

Perceptions of Female Genital Mutilation/Cutting (FGM/C) among the Ethiopian community living in Nairobi

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Abstract

Background: Female Genital Mutilation (FGM), also known as female genital cutting (FGC) and female circumcision, is practiced in 28 countries of sub-Saharan Africa, a few countries in the Middle East and Asia, and among immigrant populations from these countries in Europe, North America and Australasia. As many as 100-140 million girls and women worldwide have undergone the practice, and at least three million girls are at risk of being cut each year, about 6,000 girls a day.

With a national prevalence of 73%, Female Genital Mutilation/Cutting (FGM/C) is a common practice in all parts of Ethiopia and for women from all social strata as well as from all religious denominations. FGM/C is practiced to varying degrees throughout Ethiopia. The most severe form, infibulation, in which part or all of the external genitalia is removed and the vaginal opening is narrowed by stitching, is practised in the Somali, Afar, Harari, and some parts of Oromia regions of Ethiopia. In other regions, such as Tigray, the clitoral hood is removed with or without the entire clitoris.

Objectives: The ultimate goal of this study was to gain a better understanding of FGM/C among the Ethiopian community in Nairobi and of their perceptions about the practice to inform the design and implementation of a community-based strategy that would encourage abandonment of FGM/C.

Methodology: This study was undertaken among Ethiopian communities living in the Eastleigh area of Nairobi, Kenya. This study was descriptive in nature and collected data using qualitative research methods. A total of 23 in-depth interviews and focus group discussions were conducted. The data were transcribed and word processed before being analysed manually.

Result: FGM/C is a practice aimed at not only controlling female sexuality but also places girls and women in a socially accepted gender role by curtailing their sexuality. Other than the medical complications associated with FGM/C, respondents also agreed that FGM/C is a violation of human rights and that the communities need to be educated for them to consider abandoning the practice; sustained community education is crucial, therefore, to initiate abandonment of FGM/C. This education should involve different actors and should be introduced in a manner that communities find acceptable.

Conclusion: Greater efforts should be put on using religious arguments against the practice. Education is required for religious and traditional leaders, policy makers and the general public on the harmful effects of FGM/C, including it being an abuse of human rights. Government ministries, women's organisations and NGOs should also play an active role in efforts to eradicate this practice. Mechanisms should be established to facilitate the exchange of experiences and best practices across countries and regions for combating FGM/C. It will be necessary to tailor efforts so that the social and cultural reasons underlying the practice are discussed and debated so that a desire for change emanates from the community itself.

Introduction

Overview of Female Genital Mutilation/Cutting: Female Genital Mutilation/Cutting (FGM/C), also known as female circumcision, is practiced in 28 countries of sub-Saharan Africa, a few countries in the Middle East and Asia, and among immigrant populations from these countries in Europe, North America and Australasia. As many as 100-140 million girls and women worldwide have undergone the practice, and at least three million girls are at risk of being cut each year, about 6,000 girls a day.

FGM/C refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (1). WHO recognises four types of FGM/C, the most severe of which is type III (sometimes known as Pharaonic circumcision or infibulation). Approximately 15% of all genital cutting is of this type (1).

WHO classification of female genital mutilation

- (i) Type I – Partial or total removal of the clitoris and/ or prepuce (Clitoridectomy)

- (ii) Type II – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (Excision)
- (iii) Type III – Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning labia minora and/ or labia majora, with or without excision of the clitoris (infibulation)
- (iv) Type IV – All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization

The type of procedure and the stage in a woman or girl's life when it is performed vary greatly, including within a country and between ethnic groups. It may take place eight days after birth, at any time between the age of seven and the onset of puberty, or just before marriage. It is generally performed without the aid of anaesthesia and, until recently by traditional practitioners, although in many countries, notably Egypt and Kenya, there is a move towards increasing use of medically trained personnel to try to reduce the physically harmful effects of the traditional practice (1).

Those advocating against the practice have paid much attention to the physical complications that can be associated with FGM/C, but until recently, there has been little systematic analysis of this association. The popular literature abounds with graphic generalisations and anecdotes of girls and women suffering severe gynaecological and obstetric complications and morbidities, including death. As noted by Obermeyer (2) however, these data tend to be based on case history reports from hospitals, (3) there are no comparisons with uncut women to judge their relative frequency, and most reports are from populations practising the most severe form, infibulation. A few studies have been carried out that analyse this relationship through large sample sizes, comparisons with uncut women, and between women with different types of cut, by differentiating between gynaecological, obstetrical, and perinatal complications, and by controlling for factors such as socio-demographic characteristics.

In short, these studies highlight the importance of differentiating between the types of cutting experienced (notably type III) when considering physical complications. According to a recent WHO study women with FGM/C are significantly more likely than those without FGM/C to have adverse

obstetric outcomes (4). Risks seem to be greater with more extensive types of FGM/C. For example, women who have been subjected to the most serious form of FGM/C, type III, will have on average 30% more caesarean sections compared with those who have not had any FGM/C. Similarly there is a 70% increase in numbers of women who suffer from postpartum haemorrhage in those with FGM/C III compared to those women without FGM/C.

