Exploring the Prevention, Protection and Service Provision measures undertaken for the Abandonment of FGM in Damot Fulasa District of Wolayta Zone, SNNPR, Ethiopia.

By

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A Thesis submitted to:

School of Social Work

Presented in Partial Fulfillment of the Requirements for

The Degree of Masters of Social Work

Addis Ababa University

Addis Ababa, Ethiopia

June, 2017

Addis Ababa University

School of Graduate Studies

MSW Examining Committee

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Abstract

This qualitative exploratory study explored and described the efforts taken so far in prevention of the FGM, in enforcement of laws prohibiting the practice of the FGM and the provision of health and/or psychosocial services to children and women negatively affected by the FGM. Data was collected by using individual in-depth interview with those who have been working to end the practice of the FGM in the study area and Focus group discussions with male and women who have been participating at the Community Conversation (CC) Sessions and with high School girls. A thematic analysis of data generated three major themes: Interventions undertaken to end the FGM, Impacts of Community Conversation Sessions and opportunities and challenges to be considered in any future intervention to end the practice. The findings of this study showed the interventions undertaken so far were inclusive of Community Awareness creation, enforcement of laws and provision of medical services to those who are affected by the FGM, and the involvement of the CC contributed for the prevention and control of FGM in the study area. The findings also identified many opportunities and some challenges to be considered in any future intervention to end the practice of the FGM in the study area. And the finding of this study has important implications for Social Work Practice, research, education, policy and advocacy.

Keywords: Female Genital Mutilation, Prevention, Protection, Rehabilitation, Community Conversation

Acknowledgment

I am so grateful to Dr.Meseret Kassahun, my thesis adviser, for giving me orientation on how to undertake a thesis, and for her efforts in providing me with relevant advice, guidance, critical comments and for her encouragement while I am undertaking this study. My appreciation also goes to Damot Fulassa District Women's and Children's Affairs, grassroots community conversation and girls club facilitators for facilitating and making my contact with study participants easy. I would also like to thank all study participants for giving me valuable information and spending their time for the success of this study I am also thankful to Mr. Wondaferaw, KMG coordinator at Wolayta, for providing me with a published research material that supported me in showing the current extent of the problem of FGM in the research area. My appreciation also goes to my classmate Hirut Fisshaye for her moral support and contribution while I am undertaking a thesis and throughout my academic time. This success would not have been achieved without the support of the above mentioned persons and organizations. God bless you all. Above all, Lord Jesus deserves great thanks. Thank you Jesus! My reliance on you strengthened me in every area of my life even in those days of insecurity.

Acronyms /Abbreviations

ACRWC- African Charter on the rights and welfare of the child

BoSP- Statistics and population bureau of the southern nations, nationalities and peoples region

CBOs-community based organizations

CC- community conversation

CRC- convention on the rights of the child

CSOs- Civil society organizations

CEDAW-convention against all forms of discrimination against women

EGLDAM- Yethiopia Goji Lmadawi Dirgit Aswogaj Mahber

EWLA-Ethiopian women lawyers association

FBOs- Faith based organizations

FDRE-Federal democratic republic of Ethiopia

FGD-Focus group discussion

FGM -Female genital mutilation

HTP- harmful tradition practices

ICCPR-International Covenant on Civil and Political Rights

IFSW- International Federation of Social workers

KMG-Kembatti Mentti Gezzimma-Tope (Local NGO)

NGO-Nongovernmental organization

SCN- Save the children Norway.

SNNPR - Southern Nations, Nationalities and Peoples region.

WHO - World Health Organization

UNICEF-United nation’s children fund

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CHAPTERONE: INTODUCTION

Background

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons. The practice is mostly prevalent in 28 countries of Africa and also found in Europe, Australia, Canada, and USA, primarily among immigrants from Africa and South Western Asia (World Health Organizations, 1997)

FGM results in immediate and long term physical, psychological and social complications and/or associated with a serious of health risks and consequences .Almost all those who have undergone female genital mutilation experience pain and bleeding as a consequence of the procedure. Other physical and psychological health problems occur with varying frequency. The effect of FGM is beyond the health effects on women who had undergone the procedure and has negative effects on the children born from mothers who had undergone genital mutilation. Women who had undergone genital mutilation had significantly increased risks for adverse events during child birth (WHO, 2008)

Additionally, the negative effects of the practice of FGM on girls and women who became victims go beyond the negative health effects and interfere with other human rights of women and children. Different International Conventions and Agreements ensure the rights of women and children to be protected from any kind of injury and ensure their physical, psychological and social wellbeing. To mention, Convention on the Rights of the Child, Article 27, recognizes the Right of every child to physical, mental, and social development (CRC, 1989). But, Female genital mutilation is considered as a violation of these stated rights of woman and

children as it partially or totally removes a normally functioning and important part of female organ for no advantage.

Efforts have been taken globally, regionally and nationally to eliminate the practice of FGM. In Ethiopia, the efforts have resulted in a remarkable increase in public awareness, but the decline in prevalence of FGM is relatively slow and the practice is a long way from being eradicated and become the focus harmful traditional practice nationally (EGLDAM, 2008) .This shows the practice continues to affect the physical, psychological and social wellbeing of women and children and this in turn needs further study that can inform the current level of implementation of different intervention activities aimed to stop the practice. Hence, this study is aimed to assess the implementation of various prevention, protection and service provision activities for the eradication of female genital mutilation.

This study report contains the interventions that were taken so far in the community such as awareness creation, enforcement of laws prohibiting the practice of FGM, the health and or psychosocial services provided to girls and women who were victims of the practice of FGM, the impact of the involvement of the Community Conversation sessions in the creation of new collective consensus to abandon the practice of FGM and in reduction or abandonment of the practice, the role played by key stakeholders such as Community Police in enforcement of laws and in prevention of the practice of FGM, the opportunities and challenges for future intervention in the research area, and implications of this study for the Social Work practice, education, research, social policy and advocacy.

Statement of the problem

Various governmental and non-governmental bodies have been working in taking actions against FGM globally, regionally and nationally. In general, the efforts that have been taken to prevent and control FGM include Community Based Education, discussion and debate in order to create collective consensus among practicing group to abandon FGM, and establishment, review and enforcement of laws to protect the practice and provision of services to those affected by the practice. Due to these efforts, there is a high level of awareness and change in attitude that supports the elimination of FGM. But, the decrease in prevalence is not as hoped (WHO, 2008)

A study conducted by Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber (EGLDAM), the former National Committee for Traditional Practices in Ethiopia(NCTPE), showed there is a marked increase in awareness of people on the harmful effects of FGM nationally, and in Southern Nation's, Nationalities, and Peoples Region in particular. The knowledge or awareness of the harm of FGM is over 75 % in all regions except Gambela and Somali. In Gambela, the practice is unknown among the indigenous population and the knowledge or awareness of the harm of FGM is below 60% %, and in Somali, the awareness is 60% .In SNNPR there is remarkable increase in awareness from 44.9 % in 1997 to 82.7 % in 2007 and also the change in attitude shows an increase from 38% to 80.8% in 2007. And the prevalence nationally decreased from 73% in 1997 to 57% in 2007 and regionally the rate of decline in prevalence is relatively impressive from 42% in 1997 to 22 % in 2007.In the same study, the prevalence of FGM among the Wolayta ethnic group, where this study was undertaken, showed decrease from 78.6 to 60.5 (EGLDAM, 2008). This shows the practice is prevalent among the Wolayta ethnic group and the rate of decline in prevalence is lower than that of regional level. But, the study does not show the implementation of holistic programmatic

implementations in the prevention, protection and service provision activities for the eradication of FGM.

