sexual activities. Clitoridectomy or excision diminish sexual sensation, while infibulation impedes sexual intercourse. Underlying these notions may be a belief that women need to be protected from rape as well as “temptation,” including their own aggressive sexual impulses.

Religious favor. Cutting may be promoted as or understood to be sanctioned by religion.

Social acceptance and good reputation. Intact women are viewed as less attractive to men, unmarriageable, or promiscuous.

Cleanliness and attractiveness. The external genitalia are regarded as unclean and, if left uncut, will become unsightly or ungainly.

Maturity. Cutting signals a girl’s entrance into womanhood, including readiness for marriage and childbearing. In some cultures, intact women are believed to remain girl-like no matter their age.

Pleasing personality. Cutting instills calm, submissiveness, and other traits associated with ideal “femininity.”

Good health. Cutting prevents disease, enhances survival, and results in higher fertility.

In addition to the above, the benefits of cutting for the man include:

Good wife and mother. Cutting ensures a modest, faithful wife. Infibulation guarantees virginity and legitimate heirs.

Stable union. Cutting keeps women from becoming too “sexually demanding,” sapping resources from the man as he ages and his energy diminishes.

Sexual pleasure. The smaller vaginal opening created through some forms of cutting is believed to enhance the husband’s sexual pleasure.

Benefits to the family

In some cases, genital cutting positively contributes to the family’s social standing, prosperity, and ability to secure favorable unions for daughters. In many communities where cutting is common, the conduct and reputation of female family members relates directly to the family’s honor and respectability. Among girls, virginity and a good reputation are also important prerequisites for marriage and a favorable bride price. Cutting can be an indicator of a girl’s “good reputation,” promising virginity before marriage and fidelity after marriage. Infibulation scars in particular may be likened to a “seal” guaranteeing a girl’s virginity. In some communities, infibulation represents virginity. A girl is not considered virginal unless she is infibulated.

Economic underpinnings

Genital cutting can provide an important source of income for families, communities, and practitioners. As noted above, families can benefit economically by obtaining a higher bride price and more favorable union for daughters. Various community members may also benefit from any feasts or celebrations that take place in conjunction with the initiation of girls. These festivities may involve the purchase of special outfits, presents, and other items that boost the local economy.

The formal and traditional medical communities often profit from these procedures. The position of “circumciser” may be held within a family and passed down through generations. In some areas, the role of “circumciser” is one of the few or only positions open to village women that can provide some measure of prosperity and social standing. Midwives may earn more for genital cutting than for assisting at deliveries (Van der Kwaak, 1992). In areas where infibulation is common, cutting can provide a continuous source of income as operators are needed throughout the lives of women to perform procedures during childhood, before childbirth, and after childbirth, divorce, or the death of a spouse.

DHS findings on support for genital cutting

In most countries, the majority of women support continuation

The majority of women approve of genital cutting in most of the countries surveyed. More than seven out of 10 women in Egypt, Mali, and Sudan support these practices. Among Eritrean women, support is less widespread, but still notable; nearly six in 10 favor continuation. In contrast, just under half of Eritrean men support these practices.

Opposition among Eritrean men, however, is only slightly higher than among Eritrean women. Men are slightly more likely than women to express some uncertainty in their attitudes.

