



FGM IN EGYPT: EXECUTIVE SUMMARY

April 2017

28 **TOO MANY**
FGM...
let's end it.



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COUNTRY PROFILE: FGM IN EGYPT

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'There is absolutely no reason to cut anybody. . . . It's child abuse; it's gender-based violence; it's a human-rights violation.'

~ Babatunde Osotimehin, Head of UN Population Fund¹

Female Genital Mutilation (FGM) has been performed in Egypt since pharaonic times. An **FGM prevalence of 87.2%** among all women aged 15-49² in a population of nearly 95 million suggests that **Egypt has the greatest number of women and girls who have experienced FGM of any country in the world.**

The first movement against the practice began as early as the 1920s, in the medical sector. Following the International Conference on Population and Development in Cairo in 1994, the public discourse surrounding the issue began to change, and anti-FGM activists' focus shifted from the health-related consequences of FGM to human and women's rights.³

Anti-FGM campaigners have had to work through a turbulent period in Egypt's recent political history, including changes in government and the Arab Spring demonstrations (the Egyptian Revolution) in 2011. Work to end FGM was severely curtailed in 2012 when the Muslim Brotherhood were in power and trying to overturn the previous ban on medical professionals performing FGM. Egypt under President el-Sisi is now relatively stable, although tensions and uncertainties about the future remain.

Egypt is classified by the World Bank⁴ as a 'lower middle income country'. Upper Egypt is the poorest region, especially its rural areas, where FGM is most prevalent.

Regarding FGM, Egypt is classified by UNICEF⁵ as a '**very high prevalence**' country. The DHS 2014⁶ gives a **prevalence of 92.3%** among (**ever married**) women aged 15-49, and the EHIS 2015⁷ gives a **prevalence of 87.2%** among (**all**) women aged 15-49. There has been little change between 2008 and 2015. A more encouraging picture is presented in a secondary analysis⁸, of the DHS data on Egyptian **girls aged 0-17 between 2005 and 2014**, which concludes that the total percentage of girls who had already undergone FGM and those who were likely to undergo FGM before they reached 18 years of age **fell from 69% to 55%** in that period.⁹ As girls are unlikely to experience FGM after the age of 17 in Egypt, this suggests that there will be a continued decline in the overall prevalence of FGM in the future.

FGM in Egypt is usually performed at any time between birth and the age of 17, with most girls undergoing the practice at or before puberty.¹⁰ FGM appears to take place at a younger age in Upper Egypt, and may even be performed in some rural villages when girls are only five days old. There appears to be a move towards cutting girls at a younger age, but this is difficult to confirm at present. **FGM is usually performed in May and June**, before the hottest part of

the year.¹¹ Reports suggest that it is usually **Types I and II** that are practised.¹² **The likelihood of a woman or girl experiencing FGM is influenced by both place of residence and wealth.** 77.4% of women (aged 15-49) in urban areas have undergone FGM, compared to 92.6% in rural areas. Prevalence among girls aged 1-14 is 10.4% in urban areas, compared to 15.9% in rural areas, and there is a markedly higher prevalence among girls living in Upper Egypt than among girls living in Lower Egypt and the Urban Governorates.¹³ 94.4% of women (aged 15-49) in the lowest wealth quintile have undergone FGM, compared to 69.8% of women in the highest wealth quintile.¹⁴

While most Egyptians have heard of FGM, knowledge and understanding of the issues surrounding FGM and its dangers are poor. Slightly more girls and young women have heard of FGM (98.3%) than boys and young men (89.4%). Young women are more likely to say FGM is necessary than young men, and less-wealthy and less-educated young people are more likely to say it is necessary than richer and better-educated young people.¹⁵ The percentage of men and women who think FGM makes childbirth more difficult is very low. However, there has been an increase in knowledge about FGM's potential to cause serious consequences/death¹⁶, probably due to the attention given by the media to the deaths of several young girls in recent years. **It is a matter of concern, however, that available data shows a sharp decline in both women's and men's recent exposure to information about FGM.**¹⁷ **Exposure to correct information about FGM is vital** – for example, Lower Egypt has had the greatest decline in prevalence of FGM since 2005, and also has the highest percentages of women who have received information on FGM and discussed it with their peers or relatives.¹⁸

