Decisions Regarding Harmful Practices (Female Genital Cutting (FGC), and Virginity Testing) and the Role of Husbands

Scene from "Wa Ma Zala Anneel Yagree" ("And the Nile Flows On"), an Arabic language dramatic TV series dealing with family planning and population problems within the context of a conservative Egyptian village. Credit: © 1994 CCP, Courtesy of Photoshare

1. Introduction: This paper examines the role of husbands in decisions related to some of the harmful practices that influence the reproductive health and quality of life of women in Egypt. The paper focuses on two main practices, the female genital cutting and the traditional hand defloration at the time of wedding. Both practices are harmful to the dignity and health of women.

2. Study Design: A cross-sectional, and observational (using a qualitative technique).

2.1. Data and Methods:

Focus group discussions have been used as a mean of exploring in greater depth issues with more focusing on the changing pattern of views and perspectives towards sex education.

The groups interviewed included couples (men and women separately) stratified by age, education, and current modern contraceptive use. Regional differences (Upper Egypt, Lower Egypt, and urban Governorates) are represented in the focus group discussion design.

2.2. The study location:

The study was conducted in three governorates in Upper Egypt: El-Fayom, El-Minia and Bani- Suif governorate.

2.3. The Study Tools: FOCUS GROUPS:

Total 34 focus groups were carried out:

Beni-Suif : 22, El- Fayoum: 6, and, El- Menia: 6

2.3.1. Group Selection:

Based on the objectives of the study, the following categories were selected: two women groups divided according to age: 25 or less and 35 or more. In addition, the men groups were their husbands regardless of their age Subdivision were made to include other variables mainly work and education.

Special categories have included as follows:

- Religious Leaders and their wives.
- Youth of both genders.
- Providers of reproductive Health, Medical Doctors and nurses.

2.3.2. Focus Group Discussion Guide:

A focus group discussion guide was neither a fully-fledged questionnaire, nor to be followed rigidly by the group moderator. It contains a general part for all the groups and specific questions for each of the different categories. The questions were arranged in a natural, logical sequence and were memorized by the moderator.

3. Ethical Considerations:

Local authorities (e.g. the mayor, head of local governing council, head of family planning etc..) were informed about the objectives and the procedures of the study. The nature and aims of the research were explained to all respondents. However, due to specific social and

cultural context, the requirements of written informed consents are not applicable and were replaced by verbal witnessed consents. This is due to the fear and the suspicion linked with signing any documents. The participants were, also, informed about their rights to refuse participation in the focus groups, and they could withdraw from the study at any time. In addition the respondents were assured that the information given will only be used for the research purpose.

4. Data Analysis:

The tapes had been transcribed, so that the whole information was available written down in sheets with the moderator notes. From there, the information were broken down into short cards which contain only one idea or express concept and which were made in such a way that it would be possible to identify easily 'who' said 'what'. A key element in the analysis of the basic recorded data was the notes, which were prepared by the moderator immediately after the session. These captured the leading findings as well as the atmosphere of the group and certain emotional and interactive events.

The two basic approaches to analyzing focus group data are strictly qualitative: an ethnographic summary and a system coding via content analysis. The ethnographic approach relies more upon the direct quotation of the group discussions, while the content analysis typically produces numerical descriptions of the data. However, these are not conflicting means of analysis, and there is generally an additional strength that comes from combining the two. In order to maximize the magnitude of the findings, the study analysis was based on both techniques (ethnography summary and content analysis).

5.1 Decisions regarding Female Genital Cutting and Role of Husbands:

Female genital cutting is a harmful practice that affects health and dignity of women. EDHSs, 2000 and 1995 estimated that about 97% of women in Egypt are circumcised. It seems that men have a greater share in the decision making process than what was assumed before. In this section the findings of the focus group discussion sessions in this regard are presented.

5.1.1. Main reasons for practicing and continuation of female circumcision as cited by the participants:

The participants in the focus groups cited the following reasons for practicing FGC:

The misbelieve that it is a religious necessity*:*

"When they circumcised me they said "congratulation you became a Muslim" (40 years not educated, woman, lower rural Egypt).