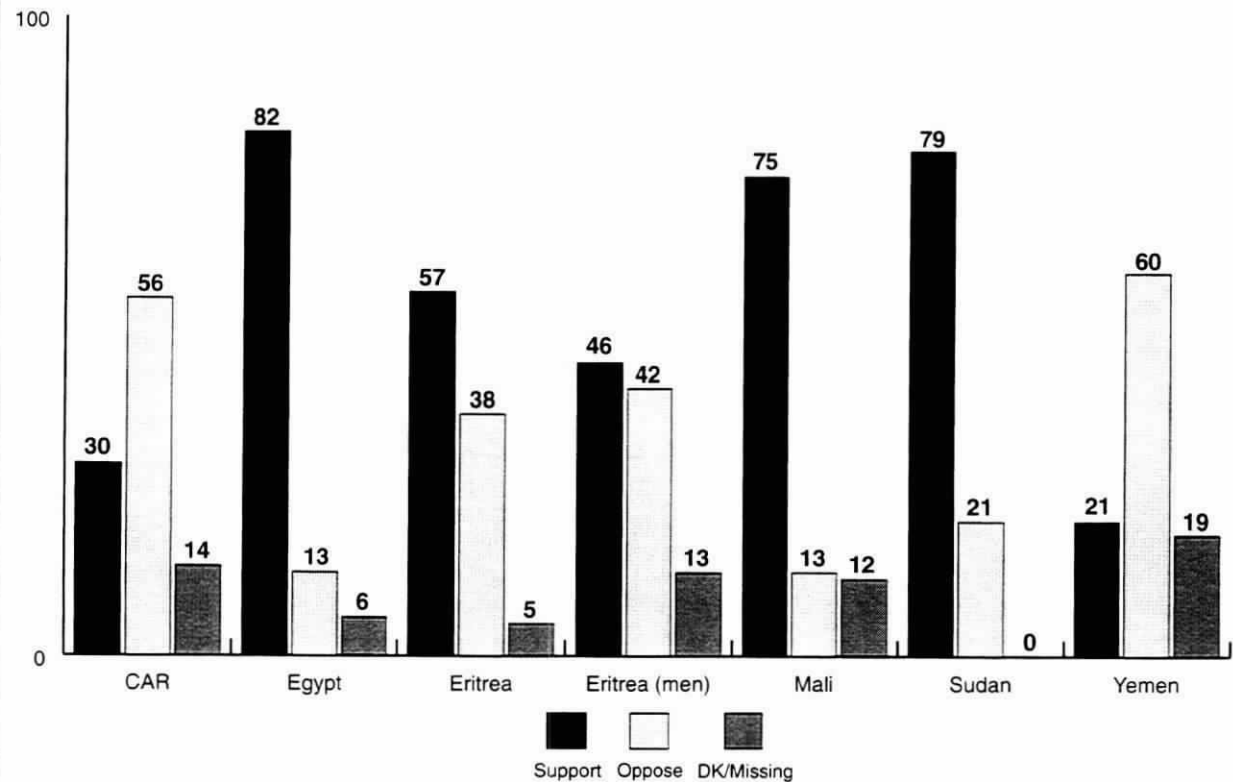
Women in CAR and Yemen are least likely to approve of cutting. Only three out of 10 women in CAR want to see these practices continue. Although overall approval is relatively low in Yemen, responses for nearly one-fifth of respondents are missing.

Some groups express uncertainty about their opinion regarding cutting

Some groups express a relatively high level of uncertainty in response to questions about their attitudes toward genital cutting. Those who do not respond to these questions may have no opinion or, possibly, knowledge about these practices. Rural and less educated women may also feel less comfortable in offering interviewers an opinion about practices perceived as custom or tradition.

Among Eritrean men and Malian women, a few groups are more likely than average to express no opinion about genital cutting (see Appendix Table 1). For example, about one-fifth of Eritrean men in the Southern zone say they don't know or are unsure of their attitude toward cutting. Since prevalence in the Southern zone is high, this finding may suggest some degree of detachment or ambivalence among men. In Mali, more than half of women in the small desert cities of Timbuktu and Gao say they “don't know” how they feel about these practices. Since prevalence levels are very low in these cities, this may reflect a lack of knowledge among women.