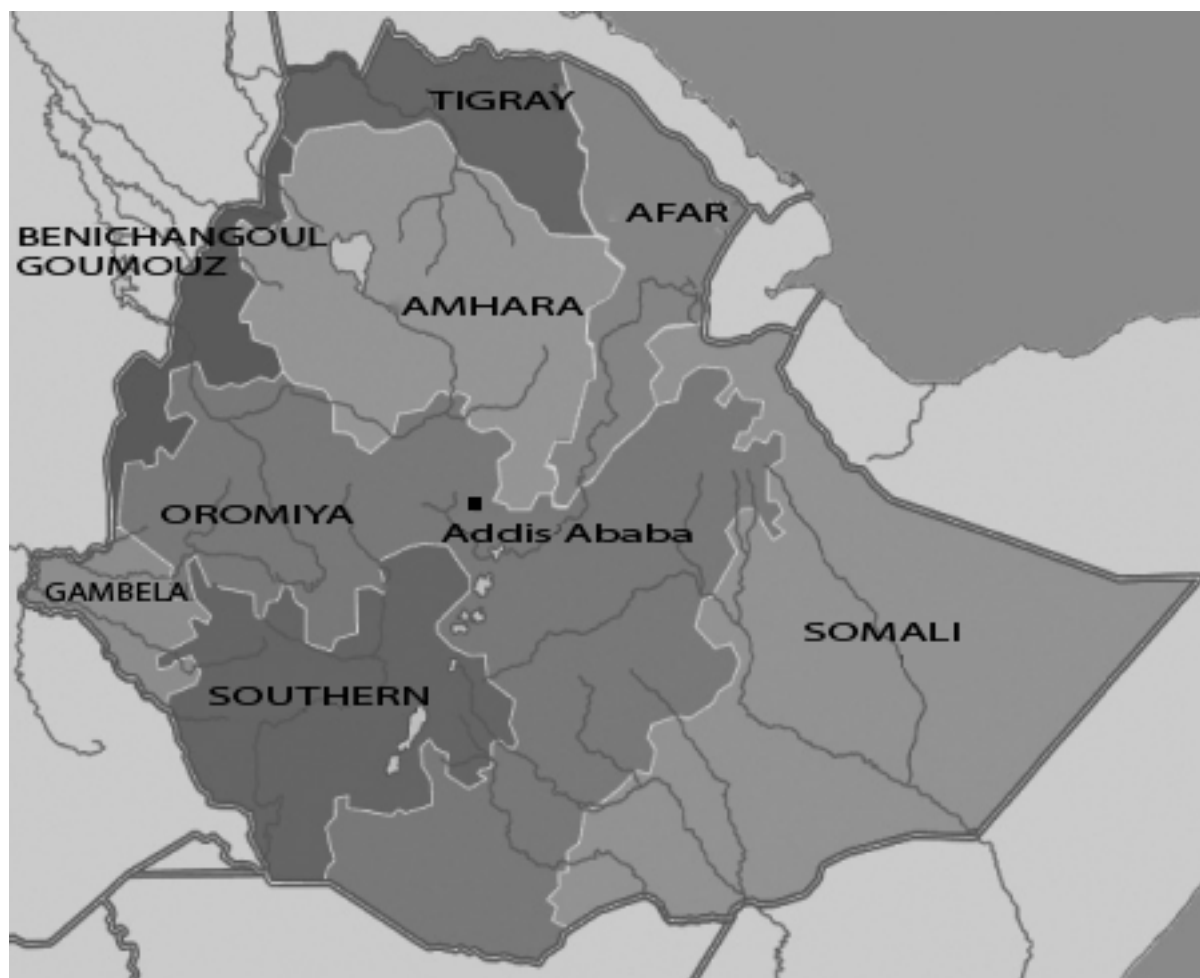
FGM/C in Ethiopia

FGM/C is practiced to varying degrees throughout Ethiopia. The most severe form of this practice, infibulation, in which part or all of the external genitalia is removed and the vaginal opening is narrowed by stitching, is practised in the Somali, Afar, Harari, and some parts of Oromia regions of Ethiopia. In other regions, such as Tigray, it is claimed that the clitoral hood is removed with or without the entire clitoris (although it is unclear whether this is actually possible in reality).

The age at which girls are made to undergo FGM/C also varies from region-to-region. In Amhara and in some parts of Afar, it is done during the first 10 days of life. In Somali, Afar and Oromia, girls are subjected to FGM/C between the ages of seven and nine, or just before marriage between the ages of 15 and 17 years. The type of FGM/C practised in the SNNP region, is a form of excision in which the vagina is narrowed and the clitoris removed.