The misbelieve that it is a beautifying procedure:

"The un-circumcised vulva is disgusting" (30 years old, non educated, Upper Egypt woman)

"Circumcision is necessary and, necessary if a girl is uncircumcised, the clitoris grows and would be like the man's penis and it would be ugly" (42 years old, not educated, Upper Egypt woman).

The misbelieve that it protects and controls sexuality of girls*:*

"Circumcision is necessary, a man must marry a circumcised girl, she would keep his honor while he is absent" (a young un married man of 21 years old) Upper Egypt.

"Circumcision is necessary and necessary and necessary, in our village an uncircumcised girl in her third year of the preparatory school got pregnant, her father cut her into pieces" (a 50 years old man, not educated, Upper Egypt).

"El-tahara (circumcision) reduces the sexuality of girls, the educated girls can protect herself, because she knows what is right and what is wrong, but the illiterate girl who goes to the farm with the men, she can make mistakes and she does not know that it is wrong, all the girls should be circumcised" (a woman, 45 years, not educated, Upper Egypt).

The misbelieve that it has health benefits*:*

As doctors are seen as a role model and what they are doing is right and for the health rationale, consequently, FGC is seen as it is carried out for health reasons:

"If circumcision is not necessary, why the doctors do it" (40 years old, educated working woman).

The misbelieve that it keeps fertility and is beneficial for childbirth:

"The uncircumcised women will be infertile, she neither can be pregnant nor she can give a birth" (A 37 years old, not educated woman, Upper Rural Egypt).

As the circumcision is carried out at puberty age and it is usually followed by the first menstruation, the people link both events and they think that circumcision has an effect on menstruation and the growing up process:

"Circumcision allows the girl grow and to be mature" (a 19 years old not educated girl-Upper Egypt"

The misbelieve that it facilitates sexual intercourse:

"Circumcision is a very important and necessary procedure… one girl from our village was not circumcised, at the wedding night, the clitoris and the two leaves (labia minora) were obstacles for the penetration, her husband sent her to her family, they circumcised her and she came back to him" (35 years old, not educated woman, Upper Egypt).

5.1.2. Role of Husbands in Decisions Related to Female Genital Cutting:

It seems that the role of husbands in decision making related to FGC is important. This is contradictory to the findings old wisdom, which affirmed that FGC is a women's issue and the mother, grandmother and other female relatives are the main decision makers.

5.1.2.1 Direct Involvement of Men in Decision Making:

It seems that some men have direct involvement in decision-makings regarding FGC:

"I decided that we should go to a medical doctor to have the circumcision done" (an educated working man, 43, Upper Egypt).

"My wife was hesitant, but I insisted and we went to a doctor and he affirmed that my daughter needed circumcision" (An educated man, 47).

The explanations could be that: **first**, the female circumcision as a taboo was not known for the men, however with the increasing campaign, there were some public debates about its value/benefit. This compounded by the rapid social changes that allowed boys and girls to mix up.

"This is needed, how we can control the girls' behavior, if you walk by the side of the River Nile you will see disgusting things happening between boys and girls" (An educated man, 48).

"My husband is insisting, he says it is our duty to protect our daughters, we will be asked at the Day of Judgment about them, we do not want them to be like the girls in Cairo" (An educated woman 42, Upper Egypt).

"In fact, if it was Sunna in the past, it should be nowadays obligatory, we live in a bad time, we have to protect our girls" (An educated man, 47, Upper Egypt).

Second, the campaign against female circumcision created ambivalence among many women in Egypt. Women became torn between the cultural belief that the practice is a protective measure to insure the virginity and so insure that the girl would be secure through marriage. Virginity is an essential demand for marriage. Uncontrolled sexual behavior, in their opinion, would lead to un-repaired damages. By circumcising their daughters they would be sexually inactive and consequently have a better marriage prospective.

"The parents never do anything with the intention to harm their children" (several men and women in all groups).

