Centre for Population
Family and Health
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Does medicalization counteracts the abandonment of female genital cutting (FGC) in Egypt?

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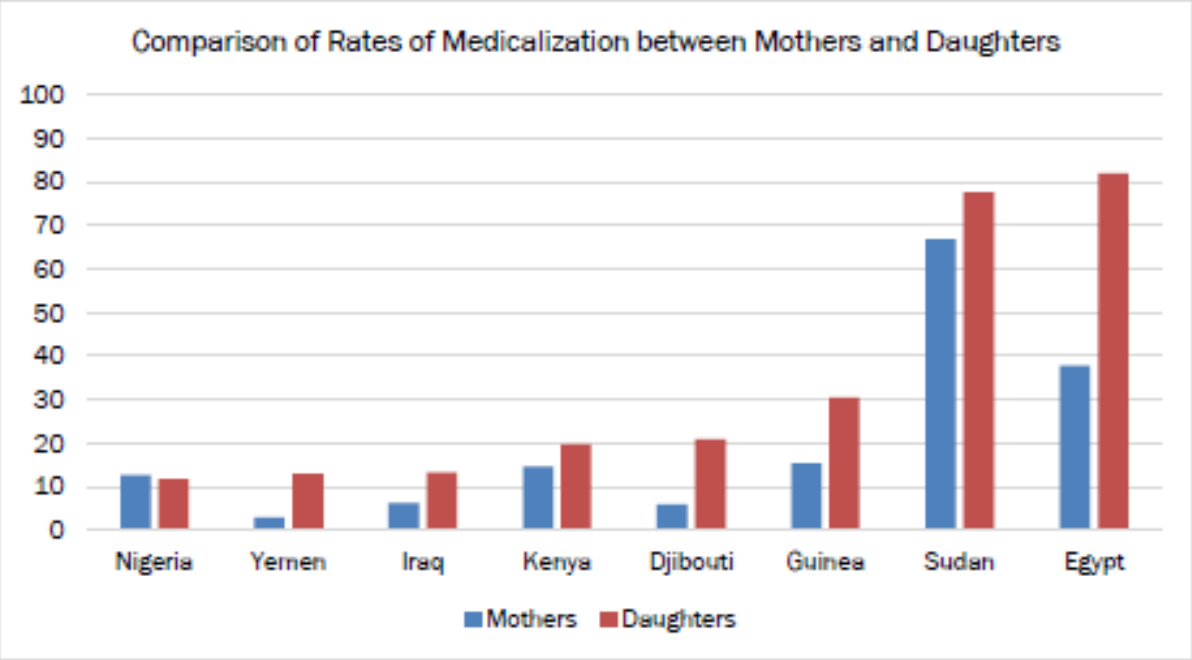
Figure 6. Comparison of Rates of Medicalization Among Mothers and Daughters in Select Countries*