Attitudes of respondents toward genital cutting



Percent women 15–49; men 15–59; ever-married in Egypt, Sudan, and Yemen

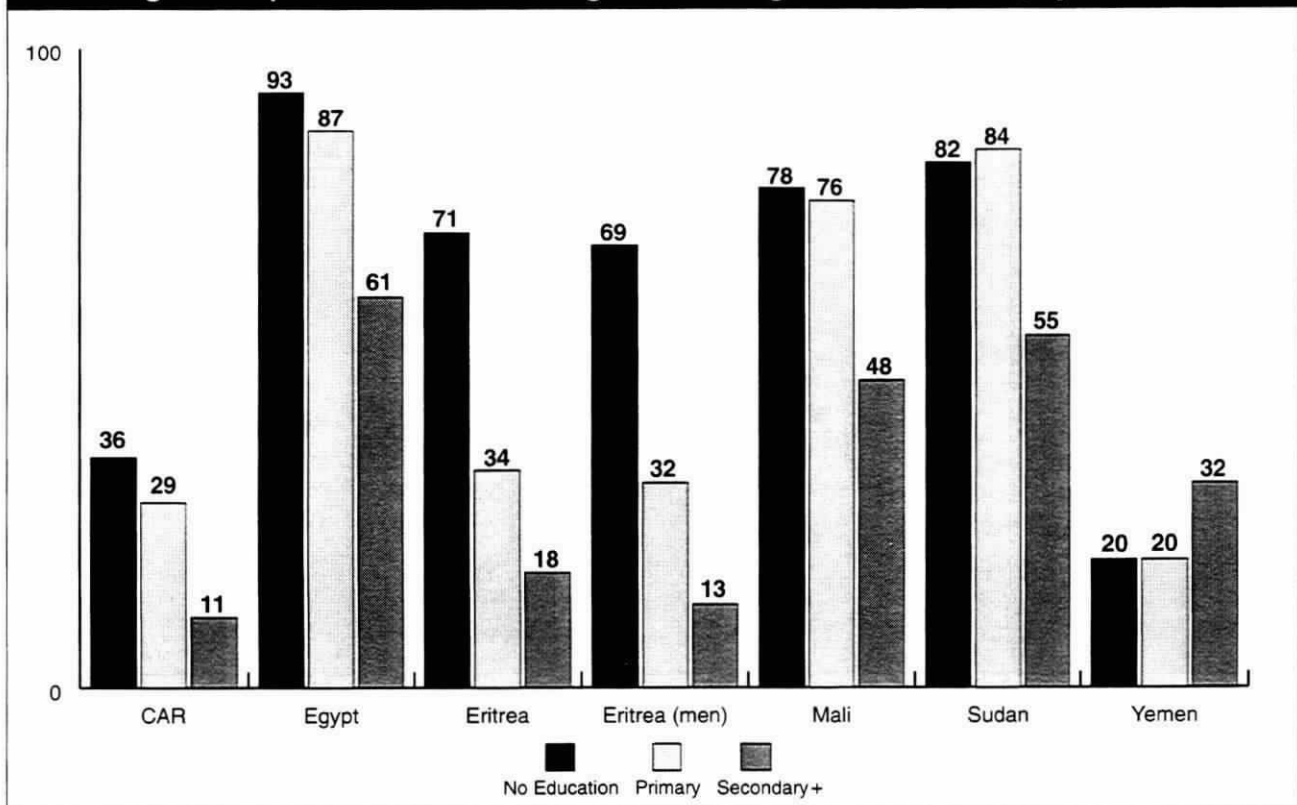
Note: In Yemen, women were asked if they approved or disapproved. Elsewhere, respondents were asked if they supported or opposed continuation. In Yemen, nearly all of the “Don’t Know/Missing” responses are “Missing.” It is not clear whether the respondent had never heard of genital cutting, did not answer the question, or was unsure of her attitude, but was categorized as giving no response.

Educated and, to a lesser extent, urban women tend to have less favorable attitudes

The attitudes of educated respondents suggest less widespread support for cutting among higher socioeconomic groups in nearly all of the countries surveyed. This is especially true in Eritrea, where only 18 percent of the most educated women support continuation, compared with 71 percent of women with no formal education.

The educational differences may be somewhat overstated since they probably also reflect age-related generational differences among respondents. Younger respondents in Eritrea and northern Sudan are less likely than older groups to support cutting and more likely to have attained higher levels of education. Younger Eritrean women, in particular, may also have benefited from gains made by women “freedom fighters” during the long-running war with

Percentage of respondents who believe genital cutting should continue, by education



Ethiopia, which ended in the early 1990s. The participation of women in the war, combined with the stance against cutting taken by the Eritrean People's Liberation Front, have been linked to greater societal recognition of gender issues in Eritrea, including reconsideration of such practices as "forced marriage" and genital cutting (Araya, 1997; Dorkenoo and Elworthy, 1992).

