

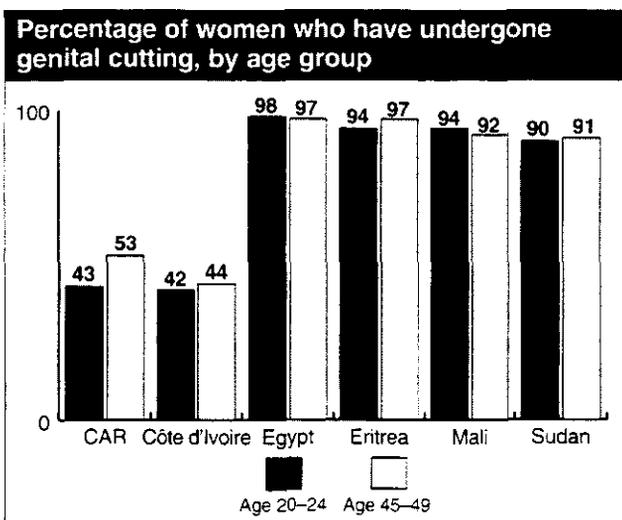


Generational Differences

This section examines the experiences of different generations of women, with the aim of illuminating any changes related to genital cutting in the countries surveyed. The prevalence levels and attitudes among younger and older women will be compared to determine whether any change is evident among those age 15 to 49. Additionally, the experiences of the daughters of respondents will be examined, providing information on the extent to which these practices affect younger generations of women.

Little difference in prevalence among younger and older women

Overall, most younger women are nearly as likely to undergo these procedures as their mothers before them. A comparison of prevalence levels between age groups shows little or no decline in genital cutting. In nearly all of the countries surveyed, only a two or three percentage point difference is found between the prevalence levels among younger and older women.



CAR is the only country to display a slight, but continuous, decline in prevalence across age groups of women. About four of 10 younger women report having undergone genital cutting, compared with five of 10 women age 45 to 49.

Sudan shows little difference in prevalence levels between age groups, but comparisons with other national surveys done in the country suggest a slight decline since the 1980s. The 1978-79 Sudan Fertility Survey and a 1981 survey found prevalence levels among women in northern Sudan of 96 and 99 percent, respectively (Kheir et al., 1991). The surveys conducted in Sudan, however, are not strictly comparable, with small differences in the respondent samples between studies.¹

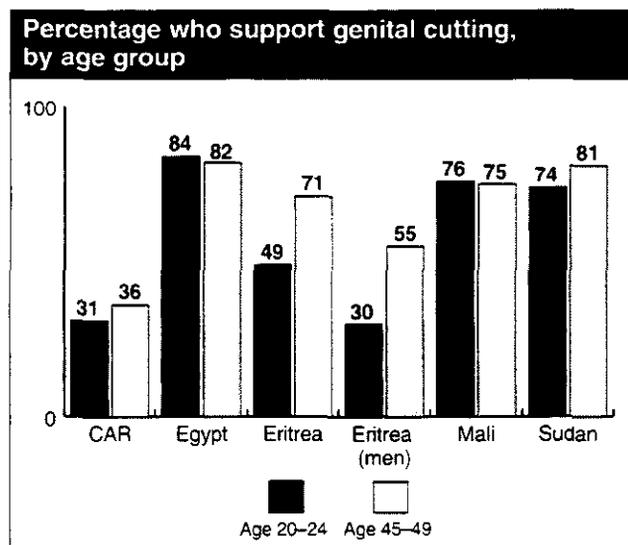
Support among younger and older respondents

Except in Eritrea, there is little difference in support between younger and older respondents

Overall, the results reflect minor generational differences in the attitudes of women toward genital cutting. In Egypt and Mali, younger women are as likely as older women to approve of these practices. Slightly smaller proportions of younger women favor continuation in CAR and Sudan.

Eritrea displays the most dramatic decline in support across age groups of women and men. Younger respondents are substantially less likely than older respondents to support continuation of cutting. Again, some writers have speculated that the participation of Eritrean women in the war against Ethiopia as well as the efforts of the Eritrean People's Liberation Front to abolish genital cutting transformed societal attitudes toward these practices (Araya, 1997; Dorkenoo and Elworthy, 1992).

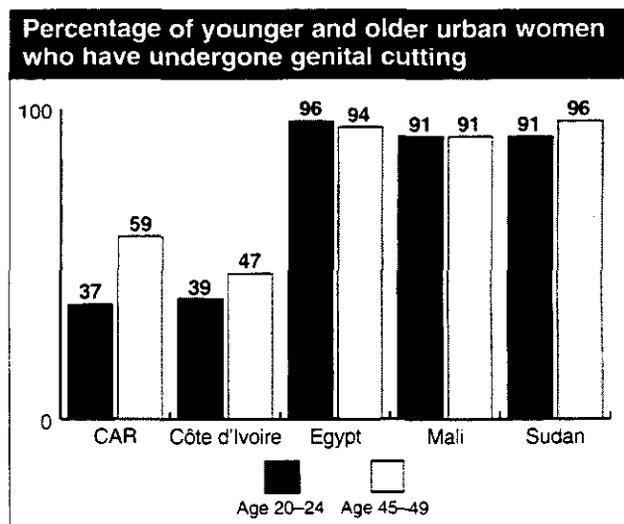
¹ The 1981 survey included all women age 10 and older, not just ever-married women 15 to 49. Also, in contrast to the 1989/90 DHS survey, the 1981 survey excluded women from the Northern region of northern Sudan.



