CHAPTER II

LITERATURE REVIEW

2.1 FGM in Ethiopia

The practice of FGM is universal in Ethiopia, the percentage of circumcised women was 99.3%, infibulation is the commonest type of circumcision used (75 – 97%) – in Somali, Afar, Harari and some parts of Oromia regions. The age of the circumcision varies from birth to 15 years, the average being 7.5 years. A type of circumcision does not seem to be influenced by some environment variables. For example, birth place of parent or place of circumcision, it is primary determined by the population of the individual region.(UN, 1995b)

In 1997/1998 the National Committee on Traditional Practices in Ethiopia (NCTPE) carried out a national baseline survey to determine the prevalence of this practice. Some 44,000 people were interviewed in a study reaching 65 of Ethiopia's 80 ethnic groups (urban and rural) in all ten regions of the country. The published results show 82.7 percent of the female population have undergone one of these procedures.(Ethiopia, 2001)

Regional statistics of the prevalence from the survey are Afar Region – 94.5 percent; Harare Region – 81.2 percent; Amhara Region – 81.1 percent; Oromia Region – 79.6 percent; Addis Ababa City – 70.2 percent; Somali Region – 90.7 percent; Beneshangul Gumuz Region – 52.9 percent; Tigray Region – 48.1 percent; Southern Region – 76.3 percent.

2.2 Generational trends

The differences between the percentage of women aged 15–49 who have undergone FGM and the percentage of women aged 15–49 with at least one daughter circumcised indicate a change in the prevalence of FGM/C: a generational trend towards ending the practice, This is of particular importance in countries where the prevalence among women is higher than 75 per cent. In Egypt and Guinea, for example, where almost all women aged 15–49 have undergone FGM/C, only about half of the women indicated that their daughters have undergone FGM/C. (WHO, 2000)

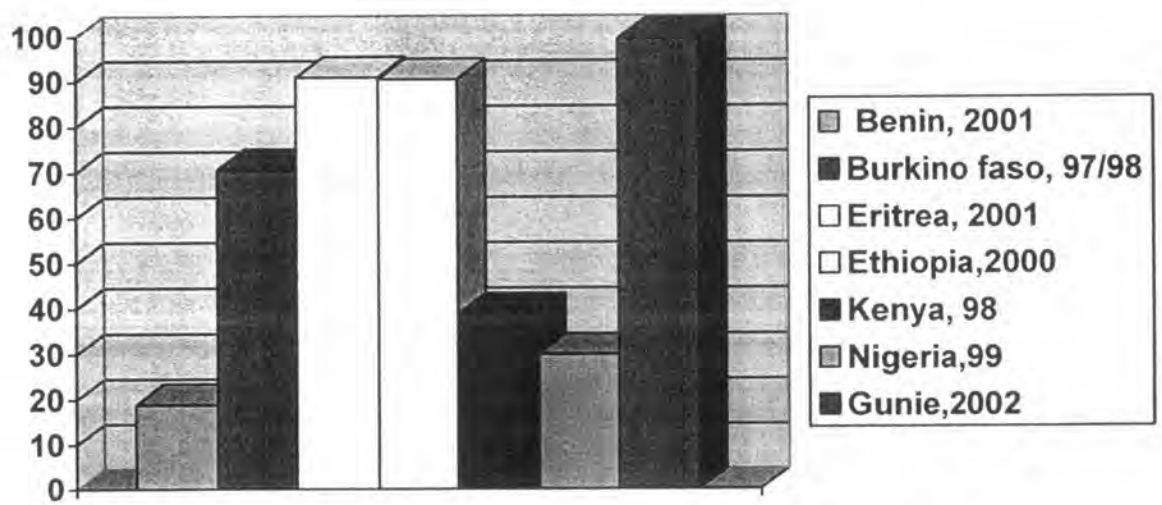

Figure 2: FGM prevalence in selected African countries by years of survey

(Source WHO/Afro 97/98)

2.3 Age

Looking at FGM/C distribution by age cohorts can also provide an indication of how the practice has changed over time. It can be observed that, overall; most countries demonstrate lower FGM/C prevalence levels in the younger age groups (15–

19 and 20–24). However, in the four countries with the highest prevalence of FGM/C (Egypt, Guinea, Mali and northern Sudan) very little evidence of change can be found using this method. (United Nations Children's Fund [UNICEF], 2005)

