

ADDIS ABABA UNIVERSITY
COLLEGE OF SOCIAL SCIENCE
SCHOOL OF SOCIAL WORK

**THE SOCIAL, PSYCHOLOGICAL AND SEXUAL IMPACT ON THE
WOMEN AND THE RATIONAL BEHIND CONTINUATION OF FEMALE
GENITAL MUTILATION**

A Case Study in Sidama Zone, Bona Zuria Woreda

A Thesis Submitted to Addis Ababa University in Requirement for the Degree of
Masters in Social Work (MSW)

BY

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May, 2016

Addis Ababa

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Acknowledgment

Above all things, I would like to thank the almighty God who has been with me up to this point, and who is the source of my power and strength in every single days of my life.

I extend my sincere gratitude and appreciation to my advisor, Dr.Mesay G/Mariam, for his consistent technical and professional support to complete this thesis. I also acknowledge that for his great understanding and positive response in all the conversation that we made and I am grateful.

I would also profoundly thank W/rt Nardos Chuta, Young Lives Ethiopia Assistant Qualitative researcher at Save the Children, Addis Ababa for her consistent technical and professional support.

Most importantly, I am deeply grateful to women and people of all interviews participants who are crucial to this thesis and graciously opened their hearts to me and shared their experience. This thesis is a product of the generosity of all the people mentioned above with their time and the information they provided to me.

The last but not the least, I would like to thank all my friends and my family for giving me encouragement to accomplish this thesis work.

Abstract

The major objective of this study is to explore the social, psychological and sexual impact of Female Genital Mutilation on the survivors- girls and women who are circumcised and the rationale behind the practice of FGM and recommend intervention strategies to address the impact. This research employed qualitative techniques to understand and assess the life of survivors' women on the psychological, social and sexual impacts of FGM and the underlying reasons of the continuation of the practice through investigating their experience, perspectives and histories from their viewpoint. This study used non probability sampling technique as a major sampling method and purposive sampling technique is employed to select participants. A total of 25 study participants were selected including 19 for focused group discussion. The data obtained from the participants were analyzed thematically. The results of the study indicated that the major social, psychological and sexual impacts of FGM and the reasons of the continuation of the practice. In addition, the existing legal and policy frame work that facilitates the mitigation against the impact of FGM on survivors were also assessed.

In conclusion, female genital mutilation is a criminal offence according to legislation because it causes pain, violates the human rights and the health of women and puts girls at risk. Empowering people in the community with knowledge on the subject and providing the necessary resources will help eliminating the practice. In particular, major gaps in the literature about the psychological, social and the sexual consequences of FGM still remain.

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List of Acronyms

DHS	Demographic Health Survey
EGLDAM	Ye Ethiopian Goji Limadawi Dirgitoch Aswegaj Mahiber
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GO	Government Organizations
GTZ	Deutsche Gesellschaft Fuer Technische Zusammenarbiel)
HTP	Harmful Traditional Practices
IGA	Income Generating Activities
NGO	Non -Government Organizations
PTS	Post Traumatic Stress
SNNP	South Nations and Nationalities People
UK	United Kingdom
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Tradition is a cultural continuity in social attitudes, customs, and intuitions. It is the handing down of information, beliefs, and customs by word of mouth or by example from one generation to another without written instruction. Thus, cultural practices that have to do with norms and behavior based on age, life stage, and gender and social class are what constitute “traditional practices’.

Traditional cultural practices reflect the values and beliefs held by members of community for periods often spanning generation. Certain traditional practices are identified to be harmful to the physical, psychological, social or sexual life of individuals, particularly to a specific group, such as women, and to adversely affect the health of people, the goals of equality, people’s political and social rights, and hinder the development of societies (Rosen et al., 2000).

Around the world, several traditional practices of the various ethnic groups are found to be non-beneficial, even harmful to the social, physical and psychological or sexual and development of all or a certain segment of the society and are violating the legal and human rights of people. Such practices include female genital mutilation (FGM) which potentially affects the psychological, sexual and its complications for the status of girl children in the society.

Although FGM/C transcends geography, over 125 million girls and women alive today have had FGM in the 28 African countries as well as in a few countries of Asia and the Middle East where FGM is practiced usually on girls under the age of 15 years (UNICEF, 2013). The World Health Organization (WHO, 1997) estimates that around 3 million girls are estimated to be at risk of undergoing FGM annually and that there are up to 6,000 new cases every day. Between 100 and 140 million girls and women globally are estimated to have undergone FGM.

According to UNICEF study, it is estimated that 23.8 million women and girls in Ethiopia have undergone FGM, and this is the second highest rate in Africa, second only to Egypt (UNICEF, 2013). In Ethiopia, the estimated prevalence of FGM in girls and women (15-49 years) is 74.3% (DHS, 2005), and this is a decrease of 5.6% over five years (from 79.9% in 2000). Other data (the NCTPE/EGLDAM surveys) shows a decrease from 73% in 1997 to 57% in 2007; a 16% decrease over 10 years.

FGM is widespread across Ethiopia and is carried out in the majority of regions and ethnic groups, with the highest prevalence in the Afar region at a rate of 91.6% (DHS, 2005) or 87.4% (EGLDAM, 2007). As well, the Somali region has a rate of 97.3% (DHS, 2005) or 70.7% (EGLDAM, 2007). The region with the lowest rate is Gambela, with a rate of 27.1% (DHS, 2005).

FGM customs are different along geographical divides associated with ethnic groups. More than 52.5% of girls who undergo FGM do so before the age of 1 year (DHS, 2000). In northern Ethiopia, FGM tends to be carried out straight after birth whereas in the south, where FGM is more closely associated with marriage, it is performed during adolescence. FGM is, for many groups, a part of cultural identity, and, for the Somali and Afar, it is a perceived religious requirement and a means to ensure virginity. Although FGM is largely carried out by traditional practitioners, a recent study may indicate a trend towards medicalization in some regions (Allen et al., 2013).

However, “The psychological, social and sexual consequences of FGM/C are an under-researched and neglected issue” (Berg et al., 2010). Potential impacts “are very much intertwined with other concerns common to all adolescents regarding sexuality, body image, attractiveness, identity, belonging and conforming with peers” (Perron et al., 2013) and are therefore not easy to

disentangle. The complexity of FGM in the cultural context is also underscored by studies showing that knowledge about and attitude, stigmatizing attitude in particular, could strongly vary pre- and post-intervention (Toubia, 1994).

According to Toubia (1994) despite the impact of FGM different community has their own common reasons for the carrying out of FGM include the belief that the clitoris is unclean and could poison infants during birth; that female genitalia are unclean or “masculine,” that infibulated women are more beautiful, have a tight vagina that increases sexual pleasure for the man. In addition a long labia that increases sexual pleasure for both partners; that women are unmarriageable without circumcision and that the procedure protects female chastity and marital fidelity and thus family honor. In summary, factors motivating FGM include preservation of virginity, cleanliness, beauty, fidelity, family honor, and ability for a young woman to get a marriage partner.

1.2. Statement of the Problem

FGM is often motivated by beliefs about what is considered appropriate sexual behavior, with some communities considering that it ensures and preserves virginity, marital faithfulness and prevents promiscuity/prostitution. There is a strong link between FGM and marriageability with FGM often being a prerequisite to marriage. FGM is sometimes a rite of passage into womanhood, and considered necessary for a girl to go through in order to become a responsible adult member of society. FGM is also considered to make girls ‘clean’ and aesthetically beautiful. Although no religious scripts require the practice, participants in the practice sometimes believe it has religious support. Girls and women will often be under strong social pressure, including pressure from their peers and risk victimization and stigma if they refuse to be cut.

FGM is always traumatic (UNICEF, 2005). Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections; cysts; infertility; an increased risk of childbirth complications and newborn deaths, and the need for later surgeries (WHO, 2013).

However, assessing FGM's psychosocial and sexual impact is a complex and neglected field. Female sexual dysfunction which includes disorders of desire/libido, arousal, pain/discomfort, and inhibited orgasm... is highly prevalent with over 40% of women complaining of at least one sexual problem (Rosen et al., 2000).

It is influenced and modulated by many factors (biological, psychosexual, and social/contextual dependence) which act in a way that one factor can improve or inhibit the other and vice versa ..." (Alemaz, 1997). 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).

FGM is also associated with various degrees of psychological morbidity. James Whitehorn et al., (2002) described psychological consequences following FGM such as "loss of trust, prevailing lack of bodily well-being, post-traumatic shock and depression". Some individuals describe the practices of FGM as a sense of betrayal by someone who is emotionally close to the victim.

In spite of these limitations, a number of studies suggest that FGM has direct sexual consequences. Thus, according to Amnesty International (1997), FGM sex causes torture for most mutilated women. A study conducted in USA (Rose, 2010) indicates that the victims of the

FGM suffer from various physical, psychological, and sexual consequences including painful sexual intercourse, delayed sexual arousal, and lack of sexual desire (Berg & Denison, 2011).

As of recent decades combating harmful practices (HTPs) and rescuing the individual victims as well as the societies from the harms has become an issues gaining increased recognition as part of the global development endeavor. However to adequately understand this ideal there needs to be a research on the prevalence, type, magnitudes, specific impact on the societies and the general implication on development as well as on the legal and human rights of the people. In other words, assessing and identifying cultural traits that could be either harmful or beneficial to the people and designing intervention or strategies accordingly, is absolutely essential for the success of any development and growth of a community.

Moreover taking the issue of female genital mutilation to the field of social work and a social service as one of the social problems that affects women and young girls needs an in-depth research and critical attention. For this reason, this study aims to make the professionals of community development work aware of female genital mutilation effects, and deal with multicultural issues that are affecting children and families. In this research i explore local understandings of female circumcision in the study area, in terms of cultural and potentially underlying material logics.

In addition, professionals need to be ready to intervene at any time because the practice violates the human rights of women and girls in the context of child protection and women's rights. Overall, it could be said that "Little is known of how FGM affects the psychological well-being of girls and adolescents" (Perron et al., 2013).

1.3. Research Question

This study will answer the following questions:

- What are the psychological, social and sexual impacts of female genital mutilation on the survivors’?
- How FGM affects the survivors?
- What are the reasons and beliefs for the continuation of the practice of FGM?
- Do the existing legal and policy framework help to overcome the existing problem?

1.4. General Objectives

The overall objective of the study is to assess the social, psychological and sexual impact of Female Genital Mutilation on the survivors- girls and women who are circumcised and the rationale behind the practice of FGM and recommend intervention strategies to address the impact.

1.4.1. Specific Objectives

- To provide a comprehensive analysis of the psychological, social and sexual impact of FGM on survivors of FGM on girls and women in the study area;
- To explore the underlying beliefs for the practice and continuation of FGM amongst the community regardless of multifaceted impact of FGM
- To assess the existing legal and policy frame work that facilitates the mitigation against the impact of FGM on survivors

1.5. Significance of the Study

This study is important in providing local insights on how female genital mutilation/cutting affects women and girls psychology, social and sexual life. The study would also help in suggesting the measures for the improvement of the law enforcement.

As seen above there are very few studies on the social, psychological and sexual impact of FGM worldwide. The few studies carried out suffer from major conceptual and methodological shortcomings (Brown et al., 2013). Preliminary assessment indicates that there are most probably little studies on social, psychological and sexual impact/consequences of FGM in Ethiopia (a few on physical) particularly in a comprehensive and qualitative approach. To the best of my knowledge, the current study will therefore be an additional resource in this field in selected area of study.

Therefore, my thesis is different from those explored in other FGM studies that have been available to me in that I am explaining the interconnected impact of FGM and the reason why the community is still steadfast in the practice of FGM. Attitudinal changes are needed among the community, and my study can be helpful in giving a glimpse into how FGM can be eradicated through follow-up studies and documentation of findings. Hence, the research is important, not only for myself, but also for readers who will take part to protect women from abusive cultures that are putting girls and women at risk.