In Egypt, Mali, and northern Sudan, only those women who have attained at least some secondary-level education are less likely to support continuation. Women with less or no education are about equally likely to favor these practices. Although the highly educated are less favorably disposed than other women, the levels

of approval are still relatively high. In Egypt, for instance, 61 percent of the most educated women favor continuation. In Mali and Sudan, the results suggest that about one-half of the most educated women would like to see genital cutting continue. Eritrea and, to a lesser extent, CAR exhibit a decline in support across all educational groups of respondents. In both countries, the higher the level of educational attainment, the less likely a respondent is to support these practices.

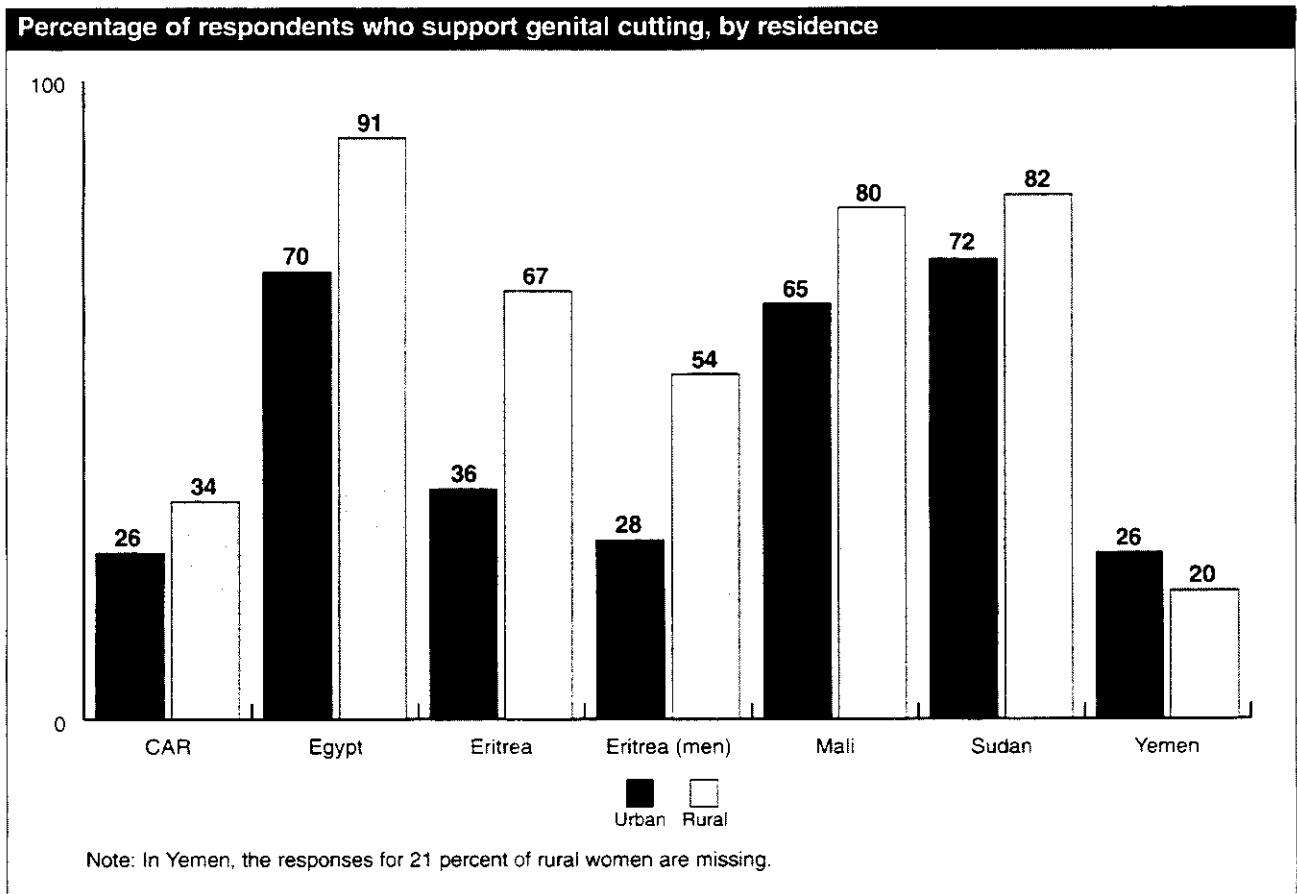
In Yemen, the most educated women seem to be slightly more likely to approve of genital cutting than their less educated counterparts. Nearly one-third of the most educated approve, compared with about one-fifth of less educated