In Ethiopia, the National Committee on Traditional Practices in Ethiopia (NCTPE) carried out a national baseline survey in 1997/1998 to determine the prevalence of this practice. It was reported that there are some 88 forms of harmful traditional practices. Some 44,000 people were interviewed in the study, reaching 65 of Ethiopia's 80 ethnic groups (urban and rural) in all ten regions of the country. FGM/C was found to have a national prevalence of 73% and is a common practice in all parts of Ethiopia and among women from all social strata as well as from all religious denominations. Regionally, prevalence of the practice varies as follows (2):

- Afar Region – 96%
- Amhara Region – 92%
- Oromia Region – 99%
- Somali Region – 100%
- Southern Region – 54%

Figure 1: Map of Ethiopia showing the regions

According to the Ethiopian Demographic and Health Survey (EDHS) of 2000, urban-rural residence, education, and work status do not make any notable difference in the practice of female circumcision (5) although the practice is slightly lower among younger women.

There is widespread support for FGM/C among Ethiopian women – when asked whether the practice should continue, 60% of all women stated that they supported its continuation. Support for the practice is greatly influenced by residence and level of education. Rural women are twice as likely to support the practice as urban women, and women living in Addis Ababa and in the Tigray and Gambela regions are relatively less likely to support the continuation of the practice. Women with secondary and higher levels of education are also significantly less likely to support the practice (19%), compared with women with no education (67%), as are women in gainful employment (56%), compared with other women.

There is substantial variation by region in the proportion of women with at least one circumcised daughter, ranging from 94% among women in the Afar region to 37% in the SNNP region. Somewhat surprisingly, women who are not employed are less likely than women who are employed to have at least one circumcised daughter.

According to the 2000 EDHS, 92% of the circumcisions were performed by a traditional circumciser, with a traditional birth attendant being responsible for 6% of the cases, and less than 1% being performed by a health professional.

Attitudes and beliefs: Cultural norms encourage women to want to undergo one of these procedures. Being circumcised is often associated with positive attributes, such as gaining respect within the village and becoming a woman. Most importantly, girls who have not undergone one of the procedures are considered more likely to be promiscuous and, therefore, unworthy of marriage. The belief also exists that external female genitals are unclean (¹). Some use religion as the basis for their justification in performing these procedures, despite the fact they are not required by either the Quran or the Bible. Some Coptic Christian priests refuse to baptize girls who have not undergone one of the procedures.

Efforts to abolish FGM/C in Ethiopia

The 1995 constitution of the Federal Government of Ethiopia confirms the human and citizenship rights of women. The family law, issued in July 2000, also confirms women's human rights and their equality with men. However, human rights violations such as

FGM/C are not enshrined. Moreover, due to strongly embedded socio-cultural barriers and the prevailing illiteracy and poverty in the country, FGM/C is not acknowledged as a violation and so it will not be easy to enforce the laws formulated. Since its inception in 1987, the National Committee on Traditional Practice of Ethiopia (NCTPE) has worked on awareness creation among influential leaders, and production of information and communication materials currently being used in schools and by campaigners across the country.

In an effort to fight the practice of FGM/C in Ethiopia, the authorities crafted distinct legal provisions on FGM/C in a manner compatible with their constitution and international legal instruments ratified by Ethiopia (2). The law looks at the problem from two perspectives, namely female circumcision and infibulations of the female genitalia. These are covered in the Ethiopian law book five, chapter three, in which Article 565 states “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”.

Article 566 on infibulations of the female genitalia states:

1. Whoever infibulates the genitalia of a woman, is punishable with rigorous imprisonment from three years to five years.
2. Where injury to the body or health has resulted due to the act prescribed in sub article 1 above, subject 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.

These laws are not widely known in the population and where it is known it has not stopped people from practicing FGM in Ethiopia “*I know there was campaign and education that discouraged FGM. But, I don't know whether there is a law or not. I observed that teaching the community was on going,*” (Elderly men FGD). “*I know even during the Dergue regime it was forbidden and also now the government forbid the practice but people still do it*”(Amhara woman leader). *Rationale for this study:* Given the global condemnation of the practice as a violation of several basic human rights, as well as its association with many health, psychological, and sexual complications, the practice is now illegal in Kenya under the provisions of the Children's Protection Act.

Kenya currently hosts a large number of foreign populations, including many ethnic groups that have traditionally practised FGM/C, such as various groups from Ethiopia. At the request and funding of UNHCR's office in Nairobi, the Population Council conducted a diagnostic study to better understand the perceptions and practice of FGM/C among the Ethiopian communities living in Nairobi, and how their life in

Kenya alters the practice of FGM/C in the population if any. UNHCR is also interested in identifying ways in which the community might be encouraged to abandon the practice, and ways in which those who already abandoned the cut could be better supported.

