Ethiopian Journal of Gender Research 2 (2020) © IEGDS, Mekelle University.
Vol. 2 No. 2 ISSN 2664-0759

The Practice, Community Perception and Effect of Female Genital Mutilation on Women Household Leaders in Hintallo Wajrat District

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Abstract

This study examines the practice, community perception and effect of Female Genital Mutilation (FGM) on victims in Hintallo Wajrat District. Qualitative and quantitative data was obtained from primary and secondary sources. Using stratified random sampling technique, survey data was collected from 183 women household leaders of the study area. Three focus group discussions were also held, each group involving six women household leaders in each of the selected three rural sub-districts of the study area. Key informant interviews were conducted with eight women household leaders and knowledgeable elders. In-depth interview was held with nine officials and professionals from Wereda Health Office, Women Affairs Office, Justice Office as well as religious leaders of the study area. The study revealed that the major social and cultural reasons for the persistence of FGM were community beliefs and values that associate FGM with cleanliness, better marriage opportunities, and lower (acceptable) sexual desire, maximization of safe delivery, abhorrence towards the uncircumcised, peer pressure, maximization of social acceptance and conformism to culture. The prevalence of FGM to a great extent lowers the quality of life of the circumcised women and girls by affecting their physical, emotional, spiritual, psychological, social and cultural wellbeing. It is recommended that the health workers and other stakeholders should enlighten women, girls and the community at large regarding the problems of FGM by organizing seminars, workshops and health fora. Law enforcement agencies are also required to punish (offenders) who contribute to the execution of FGM in one way or another.

Keywords: *female genital mutilation, female circumcision, infibulations, women households, culture, religious leaders*

1. Background of the Study

Throughout history, some cultural traditions have justified abhorrent and inhuman practices that are against woman's dignity and security. In developed societies, it may be manifested in music that ridicules women, sexual harassment, and societal pressure that foster women's exclusion. In developing countries, it is usually manifested in the form of wife beating, honor killing, widow burning, female genital mutilation, preference of having male children (Ashenafi, 2003). Among the harmful traditional practices, female circumcision affects the social, psychological, emotional

and physical wellbeing of girls. Female circumcision refers to the practice that consists of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons and without any health benefits (WHO, 2013). Controversy pervades over the use of the terms “female circumcision” or “female genital mutilation (FGM)” to describe the procedures employed (Karim and Ammar, 2003). Western writers and Inter African Committee on traditional practices (IAC 2010) preferred to use Female Circumcision “FC”. Today, the term FGM is being used in all official documents of United Nations and other international documents because it clearly describes the severity and irreversibility of the damage inflicted on the girl’s body by FGM (Berg and Denison, 2011). Hence, in this study the term FGM is preferred.

Female genital mutilation is estimated to have existed since the prehistoric times in its different forms. It appeared since the era of ancient Egyptian Pharaohs. Little can be said with certainty about the origin of different types of FGM. Llamas (2017) held that FGM, which is practiced in Africa and Arabia, might have been derived from ceremonies enacted by the Hamito-Semitic inhabitants of the Red Sea Coast. The spread of infibulation throughout the Sudan-Ethiopia-Somalia Region might indicate its relation with the Cushitic culture. It is often perceived to be a Muslim practice in Mali, Chad, Côte d’Ivoire, Burkina Faso, Nigeria, Eritrea, Mauritania, Guinea, Benin and Egypt, although the practice in Egypt, Sudan and Ethiopia existed before the emergence of Islam and Christianity (Rushwan, 1994). The Judaic influence might be one of the reasons for the emergence of female circumcision in Ethiopia. Infibulations in Afar goes back to the Turkish invasion of the Red Sea Coast in the early 15th century AD. The purpose of the practice was to protect women from rape and impregnation by the invaders.

Currently, FGM is largely practiced in Africa, Central and South America, the Middle East communities (like Yemen, Jordan, Oman, and the Palestine Territories), some Kurdish communities in Iraq, India, Indonesia, Malaysia as well as among some migrant communities throughout the world (UNICEF, 2005). About three million women in the world experience FGM every year (UNICEF, 2013 and 2016). According to USAID’s (2013) report, Egypt, Eritrea, Sudan and Ethiopia are countries where the prevalence rate of FGM is higher among North-East African countries, while, Guinea, Mali, Burkina Faso and Mauritania, Sierra Leone, Gambia and Liberia

undergo very high prevalence of FGM among the courtiers of Western Africa. According to Path (2005), the percentage of circumcised women in Africa was 99.3%.

The factors that influence the rate and type of FGM are related to the age of the girls, type of religion they adhered to, ethnic background they belong to as well as the homestead of victims, whether it is rural or urban. The age limit for circumcision varies from one community to another: 55% or more girls in Côte d'Ivoire, Eritrea, Mali, Ethiopia and Mauritania within few days (mostly within fifth day) after their birth; about 90 % of Egyptian girls between the ages of 5 and 14 years; about one-third of girls in Benin and Niger in their first five years of life; around 60% to 70% of girls in Kenya and Tanzania between the ages of 10 and 19 (Path, 2005). In Ethiopia, it is mostly performed between the ages of 4-15 years; hence, the average is 7.5 years (UNICEF, 2016). In most parts of Amhara, Tigray and parts of Oromia regions, FGM is done on an infant. Some ethnic groups such as Arsi Oromo, Fadashi and Goffa have their daughters undergone FGM as a prerequisite for marriage, just a few days before the wedding. According to National Committee on Traditional Practices in Ethiopia (NCTPE), there has been no report of FGM on a pregnant women (2006). Religion is another factor that influences FGM. The proportion of circumcised women is highest among Muslim women (EDHS, 2016) in most African countries. In Benin, FGM is prevalent among 49% of Muslim women as compared to 15% Protestants, 12% Animists and 7% Roman Catholics. In Chad, it is practiced among 61% Muslim women but 31% Catholics, 16% Protestants, and 12% animists. In Côte d'Ivoire, it is practiced among 76% Muslim women as compared to 45% Animists, 14% Catholics and 13% Protestants (UNICEF, 2011). Similarly, UNICEF (2010) reported that the prevalence of FGM among Muslim women is higher in Eritrea and Kenya than among the followers of other religions. In most cases, traditional circumcisers carry out FGM, but in some countries, there is some degree of involvement of medical professionals: Egypt (61%), Kenya (34%), Sudan (36%), Guinea 9%, and Nigeria 13%. There are differences in the prevalence of FGM across ethnic groups too. In the National State of Gambela, for instance, there is no evidence of FGM, while its prevalence is high in the neighboring National State of Oromia. The urban women are usually assumed to have better access to education than the rural women. The information related to the women's health might also be more easily known by urban people than their rural counterparts. FGM is, therefore, more in rural areas than in towns and cities of many African countries. As opposed to this experience, higher prevalence rate of

FGM appears in the urban areas of Ethiopia than in the rural ones (NCTPE, 2006).The peculiar finding in Ethiopia needs further research.