Prevalence of cutting among younger and older urban women

Urban women are often a relatively elite segment of society, with greater education and affluence than others in the country. Generational differences in behavior among urban women may prefigure changes that eventually take place in the rest of the country. In most of the countries surveyed, however, younger and older urban women are about equally likely to have undergone genital cutting. Prevalence levels among different generations of urban women remain at least 90 percent in Egypt, Mali, and Sudan.

CAR is the only country with a striking difference between these groups of women. In CAR, younger urban women are much less likely to have undergone genital cutting than older urban women. Thirty-seven percent of young urban women in CAR underwent cutting, compared with 59 percent of women age 45 to 49. Much of the overall difference in prevalence levels between age groups in CAR may be due to behavior changes among urban women. In Côte d'Ivoire, minor generational differences in prevalence levels may signal the beginning of change among urban families.



Generational differences among highly educated women in Egypt

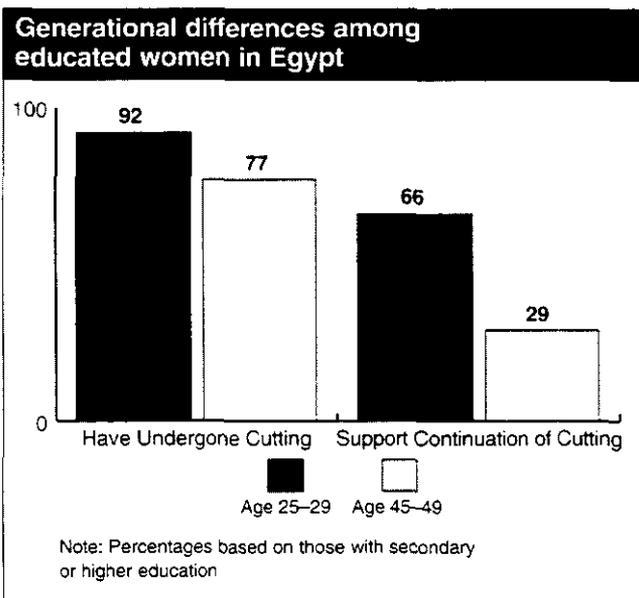
Among educated women, genital cutting practices are not necessarily less widespread among younger women. In Egypt, for instance, genital cutting appears to be a more common and accepted practice among the most educated younger rather than older respondents. More than 90 percent of women in their twenties with a secondary-level or higher education have undergone genital cutting, compared with 77 percent of women ages 45 to 49 with this level of education. The attitudes among younger educated women also appear more supportive of cutting. Only 29 percent of highly educated women 45 to 49 want to see cutting continue, compared with 66 percent of those 25 to 29.

A number of explanations may account for the generational differences among highly educated women in Egypt. These findings could signal a growing conservatism among the most educated. In particular, the results may reflect an increasing receptiveness among educated families to practices that have been sanctioned by religious

leaders, many representing institutions of Islamic scholarship such as Cairo's Al-Azhar University (Aldeeb, 1994).

The findings may also reflect the unique status of Egyptian women in their forties who finished secondary school or attended university. Overall, women in their twenties are far more likely than those in their forties to have attained higher levels of education. Those women in their forties who did finish secondary school may represent a far more elite group than those in their twenties with this level of education.

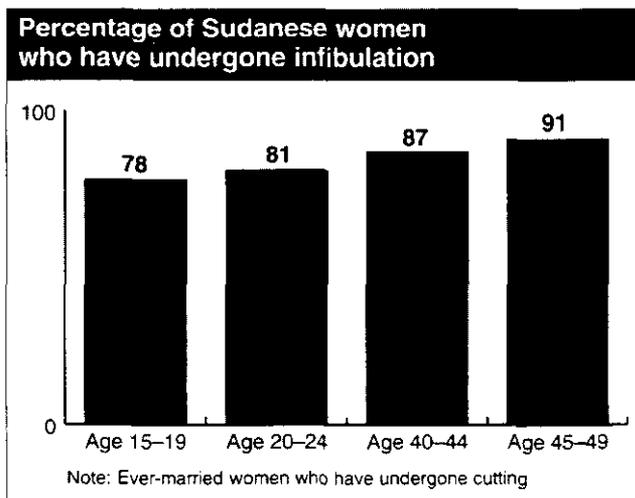
Overall, these results suggest that education alone may not engender major changes in cutting-related attitudes or behaviors. Although women's access to education in Egypt has increased dramatically in the past 20 years, the majority of educated young women support continuation of cutting. Cutting-related practices may warrant a more focused programmatic approach.



The prevalence of infibulation among younger and older women

Slight shift toward less extreme cutting over time in Sudan

The Sudan survey suggests a slight shift from the most extreme procedure, infibulation, to clitoridectomy or excision across age groups of women. In Sudan, younger women are slightly less likely to have been infibulated than women in their forties. For instance, among women that have been cut, 91 percent of those ages 45 to 49 were infibulated, compared with 81 percent of women 20 to 24. This is still, however, the highest level of infibulation found among the countries with data available on type.



