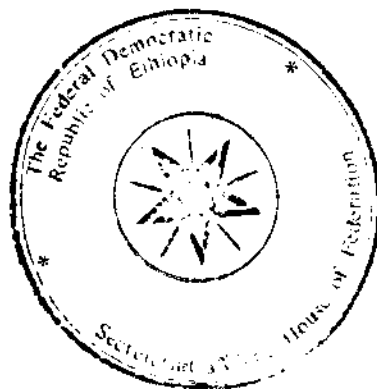


FEMALE GENITAL
MUTILATION (FGM) IN
ETHIOPIA



Female genital mutilation (FGM) in Ethiopia

Current Status:

Distribution of FGM in Ethiopia:

FGM is prevalent through out Ethiopia and affects all but very few ethnic groups. According to the findings, the accurance and prevalence of FGM in the country is 72.3 and 73.6 percent respectively. Ethiopia being referred to as a mosaic of nationalities because of the rich wealth and Varsity of its peoples and cultures, FGM is prevalent in about 46 out of 66 ethnic groups. Among all the ethnic groups where FGM is practiced, some tend to have a much higher prevalence level than others (higher than 75 percent at average).¹ The distribution of FGM is seen on figure 1.²

Findings of National Committee on Traditional Practices of Ethiopia (NCTPE) shows, the predominant type of FGM country wide is clitoridectomy (52%) followed by excision (19%) and infibulations (3%), DHS corroborates that 2.9% of mothers and 3.4%of daughters had the vaginal area sewn.³

FGM is practiced in both Rural and Urban Communities of Ethiopia. Urban Women in Ethiopia, like those in Sudan and Burkina Faso, are not substantially less likely to undergo FGM. The findings at national level, however, present a higher prevalence level in the urban areas (74.7%) than in the rural ones (54.7%) areas.⁴

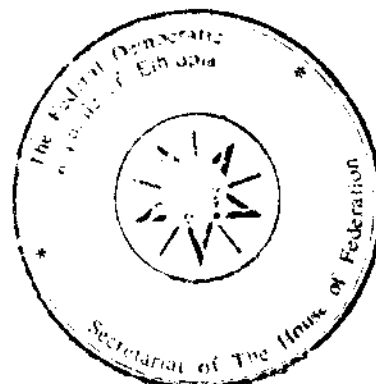
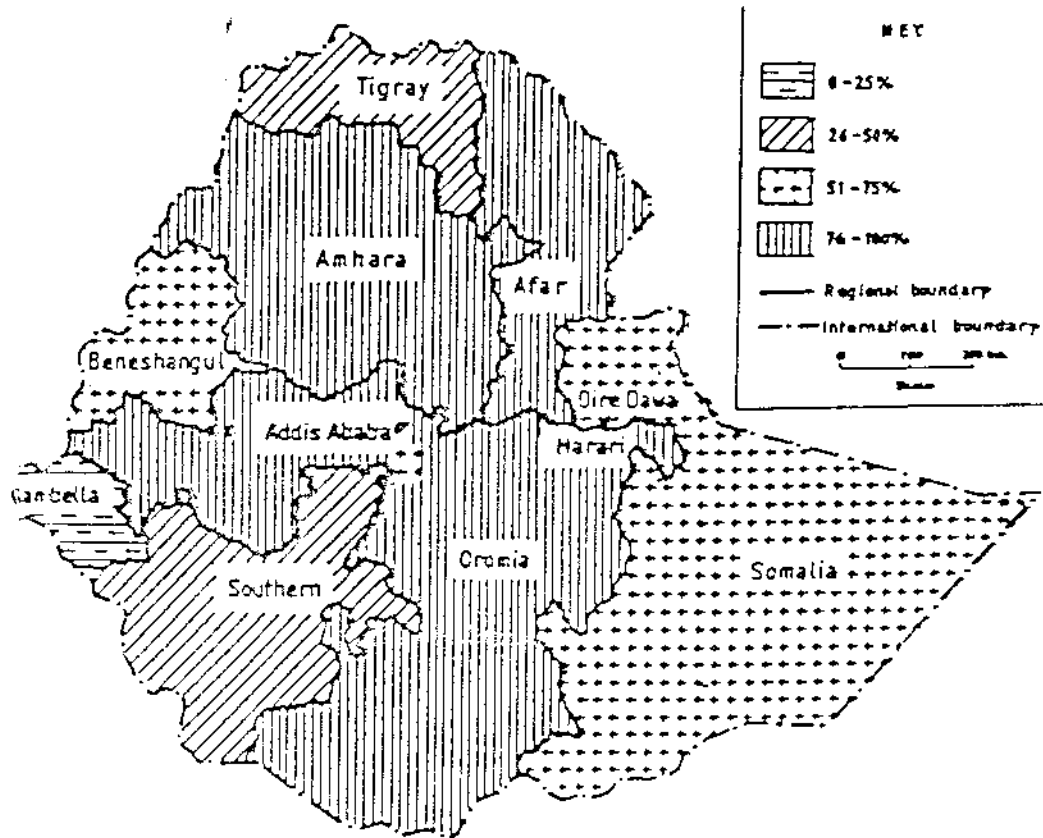
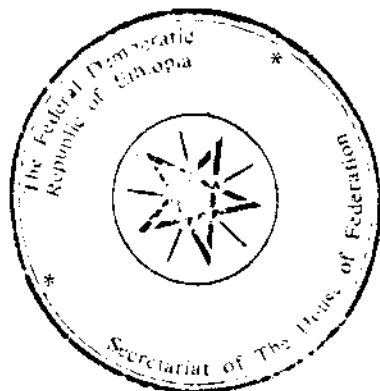