The classifications of different types of FGMs by WHO do not necessary corresponded with operations commonly performed in Ethiopia. Infibulation, which is the most radical form of FGM, is the commonest type of circumcision practiced at the rate of 78 % in Kenya, 95.5 % in Eritrea, 97 % in Egypt, 98 % in Djibouti, 90 % in Sudan, 70-90 % in Ethiopia, 12% in Togo, 5 % in Uganda, and 5 % in Zaire. According to Ethiopia's Demographic and Health Survey (EDHS 2016), infibulations represented 58% of all of the circumcisions in Afar Region and 90% in the Somali Region. This states that there was 0% of infibulations in Addis Ababa (NCTPE, 2006). The Somali sew vaginal opening while the girls are still young in order to maintain the virginity of the girl, which is highly valued by men (Hirut, 2000). Clitoridectomy and excision are common among Orthodox Christians in highland Ethiopia and Addis Ababa. In some of the cases, circumcisers excise parts of the labia without cutting any of the clitoris, for fear of 'strong bleeding.' This does not; however, seem to correspond with any of the categories listed by (WHO, 1998).

2. Physical, Social, Psychological and Sexual Impact of FGM on Victims

FGM can cause both immediate and long-term complications on the victim, which depends on the extent of cut, skills of the operator, sterility of the tools: razor or scissor or knife, the health and physical condition of the female, and the medication and feeding habit after cutting takes place.

The immediate complication includes severe pain, bleeding and infection, which may lead to death. Cutting involves either the removal of the clitoral artery, which can cause high blood flow or the removal of labia, which also damages the blood vessels. When it is done without any anesthetics, it is extremely painful and it may cause shock, temperedness or even death. The unsterilized tools can cause infection of HIV or hepatitis B and even worse application of local medicines like ash, cow dung, egg- yolk etc also facilitate the growth of bacteria that could elongate healing for at least two or more months due to infection in urinary tract or pelvis area. Fistula (holes or false passage) can be perforated between the bladder and the vagina or between rectum and vagina because of injury of the soft tissue during mutilation (Population Media Center, 2008). In this case, the women may lack control of urine or feces resulting in life-long damage with a serious consequence: discrimination by and exclusion from the whole community and even divorce from their husbands.

As stated by Yayehyirad et al. (2008), FGM is deeply associated with livelihood of females; it is designed in the way it can exacerbate economic and social hardships for those who do not abide by the social norms of communities. Uncircumcised girls have difficulty in finding husbands that result in shame, impoverishment, and stigmatization. The social exclusion is extended to the girls' family. On the contrary, girls are honored by their family and accepted by community if they conform to the practice. In some communities, circumcised girls receive rewards in the form of celebrations and gifts. The bride price for a circumcised girl is much higher than that of the one who is not (Yayehyirad et al., 2008).

While the physical health consequences of FGM are well documented, studies of the emotional effects remain limited (WHO 2006). Severe forms of FGM that cause chronic post-FGM health complications or loss of fertility, non-consensual circumcision in adolescence or adulthood, and FGM as punishment have all been identified as causes of distress (Lockhat, 2004). Likewise, depression, post-traumatic stress (PTS), and symptoms of impaired cognition comprising of sleeplessness, recurring nightmares, loss of appetite, severe weight loss or excessive weight gain, calm attacks, and low self-esteem have been attributed to FGM (Lockhat, 2004 as cited in Mihret, 2016). There is a high probability that women who have been subjected to FGM suffer emotional disorders, such as anxiety, somatization and low self-esteem, and are at greater risk of mental illness. Lockhat (2004) reported that there have been reports of phobic reactions, fear of sexual relations, loss of self-esteem, feelings of victimization, depression and anxiety. Contrary to this, there have also been findings that indicate absence of such psychological impacts on victims of FGM. Generally, it could be said, "Little is known of how FGC affects the psychological well-being of girls and adolescents" (Perron et al., 2013).

A complex interaction of cognitive processes, relational dynamics, and neurophysiologic as well as biochemical mechanisms affect human sexuality. Human sexuality is influenced and modulated by biological, psychosexual, and social/contextual factors. One factor can improve or inhibit the other and vice versa. Thus disentangling the impact of FGM within the myriads of interconnected determinants is very difficult; therefore, most existing studies and available evidence do not permit firm conclusions (Berg & Denison, 2011). One of the main reasons justifying the practice of FGM among many African societies, including Ethiopia, is the belief that it controls or diminishes the sexual urges of women and young girls, which is needed to 'discipline' girls (Yayehyirad et al.,

2008). The outcomes of FGM such as sexual dysfunction, low sexual desire or arousal, pain/discomfort during sex, and inhibited orgasm are, however, mostly extremely bad. Over 40% of women complain of at least one of these sexual problems (Rosen et al., 2000).

3. Theories related to Female Genital Mutilation

3.1. Social Theory

In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Tradition, culture, norms, values, beliefs and religion are considered as the main reasons to practice FGM and other social practices. The advocates of FGM believe that a girl must pass through FGM before getting into womanhood in the society. According to (Baron and Denmark, 2006) and (Aster, 2010), the majority of women believe that circumcision gives girls the ability to overcome child birth; offers women status in the community; garners acceptance and pride to the girls' mothers; heals and cures women; connects girls mothers, aunts, grandmothers and the environment; avoids the ever-growing clitoris that is assumed to kill a baby during childbirth or damage sperm during intercourse; increases social cohesion and group solidarity; minimizes uncircumcised females' excessive sexuality; avoids secretions from clitoris which is regarded as stinky and dirty resulting in food contamination; increases males' sexual pleasure by minimizing the vaginal openings; tames and disciplines wild behavior of uncircumcised women who could otherwise be wasteful, absent minded and unnerved, and prevents men from acquiring HIV, AIDS. On the other hand, girls who are not circumcised are stereotyped to be masculine, considered unfit to get married, face harsh economic consequences, and regarded as impure and unclean. Some communities believe that clitoris will grow to the size of a penis which is ugly to look at or to touch to. Others illustrate that everyone possesses both male and female souls. The feminine soul of a man is believed to be located in the penis while the male soul of a woman is located in the clitoris. Therefore, circumcision is done for healthy gender development (Boyle, 2002). Some communities believe that girls are clean and appear beautiful once the body parts considered male and unclean are removed (Momoh, 2005). Therefore, it might take a long time to change the belief of those communities who still practice it; change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it.

3.2. Feminist Theory

FGM has been described by some feminists as a major contributor to the patriarchal oppression of women. According to Penn & Nardos (2003), FGM has played a part in the repression of women across the world and throughout history under the pretext of controlling and preserving the honor of women and their families; hence, maintenance of chastity and attenuation of female sexual desire is being prioritized over the health complications that are often acquired of the practice. The social, economic and political powerlessness of women within many FGM practicing communities is associated with the belief that regards women as objects of men. Toubia (1994) suggests that the global campaign to eradicate FGM will be unsuccessful if the social and economic factors that compel women to submit to such practices are not addressed: the cultural association of FGM towards social acceptance and access to fundamental necessities such as family, employment and community's acceptance. Dorkenoo (1996), however, warns about making generalizations about the position of women within the societies that practice FGM because of the diversity of history and cultures in which it occurs. She points out that the position of women in both Black Africa and Arab countries (where FGM is most commonly practiced) is influenced by many factors including; their class position and affiliation, educational level, individual consciousness about their rights, economic independence, as well as religious and cultural influences.