"We do the best for them; we believe that the 'Tahara' (female circumcision) is needed for their best" (several men and women in all groups).

However, the impact of the campaign against female circumcision seems to be lacking in some dimensions and this might be the cause of ambivalence.

"They say that it is a mutilation, on what basis? It is a beautifying procedure" (An educated woman, 26, Upper Egypt).

"They say it causes infertility, and all my friends and relatives have more children than they want" (An educated woman, 31, Upper Egypt)

"They say it affects your ability to have orgasm, this is not true, this is not only my opinion, but all whom I know have the same opinion" (An educated woman, 32, Cairo)

"They are exaggerating and this is why I do not believe them, they want us to be exactly like the western people" (An educated woman, 42).

This ambivalence leads women to share the decision with their husbands.

"I did not know what I could do? Do I have her circumcised or not? So I consulted my husband" (many of the women in all groups.

5.1.2.2 Indirect Involvement of Men in the Decision Making:

The majority of the non-educated men and men from rural lower and Upper Egypt affirmed that they do not have any role in the decision making regarding female circumcision. By deep analysis of the data, it seems that the role of those men is indirect.

As marriage is the main way to secure the life of a girl in Egypt, all the steps and measures that ensure the security of the marriage should be taken. Among them female circumcision:

"A man asked his wife to leave home in the morning of the wedding and do not come back except if she is circumcised" (Many of the women participants in all rural areas)

"After three years of marriage a man insisted that his wife should be circumcised when he knew that she is not" (A non-educated woman, 43, upper rural).

"Once, a woman came for delivery, her husband asks us to perform circumcision" (A nurse, Upper Egypt and affirmed by others"

Consequently, parents take into consideration the need for circumcision for better marriage prospective. It would be a scandal in the community if a recently married woman would be returned home for a reason like that. This has been reflected on daughters. The majority of girls in Upper Egypt believe that it is a fate and they accept it. They accept it as a part of being a female. Their parents and other members of the society teach them that it is a very essential act in their life. Without it they "Will not be able to marry, they will be stunted in growth, they will behave in a bad manner, they will not be able to fast and pray" (most of the participating girls in the focus groups).

Consequently there is no alternative for girls, particularly in Upper Egypt except to accept the procedure. The only choice for them is to decide upon the type of provider, a traditional practitioner or a doctor:

"I realize that I have no choice regarding the procedure, so I decided to have it done by a medical doctor" (A 19 years old educated unmarried girl, Upper Egypt).

5.1.3. The providers and the procedures:

The providers of the practice are of two types mainly: Medical doctors and traditional practitioners. The procedure was described by some of the participants as follows:

"In the past we used to bring the girl, and two of us catch her hands and feet. Her hand are being held from her back, her feet are separated wide, we cover her eyes, and the Traditional Birth Attendants (TBAs) bring the ashes from the wood oven and massage it on both labia

and the clitoris, this is to mark the parts which should be removed. Then she cut these parts and put the ashes again to control the bleeding. Now we go to doctor, he gives her an anesthetic, and cut without any bleeding, it became very easy procedure".

Others said:

"At our time, we used to stay at home about one month until we healed, but nowadays, a girl would be circumcised yesterday and she is playing with others today".

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However, the traditional practice is widely performed in Upper Egypt and even it is appreciated by many of the girls in the focus groups.

Medicalization of the practice gave a new dimension for the practice. It makes it difficult for reproductive health advocates as one lady said: "if it is wrong, why the doctors do it".

5.2 Virginity Testing

Checking the bride's virginity is an essential ritual especially in rural Egypt. However, the procedure differs by region. The participants described two types of checking virginity procedures:

5.2.1 Othmannlley or Afrangy (the modern type):

It is carried out between the bride and the bridegroom, without any interference from a third party. However, white sheet should be put over the bed in order to collect the blood that results from the defloration. This is to prove the virginity of the girl and the virility of the man as the defloration took place. The white sheet stained with 'honor blood' should be put in a place that everybody can see it in the morning.