A Finding from a study conducted by the Statistics and population bureau of the southern nations, nationalities and peoples region(BoSP), in which 6100 respondents participated , showed over 100 types of harmful traditional practices are identified in the region and 65% of respondents participated in the study were of the opinion they have got information on FGM, 72.4% of respondents accept FGM as harmful traditional practice, 71.5 % support its eradication, and the overall prevalence of FGM in the region is about 33% although it varies by Zones and Special Woredas (BoSP, 2005). Similarly, the survey undertaken in South Omo Zone revealed that 63.1 % of respondents have knowledge on the harmful effects of FGM and 62.3 % support eradication of the practice. (Save the Children Norway, 2011).But, it does not reveal the participation of respondents on any of the activities undertaken against FGM and /or the effectiveness of activities aimed to stop the practice of FGM.

A survey conducted in five districts of Wolayta Zone in 2011 in which 1040 women participated revealed almost all (98.3%) of women participated in the study had heard of FGM and 37.1% of women participated in the study believe that FGM should be continued. The data also showed that 78% of women had allowed the circumcision of their daughters and in Damot Fulasa District, where this study was conducted, 87.6% of women had at least one daughter circumcised and 58% of women had recently circumcised daughters. And all the procedure in the study areas was performed by traditional circumcisers (KMG, 2011).

A finding from a study conducted by UNICEF in 2010 showed a measure was taken to enhance community awareness on the practice of FGM through Community Dialogue at

grassroots level. The Community Dialogue sessions were organized by the women's affairs office in four of the previous seven districts of the zone and the sessions lasted between one and three days and the sessions emphasized on health effects of FGM, the legal implications of practicing FGM ,and the heavy expenses related to ceremonies surrounding FGM. The Community Dialogue Sessions provided a forum for individuals to share their opinions, ask questions, and to challenge existing social practices. A survey conducted about a year after the community dialogue showed 86% of participants responded the practice was no longer openly practiced in the community and 63% of participants in the survey responded they had determined to abandon FGM. However, the data also showed the dialogue did not result in changing existing social expectations and/or no collective consensus made between community members; the uncut girls were still subject to ridicule and the practice continued secretly (UNICEF, 2010). The finding showed the efforts that had been taken to prevent FGM by raising community awareness. But, it does not show inclusive finding on enforcement of laws prohibiting the practice and provision of the health and/or psychosocial services to girls and women negatively affected by the practice

Findings from the aforementioned studies conducted by various organizations at national, regional and local levels revealed that there were enough findings on the magnitude of the problem of FGM and the level of community awareness on the negative effects of the FGM. The efforts that were made so far in community awareness creation on the negative effects of the practice of FGM were successful and majority of community members have got information on the negative effects of the practice of FGM. To sum up, the abovementioned studies showed little or no comprehensive findings on the prevention, enforcement of laws and provision of service to girls and women affected by the practice. Hence, this study was conducted to fill this

gap by exploring the efforts taken so far in community awareness creation and in creation of new communal consensus among community members to stop the practice of FGM, the efforts taken in enforcement of laws prohibiting the practice and the psychosocial and/or health services provided to girls and women affected by the practice.

Objective of the Study

General Objective

The general objective of the study is to explore and describe the Prevention, Protection and Rehabilitation activities undertaken for the abandonment of Female Genital Mutilation in Damot Fulasa District of the SNNPR, Ethiopia.

Specific Objectives

1. To explore whether the interventions made so far against FGM were inclusive of community awareness raising, protection and provision of services to girls and women affected by the practice
2. To explore the impact of the CC in the creation of new collective decision to abandon FGM and in reduction of the practice of the FGM
3. To explore the roles played by key stake holders such as community police in enforcement of laws prohibiting the practice of FGM.
4. To identify the access and quality of services provided to those affected by the FGM.
5. To identify any opportunities that were learned from previous interventions and the challenges that might be encountered in any future intervention to eradicate the FGM practice.

Research Questions

1. Were the hitherto interventions intended to stop the FGM practice in the study area were inclusive of community awareness raising, protection and provision of services to those who are affected by the continuation of the practice?
2. Does the hitherto actions undertaken by the involvement of the CC in the study communities resulted in the creation of new communal consensus to abandon FGM practice and in the reduction or abandonment of the practice?
3. What were the changes observed in enforcement of laws prohibiting the practice of FGM because of the involvement of community police?
4. Have the women and children who were negatively affected by the FGM provided with the necessary psychosocial and/or health services?
5. What were the opportunities learned from previous interventions to stop the practice of the FGM and the challenges to be considered in any future interventions to end the practice?

Significance of the Study

The study was aimed to explore the prevention, protection and service provision activities for ending the practice of the FGM. It did not include the issue of all aspects of the efforts that were undertaken so far. Instead it focused on the impact of Community Conversation Sessions on the problem of the FGM practice, the effectiveness of the enforcement of the laws prohibiting the practice and the quality and accessibility of services provided to women and children negatively affected by the FGM practice, were the issues addressed this study. Hence, the achievement of these research goals would be important to come up with a fresh insight on the issue of the effectiveness of various previous anti FGM intervention measures that have been taken, and this

in turn would support the local government and non-government organizations to implement more effective measures to facilitate the ending of the practice of the FGM. The findings of this study would also provide an understanding on the implementation of the prevention, protection and service provision pillars of the national strategy against harmful traditional practices established by the FDRE Ministry of Women, Children and Youth Affairs. Hence, the study findings were hoped to help all concerned actors such as policy makers, government bodies, social workers, and others to undertake coordinated timely measures. This may include the social change activity at community level such as attitudinal change on the practice of the FGM, the enforcement of laws prohibiting the practice of FGM and the provision of the health and/or psychosocial services to women and girls negatively affected by the practice, the empowerment of women to enhance their ability and skill in deciding matters affecting them and their children. Additionally, the findings of this study would provide background information for future study in the research area.

Operational Definition

Prevention: In this study, prevention is limited to refer to the measures taken so far to enhance community awareness on the negative effects of the practice of the FGM, and the efforts that were made in creation of new consensus among community members to stop the practice.

Protection: Protection refers to the measures taken in enforcement of the laws prohibiting the practice of the FGM (Ministry of Women, Children, and Youth Affairs, 2013)

Service provision or Rehabilitation: In this study, Service provision or Rehabilitation refers to the provision of health and/or psychosocial services to the Girls and Women who are negatively affected by the practice of the FGM.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Literature review part of this study includes definition and origin of FGM, the harmful effects of the practice of FGM, human rights and the continuous practice of FGM, and Approaches and Programmatic Pillars to be envisaged in ending the practice of the FGM.

Definition and Origin of the FGM

The phrase Female Genital Mutilation refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (World Health Organization, 1997, pp. 3). The practice was generally referred to as ‘‘female circumcision’’ .However, this term, shows similar meaning with male circumcision and as a result, creates confusion between these two distinct practices. Hence, the term female genital mutilation gained growing support since 1970s to show the gravity and harm of the practice. It emphasizes the fact that the practice interferes with the rights of girls and women thus helps to strengthen the national and international advocacy for its abandonment (OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, WHO interagency statement) .The interagency statement has also classified all these procedures into four types (WHO, 2008, pp. 4). Accordingly, the four types of FGM include:

Type 1.partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

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

Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and a positioning the labia minora and /or the labia majora, with or without excision of the clitoris (infibulations)

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, incising, scraping and cauterization.

