

**Effectiveness of Interventions to Eliminate the Practice of  
Female Genital Mutilation**

**A Case Study in Sodoo Zuriya District, Wolaita Zone, Southern Nations and  
Nationalities People Regional State (SNNPRS), Ethiopia.**

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In Partial Fulfillment of the Requirements for  
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## **DEDICATION**

I dedicate this research paper to my father Dawit Toshe and my Mother Emote Wadiso, Who supported me in all my life to reach today's success.

**Table of Contents**

Permission to Use..... II

Acknowledgments..... III

DEDICATION ..... IV

List of Tables..... VIII

List of Figures..... VIII

List of Abbreviations..... IX

Definition of local terms..... IX

1. Introduction..... 1

    1.2. Problem statement..... 2

    1.3. Research Objective..... 2

    1.4. Research Questions..... 2

    1.5. Research framework: ..... 3

    1.6. The research perspective ..... 3

    1.7. Definition of key concept ..... 3

2. Literature Review ..... 5

    2.1 Female Genital Mutilation..... 5

        2.1.1 The History and geographical distribution of FGM ..... 5

        2.1.2. Prevalence of FGM ..... 5

        2.1.3. Type of FGM ..... 6

        2.1.4. Process of FGM..... 7

        2.1.5. Age at mutilation..... 7

    2.2. Causes and Effects of the Practice of FGM..... 8

        2.2.1. Reasons for practicing FGM ..... 8

        2.2.2. Risks and complication of FGM ..... 9

    2.3. Legal framework in relation to FGM ..... 9

2.4. Approaches and strategies to abandon the practice of FGM .....	10
2.5 Conceptual framework.....	14
3. Research Methodology .....	15
3.1. Study Area .....	15
3.2. Selection of the Study Area .....	16
3.3. The Study Approach .....	16
3.4. The data set and data type.....	16
3.5. Sampling method and sample size .....	17
3.6. Data collection procedures .....	18
3.7. Data analysis and interpretation .....	18
3.8. Limitation of the study .....	18
4. Result.....	19
4.1. FGM practice towards women, men, girls and boys.....	19
4.1.1. Basic information about the respondents.....	19
4.1.2. Practice of FGM .....	19
4.1.3. Reason for Practicing FGM .....	20
4.1.4. Information in FGM .....	22
4.1.5. Practice among the Female circumciser .....	23
4.1.6. FGM and Legal Support.....	23
4.1.7 Willingness to eradicate the practice of FGM in the future.....	24
4.2.1 General information about the stakeholders.....	25
4.2.2. Regional Implementation Strategies.....	26
4.2.3. Zonal implementation strategies .....	27
4.2.4. Implementation strategy at District level.....	28
4.2.5 Implementation Strategy at Kebele level.....	30
5. Analysis and Discussion .....	33
5.1. FGM practice .....	33

5.2. Reasons for practicing FGM. ....	33
5.3. Information on FGM.....	34
5.4. Efforts made to eliminate the practice of FGM .....	35
5.5. Changes Observed.....	38
5.6. Existing Gaps in Eliminating the Practice of FGM.....	38
6. Conclusion and Recommendation .....	40
6.1. Conclusion .....	40
6.2. Recommendation .....	42
Reference .....	45
Appendixes .....	47
Appendix 1 -Questionnaires for women .....	47
Appendix – 2 Questionnaires for male.....	1
Appendix -3 Questionnaires for Girls .....	52
Appendix - 4 Questionnaires for boys.....	54
Appendix -6 Checklist for key informants .....	56
Appendix -7 Guideline for Focus group session with women and men groups in village .....	56
Appendix 8 Map of Kokate Marcher kebele.....	57
Appendix 9- Instruction for questionnaire.....	58

**List of Tables**

Table 1: Ethnic Groups by Age at FGM, Ethiopia various years..... 7

Table 2: Selection of Key informants from different level..... 17

Table 3 : Education Status of the respondents ..... 19

Table 4 :Reasons for practicing FGM..... 20

Table 5: Source of information un FGM ..... 23

Table 6: Reasons for low implementations of criminal code..... 24

Table 7: analysis of Stakeholders at district level..... 37

**List of Figures**

Figure 1: research framework ..... 3

Figure 3: conceptual framework of persistence of FGM..... 14

Figure 4: Administrative map of Wolaita zone..... 15

Figure 5: Performance of FGM/C ..... 20

Figure 6: Willingness of boys to marry uncircumcised girl..... 25

Figure 7: organizational structure of WCA from regional up to district.....26

## List of Abbreviations

- ACRWC - African Charter on the Rights and Welfare of the Child
- CC- Community Conversation
- CEDAW -Convention on the Elimination of all forms of Discrimination Against Women
- CRC-Convention on the Right of the Child
- CHPR- Charter on Human and Peoples Rights
- DHS – Demographic Health Survey
- FGM/C -Female Genital Mutilation/ circumcision
- FGD- Focus Group Discussion
- HTP- Harmful Traditional Practice
- HIV -Human Immune Virus
- IAC- Inter- African Committee
- ICESCR-International Convent on Economic, Social and Cultural Rights
- ICCPR- International Continent on Civil and Political Right
- IPPF-International Planned parenthood Federation
- NCTPE -The National Committee on Traditional practice of Ethiopia
- NGO- Non Governmental Origination
- PMC-Population Media Center
- SNNPR -Southern Nation and Nationality People Regional state
- TBA -Traditional Birth Attendant
- UDHR-universal Declaration of the Human Rights
- UNICEF –United Nation Children fund
- UN – United Nation
- VAW- Violence Against Women
- WCA –Women’s and Children Affairs
- WHO-World Health Organization

## Definition of local terms (Am=Amharic, Wa= Walitgaha)

- *Ayenawaa(Wa)*- a Supernatural power that people traditionally believe in.
- *Birr(Am)* - Ethiopian currency
- *Boree(Wa)*- an insult to exclude a person from his own community
- *Doro wet(Am)* - spicy chicken soup as a traditional food
- *Ekub (Am)* - it is a social association formulated between friends, colleagues or merchants or a few group of people to share their money/things/ weekly or monthly to fill the demand of the members in the group.
- *Iddir(Am) r-* it is a social association in which peoples share financial and moral support in time of death/ weeding and other social related ceremonies for any victim or relative of group members.
- *Jalaa(Wa)*- intimate relatives who are involved in the process of circumcision with responsibility of covering the eyes of the circumcised girl during the circumcision process.
- *Maglala(Wa)*- it is small knife with sharp blade
- *Meskel(Am)* - new year celebration for Wolaita ethnic group from September 9-12
- *Mucho(Wa)*- a traditional food made from *Enset (False banana)*
- *Kebele(Am)* – a small administrative village.

## **Abstract**

Female Genital Mutilation is one of Harmful traditional practices in Ethiopia with a prevalence rate of 74%. Different debates exist for persistence of the practice of FGM. Despite increased international and national efforts, the prevalence of FGM declined very little or it seems like persisted. The objective of this research was to find out the reasons for persistence of FGM by assessing the Implementation of the existing strategies in eradicating FGM in Wolayta Zone, Sodo Zuryaa district. To achieve the objective, a total of 32 respondents were interviewed in semi structured questioners at kebele level. Two focus group discussions were held with men and women groups. In depth interview 17 key informants was involved at regional, zonal, Kebele level. The result of the study showed that the main reasons for persistence of FGM are community beliefs and values such as cleanness, better marriage, peer pressure, social acceptance and culture. Furthermore, weakness of the institutions and organizations intervention in eliminating FGM was observed. As a result of the weakness of the institutions and organizations in intervening effectively, the willingness, motivation, commitment and action of man, women, boys and girls towards the eradication of the practice is very low. Some of the reasons for low implementation indicated are: Lack of specific plan in FGM, lack of budget, lack of well trained manpower in FGM, lack of coordination, lack of responsible body at kebele level, lack of commitment and low Anti-FGM network was also indicated. For effective intervention to eliminate FGM recommendations forwarded are: the inclusion of FGM in planning and implementation, the existence of strong Anti-FGM FGM, Motivation those who had an efforts to eliminate the practice; monitoring and evaluation and follow up; Participating the community based on interest, age sex and ethnicity; developing income source for female circumciser; awareness creation in the harmfulness of FGM and providing training materials should be done in a well organized manner. The women's and children affairs sector should be involved effectively in facilitating and coordinating the anti-FGM activities and with involving different stakeholders. To be effective in prevention interventions needs to target the local practitioners of FGM, youngsters who are at risk, parents, health workers, religious leaders, social workers, development workers and communities based by considering their interest, beliefs values and traditions.

Key terms: Female Genital Mutilation, Harmful Traditional Practice and Information.

# 1. Introduction

Throughout the world every year three million girls and women are subjected to the Harmful Traditional Practice (HTP) of Female Genital Mutilation (FGM). According to Population and Media Center, hereafter PMC (2008) these HTP and FGM are deep-rooted traditional practices with lifelong physical, psychological and social problems to the girls and women. FGM is mostly practiced in Africa within 28 countries, to a lesser extent to some Asian country, as people moves from country to country, in state of immigration, as well (GTZ, 2008).

According to Ethiopian Demographic health Survey, hereafter DHS (2005) the prevalence of FGM was 74%. It is also commonly practiced in Ethiopia in all regions of urban and rural part with the exception of Gambella. FGM is deep rooted- traditional practice of almost all Ethnic groups of Ethiopia with only few exceptions. Ethiopia has more than 83 ethnic groups of which 56 ones are found in Southern Nation and Nationality Peoples Regional state, hereafter SNNPR. This region is known for diversified culture, tradition, language and way of living. It is one of the nine states in Ethiopia, which is located in the southern part of Ethiopia (Figure 2).

According to the baseline survey on HTP which was conducted by National Committee on Traditional practice of Ethiopia, hereafter NCTPE (2005), in SNNPR the practice of FGM was high in ethnic groups of Sidama (73.5%), Woliyta (78.8%), Gurage (93.0%), Hadya(74.7%), Goffa (72.2%) which seek to give more attention for FGM in the regions. However, in this region a total of 20 Ethnic groups do not perform FGM with low population size.

In the early 1990s, FGM has been given emphasis as a health and human rights issue among African governments, the international community, women organizations, and professional associations.( Population Reference Bureau report hereafter PRB 2008),

Ethiopian Government has signed the convention in which the Committee on the Elimination of Discrimination against Women hereafter CEDAW (1981), which identified FGM as a form of discrimination and declared female circumcision to be a clear violation of human rights. Similarly other conventions also signed by government which support the Rights of the Child (1989), outlawed harmful traditional practices, and The African charter on Human Rights (1989).

Ethiopian constitution (2004) in Article 35 Art 4 clearly indicated about "Women have the right to protection by the state from harmful customs. Laws and practices that oppress them and cause bodily or mental harm to them are prohibited." Similarly the country criminal code recently has been revised by addressing women discrimination to be protected from criminal acts such as rape, abduction, FGM, sexual exploitation and harassment ...etc.

Women's National Policy was formulated and adopted in 2003 in order to address gender equality to prevent women's from HTP. This is mainly focused on raising the social and economic status of women by eliminating customary practices, such as FGM which hinders equal participation of women in the society. To implement this women's national policy in October 1991 Women Affairs Office was established and headed by a woman with the rank of a minister. It is charged with the responsibility of coordinating, facilitating and monitoring all government gender programs.

The government has also been promoting gender mainstreaming in all development policies and strategies to narrow gender gap. From government sectors those who have responsibility to work on HTP are: education, health, culture, Justice, youth and police communication and media. From civil organization; women's and youth association, youth

club, religious institutions, local leaders and social get-together like *IDDIR (social association)* and the community itself has power. Similarly, the role of international organizations and NGOS is vital.

The National Committee for Traditional Practices in Ethiopia (NCTPE) was established at country level in 1987 to overcome harmful traditional practices which affects women's and children's health. It is also a member of the Inter- African Committee (IAC).

The Women's and Children's Affairs hereafter (WCA) bureau included the issue of HTP in organizational mission, goal and strategies with detail activities. The organization has been working to eliminate the practice of FGM by providing training, sanitization, community conversation, awareness creation, mobilization, and facilitating gender mainstreaming activities in a different government and non-government organization. The bureau is located in the SNNPRS regional city, Hawassa. The Bureau has branches in coordinating 13 administrative zones by including 134 districts, 22 towns and at regional level 34 different governmental organization (Fig 8). The same bureau has also the responsibility to follow the gender mainstreaming activities in Non-Governmental organizations by reviewing the implementation of strategies in gender area and measuring the achievements.

## **1.2. Problem statement**

Although different efforts had been made to stop FGM practice in Ethiopia, the area covered so far is still small and practice of FGM is still persistent which is continued practicing in hidden way. Furthermore, there is lack of information on effectiveness of existing strategies of stopping FGM implemented so far in Ethiopia especially in SNNPR such information is relevant. It will also create awareness among women, men, boys, girls and other stakeholders on how to address the problem effectively in the future. This case study, therefore, attempts to fill-in the information gap observed in studies related to the effectiveness of implementation of existing strategies.

## **1.3. Research Objective**

This research is intended to find out the reasons for persistence of FGM by assessing the Implementation of the existing strategies in eradicating FGM in Wolaita Zone, Sodo Zurayaa district.

## **1.4. Research Questions**

1. What are the reasons for the persistence of FGM practice despite of many efforts made in implementation of the existing strategies?
  - What strategies have been used by Women's and Children's Affairs sector and other stakeholders to eliminate the practice of FGM at Wolaita zone Sodo Zurayaa district?
  - What are the reasons that these strategies are not effective from organizational point of view?
  - What are the barriers faced in implementation of the existing strategies to eliminate the practice of FGM?
  - What are the reasons FGM remains important for men, women, boys and girls with in community?
  - What is the willingness of women, men, girls and boys in the community to eliminate the practice of FGM?

## 1.5. Research framework:

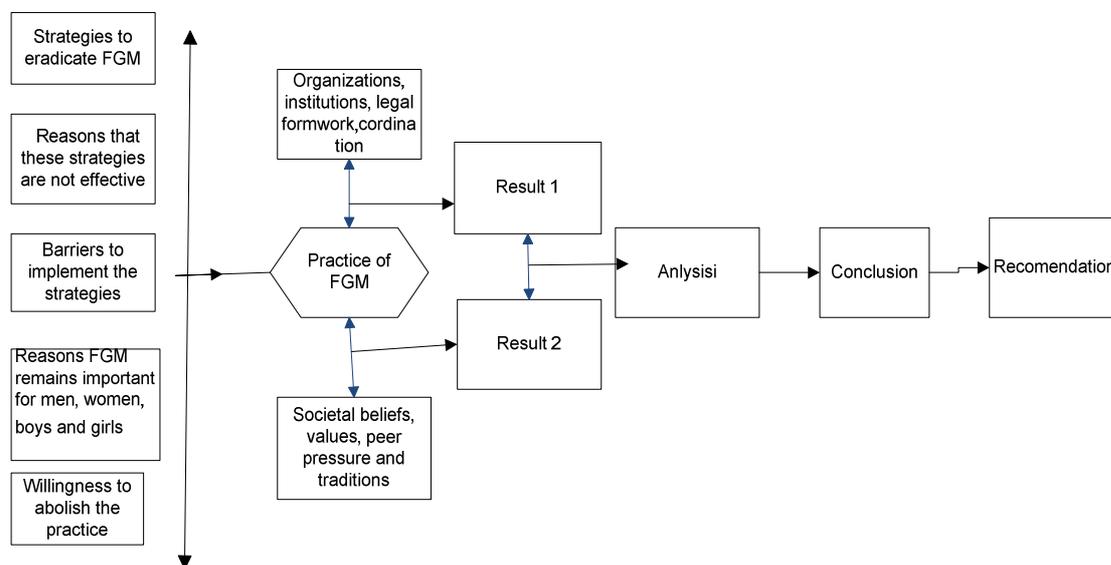


Figure 1 research framework

## 1.6. The research perspective

The research was conducted by reviewing the relevant literatures and interviewing 32 respondents from those 8 women, 8 men, 8 girls and 8 boys were involved. 18 key informants were interviewed from GO (12), religious institutions (2), civic organization (2), a circumciser (1) and local NGOs (1). Focus Group Discussion (FGD) was also handled in two groups of women (8) and men (7). Few documents were assessed in WCA sectors by assessing the strategic plan, annual plan with achievement and activities. In media sector the annual plan and content of the media of the media also assessed.

The assessment criteria were done by studying theories of FGM, various strategies, implementation and effectiveness to eradicate the practice of FGM. In line with this, the perception, willingness, commitment and action of the men, women, boys and girls towards eliminating practice of FGM was also considered as relevant.