FGM is practised for several reasons in Egypt, but the most commonly cited are tradition, religion and its association with marriage.¹⁹ Important to Egyptian men is the concept of *quama* ('protection'), and men view FGM as part of protecting the women in their families.²⁰ Several commentators have noted that the most problematic reason is the pervasive idea that women are 'oversexed'²¹, and that FGM reduces their sexual appetites; some 48.7% of men and 43.1% of women believe FGM prevents adultery²². **An absence of good-quality sex education** in Egypt, in schools, in the home and through religious leaders increases such misunderstandings about sex and FGM, and thus **contributes to the continuation of the practice.**

Just over half of men and women feel that FGM should be continued. A decline in the percentages of men and women who reply that they are not sure whether FGM should or should not be continued may indicate that societal changes have taken place such that those who were previously unsure have been able to form a definite opinion on the subject.²³ **The belief that FGM is required by religious law is a considerable contributor to the continuation of the practice in Egypt.** Approximately 90% of Egypt's population is Muslim and 10% Christian. Islam is the state religion. Data suggests a decline, more among women than men, in those who believe that FGM is required by their religion. Consistently, a greater percentage of Christian women than Muslim women have opposed FGM, and opposition has spread faster among Christian women.²⁴ Academic reports have been published following a review by senior Egyptian Islamic and Christian leaders of religious texts in relation to FGM.²⁵ Their conclusion was that '[t]here is religious consensus that FGM/C is a detrimental social and cultural practice, which has no relation or justification in religion, either Christianity or Islam. **Hence, abandoning this harmful practice is a religious and moral duty.**'²⁶ Training programmes are being run for religious leaders, encouraging them to include teaching on FGM in their Friday prayers or church services.²⁷ This is vital for dispersing the message to communities, and several NGOs have spoken to 28 Too Many about the necessity of including religious leaders in their work.

Egypt has signed many of the international rights conventions and treaties related to FGM and, although it ratified the Convention for the Elimination of All Forms of Discrimination Against Women, it did so with reservations that demonstrate how Islamic Sharia takes precedence over any international law or treaty. The **new constitution in 2014** is also based on Islamic Sharia principles²⁸, and for the first time **requires that the state protects women from all forms of discrimination and violence**. In 1996, a decree was passed against FGM being performed in government hospitals and private clinics and, subsequently, the National Council for Childhood and Motherhood was launched and went on to develop a national programme entitled the **FGM-Free Village Model** in 2003. In 2007, following the deaths of two girls due to FGM, the Egyptian Ministry of Health and Population (*MOHP*) banned medical practitioners from performing FGM.²⁹ **On 16 June 2008, FGM was outlawed in Egypt**. Between 2007 and 2013, several girls died undergoing FGM, including Soheir al-Batea, causing public concern that laws were insufficient and inadequately enforced. Therefore, in September 2016 a further amendment was made to the Penal Code, making FGM a felony and increasing penalties. **However, the enforcement of FGM laws is clearly still insufficient in Egypt and needs to be made a priority. It is also essential that community officials, law enforcement officers and justice agents are educated about FGM.**

Physical violence and the sexual harassment of women remains widespread in Egypt, despite harassment being made a criminal offence in June 2014.³⁰ A UN study in 2013 showed that as many as 99.3% of Egyptian women experience sexual harassment during their lives.³¹ Cultural systems and traditions, rather than laws, restrict women's participation in land ownership, business, and decision-making in the home and in relation to their own healthcare. The relative level of participation of women in household decision-making is positively correlated to age and levels of education and wealth, and women in rural areas are generally worse off.³² The legal minimum age for marriage is 18, but early marriages still occur, and a national strategy has been put in place to combat them.³³ The Government's *Sustainable Development Strategy: Egypt Vision 2030*³⁴ includes explicit reference to the need to improve gender equality, but **the effectiveness of these new laws and strategies depends on there being a deeper societal and cultural change in attitude towards women and girls.**

