Summary of Surveys

Country	Fieldwork	Respondents	Implementing Institution
Central African Republic	1994–1995	5,884 women age 15–49	Direction des Statistiques Démographiques et Sociales, Division des Statistiques et des Études Économiques, Ministère de l'Économie, du Plan et de la Coopération Internationale
Côte d'Ivoire	1994	8,099 women age 15–49	Institut National de la Statistique, Ministère Délégué Auprès du Premier Ministre, Chargé de l'Economie, des Finances et du Plan
Egypt	1995	14,779 ever-married women age 15–49	National Population Council
Eritrea	1995–1996	5,054 women age 15–49; 1,114 men age 15–59	National Statistics Office, Department of Macro Policy and International Economic Cooperation, Office of the President
Mali	1995–1996	9,704 women age 15–49	Cellule de Planification et de Statistique, Ministère de la Santé, de la Solidarité et des Personnes Âgées; Direction Nationale de la Statistique et de l'Informatique
Sudan (northern)	1989–1990	5,860 ever-married women age 15–49	Department of Statistics, Ministry of Economic and National Planning
Yemen	1991–1992	5,687 ever-married women age 15–49	Central Statistical Organization

Summary of Findings

This report presents survey findings on female genital cutting from the Central African Republic (CAR), Côte d'Ivoire, Egypt, Eritrea, Mali, Sudan, and Yemen. The surveys were conducted between 1989 and 1996 by national organizations under the auspices of the Demographic and Health Surveys (DHS) Program. The depth and breadth of information collected on genital cutting varies from country to country. In each country, questions on genital cutting were incorporated into standard questionnaires that elicited information from respondents on such topics as living conditions, maternal and child health, fertility, and family planning. Across the seven countries surveyed, representative samples of more than 55,000 women and 1,000 men were interviewed on female genital cutting.

Genital cutting is widespread in the countries surveyed

In the countries surveyed, the practice of genital cutting among women is widespread. The procedures are nearly universal among women in Egypt, Eritrea, Mali, and northern Sudan. In these countries, about nine out of 10 women have had at least some part of their external genitalia removed. Genital cutting is less common in Côte d'Ivoire and the Central African Republic (CAR), with prevalence levels of 43 percent among women ages 15 to 49. Data on prevalence were not collected in Yemen.

These practices affect a substantial number of women and girls. Applying the prevalence levels to recent United Nations population estimates, nearly 30 million women have undergone some form of cutting in the countries surveyed. An additional 21 million girls under the age of 15 are estimated to have undergone cutting already or be likely to undergo cutting in the near future.

Genital cutting occurs among all socioeconomic groups

In the absence of national data, some researchers have speculated that these practices are most common among the less-advantaged members of society, such as rural or uneducated women. In countries with high prevalence levels (≥89 percent), however, there are no substantial differences in levels of cutting among women based on education or residence. For instance, prevalence among Egyptian women with some secondary education is 91 percent, compared with 100 percent among those with no education. Similarly, the difference between urban and rural women is small, with prevalence levels of 94 and 100 percent, respectively.

In CAR and Côte d'Ivoire, countries with lower prevalence levels, families that educate their daughters do appear less likely to adhere to these traditions. In both countries, prevalence levels among women with at least some secondary education are 23 percent. In contrast, roughly half of women with no education have undergone cutting. As with the other countries studied, however, urban women are not substantially less likely to have undergone these procedures than their rural counterparts.

Prevalence levels are often higher among Muslim women

Among the countries surveyed, Muslim women are more likely to undergo genital cutting than Christian women. Although genital cutting predates Islam in Africa and has no clear doctrinal support in the primary texts of Islamic law, genital cutting appears to be a strong cultural tradition among some Muslim groups. In Côte d'Ivoire, for instance, 80 percent of Muslim women have undergone cutting, compared with

16 percent of Christian women. The most striking differences in prevalence according to religion can be seen in Côte d'Ivoire and Sudan. Multivariate analysis conducted on the data from these two countries indicates a statistically significant and powerful relationship between religion and genital cutting even after controlling for a woman's age, educational attainment, and region of residence.

Many women experience the removal of a substantial amount of genital tissue

The little evidence available indicates that many women have a substantial amount of genital tissue removed during these procedures. A 1996 clinical study in Egypt found that more than 70 percent of the study population had at least part or all of their clitoris and labia minora excised. In Eritrea and Sudan, many women undergo infibulation, the most physically hazardous and extensive form of cutting that closes the vaginal area. Among women who have undergone cutting, 85 percent of Sudanese women and 34 percent of Eritrean women reported that they were infibulated.