## 1.7. Definition of key concept

Female genital mutilation (FGM) encompasses all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons (WHO, 1997).

### The difference between FC, FGC and FGM

According to the U.S. Department of Health and Human Service, hereafter DHS (2009) clearly stated that all three terms FC, FGC and FGM describes the procedure that cuts away partial or all of the external female genitalia. However what exactly to call it is still being debatable. Those parents who circumcise their daughters in largely cultural events fear to call "mutilating" not to favor FGC.

On the other hand, using the word Mutilation was chosen by several health, women's and human right organization to indicate violation of women's and human right instead of referring to only the practice.

Similarly in the mid 1990s the term FGM was adopted by WHO and many other groups emphasizing that cutting of female genital will cause the permanent physical damage to the body of female(DHS, 2004). This term is used by many activists today who have a direct intervention against the practice and majority of English speakers.

### **Harmful traditional practice**

According to Office of the High Commissioner for Human Right/ OHCHR (n.d) states a traditional cultural practice indicates the value beliefs and customs that were hailed by the members of a community for long periods with across generations. Every social grouping in the world has specific cultural practice and beliefs some of which are helpful to the society and others are harmful to specific groups like women and children's.

According the study conducted in HTP in SNNPR by Bureau of Statistic and Population hereafter BoSP (2005) the major HTP in Wolaita ethnic groups are: FGM, feeding fresh butter for new born babies, massaging the abdomen of pregnant women, massaging the abdomen of children when they cry, excessive work for women, inheritance marriage, polygamy, excessive alcohol drinking, skin burning, abduction, rape, milk teeth extraction, uvelectomy and others. These practices in addition to harmfulness violets the international human rights laws.FGM is one of HTP that affects and harms the women's health and psychological well being.

**Gender mainstreaming-** UN economic and social council (UN 1997, 28) defines the gender mainstreaming as process of assessing the implication for women and men of any planned action, including legislation, policies or programs in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of design, implementation, monitoring and evaluation of policies and programs in all political economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

## 2. Literature Review

### 2.1 Female Genital Mutilation

#### 2.1.1 The History and geographical distribution of FGM

The FGM was first recorded in ancient Egypt as a ritual or traditional customs before 4000 years ago. In the 6<sup>th</sup> century a Greek physician writing praised practice of genital removal in Egyptian explained as unless the clitoris was cut it would grow and lead to inappropriate thoughts or behavior in young women. According to International Planned Parenthood Federation hereafter IPPF (2008), in the 19<sup>th</sup> century the United Kingdom allowed the surgical removal of the clitoris as accepted techniques for the management of epilepsy, sterilization and masturbation.

The practice of FGM was widely spread through migration routes from Nile River into Africa. Most women who have practiced FGM are highly found in 28 countries out of 53 countries in Africa. It also practiced in a lesser degree in Indonesia, Malaysia, India and Pakistan. Some migrants also practiced FGM in other part of the world like Australia, New Zealand, Canada, Europe and United States. In the country of northern Africa (Egypt, Ethiopia, Eritrea and Sudan) the prevalence ranges from 80 to 97 percent while in the east Africa (Tanzania and Kenya) it ranges in lower from 18 to 32 percent (UNICEF, 2008). In Ethiopia the origin of FGM is not clear as per the information given in the book entitled *Old beyond Imaginings* National Committee on Traditional practice of Ethiopia (NCTPE, 2008).

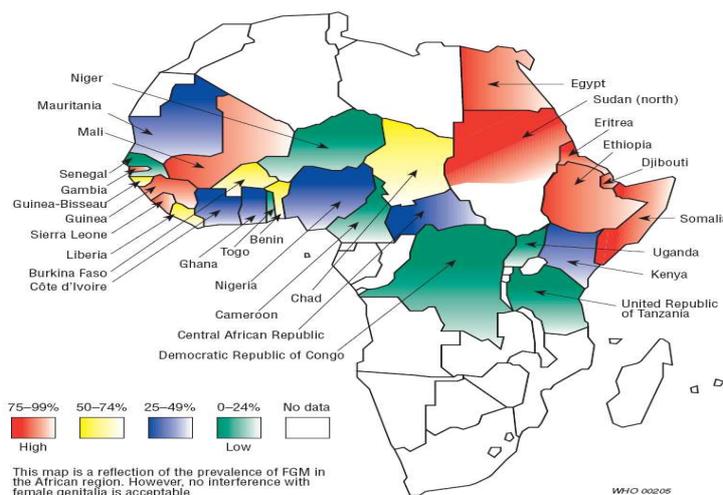


Figure 2 Prevalence of FGM in Africa

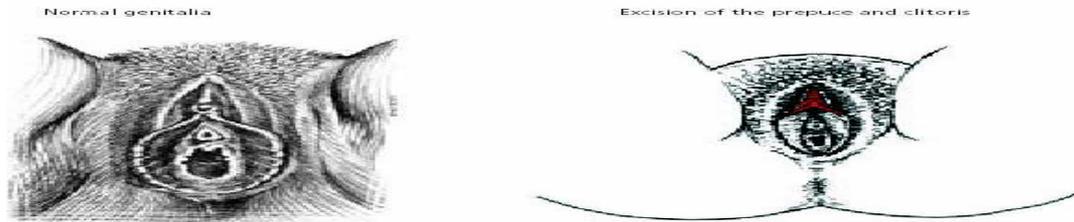
#### 2.1.2. Prevalence of FGM

In the world 130 million girls and women have undergone the practice of FGM (WHO, 1999). According to the review of Base Line Survey in HTP which was conducted by NCTPE (1998), the pandemic occurring of FGM throughout Ethiopia is 72.7%. Accordingly; the prevalence rate is different within the country Ethiopia. In Afar region it is over 90%, in the region of Harari, Amhara, and Oromiya it is 80%, in Addis Ababa and Somalia regions it is 70%, in Benishangul/Gumuz, Tigray and SNNPR regions it is under 60%. On other hand, the prevalence rate is high in the major ethnic groups which are found in SNNPR. These ethnic groups include: Kembata 94%, Kebena 87%, Konta 87%, and Sebat bet Gurage 89%, Sodo Gurage 86.5%, Meloo / Goffa 81%, Wolaita 79% and Hadiya 75%.

### 2.1.3. Type of FGM

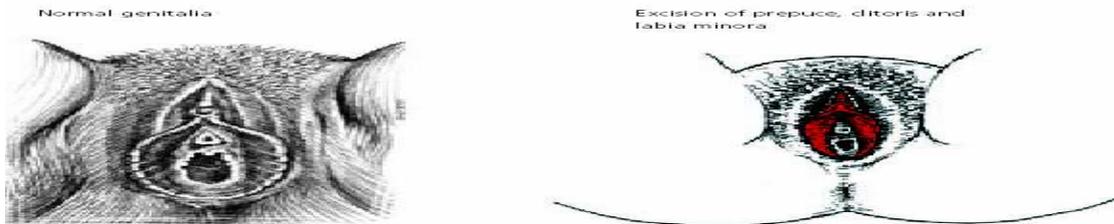
According to WHO (2001), there are four different types of FGM known to be practiced. These are:

Type I: Excision or removal of the clitoral hood with or without excision of part or the entire clitoris. This type of FGM is known by clitoridectomy with Partial or total removal of the clitoris.



Source (WHO, 2001)

Type II: Excision or removal of clitoris together with partial or total removal of the labia minora with or without excision of the labia majora.



Source (WHO, 2001)

Type III: Infibulations or removal of part or all the external genitalia and stitching /narrowing of the vaginal opening leaving a small hole for urine and menstrual flow.

- D-infibulations: it is the reverse process of infibulations and it is usually performed when there is a need to gain penetration in to the vaginal ether during consumption of marriage or whenever there is a need for any vaginal pelvic operation.
- Re-infibulations: It is the process in which previously de-infibulated vulva is re-sutured. The main commonest indication for this are, an unsuccessful primary infibulations in young girl, stitching of vulva of women in the immediate postnatal period, In windowed divorced women who have a plan to remarry and women who are no longer virgins (due to sexual immorality) who ask to be re-infibulated in order to present themselves as Virgins to future husband.



Source: (WHO, 2001)

The infibulations predominantly practiced in Sudan, Somalia, Djibouti and Mali. In Ethiopia the practice more known in the regions of Afar, Somalia, Benshangul Gumuz regions as well as in Harar and Dire-Dawa.

Type IV: Unclassified: such as the harmful procedures to FGM for non medical purpose. Like pricking, piercing or inclusion of the clitoris and /or labia; stretching of the clitoris and or labia; cauterization by burning of clitoris and surrounding tissue and scraping.

**2.1.4. Process of FGM**

In Ethiopia FGM is mostly done by old women, Traditional Birth Attendants (TBA), or traditional practitioner who perform the practice under unhygienic condition by using razor blade, a knife, or other sharpen instrument. The procedure of FGM depends on the type of FGM, age of the girl, experience of circumciser and the tradition of the community. The circumciser is paid in cash or in kind for the service she renders.

According to the base line survey in HTP (1998), the close relatives and neighbors are invited for feast depending on the status of the parents and the size of the invited group. For the ceremony a sheep or, at least a chicken is slaughtered and different traditional food is like *Mucho, Doro wet, Ganfo* and different local drinking are used.

In Wolaita ethnic group, the girls used to be circumcised in the early age before engagement. In this area when the process of mutilation take place the girl sits and the relative of her family in local name called *Jalaa* cover and hold her eyes by using new cloths. The leg of the girl are extended and opened wide apart to expose vulva with the help of other women’s from the neighbors.

The circumcisers sit in front of the girl and circumcises without any antistatic. In the time all her family and relatives also prepare rituals and gifts will be offered for circumcised girl from her friends and relatives.

After the process most of the medications are done to stop bleeding and enhance wound healing by using local medicine like *fetto* [lepidiumsativum], soot, egg yolk, alcohols.

**2.1.5. Age at mutilation**

Most communities in Ethiopia FGM are undertaken in the range of age between 4 and 14 years of age. In some part it is also practiced at the time of infancy (0- 1 year). However, age varies from place to place and culture to culture.

**Table 1: Ethnic Groups by Age at FGM, Ethiopia various years**

Infant 8 days/less	Young child/1-10 years	10 years/ more	Related to marriage	
			Just before	After
Afar	Jebelawi	Dasenach	Oromo (Arisi	Goffa
Agew	Konta	Gurage	Nagle)	Sidama
Amhara	Oromo(chiro,gimbi)	Hadiya	Goffa	
Argoba	Somali (7-8 years)	Kambata	Fadashi	
Kemant		Konta	Wolaita**	
Oromo(region 3)		Oromo(Adala)	Arebore	
Tigraway		Timbaro		

Source: Old Beyond Imagine NCTPE, (2008)

## 2.2. Causes and Effects of the Practice of FGM

### 2.2.1. Reasons for practicing FGM

There are different reasons to practice FGM. Tradition, culture, norms, values, beliefs and religion are considered as the main reasons. The FGM supporters believe that the practice empowers their daughters. It ascertains the girls to get married and protects the family's good names (UNICEF 2009). According to Davies (1996) cited in Veneny (nd), FGM as "an expression of male power" is a direct desire to control female sexuality, and a continuous dominating of male over female behind the culture.

According to NCTPE (1999), the main reasons and argument of practicing FGM are stated below

**To promote cleanliness:** It is argued that secretions produced by the glands in the clitoris are unhygienic and it can even cause contamination of food. It may also produce worms, dirty, and produce smell.

**For esthetics:** some people feel that the FGM is made more pleasing to sight and touch. The FGM will prevent the over growth of labia and in general clitoris. If it exposed accidentally it considered as ugly (Afar).

**To prevent still birth and or to improve fertility:** Some of the community members believe that when the girls get older, the clitoris continues to grow and it has the power to kill a baby if it comes in contact with the clitoris during child birth. Some believes that sperm can be killed by secretion of clitoris.

**To increase marriage ability:** A woman who has not undergone FGM is often seems unacceptable for wife by a potential husband's family, especially in FGM widely practiced community.

**To Improve male sexual pleasure:** in FGM in exclusion of the labia minora and majora and suturing of the vulva , the vaginal opening is made very small which is to be more pleasurable to male during sexual intercourse. It is argued that sexual relation is the man's pleasure most important and that the women is acting as a facilitator.

**To maintain good health:** In some community the FGM is believed as a healing and curative effect on women.

**To promote social cohesion:** It is argued that it belongs to ones ethnic group and to be identified with that group carries with certain obligations. These obligations include conforming to the rules and regulation enforce among the group and defending the group culture base.

**To avoid shame:** the woman who is not circumcised is considered as a shameful to her family and herself. She is not accepted by the community, gets insulted and stigmatized by neighbors.

**Avoidance of sexiness:** This is believed to protect the girl not to be over stimulated for sex. In addition to this, the uncircumcised females expected to have too much sexual demand on her husband. This is more practiced in Wolaiyta\*\* ethnic group.

**To respect the tradition:** Highly pervasive, mentioned almost in all communities where FGM is practiced.

**To control women's reaction /emotions:** They believe that the uncircumcised female is considered as if she frequently breaks utensils, wasteful and be absent minded, "ayenawaa" (unnerved).

### **2.2.2. Risks and complication of FGM**

FGM can cause both immediate and long term complication. It is mostly handled by the traditional circumciser who may use unsterilized razor, scissor or knife. The complication the victim experiences depends on the extent of cutting, skills of the operator, sterility of the tools, the health and physical condition of the female, the medication and feeding habit after the processes of cutting takes place.

#### **Immediate**

The immediate complication includes severe pain, bleeding and infection which may lead to death. The healing can take place for at least two month or longer. Since most of the FGM practices are handled without any anesthetics and uncured instrument it is extremely painful and it may also cause shock or even death.

**Bleeding:** Cutting involves the removing of the clitoral artery which has a strong power and high blood flow. In some case the cutting of labia also damages the blood vessels.

**Shock:** During the process of circumcision, due to the extreme painfulness, trauma the female will head down. This results in shock and tempered for the injured female.

**Infection:** The wound can get infected and may develop a collection of secretion. Using the local medication after the process like ash, cow dung, egg- yolk etc also facilitates for the growth of bacteria. The healing may take time due to infection in urinary tract, pelvic, tetanus and gangrene. It may also be a cause for transmission of HIV and hepatitis B.

#### **Long term complication**

According to WHO (2008), the long term consequence in FGM includes chronic pain, infections, decreased sexual enjoyment and psychological consequence such as post-traumatic disorder. It can slow the flow of urine which results in infection. The scar and the availability of small opening on the vaginal part do not allow for penetration of the penis and it is severely painful while sexual intercourse. According to IPPF, (2008), extreme scaring can have an effect on sexual pleasure, and can negative impact on girl's psychological and psychosexual development

Population media center (2008) states that fistula is one of the long term complication. The fistula (holes or false passage) it may result between the bladder and the vagina as a result of injury or the soft tissue during mutilation or between rectum and vagina. In this case the women may lack control of urine or feces and it will be able to cause a life-long damage with a serious social implication on women. Due to this case she may also face discrimination the whole community and even may divorcee from her own husband and exclusion from the whole community.

### **2.3. Legal framework in relation to FGM**

FGM violates a serious of well-established human right principles, norms and standards, together with the principles of equality and non-discrimination on the basis of sex, the right to bodily integrity, the right to life (in case the procedure result in death) ,and the right to the highest attainable standard of physical and mental health (IPPF, 2008).

According to WHO, (2008b) FGM has a direct relation with the power difference between two sex in men and women with gender inequality known as a discrimination based on sex. This inhabits the full and equal enjoyment of female and male. It also causes the physical and psychological damage in the result of violence against girls and women.

UNICEF (2005) states that, the FGM is addressed under two important legally binding international human right instruments: the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and 1989 Convention on the Right of the Child (CRC).

The CEDAW address FGM/C and other cultural practices in the context of unequal gender relation and calls upon states parties to (article 5):

[...] take all appropriate measures: [...] to modify the social and cultural patterns of conduct of men and women. With a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

The FGM is also makes explicit reference to HTP including FGM, and it calls up on UN members countries to protect the child from HTP leading to any form of mental or physical damage. In addition to the above article 19 of the convention indicate that

“Take all appropriate [...] measures to protect the child from all forms of physical mental violence, injury or abuse [...] while in care of parent(s), legal guardians(s) or any other person who has the care of the child.

By incorporating the concepts the above convention Ethiopia also has ratified the major international human rights instruments adopted by the United Nations and other international organizations. The principles contained in these instruments are also reflected in the current constitution of the Federal democratic Republic of Ethiopia. The Ethiopian women’s lowers association (2005) stated that, provisions of the constitution that are designed to combat HTPs and to protect right of women’s and children are expressions of this national endeavor.