Basic education is free and compulsory in Egypt for the first nine years, and children receive either a secular or an Islamic education, in either state or private schools. Egypt's adult literacy rate is 73.9%; its youth literacy rates are 86.1% for women and 92.4% for men.³⁵ While literacy rates have vastly improved over the years, an estimated **31% of women and girls in Egypt were illiterate in 2014**, compared to 15.7% of men and boys.³⁶ School attendance and, consequently, literacy rates are strongly correlated to place of residence and wealth³⁷; Girls from poorer, more rural areas are the least likely to enter primary school.³⁸ **Nearly a quarter of Egyptian women (22.1%) have not received any education**, although the percentage declines in direct correlation to age.³⁹ Education empowers women and impacts on their ability to make healthy and autonomous reproductive choices. **As such, developing literate, better-educated and employed women should be a priority for the future health and prosperity of Egypt.**

Egyptians who can afford it choose private healthcare for their primary healthcare needs.⁴⁰ One patient said, 'A woman will do everything she can to avoid giving birth in a public hospital'.⁴¹ **Government spending on health is currently well below the 3% of the GDP set in the 2014 constitution.**⁴² In 2015, the Egyptian Government and The World Bank produced *A Roadmap to Achieve Social Justice in Health Care in Egypt*⁴³, which aims to identify and amend problems in the health system. 90.3% of ever-married women aged 15-49 who had a live birth in the five years prior to the DHS 2014 survey received some form of antenatal care from a skilled

provider, and 82.8% received regular care (at least four visits during the pregnancy), but these figures varied by wealth and education level.⁴⁴ 86.7% of ever-married women aged 15-49 gave birth in a health facility; the highest percentages of home births were in rural Upper Egypt (23.9%) and among women in the lowest wealth quintile (24.7%).⁴⁵ 26.1% of ever-married women aged 25-49 had their first child by the age of 20, and 44% had their first by the age of 22.⁴⁶ Obstetric fistula in Egypt is rare; those who do experience it often spend months trying to access appropriate treatment.⁴⁷

Since 2008, there has been a shift in Egypt away from traditional practitioners and towards health professionals (particularly doctors) performing FGM.⁴⁸ The primary focus on health issues by early anti-FGM campaigns has been suggested as a contributory factor in families turning to medical staff and facilities, which are perceived as 'safer'. Additionally, doctors, as professionals, are seen as having more 'power' in society than the traditional midwife, and thus are less likely to be punished for performing FGM. **Thus, the medicalisation of FGM in Egypt is a huge challenge in the campaign to end the practice; currently, 78.4% of incidences of FGM are carried out by a health professional.**⁴⁹ Medicalised FGM is most common in the Urban Governorates and Lower Egypt, perhaps because easy access to health professionals and the funds to pay them is more common for families living there.⁵⁰ Nearly two-thirds (64.5%) of girls and women aged 13-35 who have been cut underwent FGM either at home or at another house. 11.5% of those living in urban areas underwent FGM in a private hospital, compared to 2.7% of those living in rural areas.⁵¹ A study as recent as 2016 noted that 'physicians are not discouraging the practice, giving legitimacy to a procedure that has serious medical risks.'⁵² Medical professionals have an economic incentive to continue performing FGM, especially those in rural areas.