Objectives: The ultimate goal of this study was to gain a better understanding of FGM/C among the Ethiopian community in Nairobi and of their perceptions about the practice to inform the design and implementation of a community-based strategy that would encourage abandonment of FGM/C. Specifically the study sought to:

- a) Provide a brief literature review on FGM/C practices in Ethiopia to enable a comparison with those living in Kenya.
- b) Document the reasons currently used by the Ethiopian community, both Muslims and Christians, to justify continuation of FGM/C.
- c) Understand whether their life and status in Kenya enhances or modifies the practice of FGM/C
- d) Document Ethiopian community's perceptions of women's and children's rights in relation to bodily integrity, gender relations, and sexuality
- e) Understand how behavioural norms are sustained generally within the Ethiopian community
- f) Identify those within the community who have openly abandoned the practice and understand their motivation to do so and how the decision was taken
- g) Identify key actors who influence the decision to sustain the practice at the community level.
- h) Identify community-based organizations or individuals with which partnerships could be established to support community-based FGM/C abandonment interventions

Materials and methods

Design and study sites: The study was undertaken among a sample of Ethiopians living in the Eastleigh area of Nairobi. This study was descriptive in nature and collected data using qualitative research methods. A total of 16 in-depth interviews and 7 focus group discussions were conducted with the following:

- (i) Religious leaders (Muslim (3 informants), Christian (2 informants), Traditionalist (2 informants),
- (ii) Individual interviews with Community influential (Community leaders (4), Women leaders (2),
- (iii) FGM/C practitioners (2),
- (iv) One Person who has abandoned FGM/C.

One focus group discussion was held with each of the following groups:

- (i) Religious leaders
- (ii) Elderly women
- (iii) Recently married women
- (iv) Unmarried women
- (v) Elderly men
- (vi) Recently married men
- (vii) Unmarried men.

Because of cultural sensitivities, permission to interview all unmarried girls, regardless of age, was sought from their parents or guardian. None of those interviewed was below 18 years of age. The study mostly focussed on Oromo Muslims, due to the large number of Oromo Muslims living in Eastleigh area of Nairobi. Other communities are less well represented, however, where information was obtained this was included. An FGD was also planned with FGM/C practitioners, but this could not be conducted because of difficulties in identifying a sufficient number.

Results

Origins of FGM/C: The origin of FGM/C among the Ethiopian communities is not clearly known. The practice was associated with the particular community's culture and also part of their religion. "Since our community accepts this circumcision as a culture, from the beginning, they did not see its consequence. It has been practiced, being inherited from ancestors. I think it is found in religion and also culture" (Oromo community leader).

According to one Oromo community leader, although the origin of this practice is not clearly stated, it is widely accepted as starting when Jewish people colonized the Cushitic people of ancient Egypt more than 3,000 years ago. Other community members associate the practice with the coming of 'foreigners' into their land. "Originally this practice did not exist either in Oromo culture or Shariah law. It did not exist previously in Oromo Gada system or culture. I know that it came when others settled in our land, they use to call Oromos or abuse them by saying 'people who do not circumcise,' then after it become culture of the community".

Others link the origin of the practice to the Orthodox Church: "This practice in the society, according to my knowledge, it was the Orthodox Church that installed into our society" (Oromo elder).

A Christian pastor who stated "the origin is in two ways, first, related with religion and second I think it is transferred from religion to culture" supported this view. He added "When I say with religion, Israelites had been circumcised so since Christianity came to us it came with their tradition, because of this it got into our culture and brought up the believe which says if the girl is not circumcised she can't get married and it is taken as a shame to her and her family".

Reasons used by the Ethiopian community to justify continuation of FGM/C

The reasons for performing FGM/C that were commonly cited by all the respondents are: a traditional/cultural practice, preparation for marriage, religious demand, control of female sexual desire, family honour, peer pressure and for cleanliness.

FGM/C as a traditional practice: Although it has been difficult to clarify its origin, the practice of FGM/C among the Ethiopian community was thought to have been transferred from ancestors. "Our society understands and practices circumcision because if a girl is not cut she cannot exist in life at all, and also they have accepted it as both a cultural and religious obligation" (Religious leader). However other religious leaders denied this link of FGM/C with religion: "When God ordered Ibrahim to circumcise his slave and he himself he did not command him to circumcise the woman. Circumcision was a command to the men that means God commanded Ibrahim to circumcise his two sons and the slaves that is what I know about the origin of circumcision but among our community, I don't know it's origin" (Muslim religious leader).

A former FGM/C practitioner said the following to emphasize that this is a traditional practice, "... as you know it is our culture and we inherited from our ancestors" and "...in fact, it is a shame for a girl not to be circumcised according to our culture and tradition".