Among women aged 30–49 with those aged 15–29 using the ratio of these two percentages. (A ratio value above 1 indicates that FGM/C is more prevalent among the older cohorts, ages 30–49.) Younger generations have lower prevalence of FGM/C in 11 countries – Benin, Burkina Faso, the Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Nigeria, Senegal, the United Republic of Tanzania and Yemen – all with ratios greater than 1.1 and indicating a possible trend of decrease in the practice. For countries with a higher prevalence – Egypt, Guinea, Mali and northern Sudan – the ratio is very close to 1, indicating that FGM/C is constant across ages and is, therefore, constant during the recent past.(UNICEF, 2005)

Table 1: Prevalence (%) of FGM/C among women 15-49 years old, by place of residence and age group

Country (year of survey)	Total	Place of residence		Age group				
		Urban	Rural	15-24	25-34	35-39	40-44	45-49
Benin (2001)	16.8	12.6	19.7	25.5	35.3	18.3	25.1	23.7
Burkinofaso (2003)	76.6	75.1	77.0	70.6	79.3	81.6	83.1	83.6
Cameron(2004)	1.4	0.9	2.1	2.9	2.7	1.2	1.8	2.4
Central African Republic (2003)	35.9	29.2	40.9	61	75.5	43.3	41.5	41.9
Chad (2000)	44.9	42.9	45.5	85.5	90.9	45	45.2	51.5
Cotdivore (1999)	44.5	39.1	48.4	83.9	91.4	44.5	51.4	51
Egypt (2003)	97	94.6	98.6	97.1	96.9	96.4	96.5	98.0
Eriteria (2001)	94.5	92.9	95.3	92.4	95.25	97.0	95.9	97.1
Ethiopia (2000)	79.9	79.8	79.9	74.5	83.75	83.6	85.8	86.8

The case studies collected by UNICEF as part of a larger survey on Knowledge, Attitudes, Beliefs and Practices around FGM consistently revealed

complications and negative consequences of FGM, which can be broadly divided into four thematic areas:

1) The medical effects of the practice;
2) The psychological effects of the practice;
3) The dangerous traditional practices that accompany FGM and
4) The cultural stigma associated with girls who are not circumcised.

2.4 Medical complications

The case studies revealed an entire gamut of medical complications, including: tetanus infection leading to death; severe bleeding during the procedure and later during deinfibulations; complications during childbirth; inability to urinate; septicemia, sometimes leading to death; severe muscle contractions; and difficulties in breathing.

FGM can also increase the likelihood of a girl contracting HIV if unsterilized equipment is used. In one of the case studies, the circumciser performed FGM on five young girls consecutively, with one of them being HIV positive.

The main link between FGM, HIV/AIDS and heightened vulnerability for transmission, however, comes from the increased incidence of reproductive tract and lower pelvic infections that provide a 'doorway' for HIV to enter the body when in contact with the virus.

2.5 Psychological effects

The psychological effects of FGM on both women and men are significant. When undergoing the procedures, girls are often told something good is about to

happen and are told that they are becoming pure by the removal of 'unclean' or impure body parts. The pain and trauma of the procedure, which almost none are prepared for, can have lifelong effects.(Menage, 2006)

2.6 Traditional practices

Communities that practice FC/FGM maintain their customs, Tradition and preserve their cultural identity by continuing the tradition.

2.7 Cultural stigma associated with those who are not circumcised

In the struggle to eliminate the practice of FGM, it is vitally important to address the cultural discrimination toward women who are not circumcised. In the context of Somali region of Ethiopia, with an FGM prevalence of 85-95 percent, this struggle is particularly important. If this change in attitude does not take place women may feel that the pain endured by their daughters during and after circumcision is a lesser evil than the emotional and economic hardship they will endure by remaining unmarried.(WHO, 1995)

A study done by united nation population found (UNFPA) indicated that reproduction and sexual health are affected over the entire life course by FGM. Despite the seriousness of the issue, there are major gaps in knowledge about the extent of the problem and the nature of the successful intervention. Expressed concern has not reached the legal change or Programme for promoting the abandonment of the practice.(United Nations Population Fund [UNFPA], 1996)

According to a study done by Menage, J says if we are to change the practice of genital mutilation, we may be unwise to attack the underlying cultural significance

and should concentrate on the form of the initiation ritual. There are encouraging signs that the cultures which practice female genital mutilation are responding to the concerns about the health consequences while trying to maintain their cultural values.(Menage, 2006)