Of great concern, too, is the apparent lack of knowledge among medical professionals about the functions of female genitalia, and about FGM itself and what it entails.⁵³ **It is essential that adequate education and training programmes around FGM are put in place for health-sector workers.** Studies have also shown physicians expressing beliefs that FGM is required by religious precepts, and even defending the practice.⁵⁴ **There is clearly a need for a component of religious teaching to be included in training programmes.** The WHO has issued new guidelines for practitioners on FGM, and the MOPH and the UNFPA have begun retraining 1,000 doctors a year in relation to FGM. Doctors Against FGM also aims to provide appropriate training.⁵⁵

Reporters Without Borders ranks Egypt 159th out of 180 countries in its 2016 World Press Freedom Index.⁵⁶ The organisation calls the current situation 'extremely worrying'.⁵⁷ Egypt's media is widely accessed and therefore highly influential in its region.⁵⁸ Television is overwhelmingly the most popular traditional medium and is therefore an important resource for anti-FGM campaigners to utilise.⁵⁹ Exposure to newspapers and radio, and the use of the internet and social media, increase with education and wealth and are more common in the Urban Governorates and Lower Egypt than in Upper Egypt.⁶⁰ 92% of people in the poor, urban communities of Cairo who access the internet do so through their mobile phones.⁶¹ There is therefore a significant advantage in making anti-FGM websites and campaigns mobile-device 'friendly'. **It is likely that anti-FGM advocacy that only utilises the internet and social media will have little impact in rural areas, where television is far more frequently accessed.** The media's ability to tell stories that subvert social norms and traditional views is being put to good use by many organisations, such as Tadwein Gender Research and Training Centre, Noon Creative Enterprise, NGOs Coalition against FGM/C, the UNDP and BuSSy.

There are many international and national NGOs working throughout Egypt, and 28 Too Many is encouraged by the strong partnerships in communities (such as the NGOs Coalition against FGM/C

and Plan International Egypt with Caritas and local civil-society partners). Egypt was also one of the original eight countries chosen in 2008 as part of the United Nations Joint Programme on Female Genital Mutilation and Cutting: Accelerating Change, which aims to end FGM in a generation. **The challenges to continue this work and end FGM remain huge, however, particularly in light of the Egyptian Government's possible tightening of NGO operating laws. Activists who are working to protect the rights of women and girls and enforce the state laws against FGM are increasingly being targeted, and this is a great concern in terms of the future of the campaign. Building trust in communities and introducing and maintaining programmes to end FGM takes a considerable amount of time and funding, and needs the total commitment and support of the Government.**

In conclusion, specific challenges that need to be addressed include:

- combating the ongoing community pressures, traditions, beliefs about religion and FGM, and misunderstandings due to the lack of sex education;
- the medicalisation of FGM, despite laws forbidding it;
- the implementation and enforcement of anti-FGM laws;
- educating and maintaining influential leaders and role models, especially religious leaders;
- the decline in press freedom potentially making dissemination of information more difficult, or journalists more wary of reporting on sensitive issues;
- inaccessible healthcare, especially for women in rural areas and those without funds to pay;
- obtaining comprehensive and reliable data, made more difficult by respondents' fear of prosecution or lack of knowledge;
- navigating changing political climates, and the ongoing threat of re-emerging support for FGM from some factions;
- the ability to forge partnerships and obtain funding (especially international) for anti-FGM programmes, which will be under threat if the new 'NGO law' is ratified by President el-Sisi; and
- ensuring the security and physical safety of all those working in-country to end FGM.

1 BBC World Service (2016) 'FGM is child abuse, says head of UN Population Fund', *Newsday*, 15 July. Available at <http://www.bbc.co.uk/programmes/p041jq7l>.

2 EHS 2015, p.104.

3 Aida Seif El Dawla (1999) 'The Political and Legal Struggle over Female Genital Mutilation in Egypt: Five Years Since in ICPD', p.133, *Reproductive Health Matters*, 7(13), pp.128-136.

4 The World Bank (2016) *Egypt: Overview*, 1 October. Available at <http://www.worldbank.org/en/country/egypt/overview>.

5 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, pp.26-27. Available at https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf.