There is little information on the origins of the practice of Female Genital Mutilation. Ancient Greek historian Herodotus (425-484 B.C) and geographer Strabo (64 B.C-23 A.D) stated that the practice started in the ancient Egypt in the time of Pharaohs .Hence, Egypt is expected to be the first country where the practice prevailed. (Drummer, 2010, Cited in Ofor, 2015).

The Harmful effects of the practice of FGM on Girls and Women

Female genital mutilation is associated with a serious of health risks and consequences .Almost all those who have undergone female genital mutilation experience pain and bleeding as a consequence of the procedure. Other physical and psychological health problems occur with varying frequency .Generally, the risks and complications associated directly with the different types of the procedure are more or less similar, but they tend to be significantly more severe and prevalent the more extensive the procedure. (WHO, 2008, pp.11)

The practice of the FGM involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls and women's bodies. The health consequence of FGM ranges from the immediate effects to the long term health complications. Immediate health risks include severe pain, shock, excessive bleeding, difficulty in passing urine ,infections, death, psychological consequences, unintended labia fusion and the long term heath complications include need for surgery ,urinary and menstrual problem, painful sexual intercourse and pure quality of sexual life, infertility , chronic pain excessive scar tissue, reproductive tract infections, psychological consequences(fear of sexual intercourse, post-

traumatic stress disorder ,anxiety, depression),and increased risk of cervical cancer. The impact of FGM goes beyond Physical risks and has also social consequences. In areas where FGM has been practiced, it is a community's response to conform to the community's social expectation, and failure to conform often results in harassment and exclusion from important communal events and support networks, as well as discrimination by peers. In areas where there is no agreed upon consensus among large members of the community, individuals and families are likely to face discrimination and lack social support that they have been involved (WHO, 2012, pp.2-3).

The negative effect of the practice of the FGM goes beyond the health effects on women who had undergone the procedure and has negative effects on the children born from mothers who had undergone genital mutilation. Women who had undergone genital mutilation had significantly increased risks for adverse events during child birth. Higher incidence of caesarean section and post-partum hemorrhage, extended maternal hospital stay, infant resuscitation, early neonatal death and low birth weight were found in all types of FGM compared to those who had not undergone genital mutilation. Most seriously, death rates among babies during and immediately afterbirth were higher for those born to mothers who had undergone genital mutilation compared to those who had not and FGM is estimated to lead to extra one to two per natal death per 100 deliveries. (World Health Organization Study group on Female Genital Mutilation and Obstetric Outcome, 2006)

Similarly, a finding based on the continuous record of data on Physical Examination of Pregnant women attending the Edna Adan Maternity and teaching Hospital in Somaliland (between March 2002 to August, 2006) showed the effects of FGM on the physical, psychological and social wellbeing of women and girls. Physical examination, quantitative and

qualitative method by employing simple questionnaire was used to gather data on the prevalence, reasons for practice and the type of practice performed. From physical examination, heavy bleeding, problems in passing urine, badly injury to the child organ and the related problems to surgery for rehabilitation, and postnatal complications were pointed as dangers of the practice .The women may suffer complications such as recurrent infections, pain and obstruction associated with urination and they are at higher risk of painful ministration, and intercourse, pelvic infection and difficulties in becoming pregnant. The development of cysts and keloids at the site of the scar are very common, often causing embarrassment and marital problems, and usually require surgery for removal. During pregnancy there are many further complications that may occur as a direct result of FGM. Labor may become obstructed and if early medical intervention is not provided this may lead to the death of both baby and mother .If the mother and child survive; there is the risk of damage to the vagina leading to the formation of fistula. Within seven years of its activity (2002 to 2009), the Edna Adan Hospital has repaired the fistula of over 100 women .In addition to the physical complications, women and girls who have undertaken FGM encounter psychological problems including depression, anxiety and post-traumatic stress (http://www.ednahospital.org)

The Links between Human Rights and the continuation of the practice of the FGM

Female genital mutilation violates a series of well-established human rights principles, norms, and standards, including the principles of equality and nondiscrimination on the bases of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, inhuman or degrading treatment. As it interferes with healthy genital tissue in the absence of medical necessity and can lead to severe consequences for a woman's physical and mental health, female genital mutilation is a violation of a person's right to the highest attainable

standard of health. Female genital mutilation has been recognized as discrimination based on sex because it is rooted in gender inequalities and power imbalances between men and women and inhibits women's full and equal enjoyment of their human rights. It is a form of violence against girls and women, with physical and psychological consequences. It deprives girls and women from making an independent decision about an intervention that has a lasting effect on their bodies and infringes on their anatomy and control over their life (WHO, 2008, pp.9-10).

Various international, regional and national instruments ensured the Rights of Women to have the physical and mental wellbeing. Among those instruments, the Convection on Elimination of All forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC) and African Charter on Human and People's Rights (1981) points to the practices that negatively affect women based on Sex Discrimination. Among the statements enshrined in various international, regional ,and national instruments, the CEDAW,ACRWC, CRC ,ICCPR and the FDRE constitution and revised criminal code are as follows:-

The ACRWC ensures the Child's Right to Health, protects the Child from All forms of Harm ,and prioritize the best interest of the child in matters affecting the child and states parties are responsible to provide the child these entitlements. Besides, the CEDAW directly points to the FGM and other HTPs in that it protects both sexes from the injury due to sex discrimination and the statement in ICCPR: *''No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. (Art 7).''*, prohibits any inhuman action. Similarly, the United Nations convention on the rights of the child recognizes the right of every child to physical, mental, and social development (CRC, 1989). However, FGM interferes with the physical and mental health and the full development of the child and women that it is inhuman action on women and

children. And in practicing communities it is a procedure to conform to the social pressure than focusing on the best interest of the child (WHO, 2008)

Statements related to the Rights of Children stated in the ACRWC

In all actions concerning the child undertaken by any person or authority the best interest of the child shall be the primary consideration (Art, 4(1)) ...every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health (Art, 14(1)) and states parties ...shall take measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury (Art, 16(1))

Statements related to the Rights of Women stated in the CEDAW

States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on stereotyped roles for men and women. (Art, 5(a)).States parties shall take all appropriate measures, including legislation, to modify or abolish existing laws, legislations, customs and practices which constitute discrimination against women (Art, 2(f))

The Ethiopian Federal government has also showed its commitment to safeguard the rights of women from any physical and mental injury through the ratification of the above mentioned international and regional instruments, revision of criminal code and through incorporation of HTPS that impact women in its constitution. There is measure incorporated in the constitution, and enactment and revision of existing criminal code was made. Particular statements in the FDRE 1995 Constitution such as ‘‘*the state shall enforce the right of women to*

eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited.''(35(4), pp.10), ''everyone has the right to protection against bodily harm'' (Art 16.pp.4), everyone has the right to protection against cruel, inhuman or degrading treatment or punishment (Art 18 (1).pp.4) shows the concerns given to protect women from bodily injury, prohibit inhuman treatment and the practices that cause harm to women. Additionally, the revised Criminal Code of Ethiopia (2005), specifically states the sentences that follow the practice of the FGM.

Article 565 and 566 of the revised Criminal Code

Whoever circumcises a women of any age, is punishable with simple imprisonment for not less than three months, or fine of not less than five hundred birr (Art, 565) and the punishment is severe with the severity of the procedure and where injury to body or serious health problems happen, the punishment ranges from five to ten years (Art, 566(1&2)).