1.6. Operational Definition

Female genital mutilation often called female genital mutilation (FGM) is defined by the World Health Organization (WHO, 2014) as referring 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. FGM is a form of gender-based violence and has been recognized as a harmful practice and a violation of the human rights of girls and women.

WHO classifies FGM into four major types (for which could be divided up even more):

Type 1: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

1.7. Limitation and Challenges of the Research

Materials written on the female genital mutilation be easily accessed, but materials related with social, psychological and sexual are limited. This research has used a qualitative method, in which the research design allows respondents to share information from their own words, thus enabling the researcher to investigate new phenomena in depth.

Most participants were feeling free to express the emotions and experiences regarding impacts of FGM during the entire time. A 32 years lady who lives at 'worancha' kebele told me that, she hasn't met anyone who came to discuss on issue of FGM previously. She said you are the only for whom we share our inside feeling unreservedly. Thus, this is a great opportunity

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that helps me to get a successful and new finding.

However, language was the other challenge the researcher faced during this study. As result, I couldn't directly speak with the participant especially with traditional circumcisers' women who live in rural areas. The interviews were conducted with the help of the native translator. Remoteness of some location of the study area was also a serious impediment during data collection in the field and this could be considered as challenge to the study.

CHAPTER TWO: REVIEW OF LITERATURE

2.1. Introduction

This chapter presents relevant research findings and other relevant related literatures on Female Genital Mutilation (FGM) and its multifaceted impacted. This chapter includes the following sections; History, type and definitions of FGM, prevalence of FGM, the social, psychological and sexual impact of FGM, the cultural and material logic underpinning the practice and theory discussed in line with different research findings of FGM. This helped the researcher to identify the literature gap in relation with previously undertaken researches and it gives information about the facts related with this research topic.

2.2. History of FGM

FGM has been practiced for over 2000 years (Slack, 1988). Although it has obscure origins, there has been anthropological and historical research on how FGM came about. It is found in traditional group or community cultures that have patriarchal structures. Although FGM is practiced in some communities in the belief that it is a religious requirement, research shows that FGM pre-dates Islam and Christianity. Some anthropologists trace the practice to 5th century BC Egypt, with infibulations being referred to as 'Pharaonic circumcision' (Slack, 1988). Other anthropologists believe that it existed among Equatorial African herders as a protection against rape for young female herders; as a custom amongst stone-age people in Equatorial Africa; or as 'an outgrowth of human sacrificial practices, or some early attempt at population control' (Lightfoot-Klein, 1983).

2.3. Type and Definition FGM

Female genital cutting or female genital mutilation/ cutting) is defined by the WHO as referring 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. FGM is a form of gender-based violence and has been recognized as a harmful practice and a violation of the human rights of girls and women. Between 100 and 140 million girls and women globally are estimated to have undergone FGM. Over 125 million girls and women alive today have had FGM in the 28 African countries and Yemen where FGM is practiced (UNICEF, 2013) and 3 million girls are estimated to be at risk of undergoing FGM annually.

The WHO classifies FGM into four types:

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

Type II. Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision). Note also that the term 'excision' is sometimes used as a general term covering all types of FGM.

Type III Narrowing of the vaginal orifice with creation of a covering seals by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). (The term 'appositioning' is used in preference to 'stitching' because stitching (with thorns or sutures) is only one way to create adhesion. Other common techniques include using herbal pastes and often include tying the legs together for healing.

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

FGM is often motivated by beliefs about what is considered appropriate sexual behavior, with some communities considering that it ensures and preserves virginity, marital faithfulness

and prevents promiscuity/prostitution. There is a strong link between FGM and marriageability with FGM often being a prerequisite to marriage. FGM is sometimes a rite of passage into womanhood, and considered necessary for a girl to go through in order to become a responsible adult member of society. It is also considered to make girls 'clean' and aesthetically beautiful. Although no religious scripts require the practice, participants in the practice sometimes believe it has religious support. Girls and women will often be under strong social pressure, including pressure from their peers and risk victimization and stigma if they refuse to be cut (UNICEF, 2005).

2.4. Prevalence of FGM

The term "prevalence" is used to describe the proportion of women and girls now living in a country who have undergone FGM at some stage in their lives. This is distinct from the "incidence" of FGM which describes the proportion of women and girls who have undergone the procedure within a particular time period, which could be contemporary or historical. FGM is practiced in Africa, the Middle East, Indonesia and Malaysia, as well as some migrants in Europe, United States and Australia. It is also seen in some populations of South Asia. The highest known prevalence rates are in 30 African countries, in a band that stretches from Senegal in West Africa to Ethiopia on the east coast, as well as from Egypt in the north to Tanzania in the south.

The WHO gives a prevalence of 74.3% for FGM in Ethiopia (2005). According to a 2005 UNICEF report, Ethiopia's Regional statistics of the prevalence from the survey are: Afar Region – 94.5%; Harare Region – 81.2%; Amhara Region – 81.1%; Oromia Region – 79.6%; Addis Ababa City – 70.2%; Somali Region – 69.7%; Beneshangul Gumuz Region – 52.9%; Tigray

Region – 48.1%; Southern Region – 46.3%. The prevalence also varies with religion in Ethiopia; FGM is prevalent in 92% of Muslim women, 72% of Protestants, 67% of Catholics and 67% of Traditional Religions.

2.5 Understanding on the Social, Psychological and Sexual impact of FGM

“FGM/C is a deeply entrenched social convention among some ethnic groups and as such carries consequences both when it is and when it is not practiced” (Denison et al 2010). It is associated with broader issues “such as gender, class, and the desire to improve one’s access to social and economic resources” and could therefore have diverse ramifications.

However, “The psychological, social and sexual consequences of FGM/C are an under-researched and neglected issue” (Berg et al., 2010). Potential impacts “are very much intertwined with other concerns common to all adolescents regarding sexuality, body image, attractiveness, identity, belonging and conforming to peers” and are therefore not easy to disentangle. The complexity of FGM in the cultural context is also underscored by studies showing that knowledge about and attitude, stigmatizing attitude in particular, could strongly vary pre- and post-intervention (ibid).

2.5.1. Social Impact of FGM

As a deeply entrenched social convention (Yayehyirad et al., 2008) FGM is related to wider inequalities in society such as gender, class and access to social and economic resources and these could be exacerbated for those who do not abide by the social norms of the community. Both conforming and not could have social impact at various levels (Brown et al., 2013).

At the girl and family level, when girls and families conform, they acquire social status and respect. The girl is honored and gets full acceptance in the community. Conforming to the practice imparts a sense of pride and of coming of age. In some communities the girl receives rewards in the form of celebrations and gifts, and where practiced, the bride price for a girl who has been cut is much higher than that for one who is not (Yayehyirad et al., 2008). On the other hand, failure to conform could lead to difficulty in finding a husband for the girl, shame, stigmatization, as well as loss of social status, honor and protection, resulting in the family's social exclusion in the community.

2.5.2 Psychological Impact of FGM

While the physical health consequences of FGM are well documented (World Health Organization 2006), studies of the emotional effects remain limited. The World Health Organization (2000) found that only 15% of studies focusing on the health effects of FGM considered mental health, and most of these were case reports, highlighting an important gap in the literature.

Where studies on psychological impacts of FGM have been undertaken, factors, such as severe forms of FGM, immediate post-FGM complications, chronic health problems and/or loss of fertility secondary to FGM, 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, weight loss or excessive weight gain, calm attacks, and low self-esteem have been attributed to FGM (ibid).

For many girls and women, undergoing FGM is a traumatic experience with lasting psychological consequences (World Health Organization, 2011; Berg & Denison, 2011). Undertaking a systematic review of the literature pertaining to psychological problems resulting from FGM indicated that 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 a mental illness. A controlled study undertaken by Behrendt and Moritz (2005) in Senegal compared the mental status of 23 circumcised and 24 uncircumcised females, and found that almost 80% of circumcised females met the criteria for mental illness, with 90% of circumcised women describing severe pain and feelings of intense fear, helplessness, and horror at the time of the trauma.

Lockhat (2004) reported that whilst there have been reports of phobic reactions, fear of sexual relations, loss of self-esteem, feelings of victimization, depression and anxiety there have also been findings that indicate a lack of psychological impacts. Overall, it could be said that “Little is known of how FGC affects the psychological well-being of girls and adolescents” (Perron et al., 2013).

2.5.3 Sexual Impact of FGM

One of the main reasons why female genital mutilation is practiced among many African societies, including Ethiopia, is because of the belief that it controls the sexual urges of women and young girls (Yayehyirad et al., 2008). There are also indications that communities in Ethiopia including SNNP are becoming more aware that FGM may diminish sexual satisfaction (Yayehyirad et al., 2009).

However, assessing FGM’s sexual impact is a complex and neglected field. Female sexual dysfunction which includes disorders of desire/libido, arousal, pain/discomfort, and

inhibited orgasm... is highly prevalent with over 40% of women complaining of at least one sexual problem (Rosen et al., 2000). “Human sexuality depends on a complex interaction of cognitive processes, relational dynamics, and neurophysiologic and biochemical mechanisms... It is influenced and modulated by many factors (biological, psychosexual, and social/contextual dependence) which act in a way that 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).

2.6. Reasons and Beliefs for the continuation of the Practice of FGM

The reasons for the practice and the underlying beliefs are multi-faceted and vary from community to community and throughout history. Reasons for FGM will be described under the headings as suggested by WHO (2000):

2.6.1 Psychosexual Reasons

In many societies, it is believed that uncircumcised women will not be able to control their sexuality, and “that a girl who is not excised will run wild and disgrace her family” Therefore, reduction or elimination of the sensitive tissue will reduce sexual desire in the female. A woman without sexual desire will not seek sexual relations outside marriage, and FGM will therefore ensure faithfulness. Circumcision, and especially infibulations, is also seen as proof of chastity and virginity before marriage and will increase a daughter’s marriage prospect (WHO 2000).

2.6.2 Sociological Reasons

Custom and tradition are commonly given as reasons for FGM. It provides identification with the cultural heritage, and it defines who belongs to the group. Toubia suggests that "the fear of losing the psychological, moral, and material benefits of 'belonging' is one of the greatest motivators of conformity". Therefore, it may serve social integration and ensure the maintenance of social cohesion (WHO 2000). For some groups, FGM/C is considered as a rite of passage into womanhood. For example, in some societies in West Africa, the clitoris is considered a male part, while the prepuce of the penis is viewed as female, and "both have to be removed to before a person can be accepted as an adult in his/her sex" (Hosken, 1993).

2.6.3 Hygiene and Aesthetic Reasons

Hygiene and cleanliness are common reasons for FGM. In Arabic, the terms used for the procedure are synonymous with those for cleanliness or purification. Uncircumcised women are regarded as unclean and sometimes not allowed to handle food and water. There is a commonly held view that female external genitalia are ugly (Hosken, 1993).

2.7. Myths

Many myths are associated with FGM. A common belief, e.g. in Ethiopia and Nigeria, is that the clitoris may grow to such a size and length that it may dangle between a woman's legs. FGM is believed to improve fertility and to facilitate childbirth. In some communities, it is thought that the clitoris may damage the penis, or that a baby may die when touches it comes in contact with the clitoris (Hosken, 1993).

2.8 Theories related to Female Genital Mutilation

2.8.1 Social Theory

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006), argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and feminists argue that it is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women, yet nations that endorse the practice define it as an integral feature of the culture.

In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer (2005) argues that attitudes are determined by beliefs about the consequences of a particular behavior. Normative considerations consist of social pressure to perform or not to perform a particular behavior. The norms on which these considerations are based are communicated by important others through socialization and social interaction and the individuals' motivation or desire to comply with these (ibid).