No consistent decrease in infibulation across age groups of Eritrean women

In Eritrea, no consistent decrease in infibulation is apparent across age groups of women (see Appendix Table 7). Teenagers between the ages of 15 and 19 are somewhat less likely to have undergone infibulation (25 percent) than young adult women ages 25 to 34 (around 40 percent).

But teenagers are nearly as likely as slightly older women in their mid- to late 40s (29 percent) to have been infibulated.

Experiences of the next generation: mothers report on their daughters

To obtain more information on generational differences, women in some countries were asked whether or not their daughters had undergone genital cutting. The information on daughters provides an indication of whether genital cutting may be becoming less common, particularly among the offspring of urban and educated women. The information on daughters, however, does not reflect prevalence among girls. Some of the daughters, for example, may be young women in their twenties. In addition, the experiences of all daughters are unknown in Eritrea and Mali.

The findings on daughters are presented on a country-by-country basis because the information collected is not directly comparable. In Egypt, researchers asked women whether they had or intended to have any of their daughters undergo cutting. In Eritrea, women were asked only whether their eldest had undergone cutting. Malian women discussed whether their eldest daughter had undergone or will undergo cutting. Researchers asked Sudanese women about the status of all of their daughters.

Egypt

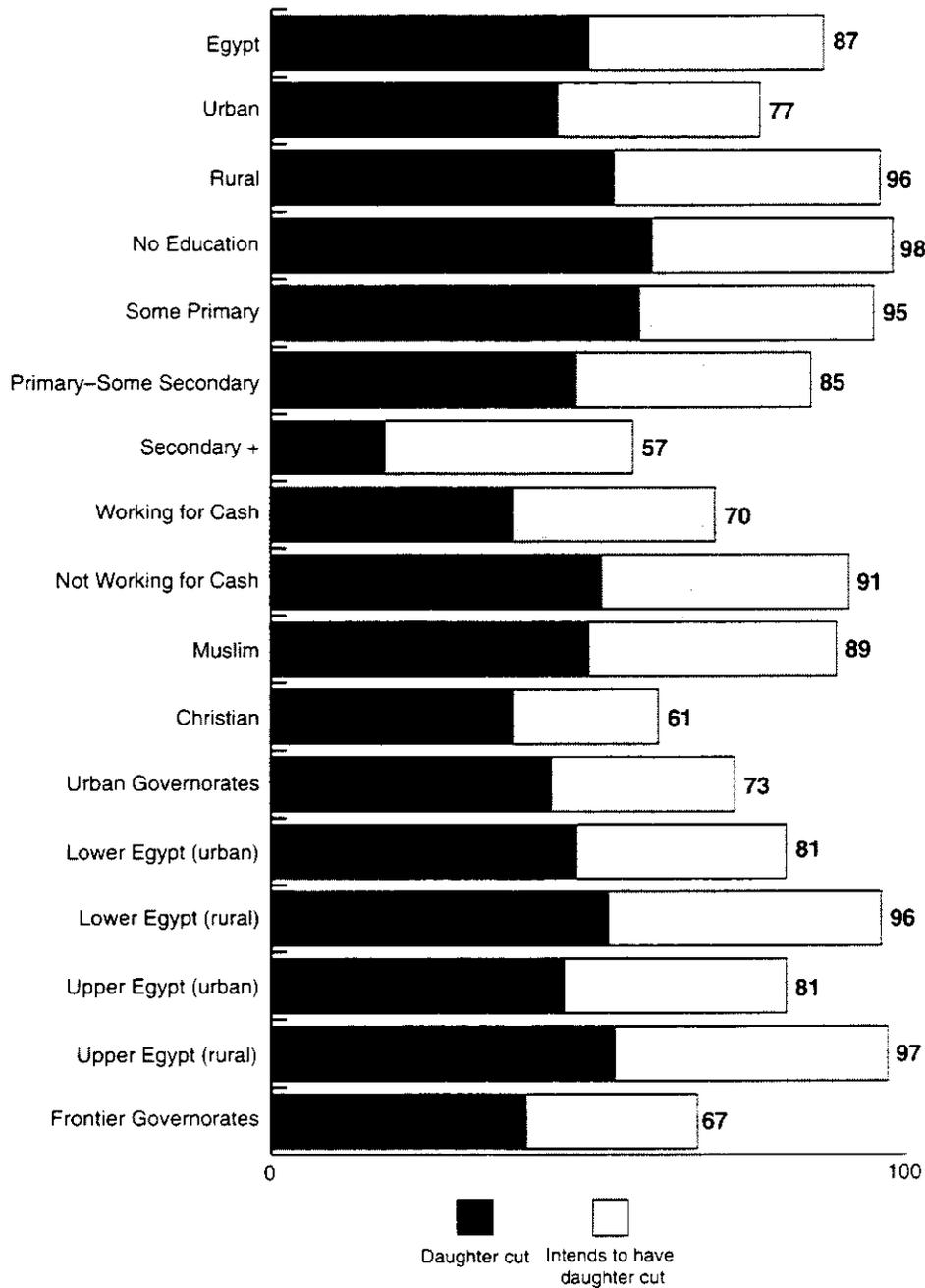
Prevalence is likely to remain high among the younger generation of Egyptian women

The vast majority of Egyptian mothers report that they will maintain the tradition of genital cutting. Nearly nine of 10 Egyptian mothers with daughters have had or intend to have a daughter undergo genital cutting. Although this level does vary among mothers with different background characteristics, the DHS results suggest that prevalence in Egypt will remain high among most groups. Among rural, less educated, and non-cash earning women, for example, more than 90 percent say that they have had or intend to have a daughter operated on. The vast majority of young Muslim women are also likely to undergo cutting.