The above mentioned instruments condemn all forms of HTP that results in bodily injure or mental harm of human person. They impose obligation on the states parties to take legislative, administrative, educational and others measures to combat the practices.

The notable provisions for example

Article 7(1) 1/ No one shall be subjected to torture or to cruel, in human or degrading treatment or punishment.

#### **2.4. Approaches and strategies to abandon the practice of FGM**

In the last 50 years, to eliminate the practice of FGM, there were many international, national, governmental and nongovernmental organization and agencies participated. At regional level in SNNPR Women’s and Children Affairs as a coordinator , regional HIV sector, Justice, Security, education, media and communication and health sectors: from Non Governmental sector UNICEF, Save the children, Ethiopian women’s lawyer Association, and NCTPE were involved.

International efforts incorporate numerous international convention and declaration which addresses to protect the rights of human specially the girl and woman for better health and eliminating of FGM practice as a major instrument which are listed as follow:

- *The 1948 UN universal Declaration of the Human Rights*
- *The 1966 UN International Convent on Economic, Social and Cultural Rights (ICESCR).*
- *The 1966 UN International Continent on Civil and Political Right(ICCPR)*
- *The 1979 UN Convention On the Elimination of All forms of discrimination Against Women (CEDAW)*
- *The 1989 UN Convention on the Right of the Child (CRC)*
- *The 1990 OAU Charter on Human and Peoples Rights.(CHPR)*
- *The 1090 African Charter on the Rights and Welfare of the Child (ACRWC).*
- *The 1995 the Beijing platform of Action of the Fourth Conference on Women.*

The UN specialized agencies are creating awareness in the area of mutilating women's genital with women's and government in practicing country based on the mandates from the above mentioned conventions. These agencies are more involved in providing technical assistance and recourse mobilization for local and national groups that will help to start community based activities with the aim of eradicating the practice of FGM (WHO, 1997)

The clear national policies with the aim of eradicating the FGM practice has adopted by World health organization. In addition, by emphasizing the danger of the practice, education was given to the public and to traditional birth attendants and other practitioners by demonstrating the harmfulness of FC/FGM.

**Legislation:** The Ethiopian government duty concerning the discrimination against women has been clearly stated in the convention of women right has been addressed in the (1979): article 2: State parties undertake all appropriate measures, including legislation , to modify or abolish existing lows, regulation, customs and practices which constitute discrimination against women.

Similarly, the duty of government to eradicate the harmful practice related to children has been addressed in Children's right convention in the Article 24: State parties take all effective and appropriate measures with a view to eradicate traditional practice prejudicial to the health of children. In addition to this African Charter in ensuring the health care of children in Article 14: State parties shall make measures to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary care.

In 1984, an Inter-African Committee (IAC) was established for eliminating or at least reducing the Harmful tradition that are affecting women and children. In 1987 the Ethiopian chapter of committee (National Committee on Traditional Practice of Ethiopia, or (NCTPE) was established under the umbrella of the ministry of health. in 1993 it is registered as a fully-fledged NGOs.

The Ethiopian Government has been committed to promote gender equality in all political social and economic aspect. In 1992 the establishment of women's affairs at the ministry level with the mandate and responsibility of coordinating and facilitating condition to promote gender equality in the area of all development activities indicates one sign of the governments commitment towards the implementation of gender equality. It has also the responsibility to follow the effective implementation of policy.

**Constitution:** The 1995 constitution of the Federal Democratic Republic of Ethiopia (FDRE) also clearly indicated in the article 35(4) as follows:

#### Rights of women

*The state shall enforce the right of women to eliminate the influence of harmful customs. Lows, customs and practice that oppress or case bodily or mental harm to women are prohibited*

**Criminal Law:** The Ethiopian criminal code looks the FGM In two ways

Article 565 Female circumcision

Whoever circumcises a woman of any age is punishable with simple imprisonment for not less than three months or fine of not less than five hundred Birr.

Box 1 criminal code article in FGM

Article 566 Infibulations of Female genital

1/whoever infibulate the genital of a woman, is punishable with rigorous imprisonment from three years to five years.

2/ where injury to body or health has resulted due to the act prescribed in sub-article (1) above , subjected to the provision of the criminal code which provides for a more severe penalty , the punishment shall be rigorous imprisonment from five years to ten years.

Box 2 criminal code states about Infibulations of FGM

The above provision applies to persons who are directly responsible for the crime. In addition, article 569 provides that persons who are accomplices to the parents, guardians or in any other capacity are punishable with simple imprisonment not exceeding three months or fine not exceeding Birr 500.00. Article 106 of the new Criminal Code that specifies the principle applicable to simple imprisonment states that such a measure is to be applied to crime that are not of a serious nature and that are committed by persons who are not a serious danger to society. The penalty ranges from ten days to three years.

Parents or other persons like the relatives or family “JALA” who cooperates with one who commits the act may also be liable to a penalty not exceeding three months simple imprisonment or fine not exceeding Birr 500.00. On the other hand, more serious crime of infibulations of the female genitalia entails a penalty ranging from three to ten years imprisonment depending on the magnitude of the circumstances.

According to EWLA (2007), however the penalty may look fairly light in the view of high prevalence rate FGM, it indicates a positive development. It will likewise prove an important tool for organizations and law enforcement organs who works for the alleviation of the practice.

**Institutional Framework:** To implement the international and regional conventions, protocol, covenants and national laws and to create policies enabling environment for mainstreaming women’s need to be incorporated with in development programs.

The women’s affairs office was established in 1991 under the office of the prime minister. Such development was followed by a women adds cabinet formulation at ministry level at cabinet status under the proclamation number 71/1998. Subsequently the women’s affairs Departments were established in various ministries, commissions and agencies. Similarly, the structure was developed at regional, zonal and district level. In 2005 the ministry of

women's affairs is fully mandated to take over the function and responsibility related to child welfare. This mandate is similar to the regional women's affairs office.

### **Non Governmental Organizations**

NCTPE is nonprofit organization which is established in 1987 with the purpose of to discourage and eradicate harmful traditional practices that affect the levies of Ethiopian society in general and women and children in particular and thereby promoting the beneficial traditional practices. Currently the NCTPE with the support of Norwegian church Aid (NCA) has started working on building partnership among organization working against FGM and has successfully achieved in braining about 50 likeminded organization into the network box

**Women's Groups:** The availability of various women's organization and associations are also helpful to promote the gender equality and to eradicate HTP. The constitution also allows the establishment of association based on the similar interest and goal. There are different women's association created based on common goal or interest, For example Ethiopian women's lawyers association, Ethiopian trade women's association, Ethiopian mid wives association, Ethiopian Media women's association, and at grassroots level like credit, income generating, handicapped women's, women's living with HIV/AIDS and professional women association are also indicated. The Ethiopian women's federation which is used as an umbrella organizational body for all women's association was established at all levels in the 2008.

**Gender mainstreaming:** The effective gender mainstreaming considers two things the first one is to review the existing laws, procedures and directives in the gender perspectives whereas the second one is assigning the focal person and setting the strategies for implementation.

The major governmental sectors that have a direct involvement in the area of eradication of FGM are: Health to address the wellbeing of children and mother; Education to create awareness thorough educating children; Justice to bring criminals to justice and communication and media to reach the larger public in creating awareness.

**Women's Policy:** Ethiopian women's policy was formulated based on the international convention in 1993. The policy clearly indicates the goal towards eradicating the HTP. In fact here are more than 80 number of HTP in Ethiopian and from those practices 85 women and children's are mostly affected.

**Women's and Development Packages:** The Package clearly indicated the issue of HTP as a major Goal. The Ethiopian women's and development package (1998) goals to ensure the social participation and benefit of women's to eradicate demeaning attitude and harmful cultural practices and to alleviate women's household chores.

Similarly the package considered HTP in its strategy to prevent the exposure of women to HTP as follows:

- Create awareness by using traditional structure to fight backward attitude and practice that harms women.
- Stand firmly against harmful practice such as rape, abduction, FGM, early marriage and bring criminals to justice together with women association, the community and the authorized body.
- Teach children about the harmful tradition and women's right in school
- Eliminate harmful cultural practices that are spreading in rural and urban area with the community.
- Build suitable recreational and educational centers at Keble to teach about HTP.

## 2.5 Conceptual framework

According to the literature there are different reasons which are mentioned for practicing of FGM. From those the society beliefs and values, related to the tradition on FGM such as, cleanness/hygienic, avoiding shame, social acceptance and to control women sexuality are few. To eradicate the practice of FGM there are different institutions and organizations involved. This was to creating awareness on the harmfulness of FGM, establishing policies, legal framework, structures and developing implementation strategies. The abolishment of FGM highly depends on the strength of those institutions and organizations in employing suitable strategy and their dedication to implement.

The willingness, commitment, motivation and action of men, women, boys and girls, towards FGM, in the community are vital to eliminate the practice of FGM. This in turn will be based by own level of beliefs or values. Hence, if they receive suitable, up-to-date and well organized information about the effect of FGM, then there is a possibility to bring change in their perception, belief and value so as to meet the target of eliminating FGM in the district. However, if the institutions and organizations that are in charge of implementing the strategy are weak, FGM will persist in the community regardless of existing strategies and approaches.

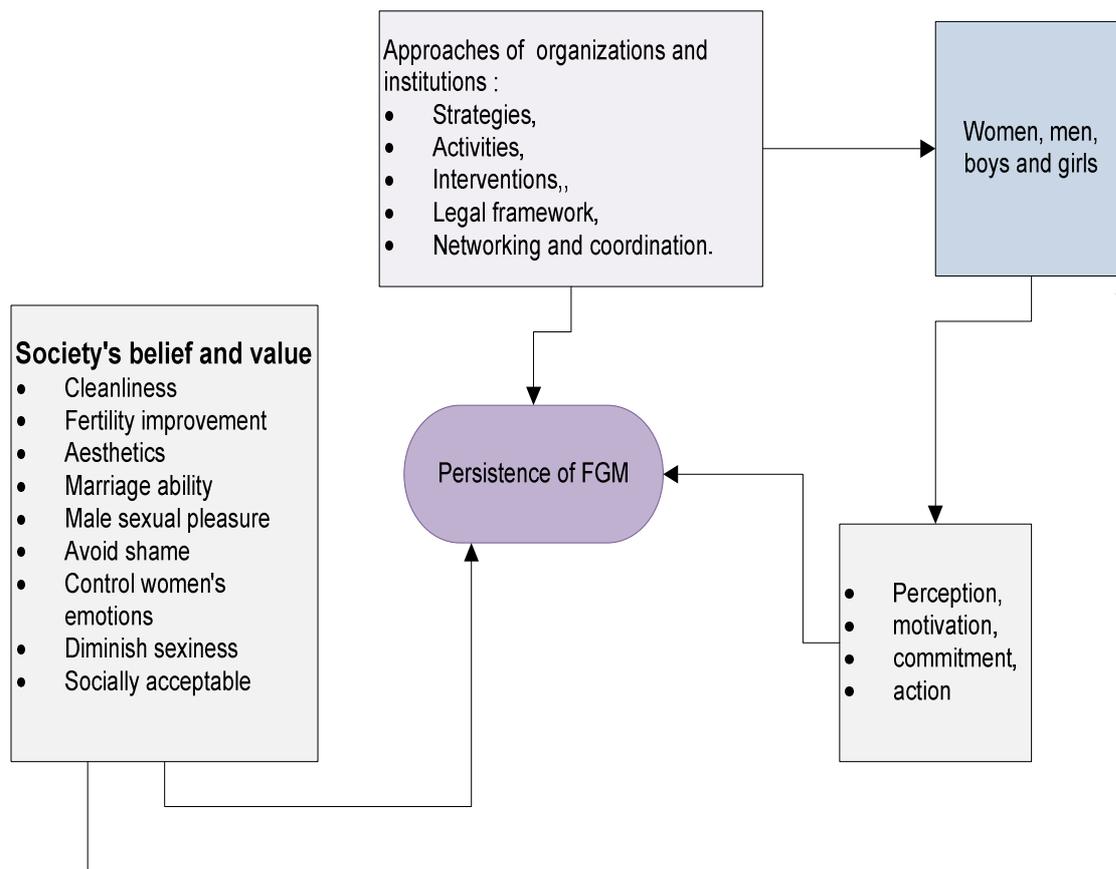


Figure 3 conceptual framework of persistence of FGM

### 3. Research Methodology

#### 3.1. Study Area

The study was conducted in Kokate Marchere kebele at Soddo Zuriya district which is one of the 12 districts in Wolaita zone, SNNPRS. The population of the kebele is 5,925. From these people the number of male is 2,905 and female is 3,020 (Kokate Kebele administration, 2010).

Sodo zuriya district is located 385 km South from Addis Ababa. It has 34 kebeles. The total population of district is 163,771 from this 80,525 are men and 83,246 are women (CSA, 2007).

#### Geographical Location

Wolaita is one of the 13 zones in SNNPR and it has only one ethnic group called Wolaita. This ethnic group has their own tradition, culture, belief and language. The city of Wolaita zone is called wolaita Soddo and it is located 400 kilo meter south west of Addis Abeba at 6° 49' N latitude and 39° 47' E longitude and at an altitude of about 1900m with the area coverage about 4,400 square kilo meters. For administrative purpose Wolaita zone is subdivided in to twelve (12 ) districts, namely, Sodoo Zurya, Boloso Bombe, Boloso Sore, Damote Woyede, Damote Gale, Humbo, Damot Fulassa, Duguna Fango, Kindo Koyisha, Ofa and Kindo Didaye. It is indicated in the figure 4 bellow.(Trade Industry bureau of investment expiation main process, 2005)

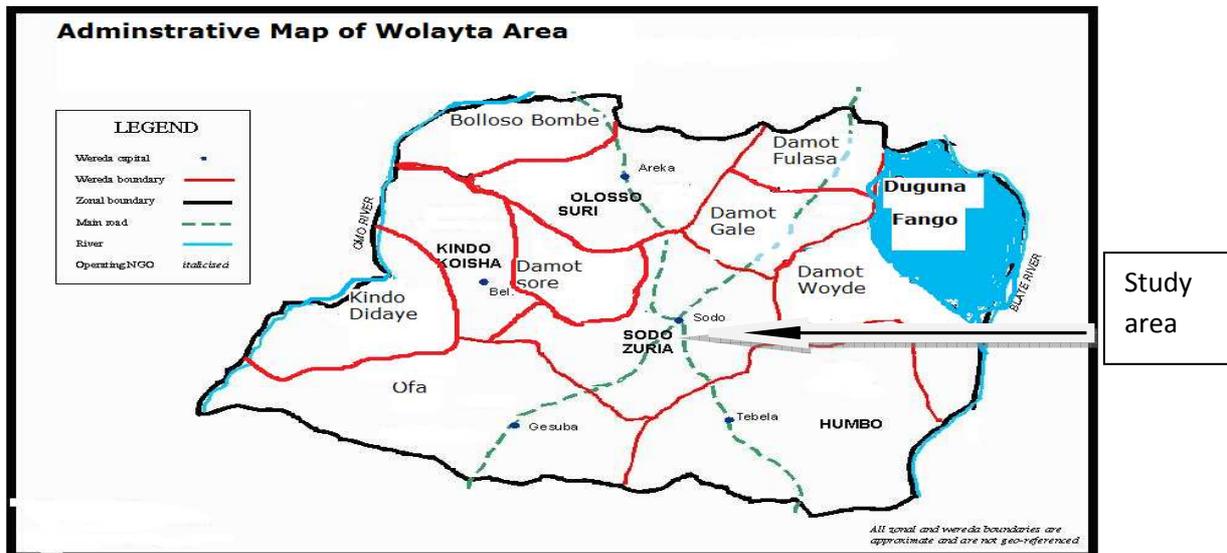


Figure 4 Administrative map of Wolaita zone

The area is moderately drained with acidic red soils. The average monthly temperature is ranges between 11.9°C (August) and 26.2°C (January) with a mean annual temperature of 18.9°C.

The average rainfall is 1100mm a year with spring and *belg* autumn rains called a Small rains which occurs in the mid of February- April. *Kermt* is a main production season with high and long rains from June –September.

## **Livelihood system**

The livelihood system mainly depends on Agriculture (farming and animal rearing). The major food crops include maize, sweet potato, *enset* (false banana), teff, yam and cassava. Due to Land shortage (0.3 hectare per household) the Land-use system was done by intercropping system by adopting to maximize the yield. The agriculture was practiced by using backward like hand tools and animals (Oxen) for cultivation. In addition to cropping 93% of the farmers are engaged in livestock production. The average livestock per household is 3.6 cattle, 0.74 sheep, 0.25 goats, 0.13 donkeys and 2.09 poultry. This area is also known by food deficiency due to loss of soil fertility, environmental degradation, and prolonged cultivation which results to low agricultural productivity and yielding.