6 DHS 2014, p.186.

7 EHS 2015, p.104

8 Dr Fatma El-Zanaty, UNICEF (2015) *Factors and determinants of FGM/C of girls aged 0-17 years: a secondary analysis of the Egypt Demographic and Health Surveys, 2005, 2008 and 2014*, pp.2 & 24. Available at https://www.unicef.org/egypt/FGM_Secondary_analysis_edited_5-08-2016_FINAL.pdf.

9 *Ibid.*, pp.2-3.

10 Dr Fatma El-Zanaty, UNICEF, *op. cit.*, p.2.

11 Reda El-Danbouki (2016) 'Girl Dies From FGM; Judge's Sentence: Suspended Jail Terms', *The Clarion Project*, 28 December. Available at <http://www.clarionproject.org/analysis/girl-dies-fgm-judge%E2%80%99s-sentence-suspended-jail-terms>.

12 EHS 2015, p.104.

13 EHS 2015, p.104.

14 EHS 2015, p.104.

15 Rania Roushdy and Maia Sieverding (eds.) *Panel Survey of Young People in Egypt (SYPE) 2014: Generating Evidence for Policy and Programs*, p.30-33. New York and Cairo: Population Council. Available at <http://egypt.unfpa.org/sites/arabstates/files/pub-pdf/6be3baf2-61e3-4de4-bc9b-221f5180cd18.pdf>.