Socialization therefore plays an important role in the development of values and this affects the way people behave later in life. Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins, 1996). For the case of female genital mutilation, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it.

2.8.2 Feminist Theory

FGM has been described by some as contributing to the patriarchal oppression of women. Dorkenoo (1995) suggests that FGM has played a part in the repression of women across the world and throughout history. Penn and Nardos (2003) suggest that it is the belief that powerful female sexuality is a threat to social control that has led to extreme measures, such as FGM, being used to bring about control and preserve the honor of women and their families. These assumptions in relation to women and the need to control them have resulted in the social functions of FGM (e.g. maintenance of chastity and attenuation of female sexual desire) being prioritized over the health complications that are often consequential of the practice (McNamara, 2002).

The social, economic and political powerlessness of women within many FGM practicing communities is said to be associated with the belief of “woman as incapable” (Penn & Nardos, 2003). Toubia (2004) suggests that the global campaign to eradicate FGM will be unsuccessful unless it addresses the social and economic injustices that compel women to submit to such practices as a means of social acceptance and access to fundamental necessities such as family, employment and community.

Dorkenoo (1995) 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 and Arab Africa (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, and religious and cultural influences.

CHAPTER THREE: RESEARCH METHODS

3.1. Research Design

The researcher used qualitative research method and it's important to develop concepts that enhance the understanding of social, psychological and sexual phenomena in natural settings, with due emphasis on the impact, real experiences and views of all participants (Neergaard & Parm, 2007). It also allows associations that occur in people's thinking or acting and the meaning these have for people to be identified (Ritchie & Lewis, 2003).

Qualitative research is concerned with life as it is lived, things as they happen, and situations as they are constructed in the day-to-day, moment-to-moment course of events. Qualitative researchers seek lived experiences in real situations. Therefore, the qualitative researcher seeks to discover the meanings that participants attach to their behavior, how they interpret situations and what their perspectives are on particular issues (Woods, 2006).

This research employed qualitative techniques to understand and assess the life of survivors' women on the psychological, social and sexual impacts of female genital mutilation/cutting, using a qualitative research strategy through investigating their experience, perspectives and histories from their viewpoint. The research had descriptive nature. This was because the objective of the study focuses on the detail description of the comprehensive impact of FGM and the existing policy in the fight against the practice of FGM. Moreover, pervious researches have not addressed the lived experience of survivors of women from FGM. Thus, this research explains the lived experience of victims of FGM, comprehensive impact of FGM on the survivors.

Among the qualitative research method phenomenology is employed in this research. Phenomenology is both a philosophy and a family of research methods concerned with exploring and understanding human experience (Langdridge, 2007). There are two types of phenomenological approach, among the two phenomenological techniques, this research used interpretative phenomenology. Interpretative Phenomenology is an approach to qualitative research concerned with exploring and understanding the lived experience of a specified phenomenon (Smith, 2004). Interpretative Phenomenology is therefore connected to the core principles of phenomenology through paying respectful attention to a person's direct experience, and by encouraging research participants to tell their own story in their own words (Smith, Flowers and Larkin, 2009). Thus, phenomenological research paradigm is important to describe, translate and explain and analysis the impact of FGM from the perspectives of the survivors of FGM who are the subject of the research.

Generally, qualitative research method is important to investigate and understand new phenomena in depth and the method gives a great opportunity to look things from the perspective of the person who experiences that phenomena.

3.2 Study Area: Background Information of Bona Zuria Woreda¹

Bona Zuria woreda is the youngest woredas in Sidama Zone which gained decentralized administrative structures very recently (five years ago). The overall observations indicate that the woreda is a growing administration with very limited infrastructures and services. It is one of the 21 woredas of the Sidama Zone, which is composed of 28 kebeles out of which 27 of them are rural kebeles and one urban kebele, covering a total land area of 33,720 hectare. The capital,

¹ Leaflet prepared by Bona Woreda, Finance and Economic Development Office, 2011.

Bona Town, which is located 350 km far from Addis Ababa, is the administrative center of the woreda. The woreda is neighboring Bensa woreda to the east, Hagreselam woreda to the west, Arbegona Woreda to the north and Oromiya regional state to the south. The altitude of the woreda varies from 1501- 2500 meters above sea level. Average annual temperature also varies from 15.1- 22.58 degree Celsius and annual rainfall ranges from 1401-1600 mm.

According to the 2007 census, the total population of the woreda is estimated to be 139, 425, out of which, 69, 824 were males and 69,601 females. The area is known to be densely populated in which 528 persons live per kilo meter square. About 83% of the population lives in the rural area. The religious profile of the residents also indicates that 92.4% of the woreda inhabitants are followers of protestant religion. Orthodox, Catholic and Muslim religion follower account for 3.05%, 1.7% and 1.4% respectively. The population distribution in age group shows that children below the age of 14 constitute about 47. 7%, those who are economically active (14-64) account for 50.1%, and old age constitute 2.2%.

In 2011, Bona woreda had a total of 36 schools (1 high school grade 9-10, 8 primary schools running first cycle and 27 schools running both first and second cycle. In the past academic years, a total of 39, 532 children had been enrolled in the schools out of which 19179 (48.5%) were girls. Class-student ratio for primary first cycle was 1: 62, for second cycle, 1: 41, for high school, 1: 45. There is no preschool and alternative basic education program in the woreda. As far as the distribution of health institutions is concerned, there are 22 health stations, 4 health centers, 2 private medium level clinics, 4 drug stores and 1 district hospitals in the woreda.

As compared to the severity of the deep rooted problem of FGM in Bona Zuria Woreda less effort and commitment was exerted by governmental and non-governmental organizations to deal with the problem. This shows that a lot should be done to reduce the root causes and

consequences of FGM on women in particular and the community at general. To realize this, study should be done so that problems will be addressed based on the scientific finding.

However, so far no study was conducted on the impact of FGM in Bona Zuria woreda which resulted in lack of specific research finding on the comprehensive understanding on the impact and other FGM related problems which creates curiosity to study the problems women and girls are facing on their life and coping strategies they use.

Therefore, this study carried out in purposely selected woreda in one the zones of SNNPRs. In the selected wereda, adequate samples will be assessed in order to meet the requirements to:

- Understanding and analyze the social, psychological and sexual impact of FGM,
- Identify the fundamental factor for the continuation FGM and
- Assess the existing legal and policy framework.

3.3. Selection of Study Participant

In qualitative research, only a sample that is, a subset of a population is selected for any given study. The study's research objectives and the characteristics of the study population (such as size and diversity) determine which and how many people to select (Krueger & Neuman, 2006). Purposive sampling was employed to draw samples from the study population which is a non -probability sampling technique very often employed in qualitative research. Purposive sampling, one of the most common sampling strategies, groups participants according to preselected criteria relevant to a particular research question (Woods & Namey, 2005).

This study used non probability sampling technique as a major sampling method and purposive sampling technique is employed to select participants of the study

because there were a number of women with social, psychological and sexual problems because of different reasons but this study interested to completely understand the social psychological and sexual impacts from the experience of women who survive from the practice of FGM thus, this study used the following inclusion criteria;

1. Women who undergone FGM procedure;
2. Women who are married;
3. Who are currently living in Bona Zuria Woreda;
4. Who are willing to express the social and sexual life experience
5. Who can speak and understand Amharic.

The source populations for the qualitative study includes girls, victims of FGM who are married, their partners, and key informants form traditional circumcisers, health professionals, officials, religious leaders, governmental organization operating in the study sites. Totally, 25 informants took part in the study.

3.4 Sampling Technique

I used purposive sampling technique to undertake this study. According to Berge (2001) when developing a purposive sample, researchers use their special knowledge or expertise about some group to select subjects. In some instances, purposive samples are selected after field investigations on some group, in order to ensure that certain types of individuals or persons displaying certain attributes that are included in the study.

The reason for using purposive sampling was that I believed interviewing key informants is fundamental in order to get a deeper understanding about the multifaceted social, psychological and sexual impact of FGM on the survivors long after they have gone the practice.

Individuals for the focus group discussion, in-depth individual interviews, and key informant interviews and case studies were identified using purposive sampling. The selection of informants was done in consultation with Women Children and Youth Affairs office of the woreda. It included victims of FGM who got married and their partners, representative of GOs working on HTPs, representatives of schools, traditional circumcisers and religious and traditional leaders.

According to Ray (2008 as cited in Abebaw Minaye, 2013) sample size is one major issue of dialogue about research, particularly qualitative research. Appropriate sample size is not clearly discussed in the literature on qualitative research methodologies.

Accordingly, in this study a total of 25 study participants were selected including 19 for focused group discussion. The sample size was determined as a function of being large enough to accommodate a wide range of different experiences relating to FGM to identify and analyze the social, psychological and sexual impact of FGM and to assess the existing services and policy framework.

3.5. Tools and Techniques of Data Collection

3.5.1 Data Collection Tools

In this study, qualitative approach was instrumental in gaining in-depth understanding of the social, psychological and sexual impact of FGM on the survivors. Individuals or groups allow the researcher to attain rich, personalized information and experience. The researcher develops an interview and focus group discussion (FGD) guide. These guides identify appropriate open ended questions that the researcher asks during each interviewee and focus group discussion. These questions are designed to allow the researcher to gain insights into the study's fundamental research questions

(Ritchie, J and Lewis, J. 2003). For the purpose of data collection, I have used five tools or instruments (in-depth interview guide, see (Appendix II) Key informant interview guide, see (Appendix II), FGD checklist (Appendix III) and case story Appendix IV. In this study, interview guide is prepared for married who undergone circumcised women in line with the basic research question of the study and the major contents of the tool were:

- Personal background (socio demographic information of the participant)
- The reason for their circumcision
- Their life experience after being a circumcised women, how they were circumcised, how they reacted to the practice and the major impacts of FGM
- The social, psychological and sexual impact of due to the consequence of FGM
- The existing services in the study area and policy framework and

Based on the aforementioned data collection instrument the above major research content was asked for the research participants and the questions were asked by using probes since the research issue commonly understood as taboo subject to discuss it openly. The data collection tools were first developed in English and then translated to Amharic for the purpose of language clarity between the researcher and the research participants. And the other instrument applied for this research is observation checklist. Hence, the checklist included the Emotional characteristics of the survivors' women.

3.5 .2 Data Collection Techniques

Data collection techniques allow us to systematically collect information about our objects of study (people, objects, phenomena) and about the settings in which they occur. In

the collection of data we have to be systematic. If data are collected haphazardly, it will be difficult to answer our research questions in a conclusive way (Ritchie, J and Lewis, J. 2003).

In qualitative research data are obtained from a relatively small group of respondents and are not analyzed with statistical techniques. It involves detailed, verbal descriptions of characteristics, cases, and settings, and it uses observation and interviewing as source of data. It differs from traditional quantitative research through its use of less structured data-gathering instruments and its use of open-ended questioning (Kreuger and Neuman, 2006).

A blend of data gathering instruments were used to collect the required information for the study from range of study participants at regional level to individuals which involve, but not limited to;

- Survivors of FGM
- Community representatives
- Health extension worker
- Traditional circumcisers
- Government officials such as
 - o Woreda health bureau
 - o Woreda Women and children office

The study used both primary and secondary source of data gathering instrument in order to get relevant information about the specific objectives. Qualitative researchers have a range of different data collecting methods at their disposal. These include structured interview, in-depth (semi and unstructured) interviews, life stories, focus group discussion, participant and non-participant observation. The study used a mixture in depth interview, key informant interview, focused group discussion, case story and observation as a primary source of data.