## **Population**

According to the population census report of Ethiopia (2007) the total population of both sexes 1,527,908 male 752,668 and female 775,240. The women's percentage in the above figure is around 50.8% in which they are half of the community with high number. This area was known by patriarchal tradition system in which the male dominance was predominantly practiced. This zone represents one of the densely populated areas within the country. According to zonal social-economic profile which indicated in Wolaita zone finance and economic department (2005), average population density for zones was about 342 persons per square Km.

## **Beliefs and Tradition**

Wolaita people are one of the indigenous Peoples in Ethiopia with ethnic name also called Wolaita with having their own culture, tradition, custom, belief and value. The language called *Wolaitaa Dona* (literally translated as Wolaita speaking mouth) which is Omotic. There are about 200 clans in Wolaita which are divided into two main clans that are *Malla* and *Dagala*. *Malla* is the upper class and *Dagala* is lower class.

### **3.2. Selection of the Study Area**

The main reason for selection of this area, is that Wolaita ethnic group is known in practicing FGM for a long time with a prevalence rate of 79%. According to the study conducted in the women's affairs bureau (2005), FGM is categorized under HTP affects the health of the mother and children. Similarly the women in this area have also been affected in practicing FGM. The effects related to FGM which are difficulty in delivery, bleeding, shock, infection with HIV/AIDS, fistula and tetanus. In addition to this, there are no other studies conducted in the area related to the effectiveness of implementation of the strategies in FGM.

### **3.3. The Study Approach**

The study was conducted in a qualitative way through desk study and case study. In the desk study relevant literature was reviewed while the case study aims at giving empirical information on the FGM phenomenon. The qualitative research was chosen as it was the main approach due to the nature of the research. It was more effective in gaining culturally specific information on persistence of FGM based on community values, opinions, beliefs, experience and social interaction in particular community.

### **3.4. The data set and data type**

For data set both primary and secondary data were used. The primary data was collected from household interviewing, focus group discussion and information from key informants. Secondary data was gathered from specialised journals (normal, review), scientific books, departmental reports or national statistics, unpublished departmental reports and internet. The Data included basic information on the household in education status, marital status, age, ethnicity and religion. The primary respondents were reflected their own

experience, idea, fleetingness in the practice FGM and also there are willingness to eradicate the practice. The data from Key informants included their own experience in implementation of strategies, what challenges they faced, work integration and work sustainability to eliminate FGM practice. The data from document was included the strategic plan, activities in FGM, annual plan, report and content (in media). To verify the finding additional literature was also reviewed.

### 3.5. Sampling method and sample size

For qualitative study at house hold level as 32 primary respondents were randomly selected comparing 8 men, 8 women, 8 girls and 8-boys are equally distributed. For Focus Group Discussion tow groups was chosen in this 8 women and 7 men were involved as a participant. To see the overall implementation of the strategies from the regional up to kebele level the key informants was selected at different level. The table 2 shows that the name of the organization and institution in which the key informants was selected.

Table 2: Selection of Key informants from different level

Key informants at different level	Name of the organization/institutions	Number
Regional level	WCA Bureau	1
Zonal level	WCA department	1
	media & communication department	1
	Cultural and tourism department	1
District level.	WCA office	1
	Health office	1
	Justice office	1
	Security office	1
	Education office	1
	Local NGO WVE	1
Kebele level	Kebele administration	1
	Health post	1
	School	1
	Religious institutions	2
	Women's association	1
	Youth association	1
	A circumciser(female)	1
Total		18

### **3.6. Data collection procedures**

The researcher first explained the overall research objective and content to her own organization. Then by getting a support letters from own organization the researcher traveled to Wolaita zone.

Following, the a discussion was held with Wolaita zonal women's affairs department head on the research area, the head of the department was interviewed in relation to the implementation of the strategies and provided the researcher with few documents available in the office.

At district level the district WCA office was asked to clarify the overall activities in FGM at district level and how the implementation was done by involving different key stakeholders at district and kebele level. To start the data collection at Kebele level, the expert from district WCA office was introduced the researcher to the Kebele administration. The researcher briefed the kebele administrators with the purpose of the research, way of conducting the research and the needed participant as respondent, key informant and FGD from the Kebele.

In the research all the research ethics were considered during the data collection. The data mainly collected by explaining the overall objective the research and the willingness of respondents, participants and key informants.

The data excursion way was handled by direct or face to face interviewing of the selected individuals by using semi structured questioners and open ended questionnaires to make depth-interview with key informants. For FGD in each group the discussion point raised by researcher and in two men and women were participated. The researcher managed the discussion being as a moderator.

### **3.7. Data analysis and interpretation**

The data was analyzed by clustering the qualitative data and describing the finding by supporting with other research findings. The finding from the respondent and key informants was analyzed by abstraction of collected information and presented in short descriptive way, tabulations and figures. The result was analyzed and interpreted in comparison with other findings from literatures.

### **3.8. Limitation of the study**

There are some methodological limitations associated with this study. The major limitation was associated with the period in which the field work was carried out. Since it was the main season for agricultural activities for the rural people, it was difficult to find the respondent and participant in a given time framework. To overcome this problem the researcher used house to house interviewing of respondents and the registration time for Fertilizer at kebele level.

The other limitation was that since FGM is a sensitive issue some of respondents were not happy to share their own experience and especially Men and Boys were considering as hidden issue. To overcome this problem the researcher explained overall objective of the research by developing a friendly environment that helped respondents to share their own perception and experience on FGM freely and discuss the issue openly. Similarly, when interviewing girls some of the respondents shy to give a response. In this case the researcher approached them friendly and encouraged them to speak freely without feeling shame.

## 4. Result

### 4.1. FGM practice towards women, men, girls and boys

#### 4.1.1. Basic information about the respondents

Primary data respondent were selected from four groups of the entire community. These are men, women, girls, and boys. In each group 8 people were drawn to make a total sum of 32. The average age for the women in the respondent was 27, for male 43, for girl 13 and for boy 16. According to religion 87% of participants are protestant and the remaining are Orthodox. According to ethnicity all respondents responded that they are Wolaita.

The marital status of respondents out of 8 women 6 of them are married, one is divorced and one is windowed. In men group out of 8 men 7 are married and 1 is divorced. But in both boys and girls group none of them were married.

**Table 3 : Education Status of the respondents**

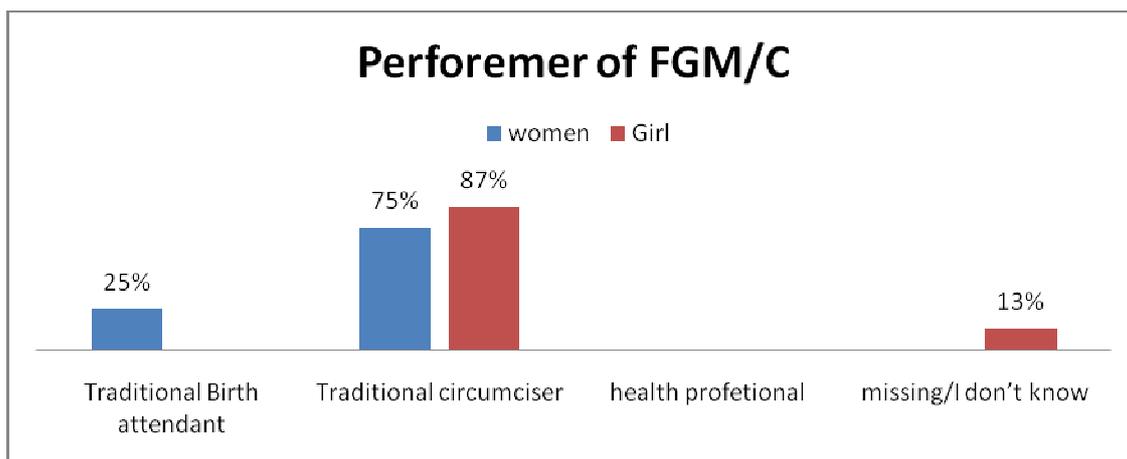
Educational status	Women		Men		Girls		Boys	
	n	%	N	%	n	%	N	%
Illiterate	6	60	3	38	-	-	-	-
Primary(1-4)	2	40	3	37	2	25	1	13
Secondary(5-8)	0	-	2	25	5	74	4	50
High school(9-10)	0	-	0	-	1	13	3	37
Collage	-	-	-	-	-	-	-	-
Total	8	100	8	100	8	100	8	100

n\*= number and %= Percent

Source: Field result, August 2010

#### 4.1.2. Practice of FGM

About 93% of the respondents stated that FGM have been practiced in their own area. As indicated by the respondents practicing FGM was as one of the tradition for the Wolaita ethnic group. Their belief in FGM was that it is a norm inherited from their ancestors. Hence, they have been practicing it with a great respect and values for a long time. It was viewed as a normal cultural practice and accepted by celebrating the practice with special ceremony. The practice is commonly conducted in the home of the parents circumcised women/girls or in some cases it is conducted in the home of female circumcisers. According to the response of women and girls, all women and girls were circumcised in their own home. But only one of the respondents from girl's group stated that her circumcision was done in other village in which her aunt was living. The figure below indicates that how the performance of circumcision was handled by different performer among women and girls in the village.



**Figure 5: Performance of FGM/C**

Source: Filed result, August 2010.

The materials which were used by the circumciser were two types. These are *maglala* and razor blade. Female circumciser explained that she had been using *maglala*, which looks like small knife with high sharpness and has to be reused for another time for other girls.

In FGD handled with the male groups, they stated that FGM has been practiced in the community in a well-organized ceremony before 2 years. Some of the participant said that the practice was decreased in the last two years since they have got information in harmfulness of FGM. From 8 women who were involved in FGD 6 women's said that despite of gaining information in harmfulness of FGM, they are still practicing in the hidden way in their own community.

#### 4.1.3. Reason for Practicing FGM

The reasons for practicing the FGM mentioned by the respondents are different from one respondent to other. The main reasons which are mentioned by the respondents are cleanness, better marriage, tradition and social acceptance and peer pressure as indicated in the table 4 below.

**Table 4 Reasons for practicing FGM**

Reasons of practicing FGM	Women		Men		Girls		Boys	
	n	%	n	%	n	%	n	%
Cleanness	4	50	2	26	1	12	2	26
Better marriage	1	12	1	12	1	12	1	12
Peer presser	-	-	-	-	4	50	1	12
Tradition	3	38	5	64	2	26	4	50
Total	8	100	8	100	8	100	8	100

n= number and %= present

Source: Field result, (August 2010).

In addition to the above reasons for practicing FGM which was indicated in the above table, the other reasons which are mentioned by the women and men participants in FGD were mutilated due to interest of family, to show the maturity, she will not be over sexual and to keep virginity.

In addition, when the girls asked to answer what is the perception if they are not circumcised, from 8 girls 7 responded that it will be difficult to them to get husband in the future unless they are circumcised.

### **Decision making power in practice of FGM**

From 8 respondents of women group, 7 said that the major decision is made by mother of the daughters to be circumcised. One woman said that in some cases the decision was made by the daughters themselves. Similarly, in women's focus group discussion, they said that overall responsibility and decision making power to circumcise own daughter is in the hand of mother.

According to respondents from men group out of 8 men 3 men said that they are the one who had a decision-making power to circumcise or not circumcise own daughters and the other 4 men respondents viewed that it was in the hand of the mother/wife. A member of the respondents from men group also explained that he did not get any information when his daughter was circumcised.

The respondents from girl group out of 8 girls 7 said that the decision was held by their own mother and it was done in their early age (1-4 years old).

### **Type of FGM**

According to which type of FGM had been practiced on them from women and girl group all responded that they undergone type one. But a circumciser shared her experience in the type of FGM as follows:

Before many years, in Wolaita area FGM Type 2 had been practiced and I have also gone through that type. But now type one is mostly preformed. Performance of cutting type one for me is very nice and simple to cut tip of clitoris. In this the girl will be clean and she will be faith full for her future husband. But I don't know the reasons till why peoples make it as a major issue.

All respondents from women, except one woman, mentioned that they didn't face any difficulty after the FGM practice was done. In women's FGD, however, the participants discussed the existence of difficulty in delivery time for the circumcised women.

From women respondents 7 women who were interviewed to mention what will happen if they refuse to circumcise their own daughter's responded that the expected consequences will be out casting from community. Only one woman replied that she will not face any out casting problem from community. In Women's FGD, they forwarded that, it will be difficult to those of mothers who were not practicing FGM on own daughter. In this case, they may be considered as bad mothers for their daughters.

However, according to male respondents 6 out of 8 said that if my daughter/s is/are circumcised or not, this does not affect my status in society. On other hand, the other two (25%) men said that, unless they allow practice of FGM on their own daughters, they will be out casted from entire community.

**Motivation:** In view of girls' respondents out of 8 girls, 7 girls said that there is limited motivation for girls not to be circumcised. Generally motivation like giving award, developing Anti-FGM girls club, encouraging the daughters not to circumcise was observed insignificant.

In the women's FGD participants were requested to tell whether there is a girl in their village who circumcised or not. In response to the query, from 7 women who are involved in FGD 6 women responded that there are only three girls who have not undergone through circumcision in their own kebeles. During the time of discussion with in the women's FGD, few participants were very much astonished due to the fact that these three girls were not circumcised till the time.

One of the participants in FGD, the mother of four daughters whose daughters were circumcised within one day, told the story as follows:

*It was before two years, that the practice was done suddenly within one day in our village. We never and ever forget that particular day. The Kebele administration announced to stop the practice of FGM and if any person refuses to accept the announcement, next step would be punishment.*

*However, after few days new information was disseminated in our village. Just before the implementation of the law the villagers said; we should clear all our girls (circumcise them) at once and they said also since circumcision is one of our tradition we should keep our beliefs.*

*In this idea all villagers started to do their best to circumcise all females found in the village within one day. In this day, all my four daughters were among victims to get circumcised by traditional circumcisers. 'OLAA WODIYA' literally translated as time of War.*

*During the day every home was touched by bleeding of infant and girls due to FGM. All circumcision was performed by the traditional circumciser in our village. Since the traditional circumcisers were using the same materials for various females to circumcise, still I did not know that whether my daughters get infected by HIV/AIDS or not.*

#### **4.1.4. Information in FGM**

From 8 women respondents 7 women and from 8 respondents of male 6 men in two groups reported that they have got information about the practice of FGM. Similarly, from the girls' group 5 of them and from boys' group 5 of them have already got information. The remaining respondents in men, women, boys and girls have not got any information. The information provided was only one that was "if the women/girl circumcised she may face difficulty at delivery".

However, only one respondent from boys' group explained that FGM in relation to sexual pleasure. He explained that the circumcised women/girl may lose her sexual pleasure and she might be also senseless during sex time.

The source of information for awareness rising varies depending on the level of education of the target group such as the social network, family situation, and accesses to information technology like radio, television and different printed materials.

According to the respondents, the main source of information on the difficulty of delivery due to practice of FGM was indicated in the table 5 below.

**Table 5 Source of information un FGM**

source of Information	Women		Men		Girls		Boys	
	n	%	n	%	n	%	n	%
Local radio	-	-	-	-	-	-	-	25
Religious leaders	-	-	1	12	-	-	2	-
Community conversation	1	12	1	12	-	-	-	-
Health extension	1	12	1	12	-	-	1	12
Women's association	1	12	-	-	-	-	-	-
Kebleadministration	3	37	4	50	1	12	-	-
Informal way/people talk	2	25	1	13	4	50	3	38
No information	-	-	-	-	1	13	2	25
School	-	-	-	-	2	25	-	-
Total	8	100	8	100	8	100	8	100

n= number and % =percent

**Source: Filed result, August 2010**

#### **4.1.5. Practice among the Female circumciser**

In this part one of Female circumciser in the village with the age of 56 was chosen as a respondent. She had been working as a female circumciser and Traditional Birth Attendant (TBA) for a long period of time. When she was asked to explain about the performance in FGM she replied as follows:

*Now I don't know whether FGM is practiced or not. Before two years, we were doing the job and I was also acting as a circumciser. In my village, I can assure you that no female was left without getting circumcised since it was my sole job.*

*After a long time, I with my five village circumcision performers received training on FGM and the consequence of the practice. We were also be able to get sufficient information how the practice is very harmful for the female in particular and for the community in general.*

*Once upon a time, I was invited to circumcise a one month baby girl. In response to the invitation, I went to the home and performed my duty. Immediately after the practice, I had been arrested by the kebele administration people and then stayed in prison for two days. After that, I was released and started to stop practicing FGM.*

*I used to get benefits in response to the service both in cash and in kind. The practice was my sole source of income and now due to the prohibition made by the government, I am unable to get income.*

#### **4.1.6. FGM and Legal Support**

When the respondents asked if they have got information in the legal support: out of 8 respondents in each groups 7 woman, 7 men, 6 girl and 7 boys in each group responded that they have already heard about the existence of laws and punishments.