Fig. 1. Map of Distribution of FGM, Ethiopia



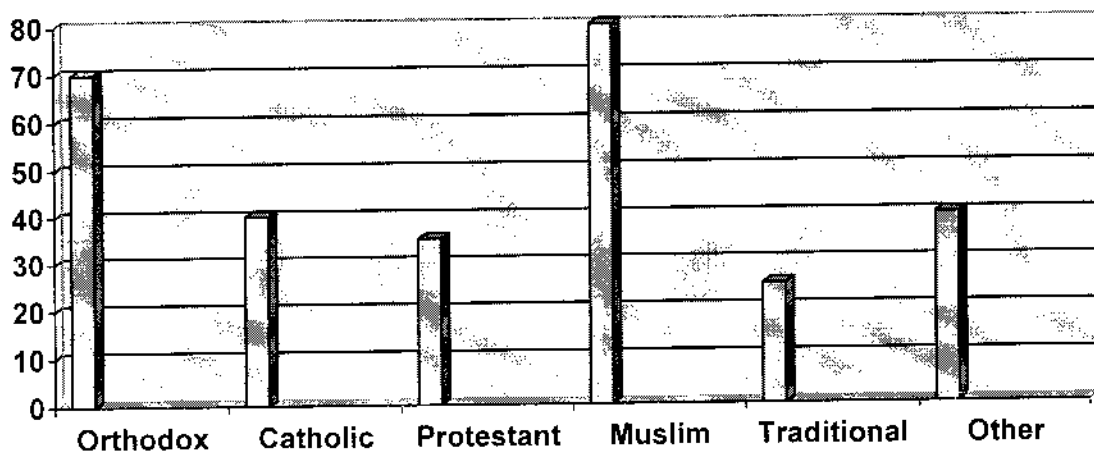
Distribution of FGM in Ethiopia:



Prevalence (percent) of FGM by religion:

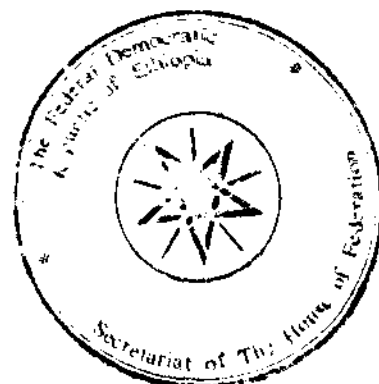
FGM is practiced by nearly all religious groups, especially Christians and Muslims. In Ethiopia where Christianity is the dominant religion followed closely by Islam, FGM is prevalent with slightly higher rate among a Muslims (79.6%), than among Orthodox Christians (69.1%). (See figure 2).⁵

Fig 2. Prevalence (percent) of FGM by religion, Ethiopia 1997.