4. Objectives of the Study

Ethiopia is among African countries on the top list of FGM, which is one of the crucial practices that affect the physical, mental, psychological and emotional wellbeing of women as well as socio-economic development of many countries (UNICEF, 2013). The magnitude of the problem, however, seems to be underestimated notwithstanding some African and Ethiopian scholars' attempts to conduct research on FGM in different regions. Hence, little is known of how FGM affects the reproductive health, social, cultural and psychological wellbeing of girls and adolescents in Hintalo Wajirat *Wereda*. This study, therefore, attempted to investigate the practice, community, perception and effect of FGM on girls and women household leaders in this *Wereda*. Specifically, it aimed to:

- explore the underlying beliefs, perceptions and rationales for the practice and continuation of FGM amongst the community;
- identify the factors that hinder the eradication of female genital mutilation;
- assess the psychological, social, cultural and sexual impacts of FGM on victims;

- explain the role of stakeholders in minimizing/eradicating female genital mutilation.

5. Research Design and Methodology

This study was conducted in Hintallo Wajrat *Wereda* located at the eastern edge of the Ethiopian Highlands in the Southeastern Zone of the National Regional State of Tigray. Its total area is 2,864.79 square kilometers. It is bordered by: Southern Zone to the South, Samre *Wereda* to the West, Enderta Woreda to the North and Afar Region to the East. According to the *Woreda* statistics office, there lived 87,871 men and 90,856 women totaling 178,727 of whom 11,936 (7.78%) were urban dwellers. The *Wereda* had a population density of 53.58 persons per square kilometer. A total number of 34,360 households lived in this *Woreda*, with an average of 4.47 persons to a household. The majority (98.84%) of the population are Orthodox Christians while the rest 1.14% are Muslims (Hintallo Wajrat *Wereda*, Plan and Finance, 2018). This includes 23 rural sub districts (*Tabiatat*) and three towns. The study purposefully focused on three rural sub districts (i.e., Ara Asegeda with 1219, Messanu with 660 and Tsehafti with 821 women residents) with the highest prevalence of the practice of FGM. Of the total number of 2700 women household leaders in the selected three sub- districts, 183 household leaders were selected from the three *kebelles* (sub-districts), which is proportionally distributed to the selected sub-districts through simple random sampling method. Women household leaders are selected due to the highest possibility of their exposure to FGM. In order to determine the sample size, Godden's (2004) formula was adopted with a 95% level of confidence, a 5% margin of error:

Sample size $= \frac{Z^2 * P\,(1-P)}{C^2}$ Where: Z= confidence level

P = percentage of population picking a choice C = confidence interval

$$\text{New sample size} = \frac{samplesize}{1 + (samplesize - 1)/population}$$

Assuming 95% of confidence level, the sample size for this study will be calculate as:

Sample size = $\frac{1.96^2 * 0.5\,(1-0.5)}{0.0049} = 196$ The final sample size is = $\frac{196}{1+\frac{196-1}{2700}} = 183$

To be included in the sample, the women had to be volunteer to be informant, be resident of the area for at least one year, give birth within the previous five years, be within childbearing age (15-49) and have at least one daughter. Both quantitative and qualitative methods were used for data collection. The primary data was collected from the183 sample respondents through close ended and open-ended (semi-structured) survey questionnaires designed in five-point Likert Scale and multiple choice types in the respondents' native language, *Tigrigna*. The informants knew they were free to withdraw or discontinue their participation at any time. To maintain anonymity, their actual names were changed into pseudonyms in the analysis of the interviews. Secondary sources were also assessed from previous five years' reports of Justice and Police Offices, Courts of Law as well as Social Affairs, Health and Women's Affairs Offices of the *Wereda*. The reports of the regional government of Tigray and other relevant organizations were also assessed.

To acquire additional information, three focus group discussions (FGDs) were held; each group consisted of six members from each of the three sub districts or *Tabyas* of the study area.. The knowledgeable discussants gave additional information to the survey. During the discussion, the victim of FGM expressed their testimony on the physical, socio-economic, cultural and psychological impacts of the FGM. Key informant interviews were also held with eight knowledgeable women household leaders. Besides, nine officials, two Wereda Health Bureau professionals, two Women Affairs professionals (one expert and one manager), two Social Affairs professionals (a social worker and psychology expert); one justice expert professional from Justice Bureau and two religious leaders were interviewed. The key informants were selected considering their knowledge and experiences in order to provide meaningful responses to the interview questions.

After data clearing, the data collected was coded and recorded using SPSS software version 19. The quantitative items were analyzed by using descriptive statistics: percentage, frequency, tabulation, mean, and charts. SPSS and Microsoft excel were employed to generate the data results. The stories and experiences are also summarized. In order to maintain the reliability output, Mohsen's (2011) reliability test was adopted.

6. Results and Discussions

An attempt is made to present the socio-demographic characteristics of sample respondents, discuss reasons, beliefs and practice of the sample respondents on female genital mutilation,

describe factors that hinder the eradication of female genital mutilation, explain the social, psychological, physical and cultural impacts of female genital mutilation on victims as well as report the sample respondents' and other stakeholders' role in the eradication of female genital mutilation.

6.1 Respondents' Demographic Characteristics

It is important to find out the respondents age, religion, marital status, educational levels, sample households' number of girls, and occupation of sample respondents. These specific characteristics would affect the sample participants' response to the act of female genital mutilation. Thus, the background of the respondents is presented in Table 1 below.