In line with this when the respondents asked to explain the criminal code in detail, Only 1 women, 3 men, 1 boy and no girl were able to explain the laws which is indicated in literature part Box 1 in detail.

The men, women, boys and girls respondents were asked to mention the FGM in relation to human right. To this response none of the respondents explained about the FGM in relation to human rights.

Based on the code, they were asked whether there was experience of punishing families or circumcisers. In response to this the respondent replayed that there were few actions taken by justice body on the villagers who practiced FGM.

The major reasons for taking few action mentioned by the group of males in FGD were: Lack of knowledge about the stated laws, lack of commitment to expose the person who practiced the FGM in society, fearing the traditional community who has power to decide on communal and social issues, and lack of commitment by decision-makers to implement the existing legal procedures.

**Table 6 Reasons for low implementations of criminal code**

Reasons for low implementations of criminal code at kebele level	Women		Men	
	N	%	n	%
Lack of Knowledge in laws	3	38	1	13
Lack of commitment	1	13	2	25
Fearing the traditional society	2	25	1	12
implementers also practicing FGM	1	12	2	25
Low action by kebele leaders or police	1	12	2	25
Total	8	100	8	100

n= number and % = present

Source: Filed result, August 2010

In FGD, men participants pointed out that having a detail knowledge on a given laws is very crucial that enables them to practice laws and expose the person in the future regardless the pressure from community. However, they lack knowledge and detail information in the existing laws.

#### **4.1.7 Willingness to eradicate the practice of FGM in the future**

The decision to eradicate FGM needs willingness of individuals, community members and stakeholders including policy maker in general. According to the answer of the respondents 88% of women, 75% of male, 67% of girls and 50% of boys were willing in the idea of practice of FGM to be stopped in the future.

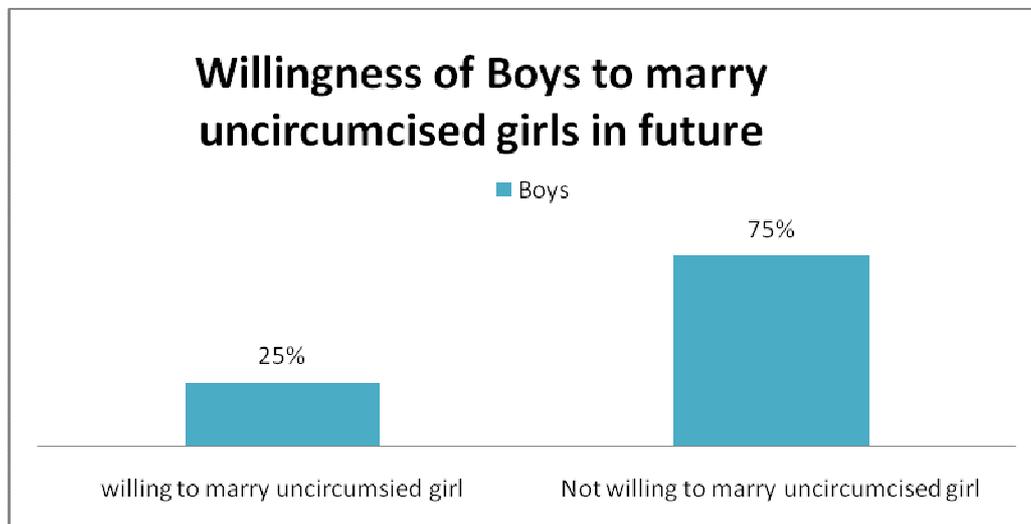
Besides, individually, the respondents indicated that they will not practice FGM in their own daughters or family in the future.

The women were asked whether they would agree to advice their sons to marry uncircumcised girls in the future: 88% of women responded that they are willing to advice their sons.

Related to FGM from 8 women respondents 6 women have been *Jalaa* in the process of FGM. Those women mentioned that being *Jalaa* leads to extra cost and they were expected to buy new cloth for circumcised girl and pay the fee for circumciser.

As far as the women who have been serving as *Jalaa* so far: they said that the practice must be stopped in the future and they related the issue of *Jalaa* with economic crisis and fearing the existing laws.

According to the respondents from boys' group those who are willing to marry uncircumcised girl in the future are indicated in the figure bellow.



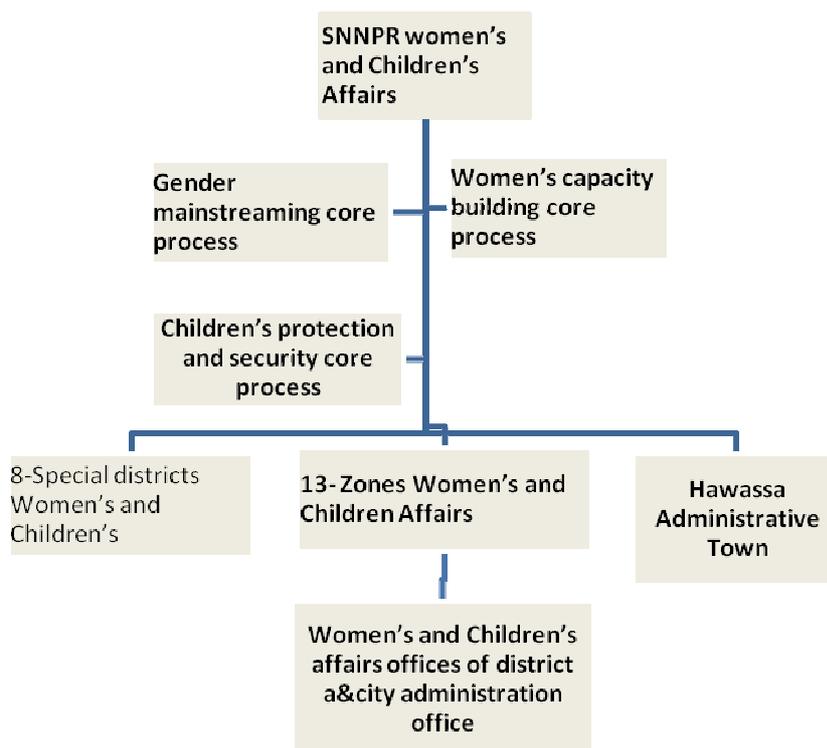
**Figure 6: Willingness of boys to marry uncircumcised girl.**

Source: Filed result, August 2010.

The boys also asked to mention if there were any youth club in the village which involved in discussion in FGM and other activities: 100% of the respondents said that there were no youth clubs in their village. Even If there is a youth association in the kebele it includes few youngsters. In general the Involvement of stakeholders to eliminate the practice was very low.

#### **4.2.1 General information about the stakeholders**

For this research there are different stakeholders involved from region up to Kebele level. At regional level Women's and children affairs bureau which has the branches up to district level were involved as the major stakeholders. The Regional Women's and Children Affairs Bureau have the responsibility to coordinate and facilitate the overall gender and women related activities at regional level, thirteen zones ,eight special districts, one main administration Town(Hawassa). It has also the responsibility to coordinate the GOs,NGOs, Civil originations, religious Institutions at regional level. Figure 8 shows that how the coordination was done up to district level.



**Figure 7: organizational structure of WCA from regional up to district**

Wolaita zone women's and children affairs department is one of the branches from 13 zones which are found in SNNPR. This department has the responsibility to coordinate, facilitate, monitor and evaluate the overall gender mainstreaming, women's capacity building activity and implementation of women's policy, women's and development package, national and international conventions within the 12 districts and 3 administrative towns. At zonal level media and communication department was involved in the research.

Sodo zuriya district Women's and Children Affairs Office, which has also a similar responsibility to zonal Women and Children Affairs Department is involved in implementing the existing strategies and following the achievement with facilitating the whole GOs and NGOs to mainstream gender, to empower women in economically, socially and politically to abolish HTP with in 34 Kebeles at district level. At this level the governmental organizations' sectors which have a direct involvement with the study's issue were involved. These are Health, Justice, education and security/police.

Kokate Marcheree is one of the Kebeles which in sodo zuriya district. In this Kebele, there are different governmental organizations and institutions. From these, kebele administration, health extension agent, education sector, youth association, women's association and religious leaders were participants as key informants

#### **4.2.2. Regional Implementation Strategies**

Based on the given mandates the Regional WCA, the bureau has its own mission and strategies to implement the given activities. According to strategic plan of bureau the mission stated as follows with addressing the HTP (WCA, 2008)

*Facilitating conditions to ensure equality between men and women so that: women can participate in political, economical and social activities of their*

*own region on equal terms with men. These enable them to ensure their right to own property as well as their right respected by making the community to be gender aware, **by removing harmful traditional practices**, that can be achieved by monitoring and supporting all development sectors to be gender sensitive in implementation of existing policies, programs ,guidelines, laws and other plans; empowering women economically by participating in different income generating activities and reducing the workload by facilitating appropriate technology.*

It was also indicated in the organizational Goals as follows

To ensure women decision making capacity and property ownership by combating those Laws & procedures that stand against women rights and by abolishing HTPs and violence against women /VAW/

The sector has prepared a five year strategic plan that helps to achieve the mission and to implement different activities. The Strategic plan of WCA bureau (2008 p.29) states that empowering women economically, socially, politically and educationally enables them to have better understanding on the area of gender equality, HTP, Family planning and different rights of women to mainstream gender in all development sectors.

The implementation strategy was conducted by classifying the main strategy in to activities in different years. The activities supported by target groups, resource and time frame work for 13 zones, 8 special districts and 1 administrative town.

According to the regional WCA, they were involved in awareness creation, sensitization, and community mobilization, training for trainers, facilitator training, developing community conversation and developing different training manuals. However, the implementation depends on the prevalence rate of the HTP within the region.

The resources involved to accomplish to implement the strategy were at different in each level. For example at regional level is from regional government, UNCEF and other NGO those working in area of eliminating the practice of FGM. At zonal and district level, zonal and district administration and very few NGOS were involved.

#### **4.2.3. Zonal implementation strategies**

The zonal WCA department detailed activities were developed and distributed to district WCA office. Zones have responsibility to facilitate and coordinate the district women and children affairs by compiling report and sending it to regional women bureau and zonal administrative. At zonal level, the Wolaita Zone's WCA department head stated about the practice of FGM by explaining two things:

*I can say practicing FGM has not stopped yet in Wolaita zone. It is still continued in hidden way. However the ceremonies related to FGM were stopped and type of circumcision was changed. Previously, during circumcision the whole female organ, labia minora, Labia majora and clitoris would have been removed from the vagina part. But now only removing the clitoris was observed.*

The mission at zonal and district level was similar to the regional WCA bureau with addressing zone and district in a specific way. The organization have been focused on awareness creation and providing information on HTP as a one of main activities.

According to Wolaita Zone WCA (2009) annual plan and achievement the main activities which addressed to eradicate FGM in relation with HTP were indicated below:

- Providing awareness creation to the community on international convention, criminal laws and constitutional right which are related with HTP and GV;
- Establishing committee in HTP that helps to eliminate HTP, to protect GV with integrated manner;
- Developing manual in protecting the practice of HTP.
- Providing technical and material support for different sectors to mainstream gender and harmful practices issue in a development area.
- Facilitating community conversation(CC) in HTP

However, the whole activities in the above plan addressed HTP in general not FGM specifically.

After implementation of the strategy concerning the success of the zone, they stated that the organizations have achieved 100% in a given activities which are indicted in the 2009 plan in above bulletins, except the last bulletin that facilitating Community conversation (66%). Despite of the overall achievements, the successfulness' in eradicating FGM was not in expected way. Since FGM is considered as inherited culture and tradition from own family it was difficult to bring the attitudinal change of the community at all.

Concerning the general network between different GOs and NGOs in eliminating the practice of FGM it was mentioned that a quarterly meeting is held between different stakeholders to evaluate the implementation and to share the working plan for better implementation. However, the network focusing in the area of FGM practice was insignificant and it is not in anti-FGM network.

Generally, according to zonal WCA the network coordination and way of taking action to eliminate the practice of FGM within different stakeholders were not in a sufficient way when compared to the high prevalence rate in zonal level (79%). This indicates the mainstreaming HTP in different organization, coordinating and establishing awareness creation in eliminating the practice of FGM at zonal level was low.

The monitoring and evaluation has been handled by the department but with a great limitation of budget, human and material resources. The major constraints which were indicated at zonal level are lack of budget, manpower, low attention to FGM, lack of commitment of experts, implementer and trained human resources.

According to zonal media and communication department , even if media is one of the major sources of information to create awareness in the harmfulness of FGM and to eradicate the practice , the department indicated that the local radio sometimes transmit program concerning women and children, but not FGM in particular. Similarly, the written material like annual book of the department has not incorporated the issue of FGM.

In addition, according to culture and tourism department at zonal level, the department only focused on the culture, tradition, nature, zonal achievement of the Wolaita ethnic group, but the department head said that the department did not focus on the harmful traditions.

#### **4.2.4. Implementation strategy at District level**

The district WCA office is the one which is involved in implementing the whole activities at district up to Keble level. Kokate Marchere is one of 34 Kebeles in which the district WCA

implementation is taken place. At district level the women's and children affairs', education, health, justice and policy sector were involved as main stakeholders to implement strategies to eliminate practice of FGM.

**Women's and children Affairs office:** The district WCA department was the main implementer of the strategies in all Kebeles. The availability of gender focal person in development sectors such as: health, education and agriculture are helpful to accomplish the strategies. The WCA periodically provides training to develop an annual plan based on the women and development package.

The main committee includes the head of different sectors and it is headed by the district administrators. The district administrators have responsibility to monitor and evaluate the achievement of women and development package in the area of gender related activities. This year, they evaluated the nine month accomplishment and agreed to support and follow their own implementation in the future.

Concerning the material and the training they said that, since FGM is the long term traditional belief and inherited with blood it needs high involvement in training and material. However, the organization lack materials (educational, posters, audiovisual, leaflets) and well trained experts in this area.

According to the head of WCA in the district, perception of the community towards understanding FGM practice seems to be very ambiguous. This was mostly viewed during the session, they agree but after some time they act as if they were not part of the discussion.

Lack of the WCA structure up to kebele level also was as a major problem. Since the district has 34 kebeles it was difficult to reach all kebeles with in limited human and financial resource that was also a barriers to implement the existing strategies.

**Health Office:** According to the district's health sector, the major objective related to FGM was to improve the health situation of women and children so that to enhance their roles in the community. They mentioned that their organization does not have any plan which states about FGM or HTP. But they viewed that awareness creation and other related activities are held on HIV/AIDS and other related issues.

Their major strategy and concern were implementing the seventeen health extension packages. In the seventeen health implementation package, nothing about FGM is indicated even if HTP and FGM has a direct impact for the overall women and children life.

Even if training is rarely given on the issue of FGM and HTP, most of the time awareness creation was given to women in relation to health consequence by addressing the issue of FGM related to delivery. It also has a limited monitoring and evaluation procedure on how to implement the anti- FGM and HTP in the target area. Due to the insignificant awareness created on FGM and HTP the community continued to practice FGM in a hidden way.

**Security Office:** The mission of district security is to create awareness on the existing laws and to take action. According to the head of the security office, to take action and to give awareness on different issues takes place based on the community policing structure with in each kebele. There is no written community policy document at kebele level which is to be used as a reference to accuse and charge those illegal people who violates the rules concerning FGM and HTP. Due to this fact the community police have no ground to take action while observing violation of the law at kebele level unless he knows the general laws which is stated in criminal code at district level.

**Justice office:** The mission of Sodo zuriya district Justice Office was involved in creating awareness in the existing laws and to take action and giving justice. According to the head of justice office, giving awareness was done by addressing all women, men, girls and boys. However, in his response, he indicated that women, girls and boys participation is very low comparing to male in the meeting place.

The network with others to implement the strategies was done between districts women affairs' in implementing package and the local Catholic development NGOS in providing fund in awareness creation. About the successfulness of implementing the strategies, he said that it is not as such successful because of the limitation of resources, training material, lack of work integration in a well planned way and low commitment of the community to expose the person who did the practice.

According to the work sustainability, it needs to be addressed by the district women and children office by maintaining continuous follow up, monitoring and supporting with material in the area of eliminating FGM.

#### **Education office**

According to the Sodo zuriya district gender officer in education sector, the education sector has been working in the area of FGM. The mission of the organization mainly focuses on narrowing gender gap in education sector. This activity was done by the girl's advisory committee at each school in 34 Kebeles.