Traditional practitioners are the most common operators, but medical professionals are also common providers in Egypt and Sudan

The majority of women are operated on by traditional practitioners; however, in Egypt and Sudan, a substantial number of these procedures are performed by medical professionals. The trend toward medicalization of genital cutting appears well underway in Egypt, with mothers increasingly opting to have their daughters operated on by doctors. Among Sudanese women, where infibulation is the most common procedure performed, trained midwives are often the provider of choice.

Women commonly report cutting-related health problems

Medical problems related to genital cutting are a public health issue of some magnitude. A conservative estimate suggests that more than one million women in CAR, Egypt, and Eritrea—the only countries for which such data were collected—experienced adverse health effects due to these procedures. Women in CAR and Eritrea were most likely to report problems. Women in CAR commonly cited hemorrhage as a complication after their operation, while Eritrean women often encountered cutting-related difficulties in delivery and sexual relations.

Support among most women in high prevalence countries appears widespread and enduring

Despite the medical risks and international censure associated with genital cutting, these procedures have widespread and enduring support among women. More than seven of 10 women in Egypt, Mali, and Sudan would like to see genital cutting continue. In these countries, younger women tend to express about the same level of support as older women, suggesting little attitudinal variation among different generations of women. Women in CAR and Yemen are substantially less likely to approve of genital cutting, with levels of support at 30 percent and 21 percent, respectively. CAR, however, has a relatively low prevalence level of 43 percent. The prevalence of genital cutting in Yemen is unknown.

Eritrea is an exception, with relatively high levels of opposition and dissatisfaction among women and men

Among the countries with high prevalence levels, only Eritrea appears to have a critical mass of opposition among the adult population that

suggests broad-based openness to change. About four of 10 Eritreans want to see genital cutting discontinued. Opposition is particularly high among the urban and educated segments of the population.

Among the countries surveyed, Eritrea has the largest disparity between prevalence and support, suggesting widespread dissatisfaction with genital cutting. Although 95 percent of Eritrean women undergo these procedures, only 57 percent of women and 46 percent of men support these practices. The other countries with similarly high prevalence levels all have support levels of at least 75 percent among respondents.

Support levels are higher among Muslim respondents

In every country surveyed, Muslim respondents are more likely to express support for genital cutting practices than those of other faiths. In Egypt, for example, 83 percent of Muslim women support continuation, compared with 50 percent of Christian women. Among the women surveyed, 72 percent agree that genital cutting is a religious tradition. In some cases, this perception has been corroborated by Islamic leaders in Egypt, who have issued a number of fatwas, or edicts, supporting cutting since the 1950s.

Regions with high prevalence may be more resistant to change in CAR and Côte d'Ivoire

Although slightly more than half of women oppose cutting in CAR, these practices are concentrated in one region of the country, Région Sanitaire IV, where prevalence is 91 percent and support among women is 77 percent. The attitudes and behaviors of urban, educated women in CAR may not diffuse into this region, generating change among its residents. Instead, this region, which shares 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. Although overall prevalence is 43 percent, prevalence is 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 share long borders with Liberia, Guinea, Mali, and Burkina Faso.

Attitudes vary considerably by ethnicity in CAR, but ethnic differences are less marked in Mali

Only CAR and Mali have data on ethnicity in relation to attitudes. In CAR, attitudes vary considerably by ethnicity. The range varies from 2 percent support among the Yakoma-Sango group to 59 percent among the Banda. The two groups with the highest prevalence levels—the Banda and the Mandjia—exhibit the largest differences between prevalence and support levels. Among the Mandjia, for instance, prevalence is 71 percent, but support is 35 percent. Mali has less attitudinal variation by ethnicity, with at least 74 percent of women across nearly all ethnic groups supporting continuation. Only two small ethnic groups express substantially lower levels of support, the Sonraï (36 percent) and the Tamachek (14 percent).

Urban and educated women, who express less favorable attitudes, may initiate future downward trends

Less favorable attitudes toward female genital cutting among urban and educated women may signal future declines in prevalence. In nearly all of the countries surveyed, urban and educated women are more likely to oppose continuation of genital cutting than their rural and less educated counterparts. In Mali, for example, 47 percent of those with some secondary education oppose genital cutting, compared with 9 percent of

women with no formal education. In general, the attitudinal differences between urban and rural women are less pronounced than those based on education, but are still important in some countries. In Egypt, for instance, 22 percent of urban women oppose genital cutting, compared with 5 percent of rural women.