Table 1: Respondents' demographic characteristics (N= 183)

Descriptions	Alternatives	Frequency	Percentage
Age of the respondents	Below 20	5	2.7
	20-30	45	24.6
	31-40	111	60.7
	Above 40	22	12.0
	Total	183	100.0
Religion of sample respondents	Orthodox Christians	154	84.2
	Muslims	29	15.8
	Total	183	100.0
Educational level of the respondents	Illiterate	135	73.8
	Can read and write	29	15.8
	1-4 grade	9	4.9
	5-8 grade	7	3.8
	9-10 grade	2	1.1
	Diploma	1	.5
	Total	183	100.0

marital status of respondents	Married	139	76.0
	Unmarried	7	3.8
	Divorced	21	11.5
	Widowed	16	8.7
	Total	183	100.0
Respondents' number of daughters	One	14	7.7
	Two	75	41.0
	Three	64	35.0
	Four	27	14.8
	Five	3	1.6
	Total	183	100.0
Occupation of respondents	Farmers	176	96.2
	Public servants	2	1.1
	Merchant/Self-employed	4	2.2
	Unemployed	1	.5
	Total	183	100.0

Source: Researchers' Own survey, 2018

In Table 1, the majority of the respondents i.e., 111 or 60.7% were within the age group of (31-40 years) while 5 of the sample respondents (2.7%) or minimum proportion were below 20 years. Only 22 (12%) of them were above 40 years of age. The average age was 33 years. The data showed that most of members were middle aged, from 31-40 years. One hundred fifty-four (84.2%) of the sample respondents were followers of Orthodox religion while the rest or 29 of them (15.8%) were Muslims. In line with Cappa's (2013) argument, the Orthodox Christian and Muslim belief system contributed towards the practice and continuation of FGM among the respondents. Out of the total respondents, most of them (135 respondents or 73.8%) were illiterate, while 29(5.8%) could read and write without any formal education. Furthermore, of all

respondents, 16(8.7%), 2(1.1%) and 1(0.5%) earned 1-8, grades, 9-10 grades and diploma certificate respectively. Hence, the majority were uneducated that appeared to account for their greater involvement in the practice and continuation of FGM within this community, which is similar to Chepsikor's (2009) finding. In as far as their employment is concerned, 176(96.2%) were farmers, 4(2.2%) merchants, 2(1.1%) public servants and 1(0.5%) unemployed. Therefore, most of the sample respondents' occupations were categorized under farmers or lower grade jobs, which in turn might have contributed towards persistence of FGM. Marital status is one of the factors that affect victims of FGM in terms of risk taking and individual responsibility. One hundred and thirty-nine(76%) of the sample respondents (majority) were married and the remaining i.e., 44 of the sample respondents (24%) were either unmarried or divorced or widowed. Furthermore, the majority of the sample respondents had two 75 (41%) and three 64 (35%) girls each, whereas, the rest 27 (14.8%), 14 (7.7%) and 3 (1.6%) of the sample respondent had four, one and five daughters respectively. The mean representing the number of daughters of the sample respondents is 2.6, with a minimum of one girl and maximum of five daughters in each household.

6.2 Respondents' Knowledge and Practices of FGM

Table 2: Degree of awareness, attitude towards, reason for, as well as knowledge and practice of FGM

No	Description	Alternatives	F	%
1	Know about the reasons for female circumcision	Yes	175	95.6
		No	8	4.4
		Total	183	100
2	Know about of girls who have health complications due to FGM	Yes	20	10.9
		No	159	86.9
		No Idea	4	2.2
		Total	183	100
3	Aware of the consequences of FGM	Yes	160	87.4
		Partially aware	17	9.3
		No	6	3.3
		Total	183	100.0
4		Yes	19	10.4

	Aware of the unlawfulness (unworthiness) of FGM	Partially aware	80	43.7
		No	84	45.9
		Total	183	100.0
5	Aware of the side effects or problems associated with FGM	Yes	17	9.3
		Partially aware	61	33.3
		No	105	57.4
		Total	183	100.0
6	Supported FGM	Yes	137	74.9
		Partially support	35	19.1
		No	11	6.0
		Total	183	100.0
7	Got circumcised	Yes	179	97.8
		I don't Know	2	1.1
		I have no idea	2	1.1
		Total	183	100
8	Reasons for supporting the practice of FGM	Increased female hygiene	29	16.8
		Reduced sexual desire	87	50.6
		Safe delivery	6	3.5
		Risk to baby (could kill baby)	46	26.7
		Traditional / culture	2	1.2
		Others	2	1.2
		Total	172	100.0
9	FGM currently practiced/continued in the community	Yes	102	55.7
		Partially practiced	47	25.7
		No	33	18
		I don't know	1	.6
		Total	183	100.0
10		To reduce sexual desire	89	59.7

	Reasons for full practice or partial practice and continuation of FGM	Being uncircumcised causes difficulty during sexual intercourses	50	33.6
		Being uncircumcised is seen as evil	10	6.7
		Total	149	100
11	Reasons for the persistence of the practice of FGM among the community(102+47 =149)	Culture / tradition	97	65.1
		Ignorance	3	2
		Reduced sexual desire	45	30.2
		Lack of awareness	4	2.7
		Total	149	100.0
12	Best mechanism to prevent the practice of FGM in the communities	Public enlightenment	153	83.6
		Awareness campaign	12	6.6
		Health education	5	2.7
		Life imprisonment	3	1.6
		Government intervention	9	4.9
		Advocacy	1	.5
		Total	183	100.0
13	Opinion about the role of governmental and non-governmental organizations to stop FGM	Awareness creation	111	60.7
		Use controlling mechanism	38	20.8
		I don't know	34	18.6
		Total	183	100

Source: Researchers' Own Survey, 2018

As shown in Table 2, the majority of the sample respondents i.e., 175(95.6%) were aware of FGM, whereas 8(4.4%) of the sample respondents did not know why females are circumcised. The FGD and interview participants also stated that one of the main reasons to undergo the practice to respect the culture since it is a practice that has been maintained for many generations. Hence, girls or women tend to be obliged to this custom as an initiation ritual of girls to become a woman. It is highly regarded as an honor to the family and to the husband. Circumcision lessens the sexual desire of girls and discourages them not to have sexual intercourse before they are married; it demotivates them not to have sexual intercourse out of wedlock. Uncircumcised girls and their

families are stigmatized as deviants. The "unnecessary growth of clitoris" is also regarded as hideous/unattractive.

Most, 159 (86.9%) of the sample respondents, reported that they did not know girls who had health complications because of FGM, while 20 (10.9%) of the sample respondents replied that they did not have information about health complications because of FGM. 4 (2.2%) had no idea or undecided to react about their awareness regarding health complication due to FGM in their communities. Therefore, almost none of the sample respondents had any knowledge regarding girls who have health problems due to FGM in their communities. This shows the greater extent of the respondents' ignorance about the side effects of FGM. Most of the sample respondent (160 or 87.4%) had awareness of unlawfulness of FGM, whereas less number of the sample respondents, that is 17 (9.3%) were partially aware and 6 (3.3%) were unaware the issue. Besides, 80 (43.7%) of the sample respondents were partially aware that FGM was being discouraged, 19 (10.4%) of them had full awareness, and 84 (45.9%) of them did not have any awareness. Regardless of the governmental and nongovernmental organizations' efforts to create awareness, women's awareness about the unlawfulness of the FGM was very low.

The majority of the sample respondents (105, i.e., 57.7%) reported that they did not know any side effects or problems associated with FGM while the rest (61 or 33.3%) were partially aware and 17 (9.3%) were fully aware of the side effects of FGM on girls. This shows that more than half of the sample respondents did not have awareness about the side effect of FGM on victims' health. Thus, most of the respondents (137 or 74.9%)) supported FGM, 35 (19.1%) of them partially supported but only 11 (6%) of them did not support it. Regarding the personal experience of sample respondents, most of them (179 or 97.8%)) were circumcised, 2(1.1%) of them did not remember if they were circumcised but 2(1.1%) of them did not have an idea about circumcision. Their personal experience may dictate them towards accepting the norm without much ado. One of the elder circumcisers in the community responded to the interviewers that most of the community members have their children circumcised with very few exceptions. The circumciser was in favor of the continuity of the practice since she believed it to be "one of the precious cultural experiences."