and illiterate women. These findings need to be interpreted with some caution since the responses for relatively large numbers of illiterate and primary-educated women are missing. Among women with no formal education, 20 percent of responses are missing, compared with 5 percent among the most educated women.

Except in Yemen, urban respondents are less likely to favor the continuation of genital cutting than their rural counterparts. The most striking differences are in Eritrea, where 67 percent of rural women support continuation, compared with 36 percent of urban women. The disparity

among men in Eritrea is nearly as large. After Eritrea, Egypt displays the largest gap between urban and rural support levels.

Among the countries surveyed, the lowest approval levels are among urban women in CAR, women in Yemen, and urban men in Eritrea. The relatively low support levels in Yemen are difficult to interpret, however, because of the high proportion of missing responses. Support levels are highest, even among urban women, in Egypt, Mali, and Sudan. Seven out of 10 urban Egyptian and Sudanese women favor the continuation of genital cutting.

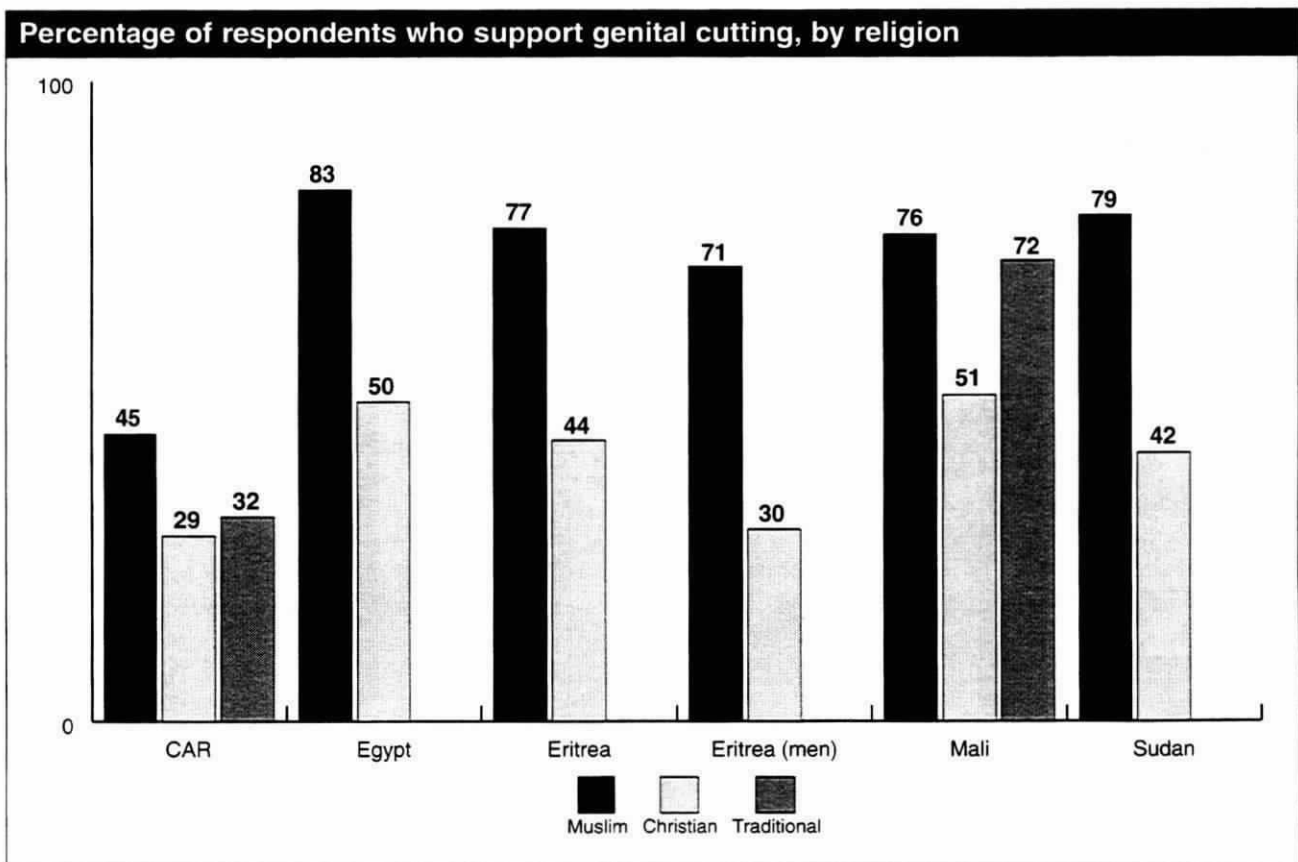


Support among Muslim women is relatively strong

In most countries surveyed, at least seven of 10 Muslim respondents support the continuation of genital cutting. Approval levels are highest among Muslim women in Egypt, where more than 80 percent support continuation. For the most part, the levels of approval among Christian women are in the 40 to 50 percent range. The lowest levels of support are found among Christian women in CAR and Christian men in Eritrea.

Attitudes among income-earning women vary by country

Some researchers have theorized that genital cutting will decline when women have broader access to education and income-generating employment. Although more educated women tend to report less positive attitudes, these patterns do not consistently hold by women's employment status.