Tradition or custom are the most common reasons respondents give for supporting these practices

Those expressing a favorable or unfavorable attitude toward genital cutting were asked to give specific reasons for their support or opposition. Supporters most commonly said that the practices are custom and tradition. Many respondents opposed to these practices said that genital cutting is a bad custom or tradition. These findings may indicate that, for some women, genital cutting practices are not strongly associated with any particular reason or justification. Instead, women may consider these procedures an integral part of custom and tradition. Another possibility, however, is that "custom and tradition" is a complex response that embodies any number of reasons for supporting or opposing genital cutting.

Many Egyptian women also support genital cutting for hygienic and religious reasons

Egypt is the only country where substantial numbers of women mention cleanliness and religion as reasons for their approval of genital cutting. Nearly three out of 10 Egyptian women of childbearing age specify cleanliness as a reason for their support. One-fourth of women say they want to see genital cutting continue because it is a religious requirement.

Medical complications are the most commonly given reason for opposition in most countries surveyed

Medical complications are the most commonly given reason for opposition to genital cutting in nearly all of the countries surveyed. In Egypt, Mali, and Sudan, between 45 and 50 percent of women opposed to genital cutting specify medical complications as a reason for their disapproval. In these countries, however, those who oppose cutting for medical reasons comprise a small fraction of the population: 6 percent of women in Egypt and Mali, and 11 percent of women in Sudan.

Opposition for health reasons is substantial among men in Eritrea and women in Yemen. One-third of Eritrean men between the ages of 15 and 59 cite medical reasons as a justification for their opposition, while one-third of Yemeni women ages 15 to 49 disapprove because cutting is "not good for the girl." In CAR, health reasons are cited less frequently by women; most of those who want to see cutting discontinued say that these practices are a bad tradition or are against their religion. It is possible, however, that women believe cutting practices are a bad tradition for any number of reasons, including health reasons.

No major decrease in prevalence levels is evident across generations

In most countries studied, younger women appear nearly as likely to undergo these procedures as their mothers before them. A comparison of prevalence levels between age groups of women 15 to 49 shows little or no decline in genital cutting. CAR is the only country to display a slight, but continuous, decline in prevalence across age groups. In CAR, prevalence among women ages 20 to 24 is 43 percent, compared with 53 percent among those 45 to 49.

The daughters of urban and educated women may be less likely than others to undergo genital cutting

Many educated women appear less influenced by tradition, demonstrating a lower likelihood than other women of having their daughters undergo these procedures. The differences are probably most striking in Egypt. Among Egyptian mothers with no formal education, 98 percent report a daughter has been or will be cut, compared with 57 percent of mothers with at least a secondary-level education. In Egypt and, to a lesser extent, in Mali, urban women are also less likely to have their daughters cut than their rural counterparts.

Even if urban and educated women realize their intentions to prevent their daughters from undergoing cutting, the prevalence levels will probably still remain relatively high among these groups. The majority of urban and educated mothers in Egypt, Eritrea, Mali, and Sudan report that at least one daughter has been or will be cut. In Mali, for example, more than 80 percent of urban and educated mothers report their eldest daughter has undergone or will undergo cutting.

The role of men in furthering these traditions is unclear

Evidence from the DHS regarding the role of men in perpetuating these practices is ambiguous. In Egypt, many women appear to associate cutting with attracting a husband. Three out of four Egyptian women agree that husbands prefer women who have been cut. In Eritrea and Sudan, however, men may actually express less approval and more indifference than women toward these practices. Eritrean men are slightly more likely than Eritrean women to express opposition or indifference toward genital cutting and slightly less likely to support these practices. Eritrean men are also more likely than women to specifically oppose genital cutting for health reasons. In Sudan, women's perceptions of their husband's attitudes suggest that male support may be less pronounced than female support.

Less favorable attitudes may not necessarily translate into lower prevalence levels

Although the level of opposition among some respondents is substantial, it is difficult to predict whether less favorable attitudes will translate into significantly lower prevalence levels. Despite their personal opposition to these practices, a number of mothers report that a daughter has been or will be cut. Any number of powerful mediating factors may prevent mothers opposed to genital cutting from keeping their daughters intact, including the weight of tradition and strong community norms supporting these practices. According to Sudanese women opposed to cutting, for instance, two major reasons these practices continue are a "fear of social criticism" and the "insistence of old women."

Women in Egypt and Sudan most commonly endorse educational campaigns to eradicate genital cutting

In Egypt and Sudan, researchers asked women opposed to genital cutting their advice about how to eradicate these practices. Women most commonly endorse educational campaigns as the best strategy for abolishing genital cutting. A small, but sizable group of women recommend legal recourse, with Sudanese women proposing that laws against the practice be enforced and Egyptian women suggesting that operators be prohibited from performing operations. In Sudan, the majority of rural and uneducated women say they don't know how these practices can be abolished.