The sample respondents who supported FGM had different reasons for their standpoint: 87 (50.6%) of them for its "advantage" to reduce excess sexual desire; 46 (26.7%) of them for its

avoidance of neonatal death; 29 (16.8%) of them for its increased female hygiene; 6(3.5%) of them for its increased safety to delivery; 2(1.2%) of them for its adherence to cultural norms; and 2(1.2%) of them for other different reasons. Accordingly, the majority of the sample respondents (102 or 55.7%) asserted that FGM was being practiced at that time, while 47 (25.7%) of the respondents admitted partial continuity of the practice but 33 (18%) of them stated the eradication of FGM. Only 1(0.6%) of the sample respondents held that they didn't know whether it was being practiced at that time or not. Similarly, almost all interview and focus group discussants admitted that all of the families in their surroundings have their daughters circumcised without any symptom of decline. The interviews with stakeholders of the study area (health professionals, women's affairs leaders, and justice professionals) also affirmed the continuation of FGM in the community at that time. Contrary to the false reports of governmental and nongovernmental organizations about the eradication of FGM, the practice persisted. Moreover, an official study conducted in 2016 showed the persistence of FGM surreptitiously. According to the sample respondents, the reasons for the continuity of the practice include: the reduction of sexual desire (for 89 or 59.7% of them), avoidance of the difficulty during sexual intercourses (for 50 or 33.6% of them), and association of uncircumcised girls towards sin or evil (for 10 or 6.7% of them). Out of the 183 respondents, 149(81.4%) affirmed the continuity of FGM for other different reasons; 97(65.1%) of these associated it with cherished traditional norms while 45(30.2%) of them favored it for its significance to reduce sexual desire. The other less important reasons given for the persistence of FGM were lack of awareness by 4(2.7%) of the respondents and ignorance by 3(2%) of them.

In order to control or eradicate FGM, most of the respondents (153 or 83.6%) suggested the provision of public enlightenment about the harmfulness of FGM. Other suggested mechanisms to avoid FGM include: awareness raising campaign (by 12 or 6.6% of the respondents), government intervention (by 9 or 4.9% of the respondents), health education (by 5 or 2.7% of the respondents), life imprisonment against perpetrators (by 3 or 1.6% of the respondents) and advocacy (by 1 or 0.5% of the respondents). In as far as the role of governmental and non-government organizations to stop the practice of FGM is concerned, the majority of the sample respondents (111 or 60.7%) held that the government or NGOs should stop the practice of FGM by giving awareness creation schemes for the community about the harmfulness of FGM. Besides, 38 of the respondents (20.8%) were of the opinion that government and other concerned

bodies must create controlling mechanisms to stop FGM in the community. The rest of the sample respondents (34 or 18.6%)) did not know how governmental and non-government organizations can stop FGM. Similarly, interview response from health professionals, justice authorities, women affairs and social affairs of the study area suggested awareness creation mechanisms about the negative impact of circumcision by providing training. They also suggested that government must take serious measures against circumcisers and parents who have their daughters circumcised.

Table 3: Media accessibility and training exposure of sample respondents

No	Descriptions	Alternatives	F	%
1	Possessed functional radios in their household	Yes	122	66.7
		No	61	33.3
		Total	183	100
2	Ever heard about FGM on radio	Yes	25	13.7
		No	158	86.3
		Total	183	100
3	Ever read or learnt anything about FGM on television, radio and printed materials	Yes	40	21.9
		No	143	78.1
		Total	183	100
4	The lessons acquired about FGM from television, radio and printed materials	Prevention of FGM	7	17.5
		Impacts of FGM	33	82.5
		Total	40	100
5	Sources of information that helped to increase their knowledge related to FGM	Family	1	0.5
		Peers	6	3.3
		Health professionals	149	81.4
		Radio	4	2.2
		Teachers	1	0.5
		I don't know	22	12
		Total	183	100
6	Ever taken training regarding the negative impact of FGM	Yes	5	2.7

		No	178	97.3
		Total	183	100
7	The significance and outcomes of trainings on their perceptions regarding FGM	The training helped us to stop circumcising our daughters	3	60
		It helped us to encourage our neighborhoods to stop circumcising their daughters	2	40
		Total	5	100

Source: Researchers' Own Survey, 2018

As shown in Table 3, the majority (122 or 66.7%) of the sample respondents admitted their possession of functional radios in their houses, whereas the remaining significant number (61 or 33.3%) of them reported that they did not have any functional radios. Furthermore, 158 (86.3%) of the respondents replied that they had not ever heard about FGM on radios, while the a few i.e., 25 or 13.7% of them said they sometimes heard about FGM on radio. This appears to show the respondents' limited access towards mass media, thereby affecting their awareness about FGM. Similarly, the majority of the respondents (143 or 78.1%) reported that they had not ever heard, read, watched or learnt anything about FGM on television, radio or from printed materials. Only 40 (21.9%) of them confessed that they had learnt something about FGM from television, radio and printed materials. Hence, most respondents could not gain knowledge from both electronic and printed media about FGM. Of the 40 respondents who admitted their exposure to printed and electronic media, 7 (17.5%) of them learned about prevention mechanisms against FGM, while 33 of them learned about consequences of FGM. The sources of information that helped respondents to increase their knowledge in relation to FGM were: health professionals (for 149 or 81.4% of the respondents), peers (for 6 or 3.3% of the respondents), radio (for 4 or 2.2% of them), and family and teachers (for 1 or 0.5% of them). Nevertheless, significant number of the sample respondents (22 or 12%) did not know their sources of information for their knowledge related to FGM and its complications on the victims.

In as far as training is concerned, all most all of the sample respondents (178 i.e., 97.3%) confessed that they did not ever take any training regarding the negative impact of FGM. However, insignificant number of them (five or 2.7%) replied that they had taken some training concerning the negative impact of FGM. Most of the respondents who claim to have taken

training felt that the training helped them to avoid circumcision of their daughters. Others said that the training enabled the respondents to explain to their neighbors as regards ending daughters' circumcision. Neither the media access nor the training is found to be sufficient to change the attitude of women towards FGM.