However others said that what was in their traditional system was not cutting any part but symbolic bleeding, emphasizing the fact that the practice of cutting organs is foreign to them. "Basically, in Gadaa, it is more of a symbolic thing. When a girl is ready to be married they basically bleed the thigh of a woman, it is not like cutting some part of her private part. It is more of ceremonial, in a sense that if a woman is not circumcised she is considered like a man. So to circumcise her means that theoretically she will act like a woman. She would be obedient to her husband... But what is being practiced in some parts of Oromia is cutting some part of the very sensitive area of a woman which was not of course done in the olden days" (Traditional religious leader)

FGM/C and marriage: According to some respondents, for a woman to be eligible for marriage she should have good morals. This morality, which is considered primarily to be characterised by sexual purity, is thought to be instilled in her through genital cutting, which is thought to suppress her sexual desire and minimises the likelihood of premarital sex and other immoral acts. "... she is a female who would grow up and be ready for marriage. Because of that she must be circumcised to be married so as to sustain the marriage and so that she can only give birth to legal children that has legal husband" (Elderly woman FGD). "...In some circumstances, leaving a girl with a clitoris is counted as denying your daughter a chance to be married..." (FGM/C practitioner)

FGM/C as a religious requirement: In the holy book Torah gave to Moses, God ordered Abraham to circumcise all his offspring and their slaves, and so the practice was accepted as normal and successive generations used to implement this practice. "... our parents used to convince people as if it had been

commanded in religion, so it has been thought that uncut girls are 'Nejas', meaning somebody who has no purity, so the community believes that it has been recommended by Shariah law" (Religious leaders FGD).

According to those interviewed, the Orthodox Church is thought to encourage the practice of FGM/C. However, a Christian religious leader described a weak link between Christianity and the practice of FGM/C: "According to the bible the Old Testament says Israelites were practicing it to be differentiated from other people, but the New Testament says nothing. It doesn't support it and is not against it, but since it is bad we want it to stop and we will advise people not to do it" (Christian religious leader).

There is a very thin line between religion and culture as demonstrated by one Christian leader "I see the origin in two ways, one it is related with religion and second I think it is transferred from religion to culture. When I say with religion, Israelites had been circumcised so since Christianity came to us it came with this tradition which got into our culture and brought up the believe which says if the girl is not circumcised she can't get married and it is taken as a shame to her and her family.(Amhara pastor).

However some religious leaders were categorical that the practice has no basis in religion. According to a Muslim religious leader, "There is no a single verse in the holy Qur'an which orders people to undergo circumcision. This is the first thing I would like to tell you. The other thing is the "Sunna" of the prophet, there is no commandment in the Sunna of the prophet."

A Christian pastor also said, "according to religion there is no order given concerning female circumcision. I think there is no big difference because Christian and Muslim concerning this issue. The Bible orders males to be cut but not females; there is no rule, order or regulation concerning FGM in my religion as far as I know" (Amahara pastor).

A religious leader for the Oromo traditionalist Waaqeffannaa religion had similar views: "women have equal rights with men in the society, especially girls who are not cut who are seen as having good luck; FGM is considered a harmful practice that violates women's rights according to our religion. There is no order or teaching that encourages FGM in Waaqeffannaa as far as I know" (Religious leader FGD respondent).

Control of female sexual desire: All the people interviewed emphasized control of female sexual desire as the main reason for continued FGM/C in all the practicing communities. Uncut women were considered not decent and hyperactive, who carelessly break everything at home and have loose morals. They feel that their girls would be sexually active and so they cut their genitals to reduce their sexual interest. To emphasize the perception that uncut women are over-sexed, one religious leader said "Due to lack of knowledge

and awareness, my community considers uncut girls to be super sexy and so not suitable for marriage". One community leader said "...as is believed and generally accepted, if a girl is not circumcised she becomes hot tempered and disobedient, does not respect her parents, does not respect the value and customs of the society". Uncircumcised girl was thought of restless and that "... if a girl is not circumcised her sexual desire will be high and also they say she will be breaking things in the houses". (Women leader, Amhara)

The clitoris is thought to make women sexually active and that she will not settle for one husband, hence they cut to ensure that the woman will stay with one husband. A traditional religious leader added his voice to such belief saying that "the main reason, I think, they are doing this circumcision is to make a woman less interested in sex so that she will not go around and do funny funny things outside of her marriage, so to make her somehow contented with her husband...".

"As I think, if the girls are left with a clitoris they become sexually active. They have more sexual desire. Therefore, they may involve in some immoral behaviour. So to reduce their desire for sex, they cut. A girl with clitoris cannot learn in school; and as well as they may leave their parents before they are mature enough for marriage. That is the reason", (Married men FGD).

Closely related to the belief that it controls sexual desires in women is the preservation of female virginity. "According to Oromo culture and also Islam religion, premarital sex is strictly forbidden, so the community thought that circumcision prevents premarital sex, that is why girls are circumcised" (Religious leader FGD).

When recently married women were asked for the relationship between FGM/C and sexual desire they said "She can enjoy it but not that much. This means if she is not cut she will be too sensitive but if she is cut, her interest is medium so she can live being restricted to her husband" (recently married FGD respondent).