According to a study entitled, female geminate mutilation. A new challenge for health service, done by Sunday J, Austrveg B, most children or your women are circumcised by local woman and traditional midwives often the intervention is part of cultural rituals that make the transition to women hood and preparation for marriage.(UNFPA, 1996)

According to a study done by Robison LM, unpublished source, genital mutilation affords young women status in their societies and assures that they will be acceptable brides. This practice continue even though men who have had sexual inter course with mutilated and intact women prefer the experience with later. With exception of Ethiopia and Kenya higher literacy rates for women are associated with lower rate of female genital mutilation. Another Factors that contributes to the continuation of the mutilation practice is that the only autonomous profession open to women in many societies, are those of mid wife and circumciser – while the physical consequence of mutilation can be severe, women rarely connect their current health problems with their procedure that livery took place during child hood.(Robison, 1994)

2.8 International policy and low against FGM

FGM has been condemned by numerous international and regional bodies including: the United Nations Commission on Human Rights, the United Nations

International Children Emergency Fund (UNICEF), the Organization of African Unity and the World Medical association. In addition to the broader issues of health and human rights of the child, FGM is gender-specific discrimination related to the historical suppression and subjugation of women that is unique to women and female children.(United Nations [UN], 1993)

2.9 FGM and gender discrimination

FGM has implications for the human rights of women as directly reflected in several International instruments, including the United Nations Convention on the elimination of all forms of discrimination against Women.

The *United Nations Declaration on the Elimination of Violence against Women* defines "Violence against women" as encompassing, *inter alia*, "female genital mutilation and other traditional practices harmful to women".18 In Europe, legislation prohibiting the practice of FGM exists in Sweden, France and Great Britain where the procedure carries a penalty of imprisonment. (International Convention on the Elimination of all Forms of Racial Discrimination)

2.10 FGM and the Right of the child

FGM is a violation of the rights of the child guaranteed in treaties adopted by the United Nations and the Organization of African Unity. The *Convention on the Rights of the Child* has direct implications for the human rights of the child. The *Convention* was adopted by the UN General Assembly in 1989. (; Convention Against Torture and Other Cruel)

2.11 FGM and Health right

The physical and psychological health complications resulting from genital mutilation of Women have been extensively documented. The partial or complete loss of sexual function constitutes a violation of a woman's right to physical integrity and mental health. Health rights are guaranteed by the *International Covenant on Economic, Social and Cultural Rights* (Art. 12), the *Convention on the Rights of the Child* (Art. 2.4) and the *African Charter on Human and People's Rights* (Art. 16). The equal right to health care is further guaranteed by the *Convention on the Elimination of All Forms of Discrimination against* ***Women*** (Art.12). (Universal Declaration of Human Rights)

2.12 Why the Practice is still continue

Though the practice is harmful, still it is world wide and continuing problem. Traditional practitioners vary among different African ethnic group. The majority, however, are village midwives who either their living performing operation who also enjoy a position of status in their village. The mid wives are able to wield a considerable influence over women. The reason why the practice is continue and what is the motivation for allowing girls to undergo genital mutilation on the face of it, the various reasons given can present for confusion, they are contradictory to each other and in contradiction of biological facts.(Smith, 1995) In general, the reasons can be classified in to four main groups.

2.13 Social back ground.

A study done in Ethiopia had pointed out that virginity is highly an integral part of the marriage transaction. In Somalia for instance a girl who has not been infibulation, is ridiculed and often driven out of her community, irrespective of whether she is still a virgin, she had a little chance of marriage.(Smith, 1995)

2.14 Tradition

Working group study revealed that 54% of their sample stated that tradition was the reason for the continuation of the practice. Tradition is the most widely justification for continued practice of FGM. One reason frequently heard from women is that female genital mutilation is parts of their tradition " It has always been so , and we want to maintain are tradition.(ELithabeth, 1994)

2.15 Religions Requirement.

Excision and infibulation are practiced by Muslim, catholic, Protestant, Copts, animists and unbelievers in various countries where the custom occurs. However , the custom is frequently propagated in the sincere but incorrect connection that it was a duty, imposed by Islam, particularly where the circumcision is called " Sunna", the practice is justified by reference to the "Sunna" in the hadith, the pronouncement of prophet Mohammed, stated that extreme forms of female circumcision is explicitly condemn.(Smith, 1995)