The training and awareness is given on HTP, reproductive health, HIV/AIDS and gender to the female students at school level. The organization used to integrate women and development package in the five years strategic plan. The existence of gender focal person was helpful to reach every quarter with women's affairs sector. Follow up was also helped to accomplish the strategies. However, according to her, it was difficult to say that the organization was successful in accomplishing the existing strategies because of low budget, low human power, low work integration with others, low awareness in the package.

#### **World Vision Ethiopia (WVE) NGO**

According to the wolaita WVE the Sodo zuriya expert indicated their organization also used to work in the area of Gender mainstreaming, advocacy, training for higher official, preparing manuals and other educational empowerment of girls and economic empowerment of women. With collaboration of district WCA awareness creation also given to leaders in HIV/AIDS and reproductive health. However in addressing the issue of FGM in plan has not yet given attention.

#### **4.2.5 Implementation Strategy at Kebele level**

**Kebele Administration:** The Kebele administration also stated that they have been working in the area of FGM. The main strategies they are employing are creating awareness in meeting place two times within one year, but it is not as such specific to FGM and it includes the general awareness in other HTP. Within 32 small villages in kebele the development team and village representatives are also responsible to teach the entire community about FGM.

**Keble health Post:** The Keble health post has its own mission that deals with "enabling the community more productive and healthy." To achieve this mission the Keble has 17 detailed health extension packages. On these packages FGM or HTP is not considered as one of health extension packages. However, the extension program has HIV/AIDS, maternal health care and so on.

Concerning as to how they integrate FGM with their plan, they answered that they didn't have any written plan in FGM or HTP. But they used to teach the community about FGM in relation to other health issues, like HIV/AIDS. Most of the main target groups are women with range of the age 15-45. The participants indicated that there is lack of follow up, material, budget, and training support from district WAC and Health offices.

The changes observed in the area are, community members are able to explain about the harmfulness of FGM related to birth. Besides, they also have got information in the existing laws related to FGM. However, there is a sign of resistance to stop practice of FGM within community.

It was mentioned that the sustainability of the awareness creation doubtful. For instance, awareness creation in FGM is created for a short time as mobilization (once a year), but not in continuous way. In addition, it was indicated that the work integration between different stakeholders is very low in follow up, monitoring and evaluation to stop the practices of FGM.

**Kebele schools:** According to vice director of the school from grade 1-7 they give awareness creation in FGM, but it was not done in a planned and consistent way. This training and awareness is given to students in relation with reproductive health and HIV/AIDS by health extension agent and sometimes experts from district women affairs. According to the girls club in school he said that there are 12 different student clubs but not girls club established till now. According to the awareness creation in FGM in mini media he said that it was not done in FGM. Finally, he added that the school lack a continuous follow up, work integration with others concerning an issue, early planning, training of staff, lack of financial, material and human resource, low coordination in the whole activity.

**Kebele women's associations:** The Kebele women association representative said that, in her Kebele the total number of women is 3020. Out of this number, 300 are members of the association.

When she was asked to tell about the place of the training, she informed that the training is mostly held at district WCA department. She also said that there are few challenges which are faced in time of making awareness in FGM. There is a proverb in Wolaita language that says, "MITAA GIDIDI CUWAYENAGE BAA" it is literally translated as 'there is no wood which does not produce smoke up on burning'. With regard to this, there are few people who are practicing FGM in a hidden way in their compound. Her experience is indicated as follows:

*I have one uncircumcised daughter. She is ten years old. People in my compound are getting very surprised and insulting my daughter due to the fact that she is uncircumcised.*

*It has also been a big problem to my own daughter since she is insulted by her friends and relatives. This really shows that how much the community is resistant towards challenging FGM. For this attribution, my daughter and I were awarded a special prize by the district administration.*

**Kebele religious leaders:** since within in the kebele majority of respondents were from Kale Hiwot (protestant) and Orthodox Churches, in this part the leaders of these two churches were involved as a key informant.

The leader of Kale Hiwot Church (protestant) who was also the representative for the village said:

*We are teaching our church members on the harmfulness of the FGM. The only information disseminated is the difficulty of women on delivery if she is circumcised. In our church, during the lesson being provided to the members on FGM, some argue that church is not the place to teach about FGM and they say Church is the place to speech only the word of God.*

*We get trouble from our followers since we are teaching them about FGM. Even if we have no supporters on the issue of FGM, we continued teaching our followers. This, I hope brought some change towards decreasing the practice. The bible also supports that only male to be circumcised. Jesus was also circumcised in the 40<sup>th</sup> days, to show us how it is correct. I have also one daughter with five years old and still she is not circumcised. I seriously informed my wife not to circumcise the daughter in a hidden way.*

*Network within kebele is not intensively working to teach the community about FGM. Even if there is a problem on the community side towards eradicating FGM, the network representative mostly focus on HIV/AIDs and non-related issues with FGM. Lack of support to religious leaders in giving training on FGM and gender related issue is also another problem.*

According to the Orthodox Church leaders

*I am the leader of the Orthodox Christian Church and representative for my village. We used to teach the community especially in HIV/AIDS and sometimes in FGM. We didn't make any network with other religious leaders to discuss about FGM and other related factors. I can say that practicing FGM still done in the hidden way. Even, it is very difficult to trust my own daughter, because she may get circumcised in a hidden way. With this her mother and she have more power and I can only tell them not to practice FGM.*

**Kebele youth club:** One of the committee members in the youth group mentioned that, in the Kebele, there is a youth club. But it is not working in the area of FGM. The club is generally used to create an association for youth group to be involved in income generating activities.

## 5. Analysis and Discussion

### 5.1. FGM practice

The study revealed that the FGM still continued in a hidden way among the Wolaiyta ethnic group. However, some studies show that it is decreasing, due to increased awareness of the negative effects and due to the law from time to time in comparison with the previous time.

According to FGD participants and other respondents, the practice is decreasing from time to time but not significant. Although, the practice is not vividly exercised, it is implemented in a hidden way. In line with this the respondents and FGD participants indicated, there is no colorful ceremony while FGM practiced in the community,

Similarly, the women FGD participants clearly stated that, in the last two years, it has been exercised. Now the practice is exercised in a hidden way. But it is not accompanied by a well-organized ceremony. The key informants also added that the communities have got information in the harmfulness of FGM. As a result, most of the community members are not confident to practice FGM vividly.

The study shows that the respondents, participants in FGD and key informants stated that FGM was practiced in the hidden way within the community. This result is relevant with the study which was conducted by Bureau of statistics and Population (2005) states that, in Wolaiyta, the improvement on practicing FGM is not as such significant. In line with this, there are few community members who have stopped the practice due to the awareness created and the involvements of different governmental and nongovernmental organizations. Besides, they started and implemented law that has also contributed to decrease the rate of FGM.

### 5.2. Reasons for practicing FGM.

According to European Journal of Obstetrics and Gynecology and Reproductive Biology (2004), the practice of FGM was extremely entwined with the identity of ethnicity and that was constituted as a major obstacle to change. Similarly, this result also showed that the FGM practice was also as one of the major cultural practice in Wolaita ethnic group for a long period. All the reasons were related to the belief and tradition of the entire community. All respondents in men, women, boys and girls responded that they are from Wolaita ethnic group and they all related FGM as one of traditional practice for their own ethnic group.

According to the result obtained, as indicated in the table: 4 the main reason for practicing FGM according to the respondents out of 8 women 4 said that for cleanness and out of 8 respondents in each group 1 girl, 2 boys and 2 men also said cleanness. Similarly, the same age group of women who were involved in women's FGD also addressed the issue of cleanness or hygienic as a main reasons for FGM.

Female circumciser also added that, if women/girl is uncircumcised she will be unclean and will develop bad odor. Similarly, the study which was conducted by The Federal Ministry of Women's Affairs' Office in collaboration with NCTPE, EWLA and UNICEF (2004) also indicates the community's belief towards FGM that the external genitals of women are dirty and unsightly. Hence, it should be removed to promote hygiene and prevent illness and provide aesthetic appeal. Similarly some other study indicates that, the tip of clitoris of women should be removed, otherwise she will be considered as unclean and her prayers are not also acceptable (BoSP, 2005).

On the other hand, the reason for practicing FGM provided by men and boys was different from women and girls. In the same table: the result shows that 5 men out of 8 and 3 boys out of 8 boys said that the reasons to practice FGM were due to the tradition. Similarly, in FGD with men, they also indicated that respect to tradition as underlining factors for practicing

FGM. They also reasoned their beliefs which are related to the traditions that 'if a female is circumcised, she doesn't break utensils, her virginity will also be guaranteed, she will not be sexy, she will be trustworthy for her husband and her husband will get an utmost pleasure during sexual intercourse'.

Generally, most of the reasons which are indicated in this and in previous chapters, directly or indirectly related to protecting the right and interest of girls for her future potential husband. In the researched area, it is also considered as major criteria to get husband for girl if and only if she gets circumcised. 'The patriarchal system has succeeded in attributing a negative image of the female body to such a degree that women themselves have internalized the value of self undervaluing' (Zero tolerance, 2003).

### **5.3. Information on FGM**

According to the result indicated in the table-5, 4 out of 8 men and 3 out of 8 women respondents have got information on FGM from the Kebele administration. But, only 1 girl out of 8 and none of the boys has got information at kebele level. Similarly, according to the kebele administration most of awareness creation was done at kebele level in meeting place. The result shows that more men (50%) have got access to information in meeting place when compared to women (only 37%). However, wife or mother has more decision-making power to circumcise her daughter than the husband/father.

Table 3 which shows the level of education of the respondents, accordingly, 74% of girls and 50% of boys were in secondary level and 13% of girl and 37% of boys are in high school. However, despite of attending higher grade in school, there were girls and boys without having any information on FGM for instance 13% of girls and 37% of boys who said they didn't have any information on HTP. Even in the same result in table 5, 50% of girls and 37% of boys said that they gained information in informal way or when people talk each other.

According to the District education office most of the school program directly focused on girls in which the information disseminated by school girls clubs. However, the study showed that the information received from school was very limited even in the table 4, only 2% of girls have got the information from school.

On the other hand, according to media out of only 2 out of 8 said that they have got information from Debut FM Radio but none of women, girl and men. One out of 8 women and 1 out of 8 men responded that they got information from health extension agents.

Type of information they got on the harmfulness of FGM was the same within four groups and in male and Female FGD. According to the finding, the harmfulness was only related with delivery. According to the finding, the whole respondents mentioned the harmfulness of FGM related with delivery. And no one be able to mention the short health conscience like bleeding, shock and long health conscience like fistula, menstrual and psychological problems. Even the reasons were similar between key informants like Kebele administrators, religious leaders, and health extension workers and representative of youth and women associations. This idea is in line with the study conducted by SNNPR WCA Bureau (2005) which states about majority of the rural people in the region indicated that the major harmfulness of the FGM is a serious problem during delivery. But only the representatives of women's association were able to mention about harmfulness of the practice related to infection such as tetanus.

During the research, all women respondents were asked to tell their experience if they faced any problem during circumcision. In response to this question, all of them responded that they haven't faced any immediate or long term health problem by being circumcised.

On the other hand the women who have been participated in FGD, when they asked to mention if they got any problem due to the circumcision, they responded that nothing was happened and they also addressed about the delivery was not as such difficult. In this manner they have been informally talking that the circumcised women and their own mothers have been able to give birth without problem because all the women have been circumcised.

This indicates that even if they got information, it was not clear for them on the harmfulness' or the effect related to delivery. The study conducted by WACB (2005) support the idea about the effect of HTP as a general in Rural area the 1<sup>st</sup> difficulty at delivery(33%), 2<sup>nd</sup> Sexual transmitted diseases (25%), 3<sup>rd</sup> HIV/AIDS(20.2) and in Town the 1<sup>st</sup> HIV/AIDS(47.6) 2<sup>nd</sup> difficulty at delivery(26%), 3<sup>rd</sup> psychological problem(20.6%).

The women's association stated that they provide information for all women but the women who have been involved in FGD indicated that they didn't have even the opportunity to get assembly/women's meeting. They also said that the association most of the time includes few women's so they don't have any accessibility to get information in women's group.

The one from women's respondent mentioned that she got the information about the peoples who have been punished due to practicing the FGM in other Kebele at Wolaita zone in local radio program.

The information received about the existing laws indicted that both men and women participants in FGD are not fully aware of the existing law.

#### **5.4. Efforts made to eliminate the practice of FGM**

The studies found out that the existence of different intervention to eliminate the practice of FGM. Specially effort like: signing different international conventions that was related to FGM and HTP, addressing the issue in the constitution, formulating the laws and rules related to the practice, establishment of women's affairs from ministry level up to district to follow up and coordinate the implementation of different strategies, the availability of the policy, the women's and development package and gender mainstreaming activity are considered as a major part of the efforts.

The effort made from regional up to the Keble level involved sectors, like WCA, education, health, justice and security, religious institutions, different women's associations, Ethiopian women's lawyers association, regional women's association) and NGOs.

The WCA structures from regional up to district level addressed the issue of FGM. For instance, the WCA organizations addressed the issue of HTP in organizational mission, goal, five years strategies, annual plan, training program, and education, awareness creation, conducting studies, and facilitating gender activities.

According to NCTPE (2008), it was also indicated that the women's and children affairs' office as one of the most active sectors in eliminating HTP from the government organization and it was heavily involved in mainstreaming the issue of HTP in its own and other sectoral programs.

The WCA bureau have served as the chairperson of NCTPE regional branch committee and advocate the regional government to include the issue of FGM in the continuations of the regions. Different studies which were conducted at national, regional and different ethnic groups with the help of the government, NGOS like NCTPE and international donors have also made major effort. Generally, creating awareness, educating and providing information to community on different means of communication were also used as a major tool.

According to NCTPE (2008) it has also been indicated that the WAC sectors actively involved from governmental structure by mainstreaming the issue of HTP and FGM on its own sector and other development organization.

According to the WHO (1999) the FGM as a highly sensitive and culturally embedded practice, in this case every program strategies would be needed to address the community's norms, values, traditions, customs, roles and way of interaction. In this case, the strategy which was used by WCA bureau to participate the community in the community dialogue program was an effort that enabled the community to discuss freely on the issue about FGM and other HTP to bring the declaration that helps to take action.

At zonal level, the effort was made in coordinating the overall implementation activity at 12 districts and mainstreaming activities at 11 governmental sectors. The WCA office at zonal level also participated in advocacy, sensitization, education and other intervention as their own initiatives and as members or chairpersons of tasks forces established.

The district women's and children, education, health, justice and security sector was the major implementers of the exiting strategies up to the Kebele level. In this regard, most of the sectors have already used to integrate the gender issue in strategic plan by addressing the women's and development packages. However, the result shows that there is limitation in the issue of mainstreaming of FGM and HTP. The structure of WCA up to district level also has its own challenges to implement the existing strategies in all village level.

At Kebele level, the Kebele administration, health, education, and other institution like religious, different youth and women's association also made an effort in creating awareness on issues related to the HTP and FGM. The community has made an effort by identifying different HTP in their own area and discussed in depth in the identified HTP and formulating the declaration which was used as a community rules in the future.

This indicates that the involvement of different stakeholders to eradicate the practice of FGM was very essential. This idea was supported by Anti –FGM programs must include all stakeholders in design, implementation and evaluation of the programs (Population media centre, 2008).

This study also showed that the detailed actions needed to under taken by the community and the implementers as a whole from international up to the village level.

District stakeholder, governmental offices: WCA, Health, education, Justice and security and NGO World Vision Ethiopia was involved in the stakeholders' analysis matrix. In which mission, strategies, activities, way of integration, resource and constraints was included in the table 5 below.