Change is most likely among the offspring of educated and Christian women

Overall, two groups of Egyptian mothers show substantial evidence of changing their cutting-related practices: women with at least a secondary-level education and Christians. Cutting may also become less prevalent among the daughters of income-earning women as well as those residing in the Frontier and Urban Governorates.

Percentage of women who have at least one daughter cut or intend for a daughter to be cut



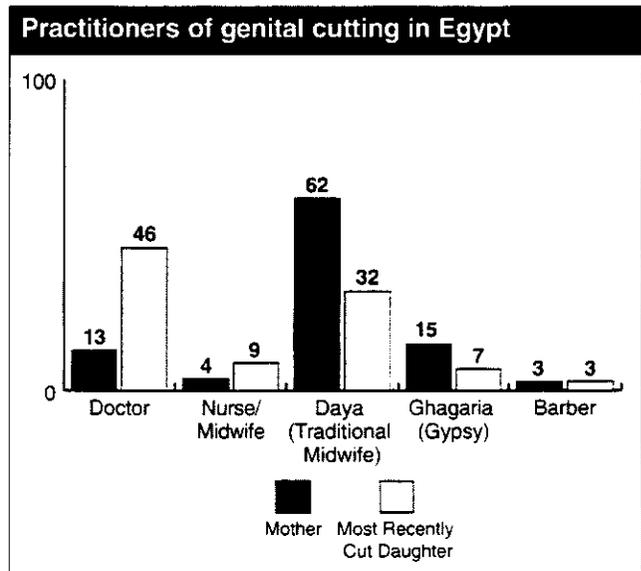
**The experiences of mothers and daughters:
increasing medicalization in Egypt**

“Fighting Circumcision of Girls”

“This is the story of a 31-year-old woman who came to Cairo 16 years ago from the countryside after her marriage...This woman can never forget the awful experience she went through when she was only six. She was on her way back home from the canal where she was washing dishes. Only a few yards from home, an older neighbour of hers grabbed the dishes from her head and dragged her into his house. There, the young girl was surprised to see unusual hustle and bustle and hear girls screaming...Leaning over the prostrate girls was an old woman holding a razor...She can't forget the incredible pain she went through while the woman was trying to remove part of her body with a blunt razor...Despite this unforgettable experience, the woman is resolved to advise her relatives to put their daughters through the same nightmare. The only thing she is mad about is the use of a blunt razor and the unskilled woman who carried out the operation. A doctor can do much better, she says. She stresses that the Minister of Health was not right to ban circumcisions at public hospitals and to bring to question any physician who violates such a decision. People will not follow these rules, she argues...”
The Egyptian Gazette, September 15, 1996

*Cutting is increasingly performed by
medical professionals in Egypt*

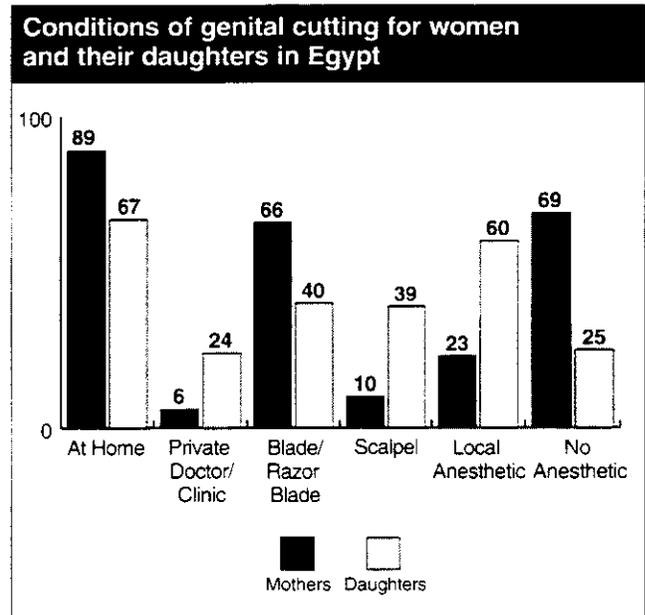
In Egypt, researchers collected detailed information about the conditions under which mothers and daughters experienced genital cutting. The findings reveal that medical professionals are increasingly performing genital cutting on younger women (El Zanaty et al., 1996). Among the most recently cut daughters of survey respondents, 55 percent were operated on by medical professionals. In contrast, only 17 percent of mothers were cut by a doctor or nurse/midwife. For the most part, these generational differences reflect a shift in the preferred service provider from traditional midwife to doctor.