6.3 Practice and Continuation of FGM within the Community

Table 4: The existence and continuity of FGM

No	Descriptions	Alternatives	F	%	Mean	Std. deviation
1	FGM existed in the community	Yes	180	98.4	1.0164	0.12733
		No	3	1.6		
		Total	183	100		
2	All their daughters were circumcised	Yes	168	91.8	1.0820	0.27507
		No	15	8.2		
		Total	183	100		
3	Men used to take the final decision to do FGM on the respondents' daughters	Yes	93	50.8	1.4918	.50130
		No	90	49.2		
		Total	183	100		
4	Wanted to undergo FGM on their daughters	Strongly Disagree	10	5.5	4.2350	1.07646
		Disagree	9	4.9		
		Indifferent/Neutral	2	1.1		
		Agree	69	37.7		
		Strongly Agree	93	50.8		
		Total	183	100		
5	Took part in the decision making process of FGM on their daughters	Strongly Disagree	10	5.5	4.3115	1.00342
		Disagree	4	2.2		
		Agree	74	40.4		
		Strongly Agree	95	51.9		
		Total	183	100		

Source: Researcher's Own Survey, 2018

As shown in Table 4, almost all of the sample respondents (180 or 98.4%) disclosed that FGM still persisted, while insignificant number of them (3 or 1.6%) reported that there were no FGM in their

community or households. Similarly, almost all of the interview respondents admitted that FGM had been practiced without any trend of interruption. To make matters worse, most of sample respondents (168 or 91.8%) admitted that they let all their daughters circumcised. Only 15 (8.2%) of them confirmed that they did not allow the practice on their daughters. Most of respondents (162 or 88.5%) expressed their intention to continue circumcising their daughters, while a few of them (21 or 11.5%) stated their intention to stop FGM. Most of the sample respondents (169, i.e., 92.3%) reported that women have participated in the decision making process of FGM practice on their daughters, while 14 of them (7.7%) denied their involvement in the practice of FGM. In as far as male participation is concerned, almost half of the sample respondents (93 or 50.8%) admitted male's involvement in the final decision-making. The other 90 of them (49.2%) denied male's involvement. Therefore, male's involvement seems to be nearly equal with their female counterparts. In summary, there seems to be little hope to stop FGM in the near future; it demands rigorous involvement and commitment of many different actors.

6.4 Social perceptions that still preserve the practice of FGM

Table 5: The social conventions and norms that support FGM

No	Description	Alternatives	F	%	Mean	Std. Devi
1	Women should undergo FGM	Strongly disagree	9	4.9	4.7	3.88926
		Disagree	9	4.9		
		Agree	49	26.8		
		Strongly Agree	116	63.4		
		Total	183	100		
2	If a girl is circumcised, she becomes a real woman	Strongly Disagree	12	6.6	4.32	1.04202
		Disagree	1	0.5		
		Indifferent /Neutral	4	2.2		
		Agree	66	36.1		
		Strongly Agree	100	54.6		
		Total	183	100		
3	Uncircumcised girl/woman has a masculine character	Strongly Disagree	14	7.7	4.3	1.22009
		Disagree	10	5.5		

		Indifferent/Neutral	4	2.2		
		Agree	42	23.0		
		Strongly Agree	113	61.7		
		Total	183	100		
4	Circumcision of a girl brings respect to her family	Strongly Disagree	11	6.0		
		Disagree	10	5.5		
		Indifferent/Neutral	7	3.8	4.09	1.10095
		Agree	79	43.2		
		Strongly Agree	76	41.5		
		Total	183	100		
5	FGM makes a girl pure	Strongly Disagree	8	4.4		
		Disagree	19	10.4		
		Indifferent/Neutral	5	2.7	4.3	1.18678
		Agree	34	18.6		
		Strongly Agree	117	63.9		
		Total	183	100		
6	FGM helps a girl stay virgin until she marries	Strongly Disagree	16	8.7		
		Disagree	5	2.7		
		Indifferent/Neutral	4	2.2	4.4	1.22414
		Agree	28	15.3		
		Strongly agree	130	71		
		Total	183	100		
7	FGM teaches girls to obey and respect their elders	Strongly Disagree	25	13.7		
		Disagree	45	24.6		
		Indifferent/Neutral	26	14.2	3.2	1.37961
		Agree	47	25.7		
		Strongly Agree	40	21.9		
		Total	183	100		
8		Strongly Disagree	13	7.1	4.00	1.13145

	FGM cannot cause serious problems during childbirth	Disagree	8	4.4		
		Indifferent/Neutral	15	8.2		
		Agree	78	42.6		
		Strongly Agree	69	37.7		
		Total	183	100		
9	FGM cannot spread HIV/AIDS	Strongly Disagree	16	8.7		
		Disagree	16	8.7		
		Indifferent/Neutral	15	8.2	3.9	1.25861
		Agree	67	36.6		
		Strongly Agree	69	37.7		
		Total	183	100		
10	FGM cannot cause a person to bleed too much during childbirth	Strongly Disagree	10	5.5		
		Disagree	5	2.7		
		Indifferent/Neutral	12	6.6	4.01	.98332
		Agree	102	55.7		
		Strongly Agree	54	29.5		
		Total	183	100		
11	FGM heightens girls' chance of finding a good husband	Strongly Disagree	7	3.8		
		Disagree	15	8.2		
		Indifferent/Neutral	8	4.4	4.00	1.00784
		Agree	99	54.1		
		Strongly Agree	54	29.5		
		Total	183	100		
12	FGM promotes and encourages social integration and maintenance of social cohesion	Strongly Disagree	13	7.1		
		Disagree	27	14.8		
		Indifferent/Neutral	12	6.6	3.7	1.20434
		Agree	85	46.4		
		Strongly Agree	46	25.1		
		Total	183	100		

13	FGM promotes social morality and decency in women	Strongly Disagree	14	7.7		
		Disagree	25	13.7		
		Indifferent/Neutral	13	7.1	3.63	1.17373
		Agree	94	51.4		
		Strongly Agree	37	20.2		
		Total	183	100		
14	FGM enhances faithfulness in marriage	Strongly Disagree	17	9.3		
		Disagree	25	13.7		
		Indifferent/Neutral	12	6.6	3.7	1.26949
		Agree	79	43.2		
		Strongly Agree	50	27.3		
		Total	183	100		
15	FGM raises the social status of the girls' family	Strongly Disagree	8	4.4		
		Disagree	14	7.7		
		Indifferent/Neutral	5	2.7	4.00	1.01069
		Agree	103	56.3		
		Strongly Agree	53	29.0		
		Total	183	100		
	Grand Mean and Std. deviation				4.02	1.3388

Sources: Researcher's Own Survey, 2018

Social norms and expected behaviors regarding FGM are so powerful to shape the behavior of society. Even legal restrictions against FGM, seem to be less important than the restrictions that could be imposed by the community for non-compliance with the practice of FGM. As depicted in Table 5, the social variables that still preserve the practice of FGM are the major social causes for the practice and continuation of FGM with collective grand mean of 4.02 for all the variables, which indicates that FGM affects the social aspects of girls to a great extent. Most of the sample respondents (165 or 90.2%) supported the perception that women should undergo FGM with the exception of small number, i.e., 18 of them (9.8%) who opposed FGM. Moreover, most 166 (90.7%) of the respondents regarded circumcision of girls as a rite of passage towards true womanhood, while the remaining 13 (7.1%) of them opposed the view. Only negligible number

of the sample respondents (4 or 2.2%) is indifferent or neutral. A second social factor that makes FGM persistent is the community's association of female's circumcision with feminine character. The majority of the respondents (155 or 84.7%) assumed that uncircumcised girls (women) have a masculine character; however, 24 (13.2%) of them were against this assumption. A very small number of respondents (4 or 2.2%) were indifferent to the assumption. A third social factor that contributes to the continuation of FGM was association of FGM towards society's honor. Most of the sample respondents (155 or 84.7%) believed that FGM brings honor to the girl's family. Similarly, a significant number, i.e., 151 of the sample respondents (82.5%) shared the traditional view that female circumcision makes a girl pure, which indicates the firmness of the belief. Another social factor that contributes for the persistence and continuation of FGM is the perception that female circumcision helps a girl to stay virgin until marriage. This view was supported by the majority of the sample respondents (158 or 86.3%) while 87 (47.5%) of them held that FGM enables girls to be obedient and respectful to their elders.