2.16 Economic back grounds

The economic back grounds or context of FGM is examined here from two points: - firstly, the economic significance of mutilated girls and Secondly, the economic position of the person who carries out the circumcision. Position of mutilated girl:- in many of the communities where girls under go genital mutilation a girls only suitable for marriage if she is still a virgin. If a girl is not circumcised, she is not virgin and has little or no chance of marriage. This means not only that the family will receive no money, but also that she will continue to be a financial burden on her family. Position of persons who carry out circumcision – it is a means of earning incomes, to traditional midwifes and other practitioner or circumciser. (Smith, 1995)

A study done by the Egyptian care society, showed that, 39% of study women perpetuated FGM due to custom. 80% believed that practice should continue. 15 – 20% refused to give opinion on FGM. 60% believed FGM was religious practice. 72% believed that husbands preferred wives with FGM. 45% believed that it prevented adultery.(Egyptian Fertility Care Society [EFCS], 1996)

2.17 Existing Strategies used on FGM

Information, education and communication (IEC) activities have focused on promoting, informing, motivating and teaching on FGM. They have impacted positively on family planning, child survival, nutrition, and HIV/AIDS but Not FGM. Educational materials need to be appropriately pre-tested and the production of messages should involve target audiences. The old-fashioned style of demanding "stop circumcising

Other strategies include Workshops and seminars, Community outreach is one of the most commonly used strategies, Anti-FGM lessons in literacy schools, Radio programs, FGM awareness campaigns, Training and alternative income for circumcisers' and Religious education. But the experience of nations around the world in addressing FGM reveals that no single approach can eliminate FGM. Criminal laws by themselves will not change people's behavior. Likewise, educational efforts, while often effective, cannot entirely eliminate support for the practice.

2.18 Focus on men as well as women

Recent studies indicate that men and women share similar beliefs and values when it comes to FGM. However, although men expect all of their daughters to be circumcised to qualify for marriage, they are removed from the actual action and are often ignorant of its negative effects on women and girls. In the already cited study by Health Unlimited in Mandera, Kenya, and in Borama, Northwest/Somaliland, more than two-thirds of men thought that FGM was harmful and should be abandoned, compared with 35.5 percent of women. Although this is not a nationally representative study, it shows that given more information about the damaging effects of FGM and its various cultural, religious, economic, physical, sexual, and psychological dimensions, men will be able to support its total eradication.

There is considerable knowledge about epidemiology and consequence of FGM, but there are still major gap in under standing the extents of the problem, its health & the kinds of intervention that can be successful in eliminating it.

One of the most important aspects in determining whether a cultural practice can be deemed to be violation of human right is the extent to which innocent people are wounded or killed as a result of that practice. At the same time, an important consideration is the extent to which the 'victim' participates at his or her own free will. (WHO, 2004)

It must be recognized that women are frequently are occupied with ensuring their own and their families survival and many not see female genital mutilation as and immediate priority. The elimination of FGM is also a step towards the achievement of gender equity, equality and women empowerment. (WHO, 2004).

According to the book of Joint statement legislation against FGM is important both because it represents a formal expression of public disapproval and because it is the means by which governments can established official sanction. However, the kind of legal sanction and the point at which it is introduced are critical concern. If the most people in society value female genital mutilation highly and consider it is necessary practice, the legislation in the absent of community based action is an insufficient and in appropriate strategy. (WHO, 2004).

2.19 Significance of the study

FGM has been known, as one of the most harmful traditional practice which lead to immeasurable health hazard on women and yet practiced on wide scale in many countries in the world. Despite, continuous effort against the practice made by many governmental as well as non-governmental organization. As a result of gap in knowledge, extent of the problem and successful means of intervention to eliminate the practice, many national and internal organization working against FGM,

the practice, many national and internal organization working against FGM, recommend that further studies have to be done on different aspects of the society in which FGM practice. Thus the assumption of this study is to assess knowledge, attitude and practice of women on FGM and its type in Jijiga town, South – eastern Ethiopia of pasturalist community, as a result, might bridge the gap in knowledge or under standing and possibly enhance the campaign against FGM to end up the practice through reasonable approach that will be suggested to tackle the problem.

2.20 Ethical issue

Since the study variables are ethically sensitive meeting was arranged with the head of Administrative authorities, community elders and study groups to discuss about study, its purpose and what is needed from them and kindly requesting their co-operation to proceed in data collection process with their full participation and informed consent.