In Egypt and Sudan, income-earning women are substantially less likely to support the continuation of cutting. In CAR and Mali, however, cash-earning women are slightly more likely or about as likely to support the continuation of genital cutting as non-cash earning women. A number of reasons may account for the attitudinal differences between women who earn cash and those who do not. For example, more than half of income-earning women in Egypt and Sudan reside in urban areas and have attended school. In CAR and Mali, cash employment might be a reflection of financial need rather than financial empowerment. The majority of cash-earning women in these countries reside in rural areas and have never been to school.

Variations in women's attitudes by residence

Most countries surveyed exhibit at least some variation in respondent attitudes by region of residence (see Appendix Table 1). The most striking attitudinal differences based on region are in CAR and Eritrea. In CAR, for instance, support ranges from 17 percent in Région Sanitaire (RS) III to 77 percent in RS IV. Attitudinal variations between regions are probably rooted in such factors as the area's ethnic composition, neighboring countries, dominant religious affiliation, and level of urbanization.

CAR. CAR has a great deal of variation in support by region. Fewer than 20 percent of women support continuation in RS II and RS III—the western part of the country—areas

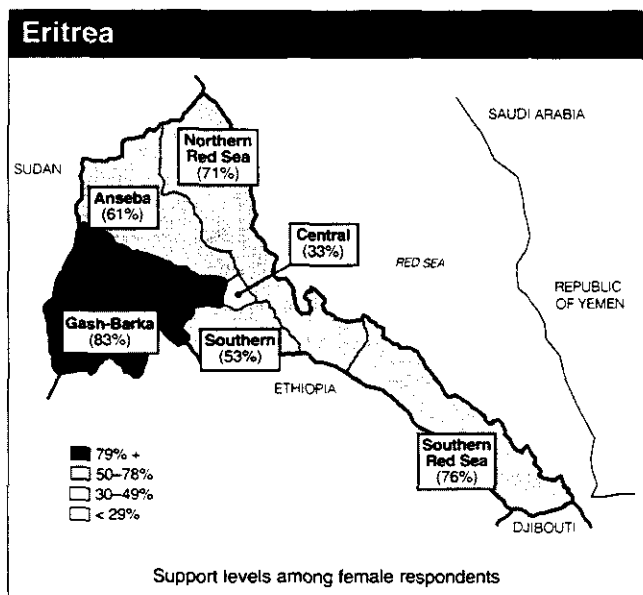
Approval of genital cutting, by work status				
Country	Approval among women who work for cash (%)	Number of women	Approval among women who do not work for cash (%)	Number of women
CAR	33	3,866	26	2,018
Egypt	65	2,306	85	12,473
Mali	77	3,733	74	5,965
Sudan	63	471	80	5,385