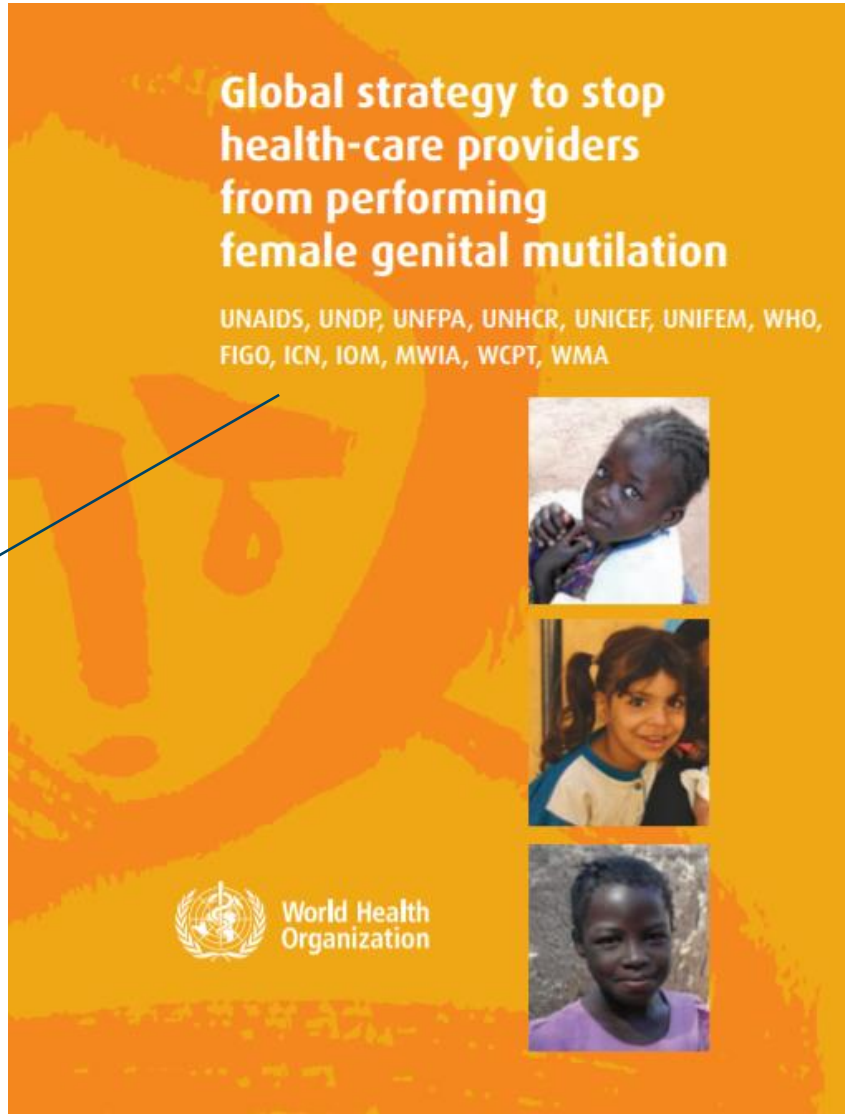


*Data shown are for countries with rates of medicalization over 10%

(Shell-Duncan, Njue, & Moore, 2017)

Medicalized FGC – refers to a situation in which FGC is practiced by any of health-care provider, whether in a public or private clinic, at home, or elsewhere" (WHO, 2010)

Based on the argument **that the involvement of health-care providers in the performance of FGC will counteract efforts to eliminate FGC and impedes progress towards the abandonment of FGC**



Yet, **no empirical research to date has confirmed this proposition and it remains unclear whether medicalization actually counteracts the abandonment of FGC or not**

Assumption: **medicalization counteracts the abandonment of female genital cutting (FGC)?**

Two mayor pathways: **harm-reduction** and **legitimization of the practice**.

- Culturally acceptable safer alternative - Health risk approach - Argument for health professionals	- Created sense of harmlessness - Advantage for health professionals - Legislation – government's consent for medicalized FGC

Can medicalization be altered to an opportunity in the fight towards FGC abandonment?

Three pathways:

- Health professionals as primary contact as an opportunity for providing correct information on the consequences of FGC and on the benefits of abandoning the practice.
- Seperation of ritual and cutting
- Mapping the practice – health sector provided data

Empirical research

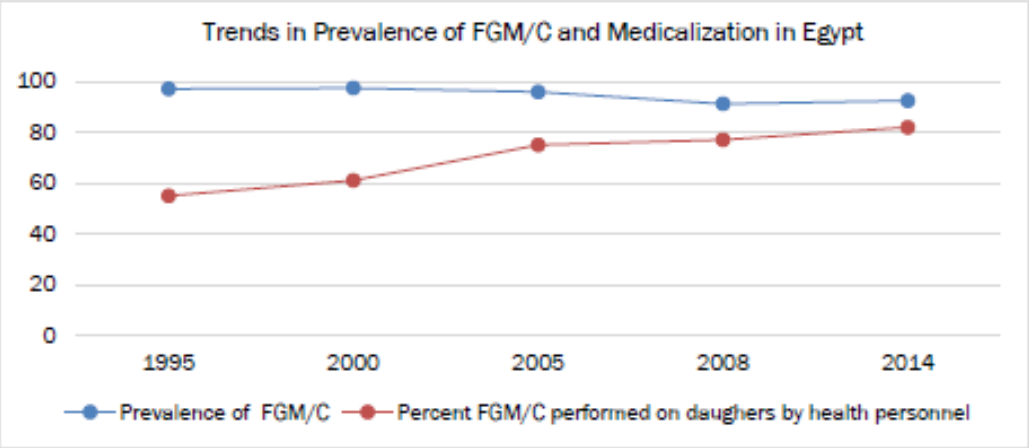
Does medicalization counteracts the abandonment of FGC in Egypt?