As opposed to the findings of WHO (2010) and other organizations that underline the dangerous consequences of FGM, the sample respondents held opposite views, including female circumcision cannot cause serious problems during childbirth (147 or 80.3%of them), female circumcision cannot spread HIV/AIDS (136 or 74.3% of them), and female circumcision cannot cause a person to bleed too much during child birth (156 or 85.2% of them).

In conformism with the findings of Brown (2013) and Yayehyirad (2008) the respondents perceived FGM as a means of finding a good husband, heightening better social integration, maintaining social cohesion, achieving morality and decency, achieving faithfulness for marriage as well as promoting to a higher social status of the circumcised girls and their family. To be specific, most of the respondents (153 or 83.6%) felt that a circumcised girl has a better chance to get a good husband. Besides, 131of them (71.6%) perceived that circumcision of women could promotes social integration and maintenance of social cohesion. Similarly, 131 of the sample respondents (71.6%) related FGM with the promotion of social morality and decency in women. Furthermore, majority of the sample respondents (129 or 70.5%) believed that FGM would increase women's faithfulness in marriage. The majority of the sample respondents (156 or 85.2%) believed female circumcision to have increased the social status for girls' family. This justifies the persistence and continuation of FGM. The finding is congruent with the findings of Uzoamaka

(2014) who studied the socio-cultural factors that still preserve FGM among women in selected rural communities of Enugu State in Nigeria.

Similarly, the interviewees admitted the existence of the community's belief that uncircumcised girls face difficulties related to inability to get a husband, exposure to shame and stigmatization, loss of social status, and honor and protection from the community for both girls and their families. Moreover, uncircumcised girls are considered as an unclean, wasteful and chatty. They are also believed to break utensils; hence, they become incontrollable to their husbands. The circumcised girls insult their uncircumcised counterpart peers. Some of the key participants denied a few of the common symptoms FGM, such as flashbacks, nightmares, anxiety and depression since the participants do not remember any sign of the above symptoms. Regarding the influence of FGM on their libido, they confessed that their sexual desire was minimized due to circumcision, which made them loyal to their husbands and respectful to their families. This, as the interviewees claim, brought communal respect to themselves and their families.

6.5 Cultural Factors that Still Preserve the Practice of FGM

Table 6: The perception of women towards the cultural believes and assumptions that justify the existence and continuity of FGM.

No	Description	Alternatives	F	%	Mean	Std. dev.
1	FGM is a culture received from previous generations	Strongly Disagree	5	2.7		
		Disagree	3	1.6		
		Indifferent/Neutral	1	.5	4.6	.82629
		Agree	44	24.0		
		Strongly Agree	130	71.0		
		Total	183	100		
2	FGM is an important tradition	Strongly Disagree	7	3.8		
		Disagree	12	6.6		
		Indifferent/Neutral	5	2.7	4.1202	1.00918
		Agree	87	47.5		
		Strongly Agree	72	39.3		
		Total	183	100		
3		Strongly Disagree	12	6.6	4.4	1.07437

	The advantage of FGM is greater than its disadvantage	Disagree	3	1.6		
		Indifferent/Neutral	2	1.1		
		Agree	48	26.2		
		Strongly Agree	118	64.5		
		Total	183	100		
4	Nobody in their family wants to stop female circumcision	Strongly Disagree	12	6.6		
		Disagree	9	4.9		
		Indifferent/Neutral	4	2.2	4.2459	1.14818
		Agree	55	30.1		
		Strongly Agree	103	56.3		
		Total	183	100		
5	FGM is equivalent to male circumcision	Strongly Disagree	7	3.8		
		Disagree	6	3.3		
					4.3497	.94234
		Agree	73	39.9		
		Strongly Agree	97	53.0		
		Total	183	100		
6	FGM is permitted by religion	Strongly disagree	13	7.1		
		Disagree	16	8.7		
		Indifferent/Neutral	18	9.8	3.9235	1.22459
		Agree	61	33.3		
		Strongly agree	75	41		
		Total	183	100		
7	Religion is involved in the FGM	Strongly Disagree	19	10.4		
		Disagree	29	15.8		
		Indifferent/Neutral	29	15.8	3.5355	1.35776
		Agree	47	25.7		
		Strongly Agree	59	32.2		
		Total	183	100		
8		Strongly Disagree	5	2.7	4.6	.95720

	Uncircumcised female genitalia makes sexual intercourse difficult	Disagree	9	4.9		
		Indifferent/Neutral	4	2.2		
		Agree	23	12.6		
		Strongly Agree	142	77.6		
		Total	183	100		
9	Men do not marry uncircumcised girls in this Community	Strongly Disagree	73	39.9		
		Disagree	62	33.9		
		Indifferent/ Neutral	11	6.0	2.2	1.33919
		Agree	17	9.3		
		Strongly Agree	20	10.9		
		Total	183	100		
10	Members of the community do not accept uncircumcised girls	Strongly Disagree	23	12.6		
		Disagree	34	18.6		
		Indifferent/Neutral	21	11.5	3.3497	1.33758
		Agree	66	36.1		
		Strongly Agree	39	21.3		
		Total	183	100		
11	FGM controls excessive sexual desire and promiscuity	Strongly Disagree	7	3.8		
		Disagree	6	3.3		
		Indifferent/Neutral	1	.6	4.5	.95939
		Agree	50	27.3		
		Strongly Agree	119	65.0		
		Total	183	100		
12	FGM enhances fertility and promotes child survival	Strongly Disagree	18	9.8		
		Disagree	28	15.3		
		Indifferent/Neutral	7	3.8	3.7	1.32252
		Agree	73	39.9		
		Strongly Agree	57	31.1		
		Total	183	100		