Other differences in the experiences between women and their most recently cut daughters further confirm the trend toward medicalization in Egypt. Daughters are much more likely than their mothers to have been operated on by a doctor in a private clinic; cut by a scalpel rather than a razor blade; and given anesthetic. For example, 60 percent of daughters received local anesthetic, compared with 23 percent of mothers.

The experiences of many daughters, however, still mirror those of their mothers. The majority of procedures continue to take place at home. Additionally, 40 percent of girls were cut by a razor blade of some type, while 25 percent did not have anesthetic.

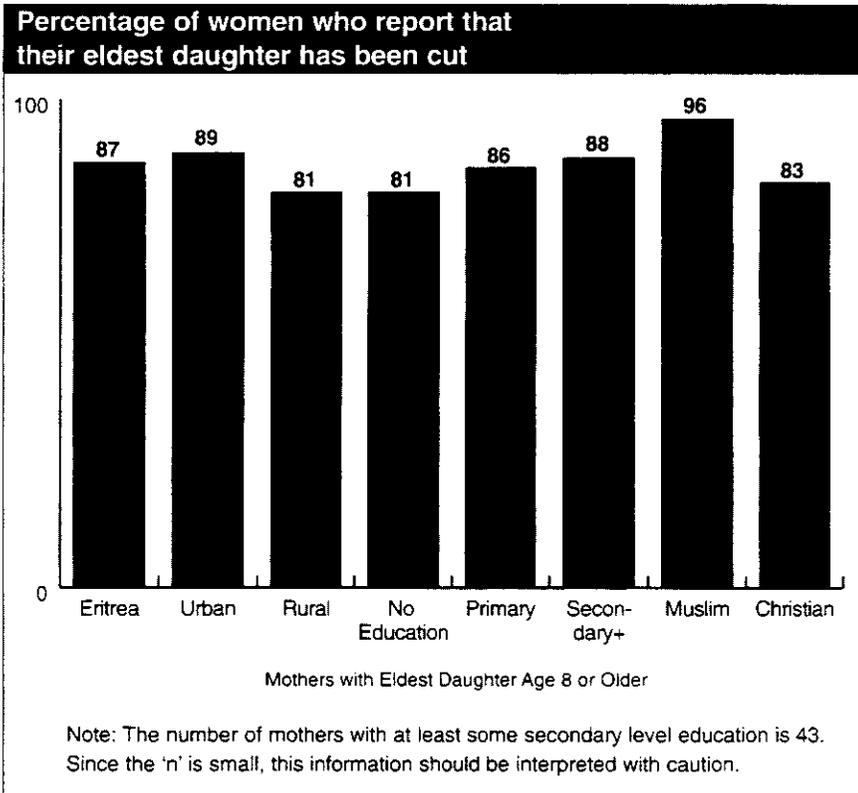
Despite increasing medicalization, these operations are not risk-free. The involvement of medical professionals can introduce other potential health problems. Some recent deaths among girls in Egypt, for instance, have been attributed to improperly administered anesthetic (Lancaster, 1996).



Eritrea

In Eritrea, mothers were queried about whether their eldest daughter had undergone genital cutting. Mothers who reported that their eldest daughter was intact, however, were not surveyed about their intentions to have this daughter cut. Since their intentions were not determined, it is difficult to estimate the full extent to which eldest daughters will experience cutting in Eritrea. To address this situation, the analysis includes only those mothers whose eldest daughter is age eight or older. Age eight was chosen as the cutoff point because 97 percent of women surveyed (excluding

missing and don't know responses) underwent genital cutting by this age. The actual level of genital cutting among eldest daughters may be slightly different since a small percentage of daughters may still not have been cut by this age and the population of mothers with daughters ages eight and older may be slightly older than the total sample of mothers. Overall, this population of mothers does have a slightly higher prevalence level (97 percent) than the total sample of women in Eritrea (95 percent).



High levels of cutting among eldest daughters in Eritrea

Most Eritrean mothers with daughters age eight or older are upholding the tradition of genital cutting, with nearly 90 percent reporting that their eldest daughter has been cut. Overall, little variation exists in the level of cutting among eldest daughters. More than 80 percent of women from nearly all educational levels, religions, and ethnic groups report that their eldest daughter has undergone this procedure.