Prevalence of FGM by level of education

In Ethiopia, the prevalence of FGM does not show significant differences by level of education. The findings indicate that among women who have had no education, have had primary education, and have had secondary and higher education, the prevalence level was 80.4, 78.4, and 78.2 percent respectively, as compared to 80.4 percent prevalence among illiterate women.⁶ The results can only be explained by the social and cultural pressures in the country, so that even the most enlightened and educated women do not venture to discard the tradition even when they oppose it in principle.



Prevalence of FGM by age level:

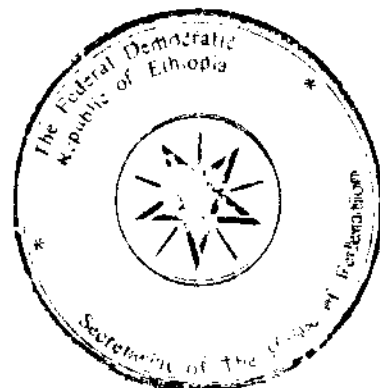
Prevalence by age in Ethiopia shows a complex picture due mostly to differences at age of FGM at the national level, the finding shown on the following figure 3.:-

0-4	age	28%
5-9	age	44%
10-14	age	60%
15-19	age	69%
20-24	age	72%
25-29	age	69%
30-34	age	69%
35-39	age	70%
40-44	age	74%
45-49	age	79%
50+	age	80%

Reasons for practicing FGM:

Reasons for practicing FGM are said to be myths and superstitions that are said to have been there for generations. In Ethiopia the most generally held beliefs can be summarized as follows:-⁸

- **Psycho sexual reasons:** reduction of elimination of the sensitive tissue of the outer genitalia, particularly the clitoris, in order to attenuate sexual desire in the female; maintain chastity and virginity before marriage and fidelity during marriage, and in order to increase male sexual pleasure.
- **Sociological reasons:** identification with the cultural heritage, initiation of girls in to womanhood, social integration and the maintenance of social cohesion; to avoid ostracization and stigmatization.

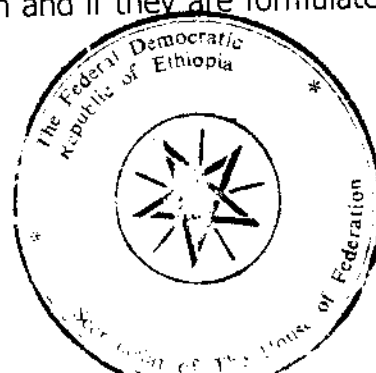


- **Hygiene and Aesthetic reasons:** the external female genitalia are considered dirty and unsightly and are to be removed to promote hygiene, prevent illness and provide aesthetic appeal.
- **Myths:** enhancement of fertility and promotion of child survival; avoiding hard hymen tissue.
- **Religious reasons:** some Muslim communities practice FGM in the belief that it is demanded by Islamic faith. The practice, however, predates Islam.

Harmful effects of FGM: the end result of FGM is irreversible damage with scarification and loss of elasticity of these tissues. The disfigured external genitalia are obviously subjected to a higher incidence of tear/lacerations during child birth or, in the case of infibulations and/or severe (keloid) cicatrisation, during intercourse, the first in particular. Intuitively, it is obvious that it contributes to number of obstetrical complications during delivery. The operation removes the nerve endings in the genital area causing a woman to lose her natural sexual sensitivity. Genital mutilation is nearly always carried out under unsanitary conditions with out an anesthetic. It is extremely painful and may result is severe infection, shock or even death. In general, a national survey showed the magnitude of FGM-related morbidity, mortality and disability have devastating effects on the Health of Ethiopian Women and Girls.⁹

Efforts to Abolish FGM (a violation of Human Rights):

The 1995 constitution of the Federal Government of Ethiopia, confirms the human and citizenship rights of women. The recently issued Family Law (July 2000) also confirms women's human rights and their equality with men. However, Human right violations such as these of FGM are not clearly enshrined. Moreover, due to the strongly embedded socio-cultural barriers and the prevailing illiteracy and poverty in the country, FGM is not acknowledged as a violation nor will it be easy to enforce laws when and if they are formulated and



notified. Since its inception (1987), the National Committee on Traditional practices of Ethiopia (NCTPE), has worked on awareness creation among influential leaders, and production of information and communication materials currently being used in schools and by campaigners across the country.