Although the provisions of the stated laws and strategies were not the mere ways of effort against the FGM, it is an important part of measures that need to be taken into account to prevent and control the practice of FGM. It leads the activities of various law enforcing bodies and different interventions and their gradual implementation will have a significant impact in the fight against HTPs. (EWLA, 2005)

The abovementioned international, regional and national instruments enshrine the rights of women and children to be protected from bodily and mental injuries. But, FGM is a procedure that interferes with the physical and mental health of women and children that it violates the right to protection from bodily and mental harm and when the procedure results in serious health problems and death, it violates their right to life.

Cultural Relativism and the Practice of the FGM

The abovementioned legal instruments justify female genital mutilation as a violation of women's and children's rights based on international standards. However, there is a counter argument among cultural relativists on these international standards of evaluation. Cultural relativism is a practice of evaluating a culture by its own standards (Macionis, 2001).Accordingly, any practice taken by a community is right for that community, its outcomes are measured on the standards of their culture .No external criteria can be used to evaluate the practices and decisions of a given community as a violation of right . Bruner extends this view of cultural relativism as the notion that there is no essential or fundamental truth or reality in the realm of human action and knowing does not commit us to the idea that anything goes and that one idea ,one truth, one theory, is as good as another.(Bruner,1990,cited in saleeby,2001). However, there is criticism on cultural relativism because of the universal nature of human being and rights and there are two extremes in cultural relativism, radical cultural relativism and radical universalism. Radical cultural relativism believes culture as a sole source of validity of rights and rule .But, radical universalism believes that culture is irrelevant to the validity of moral rights and rules which are universally valid. (Donnelly, 2009).Hence, FGM is a cultural practice that Practicing communities accept it as a right thing to do that the measures supposed to challenge the existing attitude and behavioral change of the target community members should not be judgmental. Instead, it should be based on respecting the stance that the target community holds, and in creating conducive environment for community members to challenge the existing attitude on the continual practice of the FGM. Moreover, as culture is learned through social interaction, culture can be modified or changed through the creation of new norms, values and beliefs among the majority of the people through learning. (Hutchison, 1999), Hence, although

the FGM is a cultural practice, there is greater possibility for its abandonment through a creation of new views, beliefs and attitudes among majority of the target community members to stop the practice of the FGM.

Approaches and Programmatic pillars designed to end the practice of FGM

Prevention Programs

Female Genital Mutilation is a conventional procedure .It requires each family and community members to maintain the culture, norm and tradition that they have been taken for a long period of time. It is intertwined with their conservative cultural practice, and practiced to fulfill the wider social requirements. In a FGM practicing community it is the necessary practice due to the socially set reasons. A community has collective shared norms and world views on the bases of which each community member expected to act and behave, that the efforts aimed at ending the practice of the FGM should be concerned at changing the larger community and at reaching collective decision not to practice the FGM. Programs that include empowering education, discussion and debate, public pledges and organized diffusion have been shown to bring about the necessary consensus and coordination for the ending of the practice of the FGM at community level. Empowering education helps people to examine their own beliefs and values related to the practice, in a dynamic and open way. It is not only providing knew knowledge, but also creating forum to community to exchange experience, help them to express conflicting ideas. Unless the majority of the members of local community reach into a consensual decision to end the practice of FGM, those members of the community who decide not to practice the FGM confront challenges including stigmatization and problems in important social involvements. (WHO, 2008)

There were various programs designed and implemented at the community level to end the practice of the FGM. The programs which were successful are those promoting important practices of Community and those which were intended in empowering. They encourage local skills than mere provision of new knowledge or information to members of the program communities .These programs are supposed to be participatory in nature that they participate community members in identifying the problems and in proposing and taking actions to solve those problems than imposing ideas from outside.(UNICEF,2005)

An evaluative study conducted on the impacts of an NGO called Tostan, initiated community empowerment program in Senegal showed it was successful in raising community members' awareness and in mobilizing community for actions. The program was participatory. .Before launching the program, the Tostan staff discussed the various aspects of their program to the target population and community members participated in preparing lists of program recipients, in construction of schools and in the decision making process through the participation of village chiefs. The program components included non-formal education on democracy and human rights issues, on problem solving, hygiene and health, literacy, math, small income generating activities, management and leadership skills. Those Community members who participated in the education program shared information to their family members, friends, and relatives. Finally, the stated program has resulted in a remarkable outcome such as in raising the project beneficiaries awareness about of the harmful effects of the practice of FGM grassroots movement for the eradication of the FGM, and most of the participants in the evaluation responded that after public declaration it was never practiced in the villages. (Population Council, 2008)

Similarly, based on the achievement of the various programs implementations, and scientific theories, UNICEF has provided six key elements important for ending the practice of the FGM and the first five are important preventive measures.(UNICEF,2007,pp.22-23). These key elements indicated in this report include:

1. A non-coercive and non-judgmental approach- the primary focus of this approach is the fulfillment of human rights and the empowerment of girls and women. The concern is raising the awareness of community on human rights and then the community raises question on FGM and progress toward realization of these rights
2. An awareness on the part of a community of the harm caused by the practice
3. A collective decision to abandon the practice
4. An explicit, Public affirmation on the part of communities of their collective commitment to abandon FGM/C
5. A process of organized diffusion to ensure that the decision to abandon FGM/C spreads rapidly from one community to another and is sustained.
6. An environment that enables and supports change. Success in promoting the abandonment of FGM/C also depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation, complemented by effective advocacy and awareness efforts.

Hence, the major areas of concern in the campaign to end the practice of the FGM is prevention of the continuation of this harmful practice through a comprehensive and empowering education, awareness creation and creation of new collective consensus among the community members to end the practice the FGM.

Protection measures to end the practice of FGM

Protection of FGM includes the enactment of laws prohibiting the practice and taking actions in implementation of those legal provisions. National governments must create protective environment for women and children and support the abandonment of the practice through social measures and appropriate legislation. Legislation has at least three clear purposes; to make explicit a state's disapproval of the FGM; to send out a clear message of support to those who have renounced, or would wish to renounce the practice; and to act as a deterrent to the practice. The provision of national laws can speed up change when implemented with the comprehensive awareness raising and societal change at community level. (UNICEF, 2005) Hence, the enactment and enforcement of laws prohibiting the practice of FGM in integration with other social change activity at community level is another focus of intervention against the FGM.

Rehabilitation measures designed to end the practice of FGM

The major harmful effects of the FGM were clearly shown by the findings of scientific research. The efforts at abandoning FGM must take into account all the measures to be taken in rehabilitating women and children from these effects. Service provision pillar against the FGM is aimed to rehabilitate women and children to their prior state of mental, physical, and social functioning through providing various services accordingly with the needs of those affected by FGM. (Ministry of Women, Children and Youth affairs, 2013)

A successful good practice in this aspect is the intervention in Maasai community .Maasai community is a community in Kenya where there was high prevalence of FGM and the practice was used as a rite of passage from a childhood to adulthood, practiced with great rituals. It is part and parcel of Core Maasai culture. However, a Community Based Organization called Tasaru Ntomonok Initiative (TNI) implemented holistic and integrated program in prevention,

protection .and provision of remedial services to those negatively affected by the practice. The initiative organized empowering education to community in which awareness creation made to religious leaders, village chiefs, elders, circumcisers, teachers, and has established community monitors to campaign against the FGM, advice affected girls, and to protect those at risk of FGM. The other focus was protection of girls who flee from FGM. The organization established protection center where girls who rescue from FGM get moral, social and education services until the necessary reconciliation made with their family and/or relatives. Particularly important in this program is it resulted in cooperation of various actors: local government bodies and influential members of the community in prevention and protection of the practice and became successful in raising community awareness, changing community attitude towards the practice and in lowering the prevalence of the FGM practice (htp://www.equalitynow.org)