**Table 7: analysis of Stakeholders at district level**

Stakeholders	Interest/Mission	Strategies	Action/activities towards FGM	Collation Integration	Resource	constraints
WCA office	Facilitating conditions to ensure equality between men and women so that: women can participate in political, economical and social activities on equal terms with men. To ensure their right to own property as well as their right respected by making the community to be gender aware and removing HTP.	Empowering women economically, socially, politically and awareness creation for community in the area of Gender equality, HTP, Family planning and different rights on women'.	Developing annual plan based on the strategies, awareness creation, mobilization, providing training, monitoring and facilitating, evaluating implementation.	Coordination to mainstream gender, follow up implementation, formulating review meeting, reports and creating motivation.	Allocated for mobilization, awareness creation and training	lack of WCA structure up to kebele level, Lack of Gender Focal person on Justice and security, Low manpower, low resource, lack of commitment lack in the visual training material, Low coordination and pronged tradition of FGM
Educational office	To create favorable condition for school aged children, especially , girls and youth to attain schooling and step-by step, to narrow gender gaps in school participation	Integrating women and development package in the five years strategic plan, mainstreaming gender issue in annual plan and program.	Providing training and awareness reproductive health, HIV/AIDS, Gender and HTP to the female students at school level.	meeting done with WCA and other sectors quarterly and with follow up	Not indicated	low budget, low manpower, low work integration with others, low awareness in the package, Low involvement of school clubs, Lack of Anti- FGM clubs, Low media(mini media)
Health office	To improve the health situation of women and children so that enhance their roles played in their community	Implementation of 17 <sup>th</sup> health extension packages but not HTP/FGM	awareness creation on HTP and FGM done by integrated way	committee in women and development package	Not indicated	Luck of detailed information, low monitoring and follow up, low training materials
Justice office	To create awareness in the existing laws and to take action in giving justice	Providing general awareness in the given laws	Awareness given at kebele level but not specific to FGM	Committee in women's and development package	Not indicated, but	Low training, lack of martial, lack of Gender focal person, low commitment to take action
Security/Police Office	To create awareness on amended laws to the general public and coordinate communities efforts in protecting the rights of women is a major objective	To take action based on the given laws	Action taken on those who involved on FGM but not according to a given laws	Committee in women's and development package	Not indicated	FGM not included in community policing guidelines - lack of Gender Focal person and Lack of Budget, resource.
World Vision Ethiopia at district level	focused on child and sensitive with gender and environment to ensure sustainability	Participatory in which different stakeholders involved in program cycle to guarantee sustainability	Food security, nutrition, education, HIV/AIDS prevention and control, water and sanitation.	Training, participation in review meeting, support for gender	Resource in gender advocacy and mainstreaming.	Lack of plan in FGM as a one activity, low attention in Area of HTP

## **5.5. Changes Observed**

As indicated above, the efforts which have been made by governmental organizations, nongovernmental organizations, institutions and the community based organizations has brought change at district and community level. According to respondents, the existence of information on the harmfulness of FGM was as a one change. Decreasing the interest of participation to be JALAA as a general indicates the existing of changes.

According to the key informant the change which was observed at district level was the existence of Gender focal person in implementing the gender related activity and the women's and development packages that helps to address to stop HTP and FGM as a one activity.

At kebele level the involvement of community leaders, representatives of different associations like women's and youth, and availability of different governmental structures at grass root level have also played as a change agent to eliminate the FGM.

The women who were involved in a women's association have a more accessibility to have the information on the FGM and other HTP. This agrees with the study which was conducted at regional women's affairs bureau (2005) which indicates that 73.7% of the women respondent said that the association was useful to have different information. In this study, as indicated above, the availability of 10% of women in the Kebele's women's association will not make a significant change.

## **5.6. Existing Gaps in Eliminating the Practice of FGM**

As it was mentioned in the above, different interventions were made at different level to eliminate the practice of FGM. Governmental, nongovernmental and institutions have also played major efforts. However, the result reveals the following:

- The strategies which were indicated in the previous part of WCA sector have its own limitation which has not addressed FGM in specific way.
- Key informants have also mentioned that the barriers not to implement the existing strategies have been lack of resource (budget, marital, trained human power), detailed plan in FGM, low follow up of implementation, lack of coordination
- The study also indicated that there is low action taken in response to the practice of FGM within the community and implementer. This idea was agreed with the study conducted by WCA bureau (2005) which states that the respondent who said the action which was taken due to practicing FGM in rural area was 39.3%. In line with this, no action was taken since the result is 13.3% it was done by local old people 20.7%, education was given 26.1%. However, actions which were done by the elders were seen as a good culture in a given community being practiced, but in some cases they used to consider the issue related to FGM as simple.
- Zonal media and communication sector action plan towards mitigating the issue is not significant. Even in schools, they are not working using their mini media towards eliminating the practice of FGM.
- The study also indicated that there lack of knowledge and understanding on existing laws related to FGM and HTP. Even the study showed that the level

of understanding in the Harmfulness' of FGM was only related to difficulty at delivery.

- Lack of continuous and sustainable education on FGM and other HTP was also considered as a major gap since the practice of FGM is a deep rooted culture in the society.
- The key informants at district and kebele level also indicated that the existence of low monitoring and follow up in implementation of strategies.
- Lack of economic empowerment for those of female circumciser using the practice as income source.
- Young people were not focused as a major intervention strategy because the study result showed that the existence of girls and boys who has no information in the harmfulness of FGM
- Low involvement of women's and youth association. However, the constitution and government support the existence of different association, the study showed that low members of women's and with limited activities, low network with others.
- Low motivation towards girls not to be circumcised and low encouragement giving award for those uncircumcised girls.
- Low work integration in eliminating the practice of FGM from key informants at different levels (health, education, justice, security, NGOs, religious leaders and community based organization like Iddirs).

## 6. Conclusion and Recommendation

### 6.1. Conclusion

The objective of this study was to find out reasons for the persistence of Female Genital Mutilation Practice by assessing the implementation of the existing strategies in eradicating practice of FGM and by looking at reasons for persistence among men, women, boys and girls in the local community. The study shows that FGM persists in the researched area, despite different efforts made to eradicate the practice.

This conclusion has been drawn from the main findings of the study in which source of information were triangulated. The triangulation includes the secondary data collected during desk study and the primary data gathered at field work in Sodo Zuriya district at kokate kebele and enabled the researcher to conclude by answering the major research questions as follow:

#### **What strategies have been used by Women's and Children's Affairs sector and other stakeholders to eliminate the practice of FGM at Wolaita zone Sodo Zuriya district?**

The study revealed that implementation of the strategy to eradicate FGM was indicated in Women and Children's Affairs (WCA) sector by including the issue of HTP in its mission, goal, and strategic plan. The WCA sector has a responsibility to coordinate, facilitate, monitor and evaluate the overall implementation activity in the area of gender mainstreaming and women's capacity building program. However, the WCA sector has developed a strategy that focused on all HTPs but not on FGM in specific way. This way FGM did not get enough attention.

The main strategy that was used by the WCA includes awareness creation, sensitization, and community mobilization, training for trainers, facilitator training, developing community conversation and developing different training manuals in gender and HTPs, but not FGM.

To follow up the overall implementation strategy by coordination of district WCA, quarterly meeting was held with different stakeholders. According to health, education, justice and security offices at district level the implementation strategy to eradicate FGM was done by integrating the issue of FGM into many different activities (for detailed strategies and activities please look at the stakeholder matrix in the table 7).

#### **What are the reasons that these strategies are not effective from organizational point of view?**

The study also revealed that the current efforts to eradicate the FGM is low, insignificant and has an unspecified implementation strategy. For instance, the FGM eradication strategy indicates provision of technical and material support for different sectors to mainstream gender and harmful practices issue in a development area without clearly indicating intervention on FGM. Key informants indicated the existence of limited support from WCA organization.

Creating awareness by using traditional structure to fight backward attitude and practice that harms women is one of the strategy which is indicated in women's and development package . In this strategy, the traditional structure like religion and women's association was involved as major implementer. But, the result shows that the network among different stakeholders is not very strong and effective. For instance health structure is also found up to

kebele and at district level with focal person. However this sector not addressed FGM in their annual plan. Similarly the education sector also exists up to kebele level in which many students can be addressed. Despite of this, the school lacks plan on FGM; no Anti -FGM club, no girls club, and mini media not working on FGM.

The existence of women's association is helpful for awareness creation with in women's groups. However, the participation of women's in this kebele is very low and it was not involving the whole women to gain a better knowledge in existing laws. Similarly, youth association is not actively involved in creating awareness by making peer education and drama.

The kebele administration is playing a major role in awareness creation in FGM to community, however, the male have more accesses to information than women. In addition, girls and boys have been left behind from all information within kebele.

For effective implementation of the strategy the availability of well-trained human resources with experience on FGM and facilitating group interaction is vital. However, the key informants mentioned that there is lack of well-trained manpower in their area of FGM. As a result, the information on the harms of FGM was only related with difficulty during delivery.

Similarly, the level of awareness in the existing legal laws which is related to FGM was insufficient and most of the respondents, key informants and participants in FGD were unable to explain about the existing criminal –code in FGM and none of the whole participant in the research is able to explain human right related to FGM.

The community's low involvement towards disclosing the criminal who participated in FGM is not in a very courageous way. Besides, taking legal actions on the criminals who participated in FGM is not well exercised. Similarly, low commitment from the legal persons' side to take action using the criminal code also observed.

The research revealed that according to the norms of the community, people are not required to disclose the person who participated in FGM performance. Thus, despite FGM is prohibited in the government law, the practice is still persisted in hidden way.

### **What are the barriers faced in implementation of the existing strategies to eliminate the practice of FGM?**

Different barriers observed to hinder FGM eradication efforts were classified as internal and external.

The internal barriers mentioned were: lack of specific strategy and plan in area of FGM, lack of structure at kebele level, lack of well-trained human resource, low budget, lack of time to implement the women's and development package which is related to FGM. Other barriers are: lack of alternative income to women who perform FGM, lack of researched document which is done on FGM and low planning in creating a motivational environment to those who made an effort to eliminate the practice of FGM.

External barriers include: insufficient coordination among those who are participating to eliminate FGM (anti FGM network), lack of effective use of different communication channels and media to teach the community, and create awareness in FGM was also observed.

Other external barriers were: high beliefs on the communal tradition practice, lack of commitment to practice the existing laws, low priority to FGM by implementers and low awareness on harmful effect on FGM.

## **What are the reasons FGM remains important for men, women, boys and girls with in community?**

In the study among the reasons for persistence of FGM, cleanliness was mentioned as a major reason to practice FGM among women's respondents with in community. According to boys and men respondents the major reason was tradition. But for girl it was due to peer pressure and seeking husband. Girls believe that they will not get a husband if they are not circumcised. Besides, it is the source of income generation for circumcisers. In the culture of the community FGM is the base for social network through *jalea*. The pressure from the community on the person who will not circumcise his/her daughter is also important factor.

## **What is the willingness of women, men, girls and boys in the community to eliminate the practice of FGM?**

The willingness and commitment to eradicate and stop FGM were shown by respondents, key informants and participants in FGD in the study. They are also indicated their willingness not to circumcise own daughter in the future except 2 boys.

Similarly the study showed that only few boys are willing to marry the girls who are not circumcised. But still boys want to marry circumcised girls in the future.

The perception of girls towards gaining husband is also based on being circumcised or not. In this case most of girls were happy being circumcised because of the already developed confidence of getting husband.

The study found that not only willingness of the parents not to circumcise their own daughters cannot be solution in the future but also the willingness of daughters not to be circumcised is very important.

The willingness of the performer is also under question mark. Since performing FC generates income for them, they may not stop the performance unless alternative economic source is solicited and strong action taken.

In the study, mothers who were participated as *Jalea* in process of female circumcision showed their strong willingness since being *Jalea* leads to other economic cost. They paid more attention to economic crises that being *Jalea* brings on their livelihood than the harmfulness of FGM.

## **6.2. Recommendation**

To eradicate the FGM, efforts should be holistic including all gender groups with involving all round intervention of every one in a well organized and coordinated manner. The government's involvement without active participation of women, men, girls and boys will make insignificant difference. Besides, the role of different institutions, community leaders, women association, NGOs and international organizations is paramount. The issue of FGM needs a strong network and commitment to reach the goal for effective and successful accomplishment of the strategy.

Based on the findings of the study, the following recommendations are forwarded.

- At regional level the plan should be based on the existing problems in the area with prioritizing the action to stop FGM, not on HTP in general. The strategy should address the issue of FGM in specific way and with detailed activity by addressing the target group based on age, education level, and social status with appropriate implementing strategy up to lower level. The women's and children affairs sector should over take the responsibility to coordinate and to facilitate the overall activities of eliminating FGM. Coordination also needed among GOs, NGOS, and other institutions for a better implementation by sharing the responsibility and prioritizing the problems based on prevalence. Strong monitoring and evaluation system should be developed at all level.
- At zonal level: the plan to eradicate FGM should be based on the existing problems in the area with prioritizing the action. In planning time zone have an opportunity of knowing culture, tradition, and methods of addressing the issue of FGM. In this case regardless of implementing the existing plan they need to revise the plan by addressing the issue of FGM based on zonal context. The local media, printed materials, audiovisuals and role playing methods should also be used.
- At district level: since the structure of women's and Children's Affairs is existing up to this level, the effective implementation strategy should be done by mainstreaming HTP and specifically FGM in all development sector, providing training for the gender focal person, creating awareness, establishing committee in harmful traditional practice specifically FGM, developing the monitoring and follow up methodology, providing training materials and developing intensive networks with whole stakeholders.
- Justice people should be adequately provided with the training on the consequences of FGM so that helps those to take action based on the given laws.
- Media people should be aware of the issue of FGM so that they will participate in creating awareness among public.
- Attention needed to be given for female circumcisers by giving training on harmfulness of FGM to change their attitude and involving them in alternative income generation mechanisms. If this is successfully achieved, it is possible to use them as change agents to teach others and ensure sustainability of the eradication of FGM.
- Education sector should include FGM in educational curriculums in school, mini-media and school clubs, especially anti-FGM girl club should be established and actively involved in awareness creation to eradicate FGM.
- Health sector should include HTP and specifically FGM in health extension package.
- The security sector should be able to include the criminal laws in community policing document which helps the community to over take action at village level. The staff also should be able well trained and committed to implement the laws.
- At kebele level: developing a strong network to abolish practice of FGM, involving all the community from in each stage, participating community to play active role, using the kebele institutions for better implementation, motivating those who played role model, and working in a sustainable way should be done.

- Attention should be given to boys to give the general information in the harmfulness of FGM and in which they need to develop the willingness to marry uncircumcised girl in future.
- Special attention should be given for uncircumcised girls in whom they can develop confidence by motivating them, developing strong anti- FGM girls' club and educating the harmfulness related to human right.
- Generally for effective implementation of strategies and eradicating FGM the WCA should be established and empowered at kebele level.
- All religious institutions at all level should get support (Financial, human and material) to enable them to teach their followers to eradicate FGM.
- The awareness creation should be continued in mass like sensitization, mobilization, training community dialogue, and in interpersonal communication by peer education. The local audiovisual training materials and posters should be used with continuity by participating entire community in suitable way.
- To overcome the budget shortage different projects should be developed to get fund at all levels to those who were involved in FGM activities.
- Finally, since there is a lack of enough empirical research to show the effectiveness of different strategies' to eradicate the practice of FGM, further research should be undertaken in the area to help policy makers and legislatures made informed decisions while undertaking decisions affecting the levies of females in practicing FGM.

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# Appendixes

## Appendix 1 -Questionnaires for women

Basic information of the respondent

- Name\_\_\_\_\_ Age\_\_\_\_\_
- Education a/illiterate-----b/able to read and write-----c/grade 1-4 ---- d/high school----
- Marital status a/single b/married c/divorced d/widowed
- Ethnicity\_\_\_\_\_ religion\_\_\_\_\_

1) Is female circumcision practiced in your community  
a/ Yes-----b/No-----c/I don't know

2) Are you circumcised a/ yes b/ no  
Why?\_\_\_\_\_

3/ If yes by whom it is done?  
a/ Traditional birth attendant b/ Traditional circumciser  
c/ Health professional d/ If other please specify

4/What do you think the benefit of being circumcised?

5/ did/do you face any problem in your circumcision a/yes b/no  
If Yes which kind of problem you faced?

a/ Immediate

- Bleeding/Shock/Pain/Infection
- Other specify

b/ Intermediate

- Wound delay to heal/Malnutrition/Painful in menstruation/Painful in sexual intercourse
- Other specify

c/ Late

- Fistula/Longed labor/Infertility/Sexual enjoyment reduction
- Other specify\_\_\_\_\_

6/ do you have daughters? a/Yes b / no

How many are they?\_\_\_\_\_/ their age/s?\_\_\_\_\_

7/ if yes are they /is she circumcised? a/ Yes all b/ Yes-----# c/ No

8/ If she is / they are not circumcised do you want to practice circumcision on your own daughter/s in the future? a/ yes b/ no why?

9/who has more decision power to decide in your daughter circumcisions?  
a/ Husband b/ wife c/ daughter d/ other family e/ Local chief  
f/ traditional leaders/elders

10/what would happen if you refuse to circumcise your daughter?

- a/ Outcast from family
- b/ Outcast from community
- c/ Divorce from husband

- d/ Daughter will not get husband
  - e/ My relatives will point in my daughter
  - f/ She will get inferiority
  - g/Others
- specify...\_\_\_\_\_

11/ is there any daughter in your village who is not circumcised

- a/ yes
- b/ no

12/ If she was not circumcised what challenges she faced?