Over the last five years there has been declining support for the practice 60% of women supported the practice in 2000 compared with 29% in 2005.¹⁰

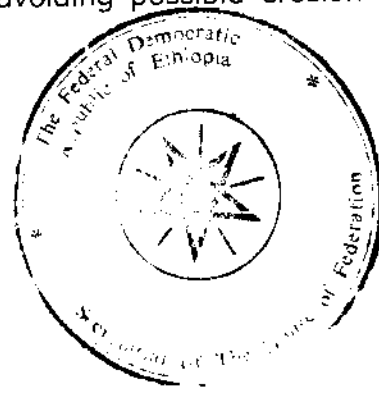
In Ethiopia, a successful campaign for the radiation of FGM requires an understanding of, and a will to change perceptions and beliefs that causes its continuation. Regardless of where FGM has originated, where and how it is being done, those the practice it share similar beliefs, -- a mental map that presents compelling reasons why the female genital organs, clitoris and the rest, must be removed.

The mental map in Figure 4 provides a conceptual frame work for understanding the role of FGM in a society. It highlights the social and psychological reasons, and the societal and personal beliefs that are the driving forces behind the continuation of the practice. The map provides all communities involved in the campaign grounds to consider.

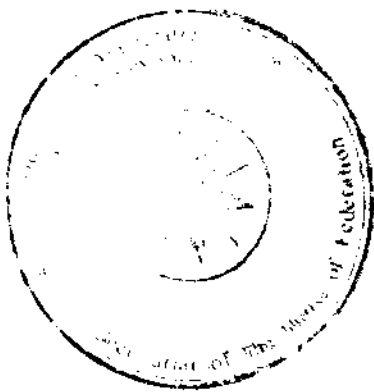
The eradication of FGM must there fore, involve the social, religious and cultural transformation of communities involved in the practice, rater then trying over turning or uprooting this base by hasty legal decrees.¹¹

NCTPE should develop a more strategic approach:

- i) To differentiate between stronghold, transition and non-FGM areas in carrying out conventional interventions.
- ii) That is gender sensitive and a gender – system based analysis, accelerating the process in the “transition” areas and avoiding possible erosion of the non-FGM status in the free areas.