FGM/C for family honour: The community views uncircumcised women as ill mannered, promiscuous, and they cannot be governed by their husband. According to one FGM/C practitioner interviewed, uncircumcised girls might bring a problem or a shame to the family or community at large through participating in some immoral behaviours, such as premarital sex and prostitution. "Generally, female genital mutilation is highly valued according to our culture. Accordingly, to curb such immoral behaviour in the society, the girls or your daughters have to go through the process of circumcision so they are respected in the community" (FGM/C Practitioner).

FGM/C is seen as a way to prevent immorality and resultant unwanted pregnancy in the community which is considered shameful. "... at least there is some benefits why because if you leave with clitoris, they may be promiscuous in the process they might bring you a shame and a bastard at the same time. Therefore if they

are not cut, they even cannot concentrate intentions on one thing and even achieve their goals. I think by cutting the girls their clitoris might make them docile so that she can leave with her parents” (Married men FGD)

During a focus group discussion with elderly men it was said that uncircumcised women could be identified easily by the society. *“When she is circumcised, she becomes cool and good in manner. However, if she is uncircumcised, they insult her, “Qintiraam” which means a taboo word representing uncircumcised and so a social outcast. I also believe that circumcision of girls in the right way, because it can control sexuality and turn down the sexual desire of women”* (Elderly women FGD respondent).

Peer pressure: The desire to be like others is one force that encourages the practice. Because of this, it was reported that many girls will ask their mothers to make arrangements for their cutting. “If she is not circumcised, she will face so many problems. First the community perceive her as a person who can’t control her sexual desires, who doesn’t know anything and who goes out with so many guys. Since the majority are circumcised, if she alone is the one who remains uncut she feels ashamed so even she herself prefers to be cut” (Pastor). *The recently married women said this as the community perception of uncut girls “The community will abuse her saying “You are uncircumcised, a prostitute, unmannered”, so they face many problems”* (recently married women FGD respondent).

For cleanliness: It is believed that the cut makes women clean and pure. Terms to insinuate religious purity achieved through the cut were used. The clitoris was termed as *najis* (impure). *“It is very impure to leave our daughters or girls with a clitoris for it is ‘najis’, meaning unclean* (FGM/C practitioner).

Practice of FGM/C

Who makes the decision to circumcise: Mothers are the persons who have most influence at the family level in making arrangements and taking decisions concerning cutting of the girls. *“The mother is the main role player of this activity. The mother is the one with all the issues because she is the one who raises the child and looks after her”* (Muslim religious leader). This is based on an Oromo saying, *‘Look at the mother and marry the daughter’*, such that the mother has to protect her reputation by cutting her daughters. However, this does not mean men have no role in the practice, as stated by a pastor from the Oromo community: *“Most of the time the girl will be prepared by her mother, but the father also wants this thing to happen before he*

gives his daughter’s hand to a man”. The other relatives and her peers also play a role in initiating the process of cutting the girls.

Types of cutting

The type of FGM/C practiced by the Ethiopian community in the study area was mainly type III (infibulation), where the clitoris and the labia minora are cut, and then the labia majora is stitched together. *“Because of our culture we circumcised our girl. Circumcised and sewed is a must because when she got married we wash her body, her sewed genitals was checked by her mother and her mothers’ friends, when her mother is told it is closed, she felt happy”*. (Elderly women FGD Oromo respondent).

There was reported de-infibulation at marriage by traditional circumcisers who were entrusted with the de-infibulation, meaning the type practiced was type III. *“You know her genitals are sewed. If the husband is strong he can make intercourse. But if it occurred that he can’t penetrate her vagina then her genitals will be re-cut to make it proper for first sexual intercourse”*(Elderly women FGD respondent) and *“... we tear apart the sewed genitals for the person who would marry her. And a person who married her also felt happy”* (Elderly women FGD Oromo respondent).

Elderly women continued to say that *“Circumcision is two types: The first one is traditional circumcision. In this type they cut out all of labia majora and clitoris. After that they sew the genital organ, finally they leave a very narrow orifice to help the passage of urine. The second type of circumcision which is done for the sake of “suna” the tip of clitoris is cut, even if we make it bleed is enough for the sake of Shariah”* and that *“the ancient type of circumcision was stopped. Nowadays just the “najis* (Arabic term meaning impure. Islamically it refers to anything with spiritual impurities. However the clitoris is not considered najis in Islam, it is just a misconception.)” *part of genital tip of clitoris is cut”*.

Female genital mutilation is known by various names in the Ethiopian communities, including *heena, absuma, dhahina qabaa, kitana or Kittaamor, taharaa, Xahawrsuu Mura, dhagna qabaa, dhagna irraa qabne, and Muqowl*. The men interviewed had no idea of what is cut or the type of instrument used in FGM/C, or the complications women or girls may suffer as a result of this practice. Usually girls are cut in a house (unlike boys, who are normally circumcised outside the house) where there is enough light. The commonest age of cutting the girls is usually between 6 and 7 years, though they may be cut as late as 20 years.