3.5.2.1 In-depth interview

It is a semi Structured Interview-this type of interview involves the implementation of a number of predetermined questions and/or special topics. These questions are typically asked of each interviewee in a systematic and consistent order, but the interviewers are allowed freedom to digress; that is, the interviewers are permitted (in fact expected) to probe far beyond the answers to their prepared and standardized questions (Berg, 2001). With this, out of the total of 25 participants who were conducted semi structured interviews, 4 of them were key informant found in research sits.

Following confirmation of the participants to share their life experiences on the impacts of FGM, interviews were held in place respondents felt comfortable and safe. The interview sessions with the survivors married women ranged from forty five minutes to one hour, and each interviewee was recorded on a voice recorder.

In-depth interview were useful for learning about perspectives of individuals about their personal feelings, opinions and experience related to the issue under study. This would give an opportunity to gain insight into how people interpret and understand the causal explanations about the impact of FGM. This is one-to-one interview method carried out by using guiding question.

The voice of the interviewee is central in all interviews, nonverbal communication also can be important for attaining a deeper shared meaning and with nonverbal communication (e.g., facial expression, hand gesture) clarifying the meaning of words spoken, and words clarifying the meaning of nonverbal communication (Berg, 2001). Thus, observation has been found critical to include the non-verbal communication of the survivors. In fact, the observations particularly focused on the emotional situation of the married victims' women during the

interview. Hence, I used field notes during the interview to support the information obtained from the in-depth interview.

3.5.2.2 Focus group discussion

Focus groups can be seen as a type of group interview, but one that tends to concentrate in depth on a particular theme or topic with an element of interaction. The group is often made up of people who have particular experience or knowledge about the subject of the research, or those that have a particular interest in it (Woods, 2006).

The participants in the focus group discussion were selected from the segment of community who have undergone FGM procedure and experienced the impact of FGM. Participants for focus group discussion were selected purposively based on the criteria of the study. The main focuses of the discussion were: the overall community attitudes toward FGM in their Woredas', the social psychological and sexual impacts of FGM, and the existing service in the study area with regard to FGM.

I have believed that conducting a focus group discussion helped in getting detailed information about the issue and the inner feelings of the community members because being in a group with others that have the same issues to discuss, may give confidence to speak about their experiences in a way that may not occur in one-to-one interviews.

3.5.2.3 Case studies

This study also employed case story from married women who were prone to FGM and experience the social, psychological and sexual impacts of FGM. In general one case story was developed.

3.5.2.4 Observation

Observation checklist was developed and employed to observe the emotional characteristics of the survivors' and the existing service and facilities to support the survivors' owned by governmental, private and NGO and others. The observations will be guided by observation checklist to ensure consistency and coverage of important issues across the board.

3.6. Data Analysis Techniques

This study analyzed the data obtained from the study participants through qualitative data analysis methods. Data collection and analysis strategies are similar across qualitative methods but the way the findings are reported is diverse and it address the importance of creating a data display and suggest that narrative text has been the most frequent form of display for qualitative data. Therefore, the results are presented in descriptive narrative form (Krueger & Nueman, 2006).

Qualitative data analysis methods were used to analyze the data collected through unstructured techniques using thematic data analysis method and triangulation. This include interpretations, explanation building and synthesis of various opinions and concepts and assembling of ideas; and summarizing, categorizing, and presenting them into convenient forms.

Audio records of key informant and in-depth interviews, and focus group discussions are transcribed. These transcriptions were read by the researcher repeatedly, who also listened to the audio records to have clear grasp of the information generated. While reading the transcripts time and again, the researchers came across themes that shed light on issues of interest under study. Having identified these themes, the researchers then

looked for patterns and linkages across information gathered from different sources and different data collection methods.

3.7. Assuring the Trustworthiness of the Data

The use of different qualitative techniques and the inclusion of various groups of informants in the study were of great value to enhance the quality of data and generate valid and reliable information. Triangulation is also typically a strategy for improving the validity and reliability of research or evaluation of findings. The trustworthiness of the information is assured through data triangulation.

However this research was phenomenological research type and thus focused on the lived experience of the women who survived from FGM. The researcher was asking the participants meaning of their stories about their social and sexual life experience rather than searching for other explanations. Thus, this study does not triangulate the data found from the research participants with other sources.

3.8. Ethical Considerations

Since the issue under study is very sensitive the necessary care has to been taken to protect confidentiality of the information obtained from the subject of the study.

Accordingly names were not be recorded or linked to the results of the study. The data collection was carried out after getting permission from district administrator. The data collection process started after giving adequate information and explanation about the research, its objectives, and methodologies to all participants. Before starting recording the voices of the participants their consent was requested and based on their willingness.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.1. Introduction

This chapter presents the major findings of the study based on the specific objectives obtained from in-depth interviews, focus group discussion and direct observation. Accordingly, the chapter organized in to four parts. The first parts of this chapter briefly describe the basic back ground information of the study participants, basic information of the stakeholders. The second part deals with the presentation of the social, psychological and sexual impacts of female genital mutilation. The Third is deals with the main reasons for the practice and continuation of FGM. Eventually this chapter presents the existing legal and policy frame work related with FGM.

4.2 Background of the Study Participants

Semi structured interview employed for data collection and a total of 23 individuals have been interviewed. Accordingly, the following are list of participants who were interviewed in this research along with their position in the community.

Table 1. Background of Study Participants

S.N	Address	Age	Sex	Marital Status	Religion	Education	Occupation	Ethnic group
1	Bona 01	24	F	Married	Protestant	Diploma	Employed	Sidama
2	Bona 01	28	F	Married	Protestant	Diploma	Employed	Sidama
3	Worancha	27	F	Married	Protestant	Primary	Housewife	Sidama
4	Worancha	34	F	Married	Protestant	Primary	Housewife	Sidama
5	Worancha	38	F	Married	Protestant	Primary	Housewife	Sidama
6	Worancha	42	F	Married	Protestant	Primary	Housewife	Sidama
7	Worancha	40	F	Married	Protestant	Illiterate	Housewife	Sidama
8	MelganoKolisho	37	F	Married	Protestant	Primary	Housewife	Sidama
9	OrensoHore	45	F	Widowed	Protestant	Primary	Housewife	Sidama
10	OrensoHore	32	F	Married	Protestant	Primary	Housewife	Sidama

4.3. Impacts of Female Genital Mutilation

Female genital mutilation (FGM) is widely practiced in the study area. It is often associated with social, psychological, sexual and consequence. Here I present and extracted data about social, psychological and sexual consequences of FGM and structured the results according to these three functioning areas.

4.3.1. Social Impact

The key informants of the research participant mentioned that there are many forms of social exclusion for those who do not conform to the practice. The community believed that uncircumcised girls will face a difficulty in getting husband, shame, stigmatization, as well as loss of social status, honor and protection from the community for both the girl and her family.

Traditionally, uncircumcised girls are considered as unclean, wasteful, they broke utensils, talkative and they will not be easily manageable to their husband. Uncircumcised girls will be insulted by their peers (circumcised one) who are locally named "*Bode*" It is a very harassing kind of word meaning "a girl with her clitoris". In the local language "*Boda*" is clitoris.

As stated by elders, uncircumcised girl is considered as impure and she will not get a husband. This is commonly expressed as *komaqerech*, i.e. 'she remains standing', which is translated as becoming an 'old maid'. Some respondents referred to a local proverb, *kaltegerezech koma tikeralech*, which literally means 'if she is not circumcised, she will remain standing' and interpreted this as meaning that an uncircumcised woman is like a man (i.e. her clitoris will be erect just like a penis).

Seble Aschalew, a 25 year's old married uncut woman who live in Bona 01 kebele since

her childhood. When she explained about her acceptance by the community, she passed a difficult time during her childhood. Seble said *"I was faced a strong stigma and discrimination from the community, they do not allow their girls to go to school and play with me due to the fear of I ruin the girls, and many people in community perceived me unworthy to marriage, and live with shame."*

Concerning to the social impacts experienced in the community, participants explained that uncircumcised girls are considered to be unclean which is locally called "Bode" "A girl who is not circumcised is considered as a woman who carries waste material on her own body", (clitoris is considered as waste material) will be abused by friends, peers, neighbors. There is an assumption or a belief that uncut girls are considered as a woman who lacks her woman kind or identity. She will be insulted by the term "Bognam" which means "not full" or whole woman.

4.3.2 Psychological Impact

Anxiety, night mares with panic, subsequent sense of humiliation and being betrayed by her parents can be observed after circumcision. A school teacher at Worancha Primary School explained about the psychological impact, in a community with sufficient pressure put on the child to believe that her clitoris or genitals are dirty, dangerous or a source of irresistible temptation, she will feel relieved psychologically, if made like every female else. To be different produces anxiety as well mental convict. An uncircumcised girl is despised and made the target of ridicule and no one in the community will marry her.

Due to this failure of resisting their peer influence, many girls used to arrange the circumcision by their own interest mainly during the summer seasons. A 28 years old lady mentioned, she has a painful memory about her circumcision that is conducted when she was 10. She remembers that two women participated during the procedure one cover her eyes and

the other holds her legs. Any one of her family was not with her side when is crying and need them for help. Such situations leave its scar on her life.

The other respondent asked about the psychological impact, she said *"I was 12 years old and I remember the day of my circumcision, there were two ladies the first lady covers and hold my eyes and the second lady holds my legs separately and tightly. The bleeding was profuse and my abdomen was also distended for several hours. Finally my parents took me to the hospital and I got relived. Because the pain during sexual intercourse I don't want to sleep with my husband. I feel worried during the bed time. My husband often threatened me that he will look for another lady. As a result of this fact, I am not satisfied with my marriage. I feel regret and guilty."*

4.3.3. Sexual Impact

Girls are commonly circumcised between the ages of 7 and 12 years. According to their view, this is an age of puberty clitoris is being enlarged, girls develop sexual desire, they start being emotional and out of control. Therefore, they will prone to premarital sexual intercourse. Thus, cutting the clitoris help to control girl's sexual desire and to preserve virginity until she get married.

A traditional circumciser at Melganao Kolisho also explained the reason of female circumcision is to make her whole woman, calm and a good wife to her husband. If she is not circumcised she will look for another person over her husband. Therefore community believe that female circumcision help to maintain the honor of both for her family and her husband.

The majority of FGD participants expressed and agreed on female circumcision is done mainly for the reason of the avoidance of the sexiness of girls both before and after marriage. Thus she and her families will be respected and acquire a social status from the community

members.

A 35 years old key informant explains about the sexual impact, she said *"I feel pain rather than pleasure during sexual intercourse". I don't want go to bed with him. I remain in the kitchen for long time until he gets sleep. There is always a fight with her husband that doesn't have known reason. He refuses to eat with me and our children. Even if I understand his feeling I can't help him. Rarely do we have a discussion on our sexual problems and I insisted him to stop sex since we have children and that is enough for life.*

Gradually he starts looking another lady to satisfy his sexual need. So he neglects the family both emotionally and economically.

The other one also suffered from psychological trauma in addition to the health problems due to wrong procedure applied on her and she also ashamed of her herself and feeling of unworthiness for marriage, she run away to another city to just to hide herself. One of the Key informant also said *" Her long and sharp nails are still kept in our mind. We hate all circumcisers so much. We don't want to greet them. We feel guilty and anger what they have done to us.*

A school teacher at Worancha primary school explained that the issue FGM is very sensitive in both who have undergone the process and who do not. She is also a community representative and serves as a chairperson in the school female sexual violence protection club. She has an experience in working with both cut and uncut girls. As part of her work, awareness raising training is given for uncut girls such as training on the consequences of FGM and its gender aspect. There is a significant change observed on school students in general. Many boys decided to marry only uncut girls.