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- 16 - DHS 2008, pp.205-206.
- EHS 2015, pp.113-114.
- 17 - DHS 2008, pp.207-208.
- EHS 2015, pp.115-116.
- Dr Fatma El-Zanaty, UNICEF, *op. cit.*, p.7.
- 18 Dr Fatma El-Zanaty, UNICEF, *op. cit.*, p.7.
- 19 - Nadia El-Awady (2016) 'Bringing to life the case against female genital mutilation', *Nature Middle East*, 23 October. Available at <http://www.natureasia.com/en/nmiddleeast/article/10.1038/nmiddleeast.2016.192>.
- Rania Roushdy and Maia Sieverding (eds.) *Panel Survey of Young People in Egypt (SYPE) 2014: Generating Evidence for Policy and Programs*, p.27. New York and Cairo: Population Council. Available at <http://egypt.unfpa.org/sites/ArabStates/files/pub-pdf/6be3baf2-61e3-4de4-bc9b-221f5180cd18.pdf>.
- 20 Mawaheb T. El-mouelhy, Elise Johansen, Ahmed R. Ragab and Amel Fahmy (2013) 'Men's Perspectives on the Relationship Between Sexuality and Female Genital Mutilation in Egypt', *Sociology Study*, 3(2), February. Available at https://www.researchgate.net/publication/273440839_Men%27s_Perspectives_on_the_Relationship_Between_Sexuality_and_Female_Genital_Mutilation_in_Egypt.
- 21 - Jenna Le Bras (2016) 'Egypt's difficult road in eradicating female genital mutilation', *Middle East Eye*, 20 August. Available at <http://www.middleeasteye.net/in-depth/features/egypts-difficult-road-eradicating-female-genital-mutilation-543230094>.
- Angelina Fanous (2015) 'Egypt Is in Dire Need of Sex Education', *Vice*, 27 February. Available at https://www.vice.com/en_us/article/lets-talk-about-sex-0000572-v22n2.
- 22 EHS 2015, pp.112-114.
- 23 Dr Fatma El-Zanaty, UNICEF, *op. cit.*, p.25.
- 24 Ronan Van Rossem, Dominique Meekers and Anastasia J. Gage (2016) 'Trends in attitudes towards female genital mutilation among ever-married Egyptian women, evidence from the Demographic and Health Surveys, 1995-2014: paths of change – Table 1', p., *International Journal of Equity Health*, 15(31). Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765026/table/Tab1/>.
- 25 International Islamic Center for Population Studies and Research, Al-Azhar University; Coptic Orthodox Church, Egypt, Bishopric of Public, Ecumenical and Social Services; and UNICEF (2016) *PEACE . LOVE . TOLERANCE. Key Messages From Islam & Christianity On Protecting Children From Violence And Harmful Practices*, p.18-19. Available at https://www.unicef.org/egypt/eg_Joint_book_high_res_Eng..pdf.
- 26 International Islamic Center for Population Studies and Research, Al-Azhar University; Coptic Orthodox Church, Egypt, Bishopric of Public, Ecumenical and Social Services; and UNICEF (2016) *PEACE . LOVE . TOLERANCE. Key Messages From Islam & Christianity On Protecting Children From Violence And Harmful Practices*, p.18-19. Available at https://www.unicef.org/egypt/eg_Joint_book_high_res_Eng..pdf.
- 27 Lucy Westcott (2015) 'How To End Female Genital Mutilation In Egypt', *Newsweek*, 17 March. Available at <http://europe.newsweek.com/how-end-female-genital-mutilation-egypt-314264>.
- 28 *Constitution of The Arab Republic of Egypt 2014* (unofficial translation). Available at <http://www.sis.gov.eg/Newvvr/Dustor-en001.pdf>.
- 29 Gerard Molleman and Lilian Franse (2009) 'The Struggle for Abandonment of Female Genital Mutilation/Cutting (FGM/C) in Egypt', p.59, *Global Health Promotion*, Vol 16(1), pp.57-60. Available at <http://journals.sagepub.com/doi/pdf/10.1177/1757975908100752>.
- 30 Al Jazeera, *op. cit.*
- 31 United Nations Entity for Gender Equality and the Empowerment of Women (2013) *Study on Ways and Methods to Eliminate Sexual Harassment in Egypt: Results/Outcomes and Recommendations Summary*, pp. 6, 8 and 9.
- 32 DHS 2014, p.221-222.
- 33 Girls Not Brides (2016) *Country Factsheet: Egypt*. Available at <http://www.girlsnotbrides.org/wp-content/uploads/2015/06/Fact-sheet-Egypt-national-strategy-May-2015.pdf>.
- 34 Ministry of Planning, Monitoring and Administrative Reform (2016) 'Reports', *Sustainable Development Strategy: Egypt's Vision 2030*. Cairo, Egypt: Ministry of Planning, Monitoring and Administrative Reform. Available at <http://sdsegypt2030.com/category/reports-en/?lang=en>.
- 35 United Nations Development Programme (2015) *Human Development Report 2015*, p.243. New York: United Nations Development Programme. Available at http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.
- 36 Ministry of Planning, Monitoring and Administrative Reform, *op. cit.*, p.145.
- 37 EHS 2015, pp.14-15.
- 38 Ragui Assaas and Caroline Krafft (2015) 'Is free basic education in Egypt a reality or a myth?', *International Journal of Education Development* 45, p.18.
- 39 EHS 2015, pp.14-15.