The National Strategy designed to prevent and control the practice of the FGM

The FDRE ministry of women, children and youth affairs has established a national strategy to abandon all forms of harmful traditional practices prevailing in the country .The overall objective of the strategy is to institutionalize national, regional, and grassroots level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs and to ensure the availability of multi sectored mechanisms to support women and children through prevention ,protection and provision of services. Accordingly, there are three pillars of the strategy on HTPs: the prevention, protection and service provision pillars and each pillar is provided with specific intervention activities such as creation of public awareness, institutional and community capacity enhancement, strengthening the legal framework, policy implementation and enforcement of laws, provision of equal, quality and affordable services for

women and children affected by HTPs, and coordination, evidence based planning, monitoring and support. (Ministry of Women, Children and Youth affairs, 2013, pp. 30-36)

The National level strategy to prevent the practice of the FGM

The objective of the national level prevention pillar is to create social change through enhancement of community awareness on the harmful effects of the HTPs, and to bring about behavioral change among communities. In order to achieve this objective the activities that should be taken by various stake holders include creation of public awareness and community mobilization through involvement of influential community members as religious leaders and clan leaders , integrating awareness raising efforts against the HTPs with formal education programs , expanding the coverage of community education on the HTPs through community based organizations such as Women's Development Armies ,Women's Organizations, and gender activists , facilitating Community Discussion and consensus building in opposition to all forms of the HTPs, the provision of basic preventive and curative health education and information, and provision of capacity enhancement training for Media professionals to maximize nationwide information dissemination.

The second focus of intervention is institutional and community capacity enhancement through strengthening the capacity of the law enforcement bodies such as the police, the CSOs, the FBOs, Women and Youth Organizations, the HTP committees, the CBOs, Women Development Armies, gender activists, Community change Agents and health institutions and ensure their enhanced participation on gender equality and social mobilization against the HTPs, scale up of best practices and promoting champions with proven achievements.

The other intervention area is strengthening preventive mechanisms through provision of life skills development training, economic empowerment for women and girls, income generating activity support for HTP practitioners, provision of reproductive health education and information for youth and adults at schools, with in youth centers and out of schools. Finally to prevent the practice, coordination of services provided by different stake holders and evidence based planning, monitoring and support at various levels is a focus area of intervention.

The National level strategy to ensure the enforcement of laws

The second pillar of the strategy for the eradication of HTPS is protection. Its main objective is to strengthen policy and legal framework and ensuring the implementation of policies and laws. Specific activities to be taken to strengthen the legal framework include assessment of the legal and policy framework in light of international and regional commitments, timely policy and legal revitalization when necessary harmonizing civil and customary laws at various levels, adopting new evidence based policies and laws in response to new situations that are important to protect the rights of women and children. Another area of concern under protection pillar is enhancing policy implementation and law enforcement through strengthening the capacity of actors at various levels and community policing structure to implement effective laws, mainstreaming preventive and elimination measures against the HTPs in laws, policies and strategies and organizing a national review to evaluate the level of achievement of law enforcement ,and differentiate best practices and challenges in the prevention and elimination of all forms of the HTPs.

The National level strategy to ensure service provision to victims of the FGM

Service provision pillar of the national strategy is aimed at providing rehabilitative services for children and women affected by the HTPs and timely prevention of the social, economic, and physical harm. The main objective is to put in place efficient and effective institutional mechanisms to provide restorative services and support for women and children affected by the HTPs. The major intervention under this strategic pillar include; the creation and expansion of equal, access, user friendly, quality and affordable service through provision of rights based education program, psychosocial and safe house ,integrated service provision system in health, legal, economic, and psychosocial services for women and children affected by the HTPs. The second intervention focus is building the capacity of survivors of the HTPs through provision of life skills and entrepreneurial capabilities, provision of tailored training for women and girls, assessing women who survive from the HTPs to be organized into different associations and enhancement of the implementation and institutional capacities of women and adolescent girls associations.

Theoretical and Conceptual Framework

Theory is a statement or frame work that explains human behavior and practice, and model concerns on providing guidelines for intervention than theoretical explanation of the practices and behaviors of individuals. (Coady, N. & Lehman, P.2008)

A Bio psychosocial Model

Bio psychosocial Model describes the human behavior and personality as an interrelated part of the physical body, mind and the social environment. It explains the role of gene in composing an individual’s physical make up, on individual behavior, and on mind of the

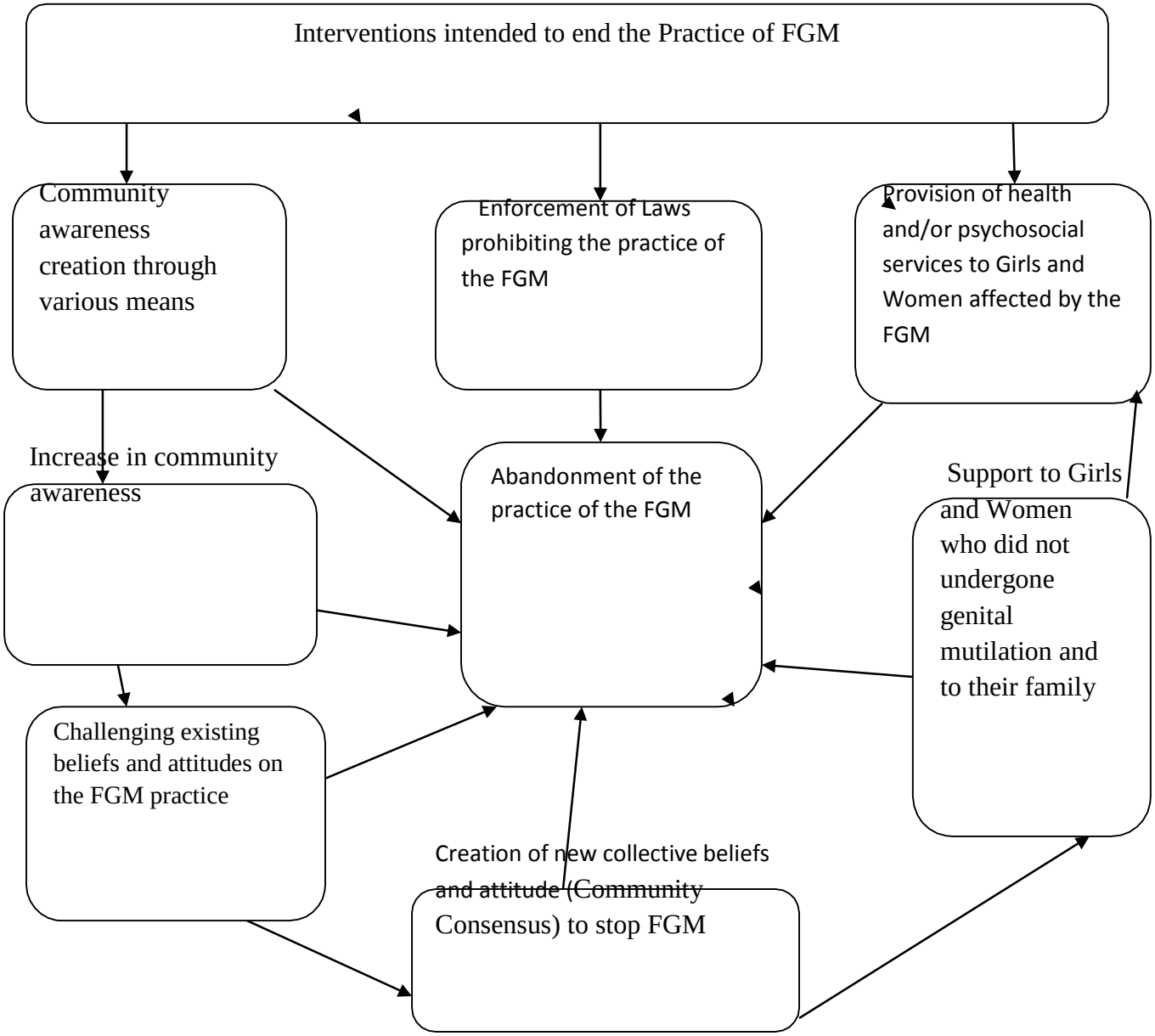
individual. The gene or DNA of an individual affects physical feature or physical wellbeing which is related to the brain and mind of an individual and vice versa. Genes affect the way we understand life, the way we respond to others in our relationship and our feelings. But, an individual's whole life is not controlled by the nature or what human beings just owe to his/ her parents and previous generations. Instead, there are social forces such as culture, economy, parenting style and others that are important in the makeup of an individual behavior and practice (Saleeby, 2001)