4.4. Rational Behind for the Practice and Continuation of FGM

Exploration of the second objective was carried out through analysis of all interviews, and FGDs. Out of the open ended questions asked for the reasons of FGM in the community. Respondents choose several of the following options: Tradition, Husband's preference, Hygiene, Other. Most of the results of this part can be described under the following major categories: Cultural/Social heritage, Health and hygiene and Psycho-sexual reasons

4.4.1. Social/Cultural Heritage

4.4.1.1. Respect the Tradition or custom

In this category, "Tradition and Custom" were often used either together or synonymously. "Habit" was another expression commonly used. One of the respondents discussed during the FGD session that *"It is our habit and it is our tradition, this is from the community, myth, and idea, from the community...this is habit from our grand grandmothers, and that means we inherit from our grandmothers, and we have strong belief about it. ...for many many centuries people did this practice, why now these people come and ask us to let this habit? Now it has become like habit,... people believe it and it has become like their daily needs and their life needs, it is difficult to leave this habit, or to leave this practice...."*

The traditional circumcisers also support the above argument*there is no clear reason for that but we can say it is inherited habit, from the ancestors and old people in our community. They find their mothers and fathers do it and they did for their daughters.* A few women thought that FGM was practiced everywhere and were surprised to hear that women were not circumcised in other parts of the world.

In Sidama community, female circumcision regarded as a "serra" a literal meaning of cultural law. Female circumcision is a traditionally accepted norm in which the girl who undergone the process is respectful and both her families and she acquire a social status in the community. One of the major reasons to undergone the practice is to respect and abide by the culture since it is a practice that has been done for many generations, girls/women tend to be obliged to this custom as creates an identity to the cultural heritage and represents the initiation of girl becoming a woman. Those girls and their families who do not conform to the practice of female circumcision are considered as a deviant and stigmatized from community participation. This is a quality highly regarded as an honor to the family and to the husband.

A 35 years old woman who lives in worancha asked about the community attitude towards uncircumcised girls she said previously, *"no one can against FGM is mandatory process in order to be a whole woman and it is a right passage for a girl's marriage ability in the "serra" cultural law Sidama community. Unless she circumcised no one marry her and she is not respected in the community"*.

As stated by elders, uncircumcised girl is considered as impure and she will not get a husband. This is commonly expressed as *koma qerech*, i.e. 'she remains standing', which is translated as becoming an 'old maid'. Some respondents referred to a local proverb, *kaltegerezech koma tikeralech*, which literally means 'if she is not circumcised, she will remain standing' and interpreted this as meaning that an uncircumcised woman is like a man.

A 45 years old woman who live at worancha kebele asked about what if when a girl oppose the practice and she said *"No one can against it .FGM is a mandatory process in order to be a whole woman and it is a right passage for a girl's marriageability in the "serra" (cultural*

law of Sidama community)". Unless she circumcised no one marry her and she is not respected in the community. In rare cases she might get rejected by her families".

4.4.1.2. Stigma and embarrassment

Non-compliance with tradition and custom may result in stigmatization and embarrassment. As a key informant woman disclose *'It is hardly difficult to stand up alone against the majority as it is the idea from the community. If some houses together decided not to do it, it can be easy for them; but if one says that I will not do it, although all the community does it and wants to do it, this is difficult. Therefore Children will be stigmatized at school if they are not circumcised.*

One of the study participants's exposed that during focus group discussion

'If my daughter goes to school and she is not circumcised, her friends will ask her: "They did for you?" And if she said then: "No", they will look at her.'

This study finds out that in response to the research question nearly the entire respondent particularly women mentioned stigmatization or embarrassment if a girl did not undergone FGM. Traditionally, there is a belief that uncircumcised girls are unclean, wasteful, they broke utensils, talkative and they will not be easily manageable to their husband. Therefore, no one will marry her. Uncircumcised girls will be insulted by their peers (circumcised one) who are locally named "Bode" It is a very harassing kind of word meaning "a girl with her clitoris".

In the local language "Boda" is clitoris. Due to the fear of such type of stigma and discrimination, girls and their families are enforced to undergone practice of FGM. When traditional circumcisers refuse to do the circumcision in their kebele they go to the neighboring kebeles by their own interest mainly during the summer season.

According to an elderly key informant at Melgano Kolisho kebele, female circumcision is considered as a pre-requisite for marital dowry process in this community. It is the responsibility

community leaders to check the girl's status by asking her family whether she is cut or uncut. If she is uncut, the dowry process will be suspended until she undergone the circumcision. One of the FGD participant explained, there are some exceptional cases like abduction in which the practice of circumcision will be done in the husband's family and she will stay their house until she get relieved from the pain. She will stay up to two months.

4.4.1.3. Avoidance of Sexiness

Girls are commonly circumcised between the ages of 7 and 12 years. According to their view, this is an age of puberty clitoris is being enlarged, girls develop sexual desire, they start being emotional and out of control. Therefore, they will prone to premarital sexual intercourse. Thus, cutting the clitoris help to control girl's sexual desire and to preserve virginity until she get married.

A traditional circumciser at Melganao Kolisho also explained the reason of female circumcision is to make her whole woman, calm and a good wife to her husband. If she is not circumcised she will look for another person over her husband. In addition to this, uncut girls are considered as emotional, notorious and cause problems to her husband.

Therefore community believe that female circumcision help to maintain the honor of both for her family and her husband. The majority of FGD participants expressed and agreed on female circumcision is done mainly for the reason of the avoidance of the sexiness of girls both before and after marriage. Thus she and her families will be respected and acquire a social status from the community members.

4.4.1.4. Hygiene

Both women and men consider FGM as an important factor for hygiene. Health issues were often raised during the interviews. Statements in response to the open question revealed

that both women and men considered FGM as beneficial for women's health. During the group and single interviews, hygiene and cleanliness were also mentioned. In the open-ended statements, some of the women mentioned hygiene as a benefit of FGM and other also referred to "purification" and removing the dirty.

4.4.2. Psycho-sexual Reasons: Husband's preference

During the interviews and FGD, women frequently stated that they think that men prefer them circumcised. The women who participate in the study strongly argue that:

‘...we make FGM because the men want the girls to undergone FGM. They like it! That’s why we cannot destroy it. They prefer woman with FGM, they prefer this woman. They don’t like woman not circumcised.

4.5. Existing Policies and Legal Framework to Overcome FGM

The Bona Zuria Woreda Women and Children Office in close cooperation with the woreda Police Office is working in the prevention of criminal activities Police officer: Police officers work in partnership with the communities they serve to maintain law and order, protect members of the public and their property, prevent crime, reduce the fear of crime and improve the quality of life for all citizens. Law enforcement have the roles including the prevention, detection, and investigation of crime and the apprehension and detention of individuals suspected of law violation including female sexual violence and harmful traditional practices in collaboration with governmental and non-governmental organizations mainly with the Woreda Women and Child Affair and a local NGO named KMG Ethiopia. In addition, the police office is working with stakeholders such as law enforcement bodies, religious leaders, community leaders, iddir leaders and traditional circumcisers.

According to the woreda Police officer explained about the HTPs that are commonly practice in Bona woreda are female circumcision, early marriage, abduction, rape and so on. The Police officers are working in partnership with the community's religious leaders, iddir leaders, and elderly people and community policing officers to enforce the law including prevention, detection, and investigation of crime and the apprehension and detention of individuals suspected of law violation.

Due to the fact that FGM is one of the major HTPs, the woreda police officers actively participating in the prevention of female circumcision and follow up of cases when they are conducted. The police officers are working together with the community, health extension professionals, kebele committee, community conversation facilitators and social workers. There are also a community policing members in each kebeles and households. These community policing members are the front lines and responsible to inform any criminal activities happened in their respective kebele. Female Circumcision is one of the criminal activities and when the case is happened they are directly reported to the nearby police office.

When asked about the measures taken to eradicate this harmful traditional activities. The major activities taken to solve such problems are, enhancing the community and community leader awareness on the consequences of HTPs especially FGM, provision of an Income Generating Activities (IGA) for the traditional circumcisers, organize an anti HTP committee and then they are working together with police members. They serve as a liaison between the community and police office. They help the survivors as a witness when the case is reached to the court

However, there are challenges faced in the process of eradication of female circumcision some of them are: attitudes of community towards the practice basically men's attitude, there is a

well-built cultural influence, community less participation in the prevention and detection of female circumcision cases, girls arrange their own circumcision secretly and without getting their family consent by going the nearby kebele where the preventive activities are not reached. So as it is difficult to get witness in order to punish them, Children are unlikely to give evidence against parents or relatives for fear of losing their family or social group, lack of credible deterrent , the punishment is not lessening others.

As mentioned by the study participants, the legal framework is there, but it seems to have huge implementation problems. The majority of the people in traditional Ethiopia is poor, uneducated and thus many are illiterate and lacks knowledge. As some of the interviewees mentioned, a first priority is to fight poverty, not FGM. It was also mentioned during the interviews that the various stakeholders in the struggle on FGM seemed to be uncoordinated.

CHAPTER FIVE: DISCUSSION OF THE FINDING

Issues dealing with culture are so sensitive and therefore those planning to explore the issue of female genital mutilation that is deeply rooted in culture and traditional beliefs, should have enough knowledge on other people's culture. When discussing about people and their culture, also historical, economical social, psychological and emotional factors need to be taken into consideration, because they are part of the people and their life.

5.1. Type of FGM

This research found out that type I is the most common types of FGM performed that I used as the research area. It is partial or total removal of the clitoris and/or the prepuce (clitoridectomy). They consider it to be simple and not causing many health problems and still it can be practiced and retain their cultural beliefs. In the research area, where FGM is practiced, the study finding discloses that some respected people, for example, the grandparents who are the elders of the community, support the practice. A traditional circumciser was interviewed regarding the type of FGM practiced in their community and she replied that the usual procedure is cutting only the clitoris part but based on the demand of the girls family she used to cut the labia minor as too. Moreover, type of FGM is different based on the ethnic group.

In relation to the risk happened during procedure, she said type I circumcision is almost safe. The bleeding is minimal and girls have less pain. Sometimes girls couldn't able to resist the pain. At this time, the circumciser will cut other parts of the vagina wrongly and accidentally. In such cases the bleeding will be sever and infection will be occurred. She also mentioned her interesting personal experience during performing the procedure. She said that it is difficult to cut a clitoris of girls who have sexual exposure before the procedure. The clitoris of the girl who

has sexual exposure is soft and easy to cut. They do not feel much pain compared to those who have hardened tissue of clitoris. In order to control the bleeding, they use ash, egg and cattle's waste material.

5.2. Impacts of FGM

All participants talked about the many ways that FGM can impact upon women. Many described experiencing life-long social, psychological and sexual impact and complications and felt that it was important to have a good understanding of the subject under discussion. These impact can be categorized with four different aspects of “Human life” these include psychological sexual and social.

5.2.1. Social Impacts

According to Toubia and Rahman (2000), female genital mutilation does cause physical, sexual, social health and consequences to those who undergo the procedure. The consequences are either short or long- term depending on the type of FGM practiced on the individual.

FGM is a deeply entrenched social convention among the community in the study area and as such carries consequences both when it is and when it is not practiced. When girls and families conform to the practice they acquire social position and respect. Conversely, failure to conform leads to difficulty in finding a husband for the girl, shame, stigmatization, as well as loss of social position, honor and protection, resulting in the family's social exclusion in the community.

Literature on the impact of FGM also confirm the above reality that women from five African countries reported that FGM/C influenced their relations with their partner, children and

relatives in their country of origin (Mahmoud, 2015). The proportion of women who reported they were not satisfied with their marriage was significantly greater among women who had been subjected to FGM than among women who had not. Marital instability was also significantly different between the two groups; it was higher among women with FGM (Brown et al 2013).