5.2.2 El Dokhla El Balady (the traditional hand defloration):

In this practice, a group of women guided by a daya (traditional birth attendant) take the bride to a pre-prepared room in the house. They give instruction to the bride that she should be brave; she should prove to the bridegroom that she is not weak. Two women catch the arms and support the back of the bride. Two other women separate the buttocks wide and the Daya rap a finger of the bridegroom with a white sheet and show him where to put his finger and what to do. In most of the cases the bridegroom could be unable to do that

consequently many families decide that the act will be carried out by the daya, but in presence of the bridegroom and his mother. Exploring role of husbands and reasons of continuation the practice reveals the following results.

5.2.3 The role of Husbands in decision related to virginity testing:

It was evident from the findings that the father of the pride is the one who insist on the practice to prove his families' honor.

"The father of the bride is the one who insists" (many of the participants in the focus groups in Upper Egypt).

"The decision is taken as a part of big deal about the dowry, the furniture etc.. by the two fathers of the bride and the bridegroom" (Many of the participants in the focus groups from Upper Egypt).

Exploring the reasons could be presented from the findings of a focus group with group of illiterate men from Upper Egypt.

Participant one: "We need to have a proof that our girl is virgin, sometimes, the bridegroom has a problem, impotent for example, and he could accuse my daughter that she is not virgin".

Participant two: "I insist because I am sure of the virginity of my daughter".

Participant three: "Let us talk frankly, in many instances, the bridegroom, because of ignorance, could have some troubles, could be impotent at the time of wedding, by doing this (traditional hand defloration), we facilitate the matter for him, it will be easy to have intercourse"

Participant four: "Also, we have a lot of bad people, they do what is called Rapt (tying) – magic act to induce impotence-, and they do this for the bridegroom, so he could not be able to do sexual intercourse, or to the bride, so there would be no opening for her"

Participant five: "It is a very common practice here (Magic-Rabt), they do this for money, so you go to them with some money they solve the problem"

Participant six: "This is the reason, why we should be prepared by a "Tahoita" (Magic belt), we ask some one of those who know to prepare it to protect our bridegroom from this act".

It seems that, due to lack of sex education and pre-marital counseling, there are psychological problems that cause impotence. The urge to prove virility is so important that a bridegroom would be impotent. To relate this to some sort of super power and magic could be an easy explanation.

It was a surprise that women, in the focus groups in Upper Egypt, affirmed that this act is unnecessary, because it proves nothing.

Participant One: "Even if the girl is not virgin, the Daya do some tricks in order to prove her virginity"

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Participant Two: "This is mainly, because if there is no blood shown, she will not take tips"

In Summary: The study revealed a strong support to female circumcision. Reasons cited by men and women for supporting the practice included that it was a good tradition, that it was required by religion, and that it resulted in better hygiene. A strong belief expressed by women is that men prefer women who are circumcised.The study also examined the tradition of hand defloration and gave evidence that fathers has a great influence on it. Even the cases where the practice of the hand defloration is not applied, the community developed ways to proof the chastity of the brides. Virginity is highly valuable and so, the need to proof it.

In conclusion husbands have a big role in decision-making process of the family planning/reproductive health and consequently the quality of life and welfare of their wives and their children. However, due to some programmatic and socio-economic and cultural factors this role is limited or bounded. In order to activate this role the government of Egypt should take measures in order to design a realistic, efficient and reliable program in order to motivate men to take their responsibility as fathers, husbands and members in the society seriously.

The essential thesis under the current study is that family planning/reproductive health decisions cannot be seen as only individual decisions isolated from the socio-cultural context and norms in which a couple live and exercise their fertility regulating and reproductive health behaviors. Consequently, any program, which does not take the socio-cultural context in which couples live, their relationship and their life circumstances into consideration would

not succeed. Without clear social and health care reform, and without effective contraceptive program that address the male needs, efforts to involve husbands would fail.

Recommendations:

Efforts should be carried out in order to eliminate the harmful traditions, e.g., traditional hand defloration and female genital cutting.

Medical Syndicate, Ministry of Health and Medical School should stand against medicalization of the female genital cutting.

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