The Model focuses on holistic understanding of a client in his or her comprehensive physical, Psychological, and social environment that it calls for an inclusive approach to intervention that could contribute for the psychological or behavioral change or need of clients, physical diagnosis and a provision of inclusive services accordingly. And the model is also important for designing and implementing programs or policies at Societal or Community level which can address the wide social factors affecting the general wellbeing of a client.

In summary, the FGM practice has immediate and long term physical, psychological and social complications and it interferes with the well-established legal instruments and the rights of Children and Women in the practicing communities. In the practicing Communities, the practice is intertwined with the views, traditions and the cultural system that the program, interventions or the measures intended to end the practice of the FGM should create an environment for challenging the beliefs and attitudes of the target community that they hold for generations. This may include massive awareness creation activities on the harmful effects of the FGM practice through various measures to create a new collective view or consensus among community members to reduce and to stop the practice, taking social measures such as enforcement of laws, establishment of major community decisions to ensure protection of the rights of Children and

Women. Additionally, as it is stated in the Bio psychosocial model above, girls and women who are injured by the FGM need holistic assessment and provision of health and/or psychosocial services that can address the physical treatment of their injured organ, psychosocial services that can address the shock and painful events related with the practice, and even the services to be given to their family as a unit of care, and others.

Conceptual Framework: Organized by the researcher, Addis Ababa, 2017



Chapter Three: Research Methodology

Research design

In this study, qualitative research design was used. Qualitative research is an inquiry in which a researcher collects data from multiple sources by being in the natural setting of the study population and reaches into conclusions based on the inductive analysis of the meaning respondents provide for the problem under study, and it is undertaken when there is a need to explore an issue or when a researcher needs a complex detailed understanding of the problem or an issue (Creswell, 2007,pp.39-40).Thus, qualitative research method was used in this study as the research purpose is to gather detailed information on the efforts that have been taken to prevent and control female genital mutilation in the study area, and because it is exploratory in that little or no comprehensive finding are there on the prevention of the FGM, enforcement of laws prohibiting the practice and in provision of support to girls and women negatively affected by the FGM. Both primary and secondary sources were used to get multiple sources of data and various perspectives on the research purpose. Primary data was collected from participants in in-depth interview and FGD, and the written record of CC sessions was used as secondary sources of data.

Study area

This study was conducted in Damot Pulassa District of Wolayta Zone of the SNNPR. It is one of the twelve districts of the Wolayta Zone. The total area of the district is estimated to be 165 squaresKM.It is bordered by Badawacho District of the Hadya Zone to the South, Damot Gale District of Wolayta Zone to the south and to the east, and to the West by Boloso Sore District of Wolayta Zone. The study district has 23 rural predominantly agricultural Kebeles. It is the most densely populated district in the Zone and the second in the region with its population

size of 124,880.With respect to its social service, the district has increasing number of social service facilities including three public high schools, 23 primary Schools, 5 Health Centers, 23 Health Posts and 3 private Kindergartens. (Interview with the District Demographic Officer).

According to the KMG base line survey finding, the district is one of the districts where the FGM practice is highly prevalent showing 87.6 % of Women participated in the study reported at least one of their daughters circumcised. (KMG, 2011).Hence, the Damot Fulasa District was purposively selected because the practice is prevalent in the District and because of the accessibility of study participants and economic constraints of the researcher.

Study Population

All members of the community in the district were taken as the unit of the study population for this study. The target study population that were involved as the major source of the primary data were men and women who have been in the CC sessions, high school girls who were participants in School girls club, Community Police members, leaders of the local Community and Faith based organizations and experts from governmental and nongovernmental organizations who were participating on the campaign intended to end the practice of the FGM.

Sample Selection

Purposive sampling strategy was used to select participants. This is because the researcher involved participants that could inform the purpose of the research based on the type of data required and accessibility. Purposive sampling strategy is used when the researcher deliberately participates those units who could give abundant data on the research purpose (Yin, 2011).Participants from the high school girls (10) were selected in the help of a teacher who facilitated girls club in Shanto secondary and preparatory school. This is because the high school

girls came from different Communities in the district that this is supposed to increase the possibility of getting diverse views on the efforts undertaken to prevent and control the FGM in all communities in the study area. Male and women who were participating at CC sessions (15) were selected in collaboration with the CC facilitators at the grassroots level. 4 Experts from government organizations, and 1 from NGO were selected on the bases of their participation in activities against the FGM, and leaders of the Iddirs(1) and the Churches (1) were selected in cooperation with the local Women's and Children Affairs Bureau based on their accessibility. In some population groups, the sample size decreased than the researcher had proposed to participate because the researcher has interviewed until the saturation of the data as one way of determining the number of participants in a qualitative study is to keep interviewing until nothing new comes from the data. (Patton, & Cochran, 2002)

Methods of data Collection

In order to achieve the study purpose and the objectives, primary data were collected by using two tools: key informant interview with participants who had better knowledge in the research purpose, and the FGD with selected high school girls who were participating in School girls club and Male and Women who were participating at the CC Sessions. And records of CC sessions were reviewed.

Key informant Interview

A semi structured interview guide questionnaire was used to collect detailed information from participants who have well knowledge on the research purpose. Interviews were made with the experts at various governmental and nongovernmental organizations working to end the practice of the FGM (the District Women's Affair, Health Center, Health office, Community Police, and Leaders of the local Community and Faith based Organizations). This is because these

organizations and the participants from these stated organizations ,for example, the Gender expert from the Women's and Children's Affair, the Midwife nurse from the health Center, and the Community Police officer were the major individuals who were participating in the prevention of the FGM and in treatment of victims of the practice. The interview included the participants view on the activities that have been taken to abandon FGM in the community, the participants' belief on the effectiveness of the CC, the participation of community police in enforcement of laws prohibiting the practice of the FGM, the services provided to those affected by the practice, and the opportunities and challenges the community face in their efforts at eliminating the FGM.

Focus Group Discussion

The FGD was used in the study to gather more information on the research issue by taking the advantage of interactions among the study participants. Three focus groups were formed from three population groups. High school girls who have been participating in the school girls clubs (10), male (7) and women (8) who have been participating in the CC sessions were participated in the FGD.