This research also discovers that how women are suffering from the social impacts than the trauma caused by the circumcision itself. When they are facing marital problems such as loss of love and trust, feeling of unworthiness and loss of interest in participating any community activities so on. As result marital instability are manifested as major social problems.

Similarly embarrassment was one of the social impacts that were reported by many women because of the way their organ looks if they are not circumcised. A 25 year's old married uncut woman who live in Bona 01 kebele since her childhood, explained about her acceptance by the community, she passed a difficult time during her childhood. She said *"I was faced a strong stigma and discrimination from the community, they do not allow their girls to go to school and play with me due to the fear of I ruin the girls, and many people in community perceived me unworthy to marriage"*.

Concerning to the social impacts experienced in the community, participants explained that uncircumcised girls are considered to be unclean which is locally called "Bode" "A girl who is not circumcised is considered as a woman who carries waste material on her own body", (clitoris is considered as waste material) will be abused by friends, peers, neighbors. There is an assumption or a belief that uncut girls are considered as a woman who lacks her woman kind or identity. She will insulted by the term "Bognam" which means "not full" or whole woman. It was also believed that uncut girls can break equipment.

5.2.2. Psychological Impact

In a review of the literature Lockhat (2004) found that only 20 out of 504 articles on FGM contained primary data on the psychological impact of the procedure. Lockhat (2004) claims that; this lack of research is the result of difficulties in measuring psychological distress and the reluctance of women to discuss issues related to FGM. Accordingly most of the data related with the effects of FGM on psychological health gathered from case reports, and interviews with health professionals rather than direct interviews with the women themselves. Dorkenoo (1995) has also drawn attention to the lack of research in the area.

Special attention at the time of mutilation may mitigate some of the trauma experienced, but the most important psychological effect on a woman who has survived is the feeling that she is acceptable to her society, having upheld the traditions of her culture and made herself eligible for marriage, often the only role available to her. It is possible that a woman who did not undergo genital mutilation could suffer psychological problems as a result of rejection by the society. Where the FGM-practicing community is in a minority, women are thought to be particularly vulnerable to psychological problems, caught as they are between the social norms of their own community and those of the majority culture.

I have also noticed that the social taboos that might act as barriers to my research by preventing women from openly discussing difficulties due to fears of being perceived immoral. Dorkenoo (1995) does however suggest that in the minimal personal accounts and research findings that have been reported there are repeated references to anxiety prior to the operation, terror at the moment of being seized by a family member, unbearable pain during and after the procedure, a subsequent sense of humiliation and feelings of betrayal by parents.

The psychological problems from the interview revealed recurring nightmares about the mutilation day, the pain they went through and fear associated with that particular day. Some of them were psychologically traumatized wondering why those they trusted to protect them such as their parents and grandparents, would allow such a painful operation to be performed on them. Difficulties of sleep were also mentioned during FGD session which was associated with the pain of cutting.

FGM also caused psychological problems to the victims. Most of the participants remark having nightmares many times about pain and remembering how scared they were the day they were mutilated. The pain they experienced during the cutting, is associated with the delivery pain and that has caused women to fear when delivering, remembering the first pain. All circumcised participants remembered the day of their circumcision as extremely frightening and traumatizing. Most of them describe feelings of intense fear, helplessness, horror, and severe pain, and some of the participants were still suffering from intrusive re-experiences of their circumcision.

Likewise studies on psychological impacts of FGM have been revealed that causes of distress depression, post-traumatic stress (PTS), and symptoms of impaired cognition comprising of sleeplessness, recurring nightmares, loss of appetite, weight loss or excessive weight gain, calm attacks, and low self-esteem have been attributed to FGM (Behrendt & Moritz 2005).

A similar study indicates out for many girls and women, undergoing FGM is a traumatic experience with lasting psychological consequences (World Health Organization 2011, Berg & Denison 2011). There is also 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 a mental illness. A controlled study undertaken by Behrendt and Moritz (2005) in Senegal compared the mental status of 23 circumcised and 24 uncircumcised females, and found that

almost 80% of circumcised females met the criteria for mental illness, with 90% of circumcised women describing severe pain and feelings of intense fear, helplessness, and horror at the time of the trauma. (Lockhat, 2004)

Lockhat (2004) reported that whilst there have been reports of phobic reactions, fear of sexual relations, loss of self-esteem, feelings of victimization, depression and anxiety there have also been findings that indicate a lack of psychological impacts. Overall, it could be said that “Little is known of how FGC affects the psychological well-being of girls and adolescents” (Perron et al 2013).

This research similarly discovers removal of the clitoris disclosed loss of interest and desire for sexual needs among the women. They also experience less sexual satisfaction and pain because of vaginal opening. Due to lack of sexual desire, many of the women are experiencing stress.

A school teacher at Worancha Primary School explained about the psychological impact, in a community with sufficient pressure put on the child to believe that her clitoris or genitals are dirty, dangerous or a source of irresistible temptation, she will feel relieved psychologically, if she made like every female else. According to literatures uncircumcised girl is despised and made the target of ridicule and no one in the community will marry her. Due to this failure of resisting their peer influence, many girls used to arrange the circumcision by their own interest mainly during the summer seasons (S.Abdel-Azim, 2012).

A 28 years old lady mentioned that she has a painful memory about her circumcision that is conducted when she was 10. She remembers that two women participated during the procedure one cover her eyes and the other holds her legs. Any one of her family was not with her side when is crying and need them for help. Such situations leave its scar on her life.

5.2.3. Sexual Impact

Penn and Nardos (2003) highlighted the need for careful exploration of the psychological and sexual impact of FGM and suggested that the lack of this might be associated with cultural prohibition, whereby women are forbidden from discussing concerns regarding their sexuality.

Several studies reported that outcomes for sexual consequences associated with FGM status. A significance greater proportion of women who had been subjected to FGM than women who had not, reported negative sexual experiences, including dryness during intercourse, pain during intercourse, not enjoying sex, and never or rarely experiencing orgasm. In opposition to these results, one study reported that a significantly smaller proportion of women with FGM than women without FGM reported never initiating sexual activity, not experiencing orgasm, and not engaging in sexual intercourse in the last week or in the last month (S.Abdel-Azim, 2012).

A similar findings disclosed this research that due to the removal of the clitoris, which is the sexual stimulant in women many did not experience a lot of satisfaction when having sex with their husbands. Many of the participants revealed that sex is painful because of the penetration and the virginal hole being too small. Lack of sexual desire was also highlighted which leads discord with their partners because men are not satisfied and because of the pain women experience, they withdraw from having sex.

A circumcised key informant at worancha kebele told me that it is impossible to deal about the sexual feelings with her husband. Whether she is not interested or not or feel pain during sexual intercourse her husband didn't give an opportunity to talk about her feeling. Therefore, she decided to go bed lately after her husband fallen asleep. She is doing unnecessary domestic work just to discourage his sexual desire. In the morning he refuses to eat and give money in order to show his anger then look for another woman for his sexual need.

Consequently, he neglects his wife and the children thus conflicts will arise often between them.

In relation to the above finding of the research, there has been much focus on the sexual and psychological problems that FGM causes for women, the emotional and physical needs of their partners and the impact on their relationship are often neglected. Emotional or physical pain during intercourse diminishes the enjoyment of both the woman and her partner and the woman is reduced to a masturbatory object during sex James (Whitehorn et al., 2002). This certainly has implications for intimacy in the relationship.

Similarly this research also revealed that sexual dissatisfaction is the main cause of conflict in the marital relationship. When the conflicts happen between a husband and wife due to dissatisfaction of sexual relationships their actual reasons are not discussed among themselves. With regarding to this, elderly person is interviewed how they resolve such type of conflict but they replied that most of the time the problem will not be successfully resolved since the actual reasons of the conflict are not discussed overtly and most of the time the problem will be resolved temporary. Even the case reach to the court, the husband give different reasons and convince the judge.

5.3. Reasons for the practice and Continuation of FGM

FGM is a social norm tradition, often enforced by community pressure and the threat of stigma. Although every community in which FGM is found in Ethiopia will have different specifics around the practice, in every community in which it is practiced, it is a manifestation of deeply entrenched gender inequality. FGM is considered necessary for a girl to become a woman. In the south of Ethiopia, FGM is sometimes performed as part of an initiation into womanhood ritual. FGM is often claimed to preserve a girl's virginity and protect her from promiscuity and immoral behavior. For many ethnic groups, an uncut girl is considered to be

sexually promiscuous and not marriageable. Finally, FGM is sometimes associated with sexuality and the aesthetic appearance of the female body; uncut genitalia can be considered unclean or too masculine.

5.3.1. Social /Cultural heritage

Tradition and custom have been most frequently cited as reason for the practice of FGM in the literature. This correlates with descriptions as already indicated in the finding. Women in the study stated how non-compliance with this tradition would result in stigmatization and embarrassment.

Although many are aware of the harmful consequences of FGM, the prospect of embarrassment and social exclusion may be considered even more harmful. Parents were concerned that their daughters if not circumcised might get the reputation of "doing shameful things" and may not find a husband. Dorkenoo (1995) claimed that "women receive social approval when they undergo FGM and gain certain benefits: being marriageable and thus having access to resources in the community.

Similar to other literature 'respect for tradition' was the most common reason articulated by the study population across the interview and FGD. For example, the entire key informants highlighted FGM as a mark of cultural identity. Those who are not cut are not considered to be unclean which is locally called "*Bode*" "A girl who is not circumcised is considered as a woman who carries waste material on her own body" and another cannot marry them. Because of the social approval, and the sanctions women face if they do not undergo FGM, they inevitably end up viewing it in a positive light". According to Toubia (1995), the fear of losing these benefits "is one of the greatest motivators of conformity" and that

in order to comply with the demands of conformity, women would deny their individual needs and allow their bodies to be damaged.

In a recent publication by UNICEF (2007), it is recommended that FGM should be approached in the context of the social dynamics and conventions of their communities. Social convention theory as described by Packer (2005) may help to understand why women are in favor of the continuation of FGM despite the adverse effects, pain, and suffering they have experienced themselves. Discontinuation may result in loss of status and protection and decreases the chances of marriageability. If one family alone decides not to practice FGM, they may not get their daughter married. However, if they convince other families to abandon FGM, they will again increase the chances of marriageability. As one woman stated during the interviews:

...if some houses together decided not to do it, it can be easy for them; but if one says that I will not do it, although all the community does it and wants to do it, this is difficult.

5.3.2. Health and Hygiene

The external female genitalia is considered dirty and unattractive to some of this communities that practice FGM hence they remove it to promote hygiene, prevent illness and ensure beauty (Boyden, Pankhurst and Tafere, 2013).

Health and hygiene were both noted as an important factor for the continuation of FGM and commonly mentioned in both the interviews and the FGD session. FGM is assumed to keep healthy and prevent from various forms of illnesses. It will keep a girl and woman healthy in general. Circumcised women were afraid that uncircumcision would make them more prone for infections. Menin particular thought that the clitoris itself was a source of infection and therefore

needed to come off. Women stated more frequently than men that FGM was important for hygiene and cleanliness, and some considered it essential for their beauty (Boyden et al., 2013).

Specific health beliefs with regard to FGM are not frequently described in the literature. Toubia (1995) reports of claims that circumcised girls would be healthier and that FGM cures all sorts of mental illnesses. Toubia (1995) also mentions health beliefs with regard to improvement of fertility, maternal and infant mortality. GTZ, (2001) reports that especially in Sudan, FGM is associated with cleanliness and hygiene. As the female genitals are regarded as "dirty", a circumcised girl or woman will be clean and therefore healthy. North Sudanese women are described as "pure" and marriageable if their bodies including the genitals are smooth without any surface impurities, and purity and cleanliness are associated with beauty.