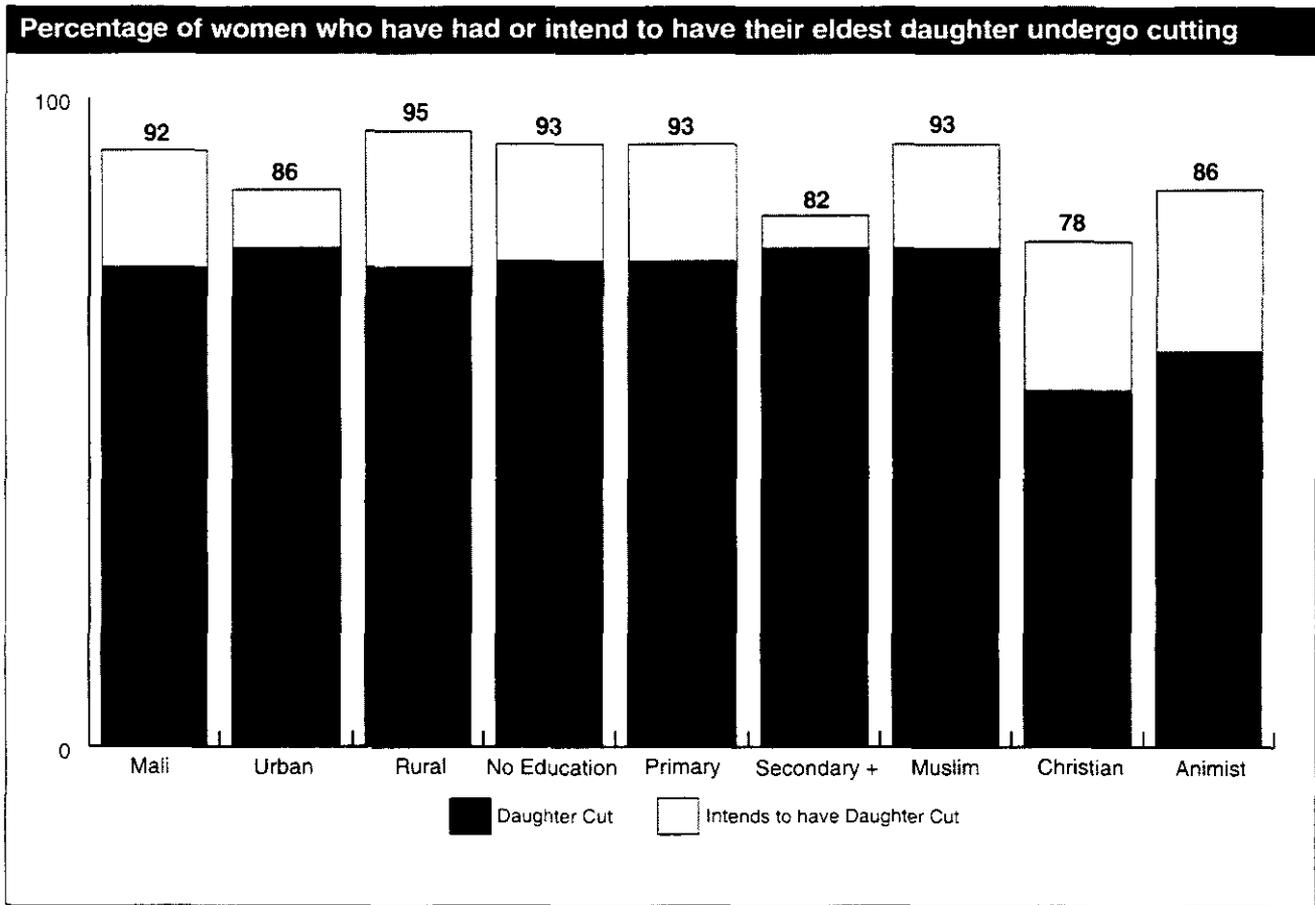
Mali

Genital cutting is nearly universal among eldest daughters

The prevalence of genital cutting in Mali is likely to remain high among the younger generation of women since the majority of mothers are maintaining the tradition of having their daughters cut. Nine of 10 mothers report that their eldest daughter either has been or will be cut. This figure exceeds 90 percent among mothers of all ages, suggesting that these practices are probably nearly universal among the current generation of young women in Mali.

There is relatively little variation among different groups of mothers

In Mali, mothers with different background characteristics are about equally likely to have their daughters cut. Across nearly all groups, more than 75 percent of mothers say that they have had or will have their eldest daughter undergo cutting. In general, little variation exists by region or ethnic group (see Appendix Table 13). More than 87 percent of women in all of the regions except the small cities of Timbuktu and Gao (6 percent) report having had or intending to have their eldest daughters cut. More than 90 percent of mothers in Mali's largest ethnic groups



affirm that these practices will continue among their eldest daughters. Only mothers in two small ethnic groups, the Sonrai (47 percent) and Tamacheck (15 percent), are substantially less likely to have their daughters cut.

Cutting is slightly less common among the eldest daughters of educated, urban, and Christian mothers

The daughters of more educated, urban, or Christian mothers may be slightly less likely to undergo cutting. Among Christians, for example, 78 percent report their eldest has been or will be cut, compared with 93 percent of Muslim mothers. Even among these groups, however, the vast majority of mothers will uphold tradition. Slightly more than 80 percent of the most highly educated mothers, for example, report that their eldest daughter has undergone or will undergo cutting.

Sudan

Cutting is likely to remain common among the younger generation

In Sudan, nearly nine of 10 mothers report that all of their daughters have undergone or will undergo genital cutting. Cutting will probably continue to be nearly universal among young women in the Northern, Kordofan, and Central regions, with 93 percent or more mothers intending to have all of their daughters cut. Overall, mothers from different backgrounds show relatively little variation in practices and intentions regarding their daughters. The vast majority of mothers—regardless of education, residence, and age—will ensure that their daughters are cut (see Appendix Table 14). Even among the most educated mothers, 77 percent report that their

daughters have been or will be cut. These figures suggest that the overall prevalence levels of cutting among the younger generation will remain high in Sudan.