Data analysis procedure

The data for qualitative research is gathered from various sources and it is large. It needs to be reduced into accessible forms in order to draw out various themes and patterns (Patton, 2002).Accordingly, the general procedures taken for data analysis include preparation of text data, reducing the data into themes and categories through a process of coding and presenting the results in the form of discussions. In the data collection process, a usual summary of what is collected from each case was done. In the analysis, first, transcribing and translation of the responses of study participants was done. Then, preliminary observation of the raw data from all

cases was made. In depth look at the data was made and coding followed. Then, the data was reduced into major themes and meaningful categories based on critical review of the text data and the concepts of major themes and categories were taken from variables in the research literature. Then, grouping together of responses of each case with interview and focus group to common category was followed through cut and paste of underlined data with the category symbol. Then, the data was presented in organized form through summary of statements and discussions under each themes and categories. Finally, major findings and conclusions were made based on inductive analysis of the response of study participants on the research objective.

Ensuring the trustworthiness of data

Various literatures show the trustworthiness of qualitative research findings should not be measured by the traditional quantitative standards of evaluation, but rather qualitative researchers give emphasis on its own naturalistic standards (Creswell, 2007).Creswell and Miller provided important procedures that could enhance the trustworthiness of qualitative research (Creswell &Miller, 2000). Among these some procedures relevant for this study were used. First, the researcher had prolonged engagement with study participants and the researcher has prior knowledge of the language of participants. This made the process of building trust with participants and the whole data collection process easy. Then, the researcher employed triangulation (various sources of data, methods of data collection, and the involvement of different segments of population such as young girls, married women and men and representatives of the CBOs and the FBOs and employees at different departments and organizations) .This helped the researcher to search for and rely on multiple evidence to confirm and disconfirm the themes and categories identified. Additionally, thick description of major themes and categories was made. These important procedures would enhance the trustworthiness

of this study. Similarly, Brink has provided three important tests for the reliability of qualitative research: Stability, Consistency and Equivalence (Brink, 1991, cited in Johnson & Long, 2000). In this study, Stability is maintained through asking identical guideline questions for different participants and by checking the consistency of answers from various sources. And according to Brink consistency refers to the integrity of issues within a single interview or questionnaire. In a guideline questions, the researcher has included only the right issues originated from the purpose of the study. And equivalence is tested by asking alternative questions with the same meaning. To obtain enough and clear data on some objectives, the researcher has asked many alternative questions with the same meaning in a single interview. (See appendix two). Thus, these procedures taken would maximize the trustworthiness of this study.

Ethical Consideration

One of the most serious ethical concerns in undertaking a research project is voluntary involvement of subjects in the study and informing all potential risks associated with participation in the research. Researchers should ensure that participants in the study involved on the bases of their own choice and they should know the potential benefits and any physical, psychological and social injury related with their involvement. (Berg,2001).In this study, the researcher has first took a letter supporting field data collection from the School of social work and then contacted the Women's, and Children's affairs to get permission for data collection. And the sector has ensured its permission for data collection process. Then, before starting data collection, the researcher has explained the purpose of the study to participants and ensured their consent .A signed informed consent was made with interviewee on a written statement of the purpose of the study and potential benefits of the study to the community. And in FGD, consent was made, but the researcher left signed consent for facilitating the discussion process.

CHAPTER FOUR: FINDINGS OF THE STUDY

This part of the paper presents findings of the study based on analysis of the data from in-depth interviews and the FGD. According to Patton qualitative data analysis involves a reduction of a voluminous qualitative data into meaningful parts through searching the core meanings and consistencies that recur in the data transcripts. The core meanings identified from data were called themes or patterns (Patton, 2002). Hence, data in this study was analyzed manually by using thematic analysis procedure. The major themes and categories were identified from the data and the findings presented on each themes and categories through coding of text data .Raymond had forwarded some guideline steps important in coding interview responses (Raymond,1992) .Among these, three steps relevant for this study were used .First, the coding categories were determined by careful reading of text data for several times .And the researcher has examined whether the categories were clearly defined so that a single response could not fall into two categories at the same time. Second, an abstract symbol was assigned for categories to summarize and store responses of research participants. Then, the text data was classified by labeling each transcript with the category symbol through underlying each fragment of relevant information. Accordingly, three major themes with several categories were identified and 11 codes (in this study, abbreviations of categories) were provided to the whole text data.

Theme 1: Interventions taken so far to end the practice of the FGM

Theme 2: The impacts of the Community Conversation Sessions

Theme 3: Opportunities and challenges to be considered in any future intervention

Description of study participants

Participants in this study were selected from high school girls, Women and men who have been participating at the CC sessions , government and NGO employees that have been working in prevention and control of FGM and the representatives of the CBOs and the FBOs with varying socio demographic characteristics in age, sex, marital status, religion, and educational level.

A total of 32 individuals participated in this study.10 of them were aged below 20 year, 6 were aged in between 20-30, 10 were aged between 31-40 yearsand another 6of them were between 41-50.Sex compositions of the participants indicated 20 were females, and 12 of them were males. Marital status showed that 21 were married and 11 single. Regarding the participants religious background, 30 were Protestants and the remaining two were catholic. The participants' educational status indicated only 2 had university degree,3 had college certificate ,6 had completed primary first cycle,3 had completed primary second cycle,8 were illiterate and the remaining 10 were secondary level students. Regarding the participants occupational status, 9 were farmers, 4 were government employee, 1 NGO employee, 5 housewife and 3 were unemployed. And the remaining 10 were students in grades 9 and 10.

Table 1: A Summary of Description of Study Participants

Characteristics	Description	Number of study participants
Age	< 20	10
	20-30	6
	31-40	10
	41-50	6
Sex	Female	20
	Male	12
Marital status	Married	21
	Single	11
Religion	Protestant	30
	Catholic	2
Education status	University degree	2
	Diploma/certificate	3
	Primary first cycle(1-4)	6
	Primary second cycle(5-8)	3
	Secondary(9-12)	10
	Illiterate	8
Occupational status	Farmer	9
	Government employee	4
	NGO employee	1
	Unemployed	3
	Housewife	5
	Others	10
Total number of study participants		32

Source: The researchers interview with the study participants, 2017

Table.2.A Summary of Themes, Categories and Codes

No	Major Themes	Categories	Codes
1	Interventions against FGM	Community awareness creation	CAC
		Protection against female genital mutilation	PFGM
		participation of police in protection against FGM	PPFGM
		Effects of female genital mutilation	EFGM
		services provided to those affected by FGM	SPA
2	Impact of community conversation	Increase in community awareness	ICA
		Diffusion of information to those not participated in the CC sessions	DINP
		collective decision to abandon FGM	CDFGM
		Reduction or abandonment of FGM	RAFGM
3	Opportunities and challenges for future intervention	Opportunities for future intervention	OFI
		Challenges for future intervention	CFI

Source: Organized by the researcher, Addis Ababa, 2017

Overview of Themes and Categories

Analysis of the interview and FGD transcripts showed three major themes and several categories.

Theme 1: Interventions undertaken so far to end the practice of the FGM

The responses of participants in this study showed encouraging intervention has been taken to prevent and control the FGM in the study area. Awareness creation activities through community dialogues and public meeting, the punishment of those participated in the FGM process and provision of services to those affected by the FGM are mentioned as the major interventions undertaken in the research area to abandon FGM. The following discussion on identified categories was provided on the bases of interview and FGD transcripts.