5.3.3. Psycho-sexual Reasons

In this study, women claimed frequently that they practice FGM because they assume that men prefer it. They thought that it increases male confidence on their sexual partner and satisfy during sexual intercourse. Therefore this will increase marriage prospects and help to maintain a good relationship. However only a few men confirmed this and some actually stated that they would prefer uncircumcised women. GTZ, (2001) reported a similar finding from the study in a Sudanese village: More of the younger men would have preferred to marry a woman without FGM.

However, in their responses to the research questions and during the interviews, women did frequently mention women's sexuality, saying that the aim of FGM was to reduce the female libido and therefore prevent women from "doing shameful things". According to Hosken (1993), it is believed that women are unable to control their sexuality and that the origin and control of this desire is located in the clitoris. If a woman cannot control her sexuality, she may lose her

virginity or become unfaithful, and this will result in damage to the family's reputation and honor.

However during the interviews, women agreed that FGM does not give a guarantee for faithfulness, as pointed out by one woman: ‘...she can do, as she wants and despite FGM...’

Overall, it seems that there are misconceptions and misunderstandings between women and men regarding the value of FGM in terms of sexuality. Both women and men make assumptions that were not confirmed by the opposite sex. However, as discussed previously, women and especially men may have felt uneasy to talk about their own feelings and sexual preferences.

An implication for the future would be to facilitate discussions amongst and between both men and women and help them to re-evaluate their assumptions.

To conclude, the logics around female circumcision is to control their reproductive capacity. “*Yaltegarezech lij qil tisebralech*”, meaning ‘a girl who is not circumcised breaks the drinking gourd’ was mentioned during the focus-group discussion with community representatives, or “*Yaltegarezech lij qil tisebralech*”, meaning ‘an uncircumcised girl breaks utensils’ (FGD of women).

There is also a belief in the study area, as stated by elders, that an uncircumcised woman will not get a husband. This is commonly expressed as *komaqerech*, i.e. ‘she remains standing’, which is translated as becoming an ‘old maid’ Hosken (1993). Some respondents referred to a local proverb, *Yaltegarezech lij qil tisebralech*, which literally means ‘if she is not circumcised, she will remain standing’ and interpreted this as meaning that an uncircumcised woman is like a man (i.e. her clitoris will be erect just like a penis).

“Traditionally, uncircumcised girls are considered to be unclean which is locally called “Bode” – a very harassing kind of term and ... a big insult. If one girl insults another girl saying Bode, the insulted girl can easily feel embarrassed ... The actual meaning of bode is ‘unclean’, but it has become identical to ‘uncircumcised’. Not only do girls insult other girls but also boys do. So, girls choose to be circumcised rather than being insulted. Circumcised girls also have a better opportunity of getting a husband.” Women who participated during FGD provided further insight: “A girl who is not circumcised is considered as a woman who carries waste material on her own body, will be abused by friends, peers, neighbors.”

5.4. The Legal Framework

Is the legal framework mechanism in place?

The harmful practice of FGM persists, even with a legal framework, with various reasons or factors as to why the practice persists. It is essential with a legal framework as laws and policies make up a foundation to the eradication of harmful practices. The Criminal and Penal Code enacted in 2005 and 1960 respectively and the constitution in 1995 however only restricts FGM, and doesn’t explicitly outlaw it. A majority of those asked stated they thought the Criminal Code had implementation problems or that the legal provision was weak and needed to be revised. Possible explanations for this can be lack of awareness, clarity of the goals with the law and thus willpower to adhere to it (Allen, 2013).

Due to funding restrictions for NGOs organizations’ and shortage budget for government agency that are responsible on the subject matter have been silenced and hence also hindered in the struggle on FGM. Neither was there a strong linkage between federal, regional level and local level which not only results in implementation challenges. There also seem to be huge implementation problems of the Criminal Code, and other relevant policy documents for that

matter, in terms of challenges such as resources; both human and economic constraints. Secondly, Ethiopia is a traditional society where FGM is deeply enrooted in culture, where the population value tradition. Last but not least, this is a developing country. Their first priority is to fight poverty. What's seems as a rational choice to parents, to mutilate their daughter's, might not seem rational to us (Boyden et al., 2013).

Since it is a poor community where the majority is illiterate they also believe what they are told, from religious and local leaders sometimes, and they do what they perceive they have to do in order to survive on a day-to-day basis, so they might stick to their culture and traditions rather than adhere to new laws and policy. Moreover the law enforcers might neglect to abide to existing legal framework, and thus suppress women. According to the key informants, in traditional setting law enforcers might even themselves be involved into harmful traditional practices.

The other huge obstacle in the struggle against FGM that was mentioned by many interviewees was the Regulation of Charities and Societies Agency (ChSA). The Proclamation restricts NGOs that receive more than 10% of their financing from foreign sources from engaging in essentially all human rights and advocacy activities (Allen et al., 2013).

5.5. Trend of FGM

Most of the focus group discussion participant replied on the extent of the practice of female circumcision, still the practice is there regardless of the intervention given in their locality. In fact, there is a significant change is observed due to the intervention made by the government and non-government organization. A capacity building training is given in order to increase the awareness on the impacts of female circumcision to the community leaders,

religious leaders, traditional practitioners, school teachers, law enforcement bodies, community facilitators and so on.

According to the people witness from the community and governmental and non-governmental report, the trend of female circumcision is decreasing in Bona Zuria Woreda. In addition to the interventions made in the woredas, the community has also develop a locally governing rules and sanction for those who are practicing female circumcision. Even though the community decided to punish those families and traditional circumcisers who perform female circumcision, the practice is still inevitable.

5.6. Measures Taken

Regarding the community cooperation to overcome FGM, many respondents already strong willed to eradicate FGM from their community .They are strongly working on *idirs* by forming new group called " *Fiche Group*" which has a meaning of a "new vision". Their vision is to see a new community free from female circumcision. There are some strategies and sanctions which help them to implement their activities of FGM eradication.

Some of them are conducting community sensitizations in order to increase the awareness on the impacts of FGM. They are using *idirs*, churches, and governmental institutions. They have a written consensus on the discriminatory sanctions for the people who do not abide for their decision. Such as boys have to marry only uncut girls, a person who allow his daughter to circumcise couldn't come to the church and participate in the prayer programs, he/she is not allowed to share utensils even sharing a fire. When a family member or a circumciser do the practice, they will be punished according to their bylaw .not allow in the *idir* and other community participation,

Seblework is a community facilitator at Orensohore kebele. She has been working in this kebele more than three years as a committee member of a female sexual violence protection club. She fights against circumcision in collaboration with the kebele chairperson, idir and religious leaders and polices at the kebele. When she explained about the community experience of FGM in this local kebele, the trend is dramatically changed due to the awareness raising and capacity building interventions done by the local NGO named KMG Ethiopia; she said we can say there is nobody who practices FGM in Orenso Hore kebele. But recently, a mother circumcised her two daughters secretly during the night time at her own home. Unfortunately, the girls they screamed due to the severe pain experienced by and neighbors saw what happened. Then Seble work is informed by the neighbor who saw and she put this family case in front of the law.

However, the practice of female circumcision is still inevitable. There are community members who send their daughter to the nearby kebeles to perform the procedure secretly. Thus, it shows the issue of FGM needs further intervention.

CHAPTER SIX: CONCLUSION AND SOCIAL WORK IMPLICATION

6.1. Conclusion

The very objective of the research was to provide information on the flashbacks of women who have undergone FGM and how the practice affects them and to find out why the procedure is carried out, complications involved after the practice, cultural factors influencing the continuation of FGM.

The result of this research confirms that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and sexually. To eradicate the practice, there is a need for education campaigns in the communities that practice FGM. Although the country have criminalized the practice of FGM, this is not enough because the practice is deeply rooted in cultural and traditional practices. The campaigns needed to include topics on human rights violations and the harmful effects caused by FGM.

According to the study, it was discovered that the practice violates the rights of the girl children and women in the cultures that do the practice. It is cruel, harmful, painful and unnecessary because, it affects the health of others. Currently the practice is not only seen as a violation of human rights but also a criminal offence. Through empowerment, individuals who already have knowledge on the practice of female genital mutilation to educate others can be the starting point towards the elimination of the practice. Women and girls should be supported also by providing them the necessary information about the practice so they can help others in their societies who are still practicing FGM.

The psychological, social and sexual consequence of FGM is an under-researched and neglected issue. However, my research results substantiate the proposition that a woman whose

genital tissues have been partly removed is more likely to experience increased pain and reduction in sexual satisfaction and desire and psycho-social problems.

Above all participants emphasized that the social, psychological and sexual impact of FGM were inseparably linked and should not be viewed as separate by researcher. The tendency to separate psychological from the social and sexual can be seen in the literature around FGM, where much of the research has investigated the physical and health consequences of the procedure with little mention of the psychological, social and sexual. Psychological and sexual research into FGM, albeit minimal, has also paid little attention to the relationship between the ongoing social and sexual complications and psychological difficulties.

With regard factors that make FGM prevail in the community and possibly beyond, parents and girls alike face significant ambiguity and contradiction in their decision making and take many factors such as social, sexual and cultural into account.

This research explore FGM is a social norm tradition, often enforced by community pressure and the threat of stigma. It is a manifestation of deeply entrenched gender inequality. According to the finding of the research FGM is considered necessary for a girl to become a woman. In the study area, FGM is sometimes performed as part of an initiation into womanhood ritual. Finally, FGM is sometimes associated with sexuality and the aesthetic appearance of the female body; uncut genitalia can be considered unclean or too masculine.

Although there has been some enforcement of the law, overall the number of reported cases is low and challenges remain in law enforcement. There has been positive progress, with the training of law enforcement officials and raising awareness of the law to improve the implementation and enforcement of the law. Challenges remain in law enforcement, with law

enforcement officials sometimes being reluctant to enforce the law and impose appropriate sanctions.

This research is beneficial to community development workers who work in communities. Through understanding other people's cultures the community development people will be able to identify the dangerous cultural practices that are practiced within the community thus they are able to save those subjected to the practices unwillingly. Lastly, female genital mutilation is a sensitive issue with many areas not researched, which could act as a future research topic for those who are interested in knowing more about the practice.

6.2. Implications to Social Work

On the basis of the major research findings, the following social work implications suggested These are; implications for education, policy, intervention and future research and in each implications the role of social workers is defined.

6.2.1. Implications for Social Work Education

It is recalled that the fundamental assumption and role of social worker is serving the disadvantaged, marginalized and vulnerable segment of the community, therefore the first implication for social work education should be incorporating FGM and other HTPs as its subject matter and agenda in to the curriculum of Social work education across the different levels of studies.

Commonly the women who are the victims of FGM and girls who are vulnerable to FGM are found among the disadvantage segment of the community who need the support of social workers. Therefore, the social workers should have the knowledge about the different aspects of FGM and other HTPs particularly the comprehensive impact of FGM.

However to equip social work professionals on the FGM and other aspect of HTPs, the school of social work should incorporate FGM and other forms of HTPs as a subject in the curriculum to be provide as course which gives an opportunity to the social work students to have detail knowledge about FGM and its multidimensional impacts.

The other basic implication for social work education is the social work professionals should give attention to FGM to study and write on the impact and the reason for the continuation of FGM and other HTPs from the social work perspectives. In order to have different literature, teaching and learning materials about FGM, the school of social work needs to encourage students and teachers to undertake studies on diversified aspect of FGM and its impact. Eventually, the school of social work is supposed to develop different articles, journals and research materials on the issue of FGM specifically about the impact of FGM and other forms of HTPs.