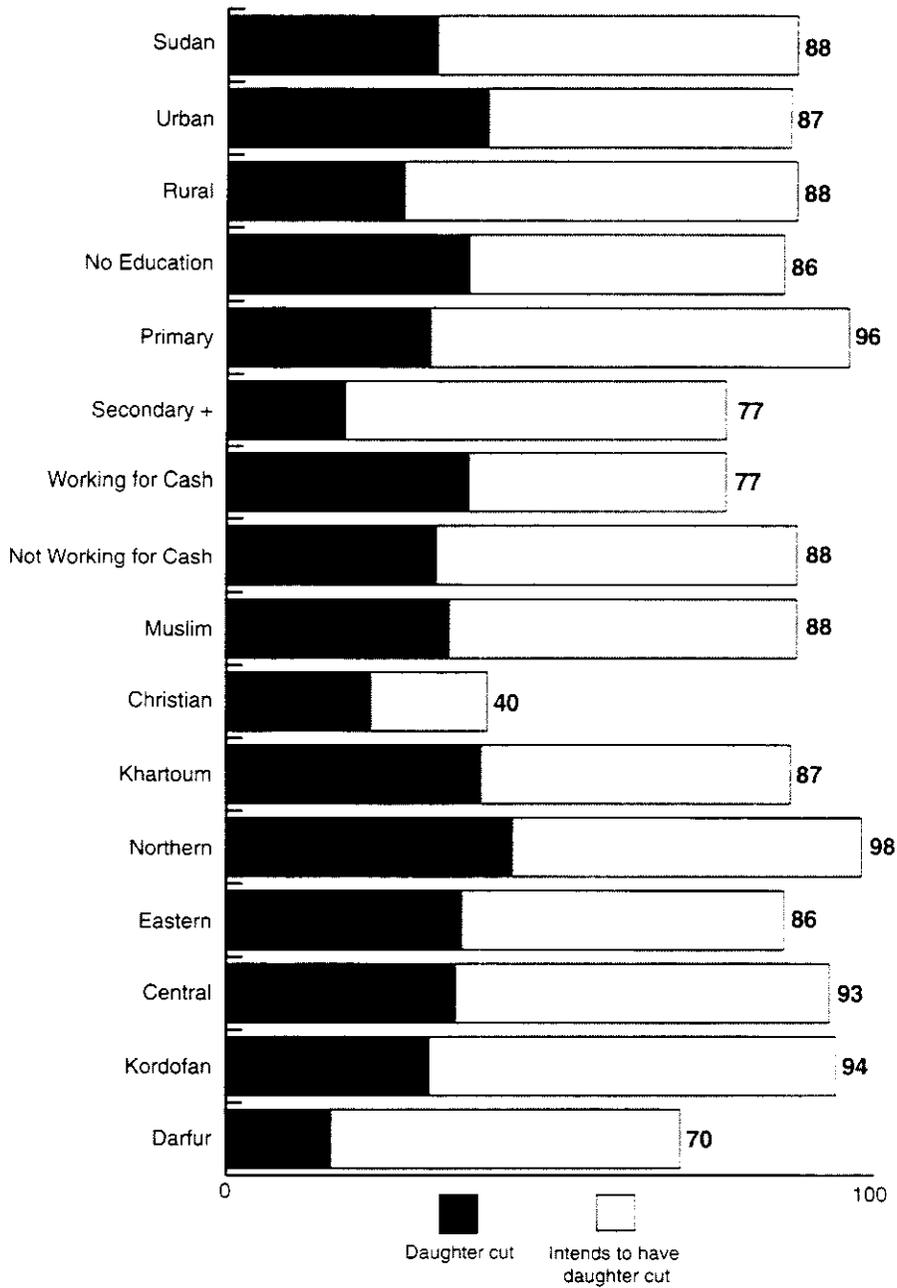
Cutting will probably be least common among the offspring of Christian mothers

Among the mothers surveyed, Christian women are least likely to say that they will maintain the tradition of genital cutting among their daughters. Forty percent of Christian mothers have had or intend to have all daughters cut. The prevalence level, however, among Christian women is 47 percent. This suggests that cutting may not become substantially less prevalent among daughters.

Experiences of daughters whose mothers oppose genital cutting

One way of gauging the strength of genital cutting traditions and the potential for change is to investigate the status of daughters whose mothers oppose these practices. What percent of mothers, despite their personal opposition, have had or intend to have their daughters undergo these procedures? The findings suggest that these traditions can prevail even among the offspring of mothers who say that they disapprove of cutting. Among these women, the daughter's cutting may reflect societal and familial pressures that override the mother's personal judgment. For instance, a mother's appreciation of the adverse effects of cutting may be tempered by a recognition that her daughter's marriageability is at stake if she is left intact. Some mothers, however, may also have changed their minds about these practices after their daughter has been cut.