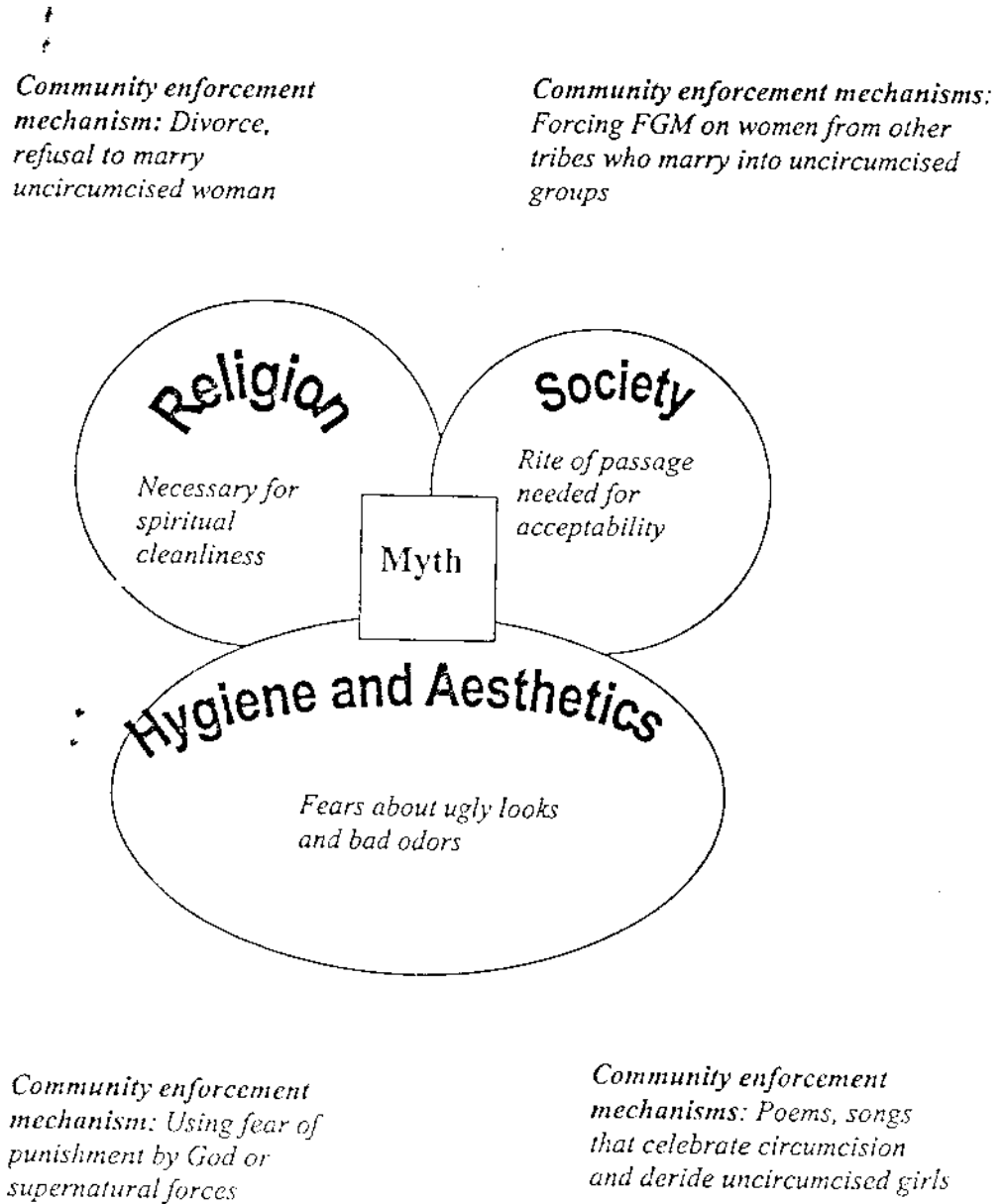


- iii) Clearly articulate the issue of religion and FGM in Ethiopia.
- iv) To undertake a nation-wide survey in order to establish a sound knowledge base for developing appropriate policies and strategies.
- v) To develop capabilities for evaluating the impact of interventions.
- vi) To identify the harmful traditional practices and
- vii) To contribute to the ultimate goal of eradicating all forms of harmful traditional practices, especially those affecting human health in the country in collaboration with the government, non-governmental organizations, international organizations and all stake-holders.

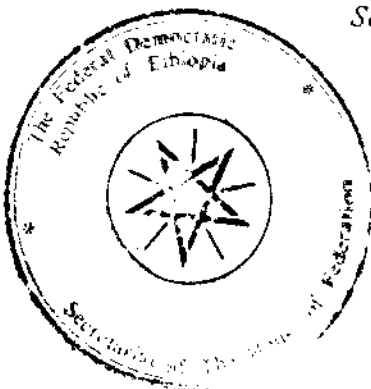


Female Genital Mutilation (FGM)

Fig. 4. A Mental Map of Reasons why FGM Continues



Source: Asha Mohammed et al. in Population Reference Bureau (2001)
Abandoning Female Genital Cutting



1. NCTPE, Ethiopia Harmful Traditional Practices, 2003. Re-printed 2006.
2. Ibid, p.85
3. Ibid, p.88
4. Ibid, p.87
5. Ibid, p.93
6. Data from CSA & Macro 2001.
7. NTCPE. P.94
8. Ibid, P.95
9. Ibid, p.100
10. Ethiopia Demographic and Health survey, 2005, p.25
11. NCTPE, p.119