13	FGM guarantees income when the daughter is married and dowry is paid	Strongly Disagree	115	62.8		
		Disagree	49	26.8		
		Indifferent/Neutral	9	4.9	1.546	.88129
		Agree	7	3.8		
		Strongly Agree	3	1.6		
		Total	183	100		
14	FGM makes women more feminine and more attractive to men	Strongly Disagree	11	6.0		
		Disagree	8	4.4		
		Indifferent/Neutral	2	1.1	4.06	1.03334
		Agree	100	54.6		
		Strongly Agree	62	33.9		
		Total	183	100		
15	FGM increases fertility rate	Strongly Disagree	17	9.3		
		Disagree	20	10.9		
		Indifferent/Neutral	3	1.6	4.02	1.35451
		Agree	45	24.6		
		Strongly Agree	98	53.6		
		Total	183	100		
Grand Mean and Std. deviation					**3.8**	**1.1179**

Sources: Researcher's Own Survey, 2018

As can be seen in Table 6, nearly all of the sample respondents (174 or 95%) perceived FGM as a culture received from previous generations, which shows their strong agreement to the belief system. Moreover, most of the sample respondents (159 or 86.9%), perceived FGM as an important tradition while 166 of them (90.7%) outweighed the advantages over disadvantages of FGM. Most of them (158 or 86.3%), therefore, admitted that they had an intention to continue FGM and even worse 170 (92.9%) of them perceived FGM as important as male circumcision. This shows why the practice of FGM is so persistent. Congruent to the findings of Seketian (2015), 136 of the respondents (74.3%) believed that FGM is religious obligation. A significant number, i.e., 106 (57.9%) said that FGM was influenced by religion regardless of the respondents' belief,

which shows the religious justification for the practice and preservation of FGM. Similarly, the key informants admitted the influence of religion to the continuation of FGM in their communities. One interviewee, for instance, said that: "our grandmother taught us to circumcise our daughters; it is sin and evil to leave daughters uncircumcised." Another interviewee had also the view that religion supports FGM.

This conviction was shared by some of the Orthodox Church priests who participated in the interview. One of these priests admitted: "the Bible says nothing about FGM. It passes down from generation to generation as non-religious popular habit." He admitted his support of FGM as one of the ancient traditional cultures. The priest was also convinced by his grandmother's view that circumcised girls have not got sexual intercourse out of marriage. Circumcised girls were assumed by the priest to respect their parents. He also claimed circumcised girls to have earned communal respect, which could uplift their probability of getting good husband. Another religious leader (interviewee) said that when priests advised the people to have their sons circumcised seven days after birth as per the instruction in the Bible, the community took it for granted that it has been important for their daughters too. As a result, they practice FMG just like the circumcision of their sons and perceive it to be religiously important. This finding corresponds with the findings of Seketian (2015) and Tigist (2017) that associate the practice and continuation of FGM with religion.

The majority of the respondents (165 or 90.2%) supported the view that uncircumcised female genitalia could make sexual intercourse difficult. Less than half of the respondents (37 or 20.2%) reported that men did not marry uncircumcised girls whereas the majority of them (135 or 73.8%) did not accept this cultural belief. This shows that uncircumcised girls can practically get married contrary to the cultural belief. On the other hand, the majority of the sample respondents (105 or 57.4%) supported the view that uncircumcised girls were not acceptable by the society while a significant number of them (78 or 42.6%) were against this perception. Furthermore, the elderly interview respondents took for granted the view that uncircumcised girls developed immense libido that forced them to have sexual intercourse with different males, an abhorred conduct by the community. Similarly, most of the research subjects (169 or 92.3%) accepted the view that FGM has been used as a mechanism to control female's sexual conduct. Even worse, the majority of sample respondents (130 or 71%)) thought that female circumcision has enhanced female

fertility and promoted child survival, while the rest respondents (53 or 29%) opposed this perception. Most of the sample respondents (162 or 88.5%) held the view that FGM has increased femininity and attractiveness towards men. Hence, these believes justify the practice and continuity of FGM. Almost all of respondents (164 or 89.6%) testified that FGM has not generated any income due to dowry. In this community, couples do not pay dowry to each other during marriage. Thus, FGM is not practiced for the sake of financial wellbeing of girls and their parents. In summary, the respondents in this study agreed to a great extent that cultural aspects that encourage FGM should be maintained as part and parcel of their cultural identity, which will complicate the attempts to eradicate FGM.

7. Summary, Conclusion and Recommendations

As opposed to the popular assumption that FGM is decreasing in most part of the country, this study revealed that the practice of FGM on the study area has been very high because most participants of the study have had positive attitude towards FGM and wanted to continue the practice. Most of the sample respondents (74.9%) believed that FGM was used to maximize male sexual pleasure, reduce female's 'unnecessary' sexual desire, improve females' beauty and cleanliness, avoid sin related to uncircumcised women, and increase female fertility. On the other hand, around 90 percent of the sample respondents did not have any awareness about the negative impact of genital mutilation on girls' health, social, psychological, cultural and economic aspects. They also justified the necessity of the continuation of this practice for cultural, social, religious reasons; thus, most of the sample respondents (97.8%) have been circumcised and they have been getting their daughters circumcised.

The respondents held that the impact of electronic and printed media to boost their awareness has been very limited. Most of them, for instance, did not own radios. Even out of the 66.7% sample participants who possess radios in their household, only 13.7% of them have heard about the negative impact of female genital mutilation while the a huge number of the respondents (86.3%) didn't hear about it. Even worse, only 2.7% of the sample respondents have ever taken training regarding the impact of FGM. Thus, there were limited awareness creation practices to eradicate the practice of FGM in the study area. Social and cultural variables have still preserved the practice of FGM as major issues for the practice and continuation of FGM in the communities with collective grand mean of 4.02 and 3.8 respectively for all the variables. Socialization and cultural

belief has, therefore, played very important role in the development of values that justify FGM and this could affect the way people behave real in life.

In order to stop the practice of FGM, the Regional Government, GOs at zonal, and *kebele* levels, NGOs and other institutions should design strategies that address the issue of FGM in an appropriate way and with detailed scheme by supporting the target group based on age, education level, and social status through appropriate implementation mechanisms and procedures. The Women and Children Affairs Sector should take over the responsibility to coordinate, facilitate and monitor the overall activities of various actors to eliminate FGM at all levels by:

1. raising public awareness using local media, printed materials, audiovisuals and role plays as appropriate methods, developing monitoring and follow up procedures;
2. establishing intensive networks among all stakeholders, training law enforcement workers about the consequences of FGM so that they can take appropriate action, female circumcisers about the consequences of FGM;
3. engaging schools in the eradication of FGM by including FGM related topics in daily lessons, mini media and anti-FGM girl clubs;
4. encouraging uncircumcised girls to boost their confidence in the way they can deeply understand the harmfulness of FGM; and
5. training boys about the dangers of FGM to increase their willingness to marry uncircumcised girls in the future as well as by making FGM a focus of health extension package workers.

Circumcisers need to be offered alternative income generating mechanisms and engaged as change agents in teaching others to eradicate FGM. Religious leaders need also to be offered financial, human and material support to enable them to create awareness among their followers in order to support the eradication of FGM.

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