Percentage of women who have had all or intend to have all daughters cut

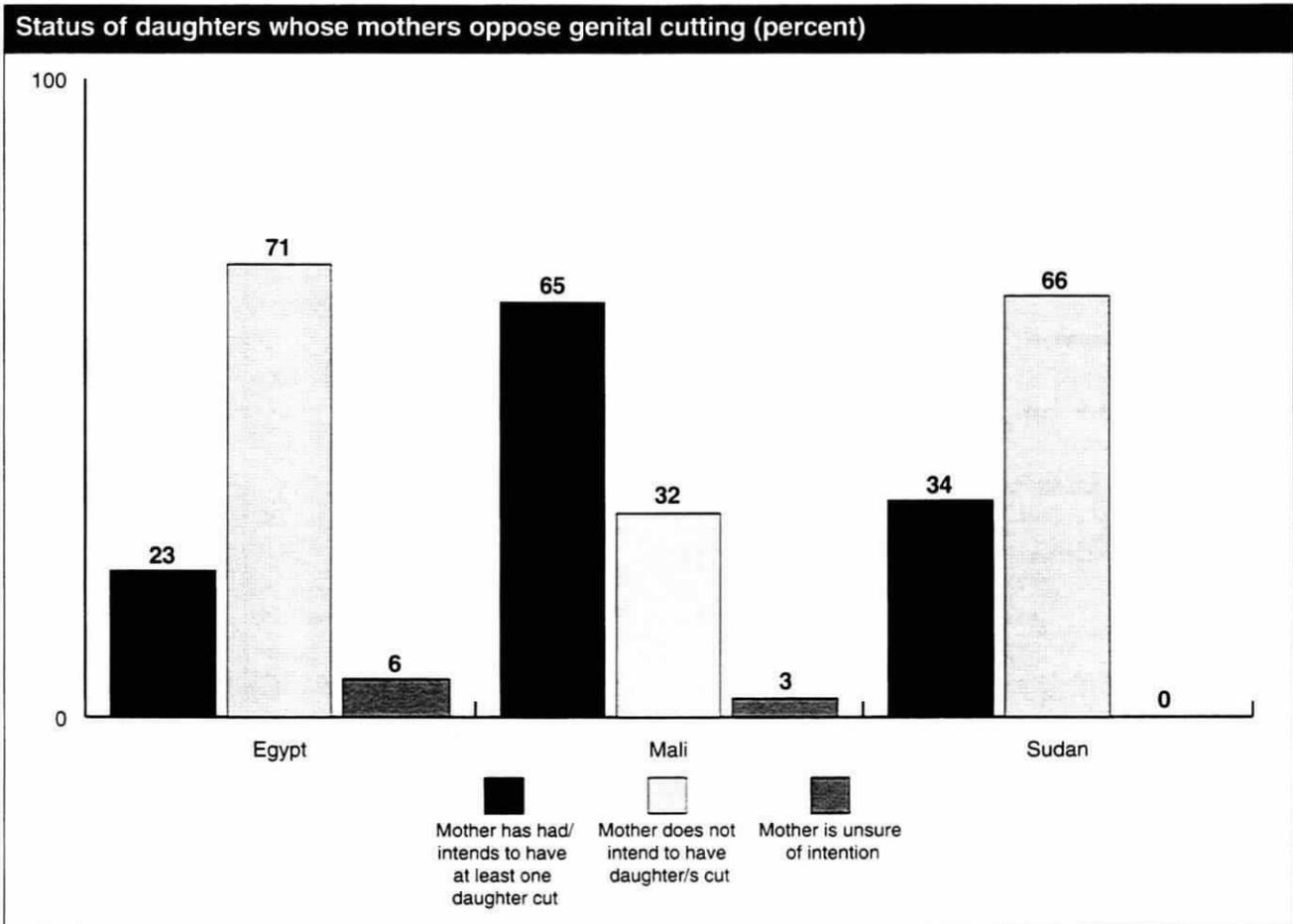


Despite their personal opposition, a number of mothers report that their daughter has undergone cutting

Overall, women who want to see these practices discontinue are substantially less likely to report that their daughters have undergone cutting. Egyptian mothers appear to be most effective in safeguarding their daughters if they personally oppose these practices. Additionally, the majority of Sudanese mothers who oppose cutting do not intend to have their daughters undergo these procedures. Malian mothers seem less able to realize their preferences, with the majority reporting that their eldest daughter has been or will be cut.

According to Egyptian women, the force of tradition is strongest in dictating decisions regarding daughters

To obtain more information about the role that relatives and others may play in the decision to cut daughters, Egyptian women were asked if anyone encouraged their daughter's operation.² Most Egyptian mothers say that tradition (43 percent) and/or no one (36 percent) encouraged them to have their daughter cut. Somewhat fewer women mention other sources of influence, including their mother (8 percent), friends and neighbors (7 percent), their husband (6 percent), and their husband's mother (6 percent). Among



² Results are based on special tabulations of the DHS data set.

the relatively few (9 percent) Egyptian women who do not intend to have a daughter undergo cutting, the most common reasons given are the mother's personal opposition to these practices, fear of medical complications, and belief that genital cutting is against religion.

Few Malian mothers report that anyone opposed their daughter's operation

Malian mothers were asked if anyone tried to prevent their daughter from undergoing cutting. According to their responses, the intervention of

family members or others to oppose a daughter's operation is rare (Coulibaly et al., 1996). Overall, 3 percent of Malian mothers report that anyone opposed their eldest daughter's operation. This finding again confirms that the prevailing social norms in Mali strongly support genital cutting practices. Some women, however, are more likely to have encountered opposition, including mothers from Bamako (11 percent), with at least some secondary-level education (14 percent), and from the cities of Timbuktu and Gao (28 percent).