The clitoris or the part of genitalia that is cut is referred to by several names such as *‘Likiin’ Qinxira’* or *‘Karessa’ meaning caterpillar qara*. Those who are managing the cutting put the girl on a stool, with one woman standing behind her who holds her hands, covers her eyes and holds her legs apart while the

practitioner cuts her. They describe three cuts being made, one big one from the top and two smaller ones from the sides. This description fits cutting of the clitoris and the two labia minoras. They cut the middle part on top of the vagina and then cut up to the bottom to make it look better. *"We hold the part up with our nails and cut it using a razor blade from the top, going behind on the two sides, and then scrape the parts with the blade up and down until the women who are present are satisfied. In between girls we boil the knife"* (FGM/C Practitioner).

The festival and preparation around the time of cutting: The day that girls are cut is considered an important day in her life, similar to the wedding day. When asked to describe the circumstances surrounding the event, including any ceremonies, one elderly woman stated the following during a focus group discussion. "Usually girls take a bath before they go for circumcision. There is also preparation in the house, some gifts or presents are given at the initiation ceremony. The new initiates are given new clothes in order to make them happy, if possible everything is going to be new, even the house in which they are going to be circumcised. The circumcisers also have to dress in new clothes. A group of ten or even more are circumcised at the same time. The new initiates are separated from ordinary people. Special foods are prepared for the new initiates. Foods like meat, porridge and other soft foods are made. Drinks are also available at the initiation ceremony. Friends, relatives, siblings and other people visit the new initiates during and when they are in the incubation period. Those people who visit the initiates bring them gifts and some presents to make them happy and forget the pain."

Cutting instruments: Traditionally knives, daggers and razor blades were commonly used to cut girls, but nowadays only razor blades are used for cutting. According to the practitioner interviewed *"We used to cut all the initiates with one apparatus. We used one for all of them, but nowadays there is no issue of cutting the girls with one razor blade. We use separate blades for each"*.

According to a traditional FGM/C practitioner, no form of medication is used before cutting, but traditional herbs are used after cutting, such as 'hargesa tree' (aloe vera plant), qumbi, 'myrr', and shukar (sugar). Eggs are also used after cutting. Herbs like qumbi or malmaal are used to prevent bleeding and to paste the cut surfaces together. 'Hargesa tree is used to prevent infection. The contents of an egg are put on the cut surface to cool the pain and it is also believed that it reduces itching. The only antiseptic procedure undertaken to control for infection is a morning cold bath which doubles up as pain relief, but there is no further cleaning of the cut genitalia.

Who performs the procedure?: Elderly women who are either traditional birth attendants or specialist

circumcisers most commonly perform FGM/C. These women are called *ogetti or Dhayna gabdu*" in some dialects, emphasizing their experience and expertise. Trends in the practice of FGM/C

Though there was no consensus among respondents, according to some people interviewed there are no changes in attitude or type of practice reported among the cutting groups that is associated with the migration: *"You know there is the same media here and back home. I don't think the change of place changes their attitude"* (Amhara woman leader).

However, according to some other respondents, there are a number of changes. It was reported that if people are encouraged to revert to their traditional religions instead of the modern religions, they could abandon FGM/C, because these traditional practices do not advocate for the practice, but instead discourage it. According to one male respondent whose family had abandoned FGM/C, the Oromo people have a culture that protects female sexual body and that he put the blame on modern religions for bringing the practice to their community. *"Before this religion came to Oromo society, Oromos have a culture which taught that female's sexual organs should not be cut. If so, women should stay as God created them"*.

The use of an individual razor blade for each girl instead of a traditional knife or one blade for all was also reported. Due to increased awareness of the medical harms of the practice, there is reported medicalization of the practice as opposed to using traditional cutters, who were few in number in the study population. It was reported that there was change from the old type which was severe to a milder type. *"the ancient type of circumcision was stopped. Nowadays just the "najis" part of genital tip of clitoris is cut"*.

Two men were identified during the interviews who had abandoned the practice. Their reasons were based on their exposure to the health consequences of FGM/C and the realisation that there is no benefit or religious backing.

Other respondents felt that migration to urban centres or to areas with a lower prevalence, or living in exile may help women in escaping the cut. *"One of my sisters, she moved to town at a tender age and now she has escaped the cut. Another factor is that living in exile is a contributing factor in escaping the cut for our girls, because many refugees are now almost leaving the practice because they adopt the culture of the host communities. Other circumstance where they can escape the cut is if they moved from where this practice is common to another place where this practice is not widespread. Apart from that there is no situation which makes them escape."* (Married men FGD respondent)

In Ethiopia, those who have not undergone FGM/C are discriminated against, and such persons are called by several derogatory names. No mention

was made of such discrimination in Kenya among the refugee population. *“Back home, the community abuse her saying ‘You are uncircumcised, a prostitute, and unmannered’, so they face many problems. The community thought that she had sex with every man and could bring sexually transmitted diseases. So they abused her; the uncircumcised girl is hated by the community. They call her wanderer, hot tempered”.* (Recently married women FGD)

This lack of discrimination could be explained by increased awareness of the negative consequences of FGM/C. *“In the community back home, uncut girls are considered as if they are out of religion and hated by the community. Because mothers have taken this religious culture highly, she wants to practice it. For example my wife has cut my first daughter. But after I heard of the complications of FGM, I prevented her from cutting my two younger daughters. In my opinion, since this practice bring problem to society it should be stopped”* (Person who had abandoned FGM).