Focus on Egypt - Three reasons:

1. Prevalence maintains very high

2. Strong trend towards medicalization

Figure 9. Trends in Prevalence (women aged 15-49 years) and Medicalization among Daughters across Consecutive Surveys in Egypt*



*Data Sources: DHS 1995, DHS 2000, DHS 2005, DHS 2008, DHS 2014

3. Period of government's consent for FGC when performed by health personnel (1994 - 1995 → 2007 - 2008)

Data & Methods

- Demographic Health Survey –2005, 2008, 2014
- Women Sample
  - °n mothers: 37 473
  - °n daughters: 62 696
- Discrete-time event history models
  - Event: FGC
  - Time: age daughter (up to 18y old)
  - Robust standard errors
  - °n person-years: 490 243

Data - Variables

Regional variables

- Regions: 6
- **Yearly percentage of medicalised cuts by region (years: 1987 – 2015)**
- 2-year lag
- Fixed effects

Mother's social position characteristics

Outside the household

- Current employment
- Highest educational level
- Household wealth
- Gender violence attitudes

Within the household

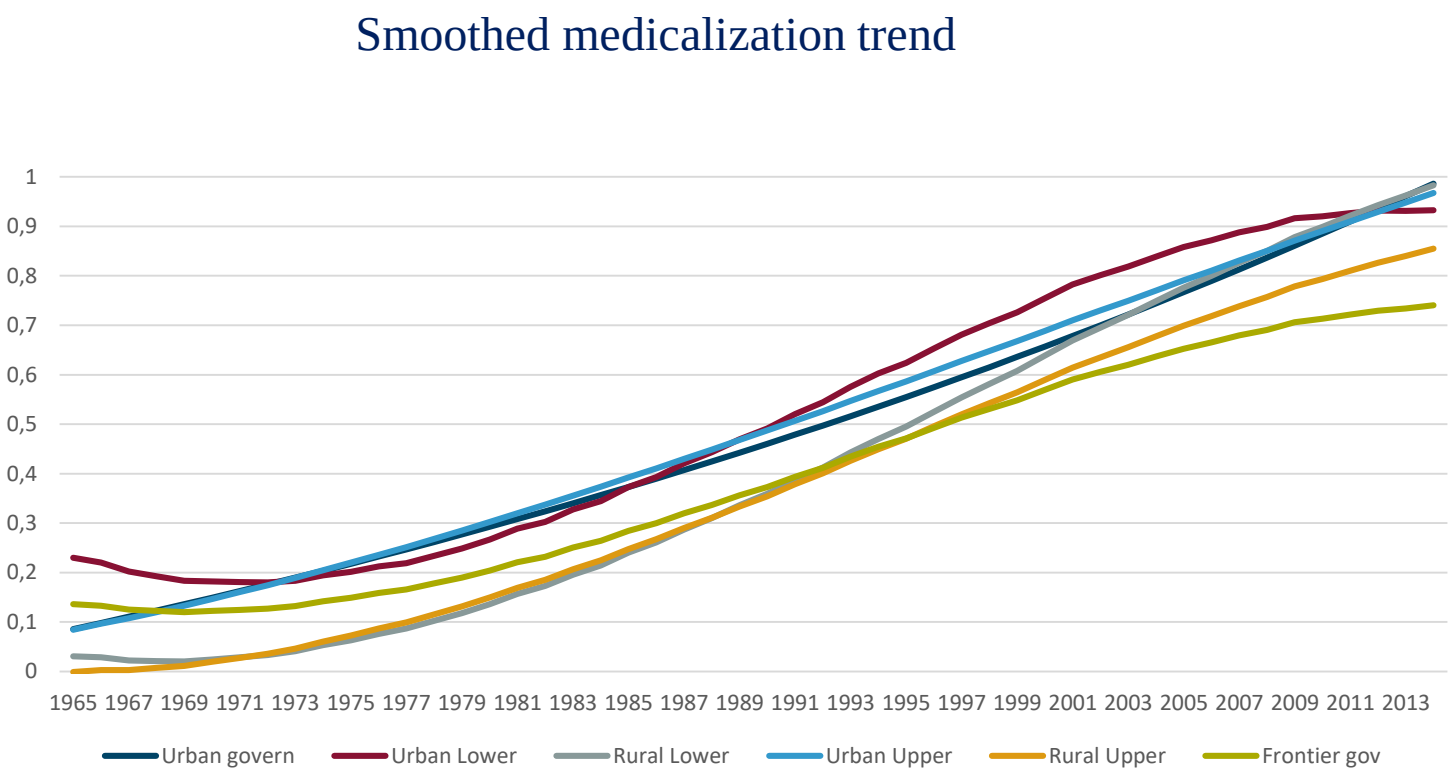
- Spousal age difference
- Decision-making autonomy in household

