



## FEMALE GENITAL MUTILATION IN ETHIOPIA

### Country Information

The approximately 77 million inhabitants of the Federal Republic of Ethiopia come from one of around 80 different ethnic groups, the major ones of which are the Amhara (30 %), Oromo (30 %), Tigrinya (6 %) and Somali (6 %). The majority of the population is Orthodox Christian, one third is Muslim. Urbanisation is comparatively low at 16 %, but rapidly increasing. Average life expectancy is 51 years for women, and 49 years for men. For girls the mean age at marriage is 17 years; the total fertility rate is 6.1. Less than one third of adult women (29 %) are literate compared with 59 % of men. The lack of land rights for women, discriminatory legislation, the gender-gap in work, access to education and health, as well as the threat of harmful traditional practices (HTPs) such as female genital mutilation (FGM) are an expression of the widespread belief in Ethiopia that women are inferior to men.

### Prevalence

The Demographic and Health Survey 2005 (DHS) indicates that 74 % of girls and women nationwide have been subjected to female genital mutilation. The practice is almost universal in the regions of Somali, Affar and Dire Dawa, in Oromo and Harari more than 80 % of girls and women are affected. FGM is least prevalent in the regions of Tigray and Gambela, where 29 % and 27 % respectively of girls and women are affected. Some ethnic groups in the south of the country do not practice FGM at all. Support for the practice has declined since 2000: 38 % of mothers of girls have had at least one daughter excised today, as compared to 52 % in 2000. Women from urban backgrounds with a higher level of education are most willing to abandon the practice.

### WHO Classification

*Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).*

*Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).*

*Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and apposition-*

*ing the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).*

*Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.*

Half of all women subjected to FGM in Ethiopia have their clitoral hood cut (see the WHO classification). In the remaining cases, the clitoris and/or the labia minora are cut. Infibulation is limited to five ethnic groups but appears to be losing ground to less severe types of FGM. Nationwide, 6 % of women affected by FGM have undergone infibulation. This form of excision is particularly widespread among the Somali, (with more than 80 % of women suffering this form of FGM) and the Affar (more than 60 %). The age at which FGM is practised varies from region to region. In Amhara and Tigray girls undergo excision before their first birthday, whereas the Somali, Affar and Oromia wait until girls are aged between seven and nine. Some ethnic groups wait until shortly before girls are married, between the ages of 15 and 17.

The practice of FGM is justified to exercise control over women's alleged uncontrolled sexuality and emotional nature. There are also said to be hygienic and aesthetic reasons and the need to comply with tradition and supposed religious requirements. More and more religious leaders, however, are now rejecting the practice. FGM is retained primarily because of the fear that girls and their families will be marginalised if they refuse to comply with the social norm.

The cutting is usually carried out by traditional female excisors in private under unhygienic conditions and without pain relief. Rarely do trained health professionals undertake the procedure. We repudiate this so-called "medicalisation" of FGM in line with the position adopted by the World Health Organisation (WHO). A medical procedure does not preclude health problems and continues to represent a violation of women's and girls' human rights. Popular awareness of the physical, psychological and human

rights consequences of the practice is low, particularly in those areas with the highest incidence of FGM.

### Approaches

The Government of the Federal Republic of Ethiopia is signatory to various international conventions on the elimination of discrimination against women and children. Its constitution provides for the fundamental rights and liberties of the people, and explicitly of women. The population and health policies as well as the national policy underpin these rights for Ethiopian women. They aim to raise the social and economic status of women, inter alia by eliminating all legal and customary practices, such as FGM, which hinder women's equal participation in society and undermine their social status. In 2004, the Ethiopian Government enacted a law against FGM, although no prosecutions have yet been brought under this law.

#### **National Constitution, Art. 4:**

*"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."*

The National Committee (NCTPE) was established in 1987 to help overcome traditional practices harmful to women's and children's health, while promoting those with a positive effect on society. It provides information on the dangers posed by harmful practices, and makes religious and traditional leaders aware of the need to eradicate FGM. Work focuses on media and poster campaigns as well as education and sensitisation measures for young people and multipliers, who work in schools, at health centres and within the communities. The NCTPE is a member of the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children.

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH has in the past supported the efforts of the Ethiopian government to put an end to the practice of female genital mutilation.

Several non-governmental organisations (NGOs) are working in Ethiopia to eliminate FGM, using a variety of approaches. Some of them are supported by GTZ. The NGO HUNDEE helps women and girls in particular. It takes a grassroots approach based on the situation on the ground. Within the framework of municipal development programmes, HUNDEE has been working since 1998 to promote gender equality and empower women, also affording them protection from harmful traditional practices.

Kembatta Women's Self-Help Center - Ethiopia (KMG, Kembatta Menti Gezzima) is working to overcome FGM at local level, involving communities and very young girls who are at risk. Within the scope of municipal development and school-based programmes, the organisation has achieved initial encouraging successes in changing the attitudes of community members.

In Amhara Region, the Youth and Culture Office of the Amhara Region is endeavouring, in conjunction with other agencies, to make more effective use of the media to overcome FGM. The project goes further than merely disseminating information on FGM and involves local communities in the media strategy in an interactive way, because personal communication at community level boosts the effectiveness of measures. Thus not only were local radio stations, journalists and printed media encouraged to report regularly on FGM. Plays, concerts, dance events and puppet shows were developed together with actors. These IEC (information, education, communication) materials are used to provide information about FGM and other harmful traditional practices, as well as about HIV/AIDS. Young people are the main target group. The population is called on to become involved, especially the younger members of the community, for instance through art and literature competitions.

Other activities designed to help overcome FGM include:

- Workshops for various target groups encourage communication and networks, attract people to joint forces to tackle FGM and improve the quality of work.
- Voluntary community helpers are trained on FGM-related topics, and community conferences discuss whether binding agreements relating to FGM are being respected.
- Journalists and medical staff share views and experience to as to inject new life into the public discussion of issues such as women's rights, violence against women and girls, threats to general health, etc.

#### References:

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