Note: In Sudan, women were asked if they were currently working to earn money other than on a farm or a family business.

bordering Cameroon and Chad. Levels of support are also low among women in the capital city of Bangui. The highest support levels are in the eastern part of the country, in areas which abut Chad, Sudan, and Zaire.

Egypt. Overall, support exceeds 60 percent in all parts of Egypt. Those residing in the sparsely settled Frontier Governorates are least likely to favor cutting, with 61 percent support.

Eritrea. Support among Eritrean respondents varies considerably. More than 70 percent of women in the Southern Red Sea, Northern Red Sea, and Gash-Barka zones favor continuation. In contrast, support among women in the Southern and Central zones is 53 and 33 percent, respectively. In nearly all zones, men are less likely to support continuation than women. Men in the Central and Southern zones are least favorably disposed, with levels of 24 and 32 percent support respectively.



Mali. In most Malian regions, support among women is at least 70 percent. Only in the small desert cities of Timbuktu and Gao are levels strikingly different, with a 6 percent approval level. Women who reside in the capital city area, Bamako, are slightly less favorably disposed toward cutting than those in other regions, with an approval level of 65 percent.

Sudan. Except for Darfur and the largely urban capital city area of Khartoum, support is at least 80 percent among women in Sudan. Darfur, with the lowest levels of support among women, is in the western part of Sudan, bordering CAR, Chad, and Libya. The lower support levels probably reflect the variability among western Sudan's ethnic groups, some of which have not readily embraced Arab-Sudanese traditions such as cutting.

Yemen. Support is strongest in the south and east parts of the country, with 36 percent of ever-married women approving of cutting. Support is substantially less pronounced in the north and west parts of the country, an area including the capital city. The responses for a number of women in the north and west, however, are missing (22 percent).

Women's attitudes according to ethnic group

The only countries surveyed with data on ethnicity available are CAR and Mali (see Appendix Table 2). In CAR, support levels vary considerably by ethnicity. The range varies from 2 percent support among the small Yakoma-Sango group to 59 percent among the larger Banda ethnic group. Overall, more than half of women in the country's larger ethnic groups except for the Banda and Haoussa would like to see an end to these practices.

In Mali, support among women in the largest ethnic groups is at least 74 percent. Only women in the smallest ethnic groups are substantially less supportive of genital cutting. Two smaller ethnic groups—the Sonraï and the Tamacheck—have support levels of 36 and 14 percent, respectively.

Reasons for support

Most supporters favor continuation because of custom and tradition

In nearly all the countries surveyed, the vast majority of women favoring continuation say that genital cutting is custom and tradition, or that it is a good custom (see Appendix Table 5). In Sudan, for instance, nearly 70 percent of supporters explain that they favor continuation because of custom and tradition. For many women, custom and tradition might be the most compelling reasons for justifying the continuation of these practices. It may also be that this response was the simplest and most succinct way that women could summarize all of the positive qualities they associate with cutting.