- a/ Discrimination
- b/ Peer isolation
- c/ Low attention in community
- d/ Unable to find husband
- e/ Ignorance
- f/ Other specify-----

13/ is there any motivation or appreciation for the girls not to be circumcised?

- a/ Yes
- b/ no

If yes by whom \_\_\_\_\_

What has been done? \_\_\_\_\_

14/ do you advice your boy to get married uncircumcised daughter? a/Yes b/no why?\_\_\_\_\_

15/ have you heard that FGM harmful?

- a/ Yes
- b/ No

16/If yes, what is the source of information?

- a/ Local radio
- b/ Religious leaders
- c/ Community conversation
- d/ Educated children
- e/ Health extension
- f/ Women's affairs department
- g/ Others specify-----

17/ if you heard the information can you explain the harmfulness of FGM?

18/ do you know about the human right related with FGM? A /yes b/no

If yes can you explain? \_\_\_\_\_

19/ do you know about the stated criminal lows in FGM? A/ Yes b/ no

NB if no skip to quetion #24

20/if yes, can you explain what criminal lows which stated about FGM?

21/ is there anybody who is punished by existing low of criminal code in FGM? a/ Yes b/no

22/ if criminal code is not practice in your society what are the reasons?

- a/ Lack of knowledge in the given low
- b/ Lack of commitment to expose the person who practiced the FGM in society
- c/ Fearing the traditional society
- d/ Not to be excluded by the entire community
- e/ The implementers also practicing FGM in their own(Local Keble leaders)
- f/ Keble's/police are not active in taking action

23/ if you have knowledge in the given criminal law are you willing to expose the person who practiced FGM? a/ Yes b/no why?

24/ Do you want to continue FGM in community for future  
a/ Yes b/ No c/I don't know, d/I don't care Why?

25what will be your contribution in the future to stop the practice of FGM?

individually\_\_\_\_\_

community\_\_\_\_\_

26/what will be your suggestion to stop FGM in the community in the future?

27. Have you been "JALA" So far ? a/ Yes b/no

28. If yes, what is the social benefit of being jala?

29. HAVE YOU EVER SERVED AS CIRCUMCISER?

If yes answer from 29-33 if no stop hear

30. If yes for question no.28, do you want continue as circumciser? a/ Yes----- b/no----- why?

31. Do you know participating and practicing FGM is a crime? a/ yes---b/---- if yes what are the stated crime for female circumciser?

32. Have you ever been seen by police or any decision maker during circumcising females? a/yes b/no

When?\_\_\_\_\_

33. Have you ever been imprisoned because of being circumciser? a/yes b/no

34.how is the perception of community towards female circumciser?

35/is there organization which is working in the area of FGM? a/yes b/ no

36/ If yes can you explain the whole activity about the organization and implication?

***Thank you for your information***

## Appendix – 2 Questionnaires for male

Date _____
worda _____
Place _____ Time of _____
interview

Basic information about the respondent

- Name \_\_\_\_\_ Age \_\_\_\_\_
- Education a/ illiterate b/able to read and write c/primary d/ highschool
- Marital status a/single b/married c/divorced d/windowed
- Ethnicity \_\_\_\_\_ religion \_\_\_\_\_

1/ is female circumcision practiced in your community?

A / Yes b/ No c/ I don't know

2/do you support the practice of FGM? a/ Yes b/ no

Why? \_\_\_\_\_

3/ if yes what will be your reason to support?

a/ It is our tradition b/ our value c/ It is supported by religion

d/ Women will be trusted to their husband

e/ If other specify \_\_\_\_\_

4/is your wife circumcised? a / Yes b/ No

5/ if yes what do you fill about your wife being circumcised?

a/Proud b/ happy c/I am accepted by community d/sad e/nothing

6/ do you have daughters? a/ Yes b / no

How many----- What is/are her / their age/s?

7/ if yes is she/ are they circumcised?

a/ Yes all b/ Yes-----# c/ No

8/ If she /they /are not circumcised do you want to practice circumcision on your own daughter/s in the future a/yes b/no

Why? \_\_\_\_\_

9/who has more decision power to decide in your daughter circumcisions?

a/Husband b /wife c/ daughter d/ other family e/ chief f/ traditional leaders/elders

10/what would happen if you refuse to circumcise your daughter?

a/ Outcast from family

b/ Outcast from community

c/ Divorce from husband

d/ Daughter will not get husband

e/ My relatives will point in my daughter

f/ She will get inferiority

g/Othersspecify... \_\_\_\_\_

11/ is there any daughter in your village who is not circumcised

a/ yes b/no

12/ If she was not circumcised what challenges she faced?

a/ Discrimination b/ Peer isolation c/ Low attention in community

d/ Unable to find husband e/ Ignorance f/ Other specify-----

13/ is there any motivation or appreciation for the girls not to be circumcised?

a/ Yes b/ no

If yes by whom \_\_\_\_\_

What has been done? \_\_\_\_\_

14/ do you advice your boy to get married uncircumcised daughter? a/yes b/ no why? \_\_\_\_\_

15/ have you heard that FGM harmful?

a/ Yes \_\_\_ b/ No \_\_\_\_\_

16/If yes, what is the source of information?

a/ Local radio b/ Religious leaders c/ Community conversation d/ Educated children  
e/ Health extension f/ Women's affairs department g/ Others specify-----

17/if you heard about it can you explain the harmfulness?

18/ do you know the human right related with FGM? A /yes b/no

If yes can you explain? \_\_\_\_\_

19/ do you know about the stated criminal lows in FGM? A/ Yes b/ no

If no skip to quetion # 24

20/if yes can you explain the criminal code which are sated about FGM?

21/ is there anybody who is punished by existing low of criminal code in FGM?

a/ Yes b/no

22/ if criminal code is not practice in your society what are the reasons?

- a/ Lack of knowledge in the given low
- b/ Lack of commitment to expose the person who practiced the FGM in society
- c/ Fearing the traditional society
- d/ Not to be excluded by the entire community
- e/ The implementers also practicing FGM in their own(Local Keble leaders)
- f/ Keble's/police are not active in taking action

23/ if you have knowledge in the given criminal law are you willing to expose the person who practiced FGM? a/yes b/no

Why? \_\_\_\_\_

24/ Do you want to continue FGM in community for future

a/ Yes b/ No c/I don't know, d/I don't care

Why? \_\_\_\_\_

25/ what will be your contribution to continue or to stop the practice

A/Individually

b/ society

26/is there orgnizationwhich is working in the area of FGM? a/yes b/ no

27/ If yes can you explain the whole activity about the organization and implimation?

### Appendix -3 Questionnaires for Girls

Basic information of the respondent

- Name \_\_\_\_\_
- Age \_\_\_\_\_
- Education
- religion
- ethnicity

Date _____
worda _____
Place _____ Time of
interview

1/is FGM is known in your community? a/yes b/no

2/ are you family and relative support the practice a/yes b/no

3/what do you think the main reasons of practising FGM?

- a/ Cleanliness/hygiene
- b/ Social acceptance
- c/ Better marriage
- d/ Virginity will be prevented
- e/ More trust full for their own husband
- f/ Socially accepted
- g/ Religious approval
- h/ Other specify
- i/ No benefit

4/Are you circumcised yes/no Why? \_\_\_\_\_

5/ If yes by whom it is done

- a/ Traditional birth attendant
- b/ Traditional circumciser
- c/ Health professional
- d/ If other please specify \_\_\_\_\_

6) if you are not circumcised do you want to be circumcised? a/ yes b/ no Why?

7/ have you heard about the harmfulness? a/ yes b/no

If yes, what is the source of information?

- a/ Local radio
- b/ Religious leaders
- c/ Community conversation
- d/ Educated children
- e/ Health extension
- f/ Women's affairs department
- g/ Others specify-----

8/ is there any peer pressures to practice FGM? a/ yes --b/no---- What?

9/have you got any awareness in school about FGM? a/yes --- b/no----

What?

10/do you discuss with your family and relatives about this topic? a/ yes b/no

11/ do you think you can get husband if you are not get circumcised a/yes b/no - if yes /no why?

12/ do you know about the human right related with FGM? A /yes b/no  
If yes can you explain? \_\_\_\_\_

13/ do you know about the criminal lows in FGM?

a/Yes-----b/no-----

14/ if yes, can you explain what criminal lows which stated about FGM?

15/will you circumcise your future daughter? a/ yes b/no Why

16/ do you want to practice or stop FGM in the future? a/yes b/no\_\_\_\_

How

17/what can you tell for your friend or others the one who want to continue FGM? \_\_\_\_\_

18/what will be your contribution in the future to stop the practice of FGM?

individually \_\_\_\_\_

community \_\_\_\_\_

19/ what will be your suggestion to stop FGM in the community in the futurere?

20/ what will be the challenges you may face in stoping the practice of FGM?

individually \_\_\_\_\_

community \_\_\_\_\_

21/is there orgnizationwhich is working in the area of FGM? a/yes b/ no

If yes can you explain the whole activity about the organization and implimation?

***Thank you for your information***

Date _____
worda _____
Place _____ Time of _____
interview

**Appendix - 4 Questionnaires for boys**

Basic information of the respondant

- Nam \_\_\_\_\_ Age \_\_\_\_\_
- Education \_\_\_\_\_ Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_

1/ is FGM is practiced in your community a/ yes b/no

2/ is/are your sister/s circumcised? a/ yes b/no

3/ why FGM practiced in your society? \_\_\_\_\_

- a/ Cleanliness/hygiene
- b/ Social acceptance
- c/ Better marriage
- d/ Virginity will be prevented
- e/ More trust full for their own husband
- f/ Religious approval
- g/ Other specify

4/ have you heard about the harmfulness? a/ yes b/no

5/ If yes, what is the source of information?

- a/ Local radio
- b/ Religious leaders
- c/ Community conversation
- d/ Educated children
- e/ Health extension
- f/ Women's affairs department

6/ are you willing to marry uncircumcised girl? a/yes---- b/no---- Why? \_\_\_\_\_

7/ is their youth or peer group decisions in your village about FGM? a/ yes--- b/no-----

8/ If yes what is the name of youth group? \_\_\_\_\_

9) in what area your group are discussing about FGM? \_\_\_\_\_

10/ do you want the practice to be continued or stopped? a/yes\_\_ b/no\_\_ Why? \_\_\_\_\_

11/ do you know about the human right related with FGM? A /yes b/no  
If yes can you explain? \_\_\_\_\_

12/ do you know about the criminal lows in FGM? a/Yes b/no

13/ if yes, can you explain what criminal lows which stated about FGM?

14/ will you circumcise your future daughter? a/yes b/no

Why? \_\_\_\_\_

15/ do you want to practice or stop FGM in the future? A/yes b/no

16/ what can you tell for your friend or others the one who want to continue the practice of FGM? \_\_\_\_\_

17/what will be your contribution in the future towards FC?

individually\_\_\_\_\_c  
community\_\_\_\_\_

18/ what will be your suggestion to stop FGM in the community in the future?  
\_\_\_\_\_

19/ what are the challenges you may face in stopping the practice of FGM?  
individually\_\_\_\_\_c  
community\_\_\_\_\_

20/is there organization which is working in the area of FGM? a/yes b/ no

21/ If yes can you explain the whole activity about the organization and implementation?

***Thank you for your information***

## **Appendix -6 Checklist for key informants**

- Is your organization working in the area of FGM?
- What are the vision, mission and objective of the organization which state about FGM?
- What are the main strategies in FGM?
- How the strategies implemented?
- Is your organization ministered the issue of HTP in development area?
- What are the main results achieved after implication of the strategies (change)?
- Who are the target group in the activities?
- Do you have the work network with others? If yes with whom? And How the work integration takes place?
- Do you think the strategies implemented successfully? If not why?
- How is the monitoring and follow up of the implementation of strategies?
- Is there any common interest between other organizations in the implementation of the strategies?
- Is there conflict between implementers? If yes How?
- What is the involvement of the community in the implementation of the strategies?
- What about the sustainability of the strategies after implementation?
- What are the recourses to work? Budget/human/
- What are the barriers which are faced in implementation of the strategies?

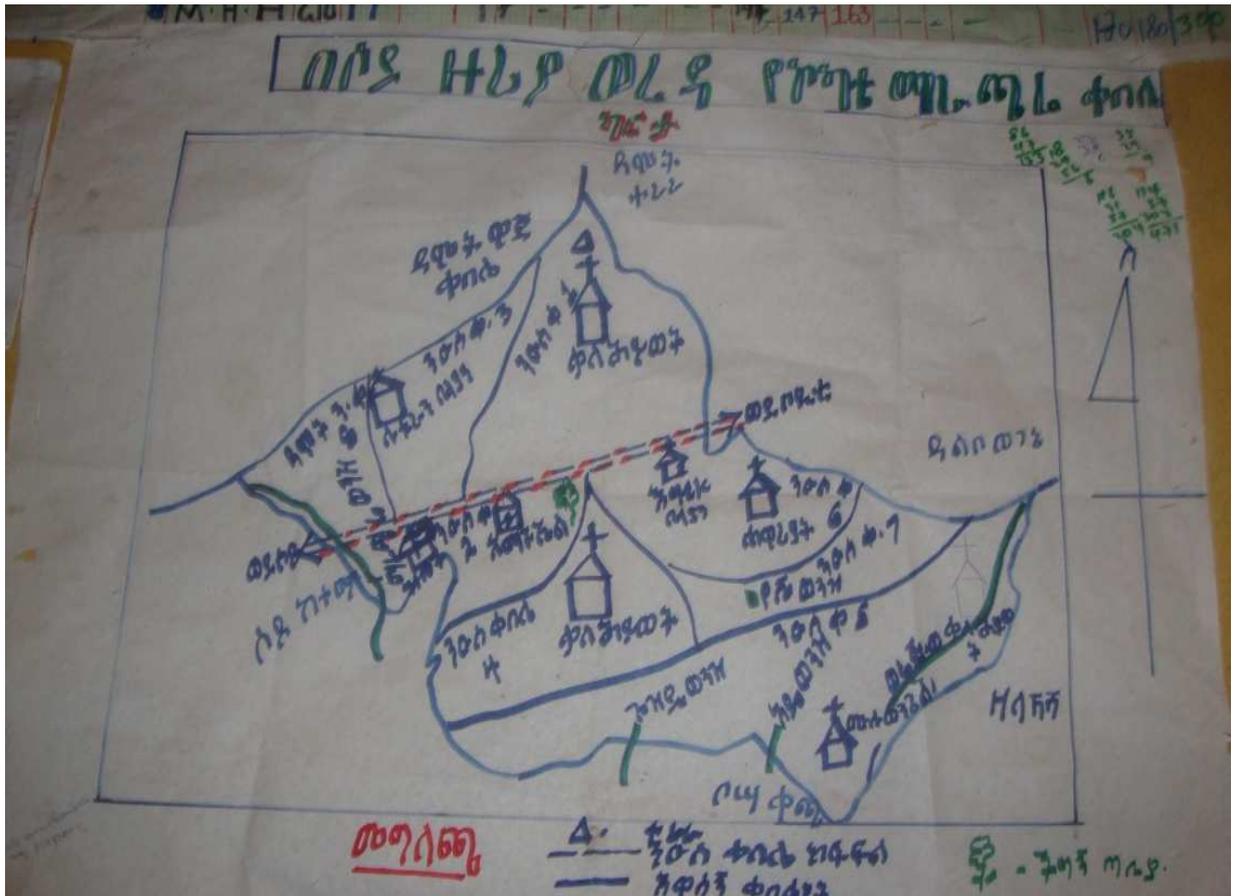
## **Appendix -7 Guideline for Focus group session with women and men groups in village**

The objective of the Focus group session is to find out

To know the perception of men and women in each FGD with raising the Issue for discussion to see and to take the overall image of the community perception in

- Reasons for practicing FGM and why it is persisted in the area
- What is the harmfulness of FGM
- What is the community action to stop the practice
- How different stakeholders involved in the village by addressing specific groups
- The challenges and the information on the existing human rights and criminal code

Appendix 8 Map of Kokate Marcher kebele



## **Appendix 9- Instruction for questionnaire**

**Subject: questionnaire for respondents**

### **Instruction**

#### **Dear respondents**

This research is to be undertaken by the supervision of Van Hall Larenstein University of Applied Science, the Netherlands. The objective of the research is to find out the effectiveness of the implementation of different strategies to abolish FGM by identifying the reasons for persistence of FGM in Sodo Zuria Wereda of Walayita zone. From Sodo zurya wdistrict kokate your kebele was selected. For this research you are selected as a respondent by chance; the information will be analyzed solely for the objective and there will no relation be established between the respondents and the responses given. It is strictly confidential. Therefore, please try to answer all questions according to the specific instructions. The interviewing time will take 30 minutes.

Thanks for time and participation