Birth Cohort daughter

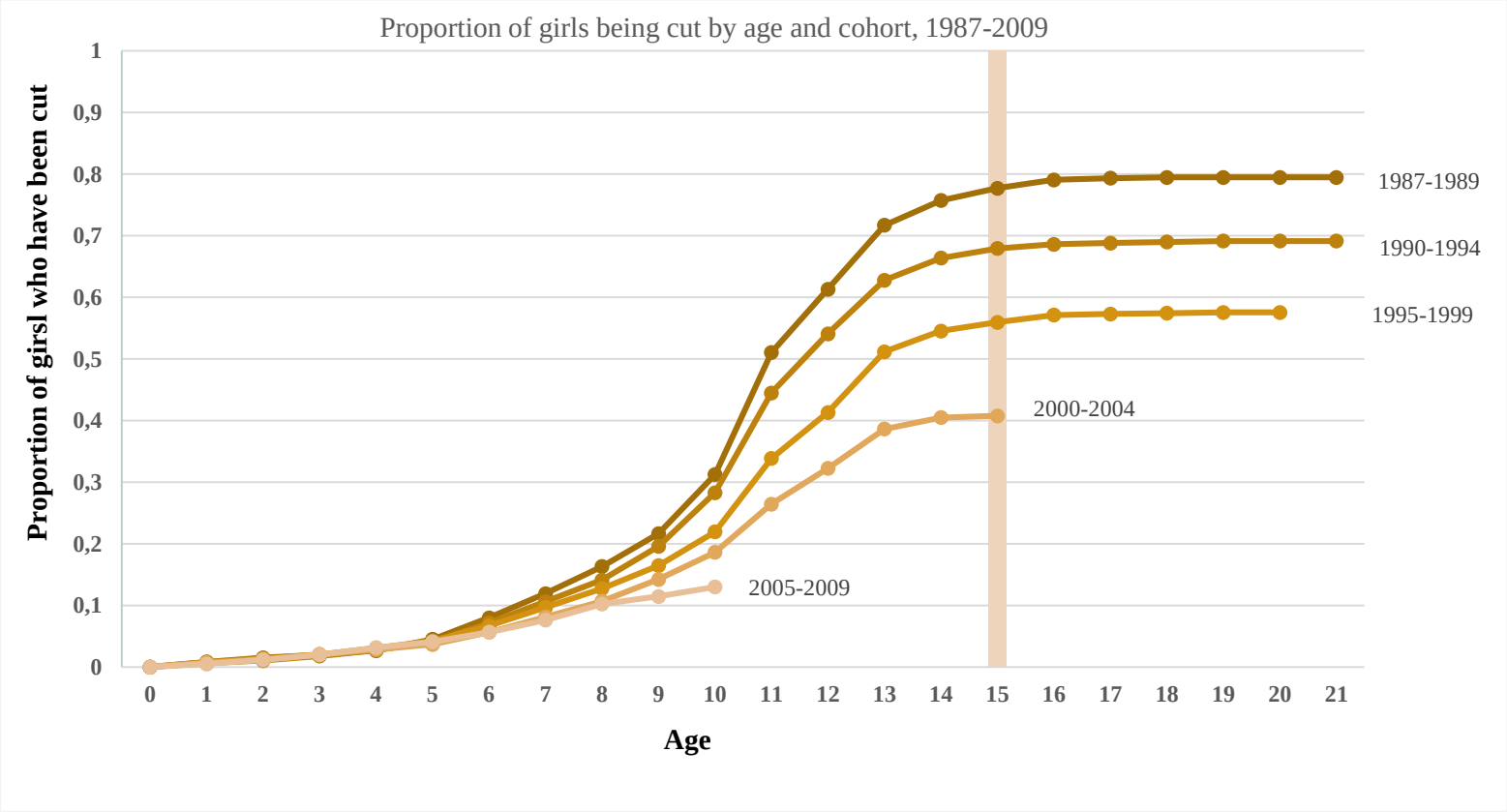
Control variables

- Age mother
- Age mother at first birth
- FGC status mother
- Religion

Regional variation in medicalization - Regions



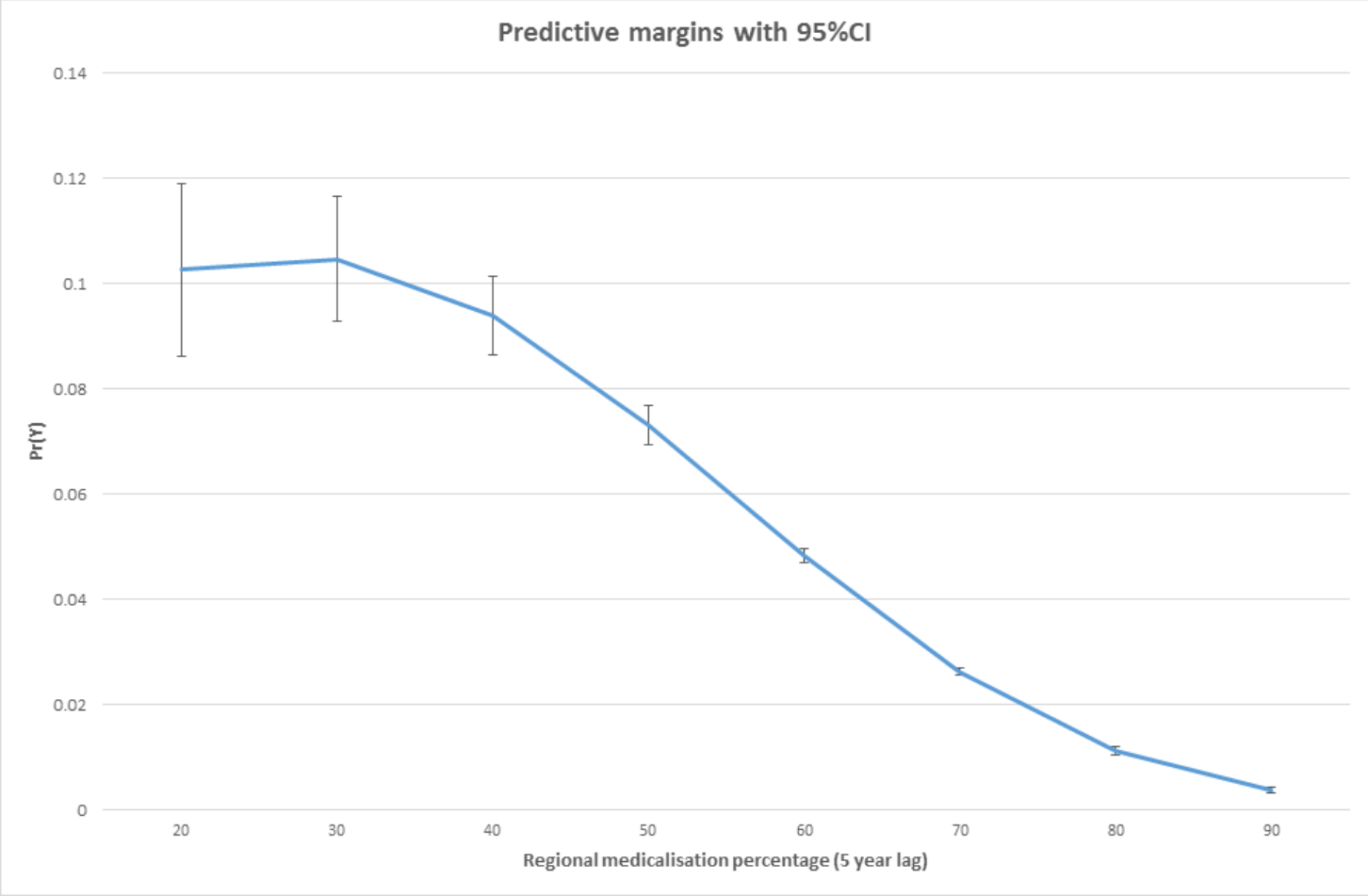
Reversed survival curve by birth cohort



Regional Variation in Medicalisation

	Odds Ratio	P>z	Odds Ratio	P>z	Odds Ratio	P>z
Medicalisation	0.980	0.000	1.128	0.000	0.986	0.0000
Medicalisation squared			0.999	0.000		
Med*Education						
primary					1.002	0.3160
secondary					0.983	0.0000
Higher					0.972	0.0000
Region (ref. urban governorates)						
Urban Lower Egypt	1.140	0.016	1.439	0.000	1.193	0.0010
Rural Lower Egypt	1.413	0.000	1.492	0.000	1.407	0.0000
Urban Upper Egypt	3.194	0.000	3.149	0.000	3.187	0.0000
Rural Upper Egypt	2.251	0.000	1.922	0.000	2.252	0.0000
Frontier governorates	1.617	0.000	1.411	0.000	1.552	0.0000