6.2.2 Implications for Policy and Legal Framework

The Ethiopian government has ensured that ‘a solid policy and a programmatic basis has been laid’ with HTPs being included in all the major policy and legal plans across the country, including policies on women, on health, on education and on social policy (EGDLAM, 2007). Other measures include the establishment of a Women’s Affairs Office in 2005, an inter-ministerial body set up to combat violence against women, including HTPs, and the identification of FGM by the Women’s Affairs Office as one of its major goals in its five year plan.

However the above initiative or measures to address FGM and other HTPs in Ethiopia have been evaluated from policy, legal, national, strategic and institutional

framework perspectives with less involvement of multi-stakeholder and less coordination among various government and non government.

In doing so the role of social work knowledge, theories and perspective should also be significant and social worker professionals should take part in the process of designing and evaluating the initiatives to address FGM and other HTPs against women and children in Ethiopia. Subsequently, the prevention and elimination of FGM and other forms of HTPs against women and children can be placed at the center of social work research endeavors.

The harmful practice of FGM persists, even with a legal framework, and there seem to be many reasons as to why the practice persists. It is essential with a legal framework as laws and policies make up a foundation, e.g. the eradication of harmful practices. The Criminal Code enacted in 2005 however only restricts FGM, and doesn't explicitly outlaw it. A majority of those asked stated they thought the Criminal Code had implementation problems; or that the legal provisions were weak and needed to be revised. Possible explanations for this can be lack of awareness, clarity of the goals with the law and thus willpower to adhere to it. Neither was there a strong linkage between federal and regional level, which not only results in implementation challenges but also in lack of data on FGM.

There is an implementation problem of the Criminal Code, and other relevant policy documents for that matter, in terms of challenges such as resources; both human and economic constraints. Secondly, Ethiopia is a traditional society where FGM is deeply enrooted in culture, where the population (both Muslim and Christians) value tradition. Law enforcers might neglect to abide to existing legal framework, and thus suppress women. In traditional setting law enforcers might even themselves be involved into harmful traditional practices.

Therefore, in order to combat FGM an integrated holistic intervention is required, with focus on information, education and communication (IEC), in order to affect attitudes and thus behavior. Clearly, considerations must be given to use all means necessary to promote women, but also youth empowerment, and equally important is to encourage men's involvement in any endeavour related to improving women's status.

In general the government of Ethiopia in collaboration with the local partners should design a joint program that enhance the awareness of the community on the existing local and international laws and strengthen the capacity of law enforcement body to effectively implements laws. To complement the awareness program the government should also reconsider the education policy to include the impacts of FGM in education curriculum.

6.2.3 Implication for Intervention/ Practice

In general, all governmental and non-governmental organizations should be involved in supporting the community particularly women and girls from undergoing FGM. In addition, the social workers need to offer counseling services for those who undergone the procedures focusing on the psychological strength of the victims. In line with this research finding, the researcher strongly suggests the following intervention plans:

The focus of anti-FGM work tends to focus on raising awareness of its harms and in Ethiopia this is 'overwhelmingly the most important intervention' in terms of numbers and extent of interventions. Here the role of social workers is to design the best approach in designing IEC materials.

Educating traditional circumcisers about the health risks and providing them with alternative means of income as an incentive to stop practicing FGM can be used as further strategy. Although such initiatives may be successful in supporting circumcisers in ending their

involvement in FGM, they do not change the social convention that creates the demand for their services. Such initiatives may complement approaches that address demand for FGM but alone they do not have the elements necessary to end FGM.

There have been more significant initiatives by religious groups, including the Ethiopian Orthodox Church, and local and international NGOs and religious leaders are frequently important agents of change.

Promotion of girls' education at schools should be strengthened in the fight against FGM and other HTPs. Hence students attending such clubs will feel that they have a lot of support and opportunity to influence their communities.

6.2.4 Implication for Future Research

Out of the finding the researcher identified the following points to be addressed by future researchers. Previous research has focused heavily on the physical consequences of FGM. Further research should attempt to address gaps in the literature through exploring other ways in which FGM might impact upon women (e.g. economical and relationship difficulties).

Further qualitative research could explore some of the issues raised in the current study, such as loss and how the experience of circumcision as a child might impact upon women later in their life. Research has tended to investigate the impact of FGM on the husband and the rest of the family. Future research should take a culturally sensitive approach and avoid traditionally western assumptions. This would enable an exploration of how the physical, sexual and emotional experiences of FGM are connected with their partner. As there has been little research into the views of FGM amongst men and the impact upon them of the practice (e.g. in relationships). Further research should attempt to address this gap in the literature.

Participants in the current research were primarily from a Sidama community. Future research should therefore aim to look at the views and experiences of circumcised women from other cultures as this might provide different findings. Lastly, female genital mutilation is a sensitive issue with many areas not researched, which could act as a future research topic for those who are interested in knowing more about the practice.

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ANNEX- DATA COLLECTION INSTRUMENT

Annex I: Interview

Structured and open ended questions for the assessment of social, psychological and sexual impacts on survivors of FGM

Introduction

Hello, my name is Mihiret Belay. As part of the fulfillment of my master's thesis project, I am conducting a study on the psychological, social and sexual impact and the rationale behind FGM. I would very much appreciate your participation and collaboration in this study. The information you give me is very helpful. So please answer all the questions sincerely. Whatever information you provide will be kept strictly confidential and will not be shown to others.

Place of interview: _____

Date of interview: _____

Time of interview: _____

Part I: Background of the Respondent

1. Address _____
2. Sex 1. Male 2. Female
3. Age _____
4. Religion 1. Orthodox 2. Catholic 3. Protestant
 4. Islam 5. Traditional 6. Other (Specify)
5. Ethnic Group _____
6. Occupation 1. Farming 2. Commerce 3. Civil Servant
 4. Daily laborer 5. House Wife
7. Education 1. Illiterate 2. Literate
8. If literate indicate grade completed _____
9. Marital status 1. Single 2. Married 3. Divorce 4. Widowed 5. Separated

Part II: Key Informant in-depth Interview

Session I: Background

1. What do you know about FGM?
2. Does the community practice FGM?
3. What are the main reasons for performing FGM in this area?
4. What are the factors for the continuation of FGM?
5. Do you or your family believe FGM is integral to cultural or religious identity?
6. Do you or your partner come from a community where circumcision is practiced?
7. Do you have daughters or siblings who have undergone FGM?
8. What is the experience of those women and girls in the study area who have undergone FGM?
9. What is the trend of FGM in this area? Is it increasing or decreasing?

Session II: Social Impact

1. Have you been cut/undergone the practice?
2. What do you know about the consequence of FGM?
3. What is your personal experience of being cut?
4. What forms of social exclusion have you experienced because of undergoing FGM?
5. What is the community's attitude towards women and girls who have undergone FGM?
6. How does the community treat those girls who refused to undergo FGM?

Session III: Psychological Impact

1. Have you had symptoms such as flashbacks, nightmares, anxiety and depression related to FGM?
2. Do you have fear and difficulties in having sex?
3. Do you have a feeling of being 'not normal/disabled' because of being cut?

4. Do you feel anger against those who are responsible for your cut status?

Session IV: Sexual Impact

1. Can you tell me about your sexual experiences?
2. Do you have negative feelings (anxiety, worry, fear), during sexual intercourse?
3. If you have negative feelings due to FGM, how does this affect your sexual life?
4. How satisfied have you been with your sexual relationship with your partner?

Annex II: In-depth Interview

In-depth interview guide for government institutions who has different intervention on FGM

1. Background about the institution
2. What are the works of your organization is doing on the elimination of FGM?
3. What are the common types of FGM practiced in this area?
4. Are there any policy and legal frameworks to mitigate the social, physiological and sexual impacts of FGM?
5. What are the strategies in the policy and legal frameworks to mitigate the social, physiological and sexual impacts of FGM?
6. What are strategies in the area of victims, perpetrators, law and capacity building?
7. What are the roles of your institution in order to mitigate the social, physiological and sexual impacts of FGM?
8. What are the policy gaps and challenges faced in addressing the social, physiological and sexual impacts of impact of FGM
9. What do you recommend in the future to mitigate the social, physiological and sexual impact of FGM?
10. Any other issues?

Annex III. A guide for Focus Group Discussion

1. To what extent FGM is practiced in your locality?
2. At what age do girls undergo FGM?
3. Please mention some common reasons why FGM is practiced in this community?
4. Describe community attitude toward the status of women who undergone the process of FGM?
5. Discusses the consequences of FGM
6. What are the major social impacts of FGM?
7. What are the major psychological impacts of FGM?
8. What are the major sexual impacts of FGM?
9. Did you observe any change in the practice of FGM
10. Would you cooperate to overcome psychological, social and sexual effects of FGM?
11. Please indicate actions that should be taken to solve these problems?

Annex IV. Key Informant Interview

Key Informant In-depth interview for circumcisers, teachers, counselors, Teachers

1. What do women who have experienced FGM feel?
2. Have you ever worked with a client who had experienced Female Genital Mutilation (FGM)/circumcision? And were issues relating to FGM discussed as part of your work?
3. If yes, how would you describe those issues?
4. What are the major social impacts of FGM?
5. What are the major psychological impacts of FGM?
6. What are the sexual impacts of FGM among girls / women and their partners?

Annex V: Case Studies

- Address /background
- Major problems faced
- Lessons/messages
- Others

Annex VI: Observation Check list

This observation checklist is prepared with the idea to support the data collected through in-depth interview. It will further help the researcher to understand the emotional expression of FGM survivors.

Emotional characteristics of the FGM survivors

Does the woman seem fearful at the time of interview?

Does the woman look free at time of interviewee?

Does the woman show a feeling of angry?

Does the woman cry in the interviewee time?

Does the woman feel confident in the interviewee time?

Annex V: Case Story Analysis

Seble Aschalew is a 25 year's old married uncut woman who lives in Bona 01 kebele since her childhood. She has a daughter of 6 months of age. She is also an employee of a governmental organization and her husband too. She is the only uncut in her community due to her father's awareness on the impacts of FGM. Her father was an educated person and came from other kebele town in which FGM was not commonly practiced. Seble's mother was not convinced, she was always insisting her husband their daughter must be circumcise because she is among the Sidama community and she fear of her neighbors stigma and discrimination. Except Seble almost all girls of her neighbors are circumcised. Girls who undergone the circumcision used to insist her to do it by telling that there is no pain and complication happen on them. Due to this there was a strong stigma from the community, they do not allow their girls to play with her due to the fear of she ruin the girls, and many people in community perceive her unworthy to marriage.

Asked about how she overcomes the cultural influence and her peer pressure, she replied that thanks to her father and seeing the impact of FGM on her friends both before and after procedure. She is well known about her friend's experience. Seble remember that one of her friends passed way due to heavy bleeding when she underwent the circumcision by the inexperienced circumciser. The other one also suffered from psychological trauma in addition to the health problems due to wrong procedure applied on her and she also ashamed of her herself and feeling of unworthiness for marriage, she run away to another city to just to hide herself. Seble also said" *Her long and sharp nails are still kept in our mind. We hate all circumcisers so much. We don't want to greet them. We feel guilty and anger what they have done to us.*

Moreover, recently Seble have married and circumcised women friends who are working

in the same office and neighbors. They usually talked about their experience regarding on circumcision and its impact. During labor and delivery circumcised women faced many problems like prolonged labor and heavy bleeding and also fistula in rare cases. They are also not satisfied in their sexual relationship.

Seble believe that she is lucky when she is comparing her life with her friends who undergone FGM. Unlike her friends, she is free from the psychological and sexual impacts of FGM. Her marriage is full of happiness blessed with a healthy daughter. The sexual relationship with her husband has no problem and there was no complication during her delivery.

Seble recommended some measures that have to be taken to solve the impacts of FGM would be; strengthening the girls and boys clubs in school since it is a key place to give the awareness raising training in order to build their capacity on the impacts of FGM. This helps more to change boys' attitude toward uncircumcised girls.