According to some men, although in the past uncut girls may not have been able to get married, this thought seems to have changed. *“According to me, there is nothing that will happen to them. Why? Because nowadays such uncircumcised girls are being searched for by men because men want to live with such women, claiming that they are good for sex”* (Married men FGD respondent). Another male respondent added *“Previously uncircumcised girls were very much hated by our community. They could be insulted by others and ridiculed in the society. They were very much underrated by the whole community. Even their parents were abused just because of their daughters. Sometime they were teased by their friends and relatives. Their friends mocked them. But at the moment there are no such things at all”* (FGD Married Men).

However, increased awareness of the various health and human rights complications associated with FGM/C, together with a lack of traditional Ethiopian FGM/C practitioners in Kenya, may discourage them from going on with the practice. None of the respondents mentioned that those who had abandoned the practice are discriminated against by the refugee population living in Nairobi.

Awareness of FGM/C as a violation of human, legal and sexual rights

When respondents were asked whether they were aware of any laws in Ethiopia or Kenya, the majority said that in both countries they have not heard of a government ban on FGM/C. *“I have never heard anything about it, but those legislations are only to cheat the people, not to avoid it. The legislation is only on paper”* (Islamic religious leader). The few who did know of these laws could not give any details about them. None were aware of the Children’s Act in Kenya or the Ethiopian laws. The only statement that

mentioned having knowledge of the government ban of FGM/C in Ethiopia was one woman who stated, *“When I was in Ethiopia I think at the time of the Derg regime when I was young, the Ethiopian government declared that everybody should stop circumcising his or her girl. But after the declaration, people continued to circumcise their daughters secretly. After this Government declaration it was said that anybody seen circumcising his or her daughter will be punished in law.”* (Unmarried women FGD respondent).

It was also reported that girls’ consent was never sought and her opinion never respected as to whether she will be spared the procedure. Many times it is done too early in life for them to decide for themselves. It was agreed that FGM/C is a violation of human rights: *“I think FGM/C is a practice that violates human rights. FGM/C is practiced without a girl’s consent. So, doing such harmful practices by force is clearly a violation of the human rights of women. In any society, an act, which is done by force, is considered a violation. This is clear; cutting women’s organs is also a violation of a human right; nobody denies this”* (FGD Elderly men respondent).

Discussion

Developing an appropriate FGM/C abandonment strategy: FGM/C is a deeply rooted cultural practice among the Ethiopian communities that continues without questioning about its origin, purpose, or benefits. The key reason for FGM/C is to enforce the cultural value of sexual purity in females, as characterised by virginity at marriage, chastity and faithfulness during marriage, and an emphasis on modesty during sexual activity in marriage. It is felt that sexually pure women are fulfilling cultural obligations, are eligible for marriage, and bring honour to their family. The practice is also linked with Islam and Christianity.

Given the clear strength of feeling by men and women that FGM/C is a critical component of their culture that they are not easily willing to abandon, efforts to encourage behaviour change should be tailored so that the reasons underlying the practice are discussed and debated to enable a desire for change to emanate from the community itself. *“The thing that can bring about this eradication is education. If we cooperate with NGOs, with the active element of the community and with religious leaders, we can tackle it for good”* (Islamic religious leader). Another community leader added, *“Because people are like a river; you cannot stop the river at once, therefore you cannot make a law and expect people to follow it at once”* (Opinion Leader).

Therefore sustained community education is crucial for the abandonment of FGM/C. From the findings an appropriate strategy to address FGM/C abandonment

in this community must include messages from religious, the health consequences and human rights in order to counter the rationale for the practice. In addition underlying reasons of FGM/C as regards marriageability and sexual control should be discussed.

Conclusions

The practice of FGM/C is linked to religion, culture, and marriageability in the Ethiopian community in Eastleigh. To tackle the practice we recommend a multi-sectored approach with extensive community dialogue, through which the community can discuss the origin of the practice, including its religious basis. The community should be encouraged to debate the rationale for sustaining the traditional beliefs, such as suppression of sexual desires and marriageability and be informed of the legislation prohibiting FGM/C, in Kenya, Ethiopia as well as international instruments that can be used on violators. To achieve this, religion, human rights, legal perspective, gender relations and health should all be combined within the community dialogue.

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