Associations between medicalization trend and FGC outcome



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Socio-demographic characteristics

	Odds Ratio	P>z
Mother's social position outside HH		
Employed (ref. No?)		
Yes	0.735	0.000
unknown	0.707	0.240
Education (ref. no education)		
Primary	1.045	0.221
Secondary	1.489	0.000
Higher	0.948	0.454
Household wealth (ref. poorest)		
Poorer	1.103	0.006
Middle	1.115	0.005
Richer	0.756	0.000
Gender violence attitudes	1.082	0.032
Mother's social position within HH		
Spousal age difference	0.991	0.000
Decision making	0.774	0.000
birth cohort (ref. 1987-1989)		
1990-1994	1.172	0.000
1995-1999	1.150	0.002
2000-2004	1.192	0.006
2005-2009	1.833	0.000
2010-2014	2.463	0.000
Control variables		
Age mother (time-varying)	1.163	0.000
Age at first birth	0.920	0.000
FGC status mother (ref. no)		
Yes	19.571	0.000
Unknown	33.729	0.000
Religion (ref. Muslim)		
Christian	0.492	0.000
unknown	1.454	0.297

Conclusion (work in progress)

- **Negative effect of medicalization on risk of FGC in the long run**

→ Increasing medicalization can go hand in hand with a reduction in FGC. However, we cannot comment on the extent to medicalization prevents a faster decline in FGC .

- But, **initially medicalization increases very limited – rather constant - the risk of FGC before it has a negative effect**

  + negative effect interacts with educational level

→ The practice of medicalization coincides with a raising awareness of the potential risks of FGC.

- **Importance of women's social status**

→ Female emancipation as an important drivers of a further reduction in FGC .

Feedback, advice, help, questions?

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