- 40 Alessandra Bajec (2016) 'The Price of Poor Healthcare', *Al-Ahram Weekly*, 7 April. Available at <http://weekly.ahram.org.eg/News/15984/32/The-price-of-poor-healthcare.aspx>.
- 41 Emily Crane Linn (2015) 'Born by knife: In Egypt, C-sections are sold as the only way to give birth', *Middle East Eye*, 23 October. Available at <http://www.middleeasteye.net/in-depth/features/born-knife-egypt-s-birthing-business-c-sections-are-sold-only-option-586089653>.
- 42 WHO cited in Alessandra Bajec (2016) 'The Price of Poor Healthcare', *Al-Ahram Weekly*, 7 April. Available at <http://weekly.ahram.org.eg/News/15984/32/The-price-of-poor-healthcare.aspx>.
- 43 International Bank for Reconstruction and Development / The World Bank (2015) *A Roadmap to Achieve Social Justice in Health Care in Egypt*. Washington: The World Bank. Available at <https://openknowledge.worldbank.org/bitstream/handle/10986/21891/96329.pdf?sequence=4&isAllowed=y>.
- 44 DHS 2014, p.111.
- 45 DHS 2014, p.116.
- 46 DHS 2014, p.49.
- 47 Nadeen Shaker (2013) 'Poor healthcare, surgical malpractice causing incontinence in women', *The Egypt Independent*, 4 February. Available at <http://www.egyptindependent.com/news/poor-healthcare-surgical-malpractice-causing-incontinence-women>.
- 48 - DHS 2008, p.198.
- EHS 2015, pp.106-107.
- 49 EHS 2015, pp.106-107.
- 50 EHS 2015, p.107.
- 51 Rania Roushdy and Maia Sieverding (eds.) *Panel Survey of Young People in Egypt (SYPE) 2014: Generating Evidence for Policy and Programs*, p.26. New York and Cairo: Population Council. Available at https://www.popcouncil.org/uploads/pdfs/2015PGY_SYPE-PanelSurvey.pdf.
- 52 Stanford University Medical Centre (2016) 'Egyptian women say doctors don't discourage female genital cutting, study finds', *EurekaAlert!*, 25 August. Available at https://www.eurekaalert.org/pub_releases/2016-08/sumc-ews082516.php.
- 53 Nada Sabet cited in Cathy Russell (undated) 'Breaking the Silence on FGM/C in Egypt: One Activist's Story', *foggy bottom (US Department of State)*, 7 February. Available at <https://medium.com/foggy-bottom/breaking-the-silence-on-fgm-c-in-egypt-one-activist-s-story-f2c77f6df94f#.k283a4g61>.
- 54 Sarah M. Rasheed, Ahmed H. Ellah and Fouad M. Yousef (2011) 'Female genital mutilation in Upper Egypt in the new millennium', *International Journal of Gynecology and Obstetrics*, Vol. 114, pp.47-50. Available at http://www.academia.edu/29977417/Female_genital_mutilation_in_Upper_Egypt_in_the_new_millennium.
- 55 - United Nations Development Programme (2017) *Statement: International Day of Zero Tolerance to Female Genital Mutilation: Doctors Say No to Female Genital Mutilation*, 7 February. Available at <http://www.eg.undp.org/content/egypt/en/home/presscenter/pressreleases/2017/02/07/statement-international-day-of-zero-tolerance-to-female-genital-mutilation-doctors-say-no-to-female-genital-mutilation/>.
- Egypt Independent (2016) 'Doctors Against FGM' launches, aims to eradicate banned practice, 17 February. Available at <http://www.egyptindependent.com/news/doctors-against-fgm-launches-aims-eradicate-banned-practice>.
- Ashraf Khaled (2017) 'Medical schools add female genital mutilation to curricula', *University World News*, 24 February. Available at <http://www.universityworldnews.com/article.php?story=20170224103006599>.
- 56 Reporters Without Borders (2016) 'Egypt', *World Press Freedom Index*. Available at <https://rsf.org/en/egypt>.
- 57 Alexander Droessler (2014) 'Al Jazeera Trial Highlights Egyptian Military's Media Crackdown', *Global Journalist*, 6 March. Available at <http://globaljournalist.org/2014/03/al-jazeera-trial-highlights-egyptian-militarys-media-crackdown/>.
- 58 BBC News (2016) *Egypt Profile – Media*, 17 June. Available at <http://www.bbc.com/news/world-africa-13313373>.
- 59 EHS 2015, pp.16-17.
- 60 EHS 2015, pp.16-17.
- 61 Tadwein (2015) *Who is online and what are they doing?* Available at <http://tadwein.com/who-is-online-and-what-are-they-doing/>.

Photograph on front cover: ALL best fitness is HERE/Shutterstock.com (2013) Hurghada, Egypt – Muslim girl in hijab on July 08, 2013. Stock photo ID: 436069912.

Please note the use of a photograph of any girl or woman in this Country Profile does not imply that she has, nor has not, undergone FGM.