Some variation is observed in reasons given for favoring continuation

In the majority of countries surveyed, fewer than 20 percent of supporters are likely to give reasons such as preservation of virginity, marriage, husband's preference or pleasure, and cleanliness for favoring continuation. Even so, some differences in response patterns exist. Educated and urban respondents in Eritrea, especially men, are substantially more likely to mention that they want to see cutting continue because these practices preserve virginity and prevent immorality. Two-thirds of male supporters from Asmara mention these reasons (National Statistics Office and Macro International, 1997). Urban and highly educated women in Sudan are more likely than their rural and non-educated counterparts to give chastity-related reasons for their support (DOS and IRD, 1991). Supporters in CAR and Egypt are slightly more likely to say that cutting enhances marriageability and the husband's pleasure than respondents in other countries.

In Eritrea, Mali, and Sudan, the proportion of supporters who mention religion as a reason for their support is relatively constant, ranging from 12 to 16 percent. In Mali, however, the proportion of supporters mentioning religion varies substantially by region, religion, and ethnicity (Coulibaly et al., 1996). Supporters in Ségou (19 percent) and Mopti (35 percent) are much more likely to mention religion than those residing in other regions. Muslim supporters (14 percent) are more likely to give religion as a reason than Christians (1 percent). Religion is also a more commonly given reason among women in the Peulh, Sarakolé/Soninké, Dogon, and Sonraï ethnic groups.

Many Egyptian women support genital cutting for hygienic and religious reasons

In Egypt, substantial numbers of women mention cleanliness and religion as reasons for their approval of genital cutting (see Appendix Table 5). Among supporters, 36 percent specify cleanliness as a reason for approval. Slightly fewer women (31 percent) say they would like to see cutting continue because they believe it is a religious requirement.

Yemeni supporters also commonly give religion as a reason

Nearly 60 percent of supporters in Yemen mention religion as a reason for their approval. The percentage of women who approve of cutting in Yemen, however, is relatively small (21 percent). Since this is the case, the population-based estimate of ever-married women ages 15 to 49 in Yemen who approve of cutting for religious reasons is just 12 percent.

Egypt provides a unique source of information on respondent attitudes

Among the countries surveyed, Egypt is a unique source of information about women's cutting-related beliefs. In the other countries surveyed, the only information available on respondent attitudes toward cutting is based on their explanations for why they support or oppose cutting. In Egypt, all respondents were asked if they agreed or disagreed with a number of statements about cutting.

The results indicate that most Egyptian women associate positive outcomes with genital cutting (El-Zanaty et al., 1996). The vast majority of women surveyed believe that cutting is a religious tradition (72 percent) and that husbands prefer a woman who has undergone genital cutting (74 percent). Urban and educated women are less likely to agree that cutting is a religious tradition or that husbands prefer "cut" women. Even so, roughly half of women with at least a secondary-level education agree that cutting is supported by religion and husbands.

Far fewer women recognize adverse effects, agreeing that cutting can lessen sexual satisfaction (29 percent), potentially lead to death (24 percent), cause infertility (7 percent), and make childbirth more difficult (5 percent). Women who have completed secondary school or attended university are more likely to recognize that cutting can be fatal (45 percent) and reduce sexual satisfaction (48 percent). Any program in Egypt that strongly emphasizes the potential health effects of cutting, however, may generate even greater medicalization of these procedures. A broader-based educational approach in Egypt might be more useful, informing families about the religious, physical, and psychological issues related to genital cutting.

Reasons for opposing cutting

Many respondents oppose cutting because of medical reasons or because it is a “bad tradition”

Most respondents who oppose cutting say that these practices cause medical complications or are a “bad tradition” (see Appendix Table 6). A number of Egyptian, Eritrean, and Sudanese women who oppose these practices also mention that cutting is a painful personal experience. Opponents in CAR and Egypt are more likely than others to explain that these practices are against their religion. Eritrean men, and, to a

lesser extent, Egyptian and Malian women are somewhat more likely than others to mention that these procedures adversely affect sexual satisfaction.

In many countries surveyed, those opposed to cutting comprise a small proportion of the total population. In Egypt and Mali, for instance, only 13 percent of women surveyed would like to see these practices end. Although a large proportion of women against cutting in Egypt disapprove for health reasons, this bloc of opposition totals just 6 percent of the population of ever-married women ages 15 to 49.