Community Awareness Creation

Community awareness creation on the harmful effects of the practice of the FGM is one of the major interventions to abandon female genital mutilation .Almost all of the participants responded there is community awareness raising activity in the community. Participants answered different bodies were taking activities to increase community awareness on the FGM. There is a Community Conversation Sessions or discussion conducted in each Kebele, training, meeting at Kebele disseminating information on the practice and some of the respondents replied the prevention activity has been taken with other government programs such as health extension Community Conversation on the issue of the HIV/AIDS, and there is teaching through community networks as “development team” and “one to five networks”. The narratives from study participants’ show:-

In all Kebeles we give awareness on the harmfulness of the HTPs .We teach and disseminate information. We work with different organizations. We have been working with the KMG. They train facilitators. We teach community in cooperation with health extension workers (Interview with participant from the District Women's Affair)

In Kebele education is provided to 1 to 5 and development team leaders Also education is given through health extension workers. People discusses on the outcomes of female circumcision. We have HIV prevention activities at Kebele. With that people discusses on HTPs (Interview with participant from the Health Office)

. As the researcher has observed from records of CC sessions, CC was continuously taken among participants. However, a participant from another Kebele (Iddir leader) had replied the awareness creation activity through community conversation was not continuous but rather the activity was stopped before a year. This is shown in the quotation

Previously, there was meeting every month. Since one year the coordinator did not come… I am one of 50 CC members. We had two birr saving every month. We have stopped the CC about a year.(Interview with iddir leader)

Protection against the continuation of the practice of the FGM

Protection against Female Genital Mutilation is another intervention taken in the research area. Protection is aimed at ensuring the implementation of policies and laws prohibiting the practice of FGM. Many of the research participants replied parents and traditional circumcisers participated in the FGM process were punished by money and imprisonment.

…40 individuals' captured.15 Circumcisers and Parents punished by money.(Interview with KMG coordinator at District level)

…Previously, parents were punished… (FGD with Women (7)

Circumcisers and parents were arrested (FGD with girls (2)

Participation of Police in enforcement of laws prohibiting the FGM

Many of the participants responded the community police contributed in arresting those who have participated in the practice, in reporting the cases to court, and most replied those participated in the practice such as Parents of girls who were victims of the practice and Circumcisers were punished. Also some participants showed police participates in teaching community, advices people not to practice the FGM and they follow up and initiate community members to report before the practice happens. However, study participants showed there is delay in enforcement of laws or quick decision was not given by the justice bodies and the punishment does not much with the negative effects of the practice of FGM on girls and women.(See quotations from the challenges for future intervention (page 46).The excerpts:-

In the beginning of 2007(E.C), many Female circumcisions occurred. About 18 individuals participated in the process were punished. We have educated community at kebele levels as it is harmful tradition and crime. (Interview with the Police Officer)

…Police participated with other government bodies to punish them. (Interview with KMG coordinator at District level)

"They tell us to report if Female circumcision cases occur. When they come they advise us to follow and report before it occurs."(Quote from FGD with male (4))

However, Participants have also showed there is lack of emphasis among community police in enhancement of awareness through teaching community. This is clearly shown from the

responses of religious leader*"Goloshanto is near to shanto town, but police do not teach people."*(Interview with the Church leader), and the CBO leader *"Police tells us about security at meeting. They do not involve in teaching circumcision"* (Interview with the Idir leader)

Service provision to those affected by the practice of the FGM

The last category identified under interventions to abandon FGM is provision of service to those affected by the practice. The study participants replied children and women encountered stiff health problems such as pain and shock, heavy bleeding, wound, loss of appetite, and even death after one week of circumcision. Most of those affected got formal health service at health center and at hospital with the support of CC participants, government organizations and the NGOs specially KMG that have been working to end FGM. Some respondents showed some of the girls who have encountered problems were treated by traditional medicine because of fear of prosecution if their secret practice is exposed. Most of the participants replied there is access to health institution at least in the neighboring Kebeles and those gone to formal treatment have got quality service. As replied by the study participants, the health service leaned to medical service such as blood transfer, physical treatment to the injured physical body and surgery. And, participants replied that there were cases of shock due to the painful practice of the FGM. However, participants did not reported any kind of psychosocial support given to children and women affected by the practice, and any kind of support given to the family as a unit of care. The excerpts below:

When circumcised girls bleed, wound do not cure soon .For many mothers child birth was prolonged. In the second step of child birth, the mother's organ could not be elastic .Then,

we use surgery as a solution. We are giving service. (Interview with the Nurse/Midwife at Health Center)

Two years ago one child circumcised. She was injured by throwing out of bed at night. She encountered urinary problem for three days .She was not taken to health center near to us. It is crime ...by fear of punishment. She was given traditional medicine. After four days she was cured. (Excerpt from FGD at School (1)

There was a five year children seen problem due to heavy bleeding and pain. She was shocked "**dagammada**" she was cured after treatment at health center. Before, many children were injured even they could not eat food .In the area where I was grown -"Humbo" a girl was died after a week. She could not eat food. She did not get enough medicine. (FGD with Women at community (3)

One day we have got a report of Female circumcision from Warbera sukeKebele. Four year girl circumcised at night. She was shocked. Parents did not take her to any health treatment by fear of punishment. We took the girl to health center in the neighboring Kebele. They referred to Sodo hospital, got blood transfer and cured. She has got good support.(Interview with KMG coordinator at district level)

Four women affected by fistula in giving birth… we have referred to Yirgalem fistula hospital. They are young mothers. One of them is from Bibiso olola. They were cured. Now involve in all activities."…more than 300 women treated from UVP". I am not sure whether it is related with circumcision. (Interview with participant from the District Women's Affair)

Theme 2: The Impact of Community Conversation Sessions

The second theme identified from the data sources is the impact of community conversation. Study participants replied Community conversation was taken among 50 individuals selected from representatives of religious organizations, community based organization (iddir), women's and youth associations' with in a Kebele, and there is trained facilitator who coordinate the conversation process. As it is replied by the district women's and children's affairs officer, these 50 individuals selected from various population groups within a Kebele were expected to share and diffuse information to people who were not participated in the sessions. Before, conversation had been taken every 15 days and participants replied it is now undertaken once a month and there is lack of initiation and follow up. As a researcher has observed from written document of the CC sessions, the conversations focused on the harmful effects of the FGM and other HTPs, on the HIV, on gender equality ,on how to monitor and advice parents who want to circumcise their girls and on how to strengthen the CC sessions. Participants showed CC has generated increased community awareness on the harmful effects of FGM, and in sharing of information to community members. Participants had also showed the CC participants contributed in establishment of new community decision prohibiting the practice and the CC has resulted in reduction of the extent of the practice. However, participants replied the CC did not generate a new collective decision or community consensus to abandon the FGM. Peers ridicule girls who are not undergone genital mutilation. The following discussion was provided on each category describing the impact of community conversation on the bases of interview and FGD transcripts.

Increase in Community Awareness

Community conversation session is one of the major activities that have been taken to enhance community awareness in the study area. Almost all of the CC participants answered their discussions resulted in increased understanding on the negative effects of FGM. Participants responded FGM results in pain and loss of appetite, bleeding, scars, difficulty at delivery, fistula, urinary problems and death. The quotations below:-

"People do not believe as if uncircumcised girls break utensils or would not get husband"(Interview with the KMG coordinator at district level),

"Due to education people has got enough information"(Interview with the Nurse/Midwife at Health Center)

"Circumcision causes problems at child birth" (FGD with Women at community (7)),

"…there is risk for heavy bleeding. We have learned it causes fistula"(FGD with Women at community (4)),

Diffusion of information

The organized diffusion of information to all communities is one of the key elements necessary to hasten the fight against the FGM. Most of the CC participants replied they have been sharing the information gained at the CC sessions to those not participated in the sessions. As replied they share information while undertaking daily activities, at public meetings, at schools, Iddirs and also when contacting others in social involvements as coffee ceremonies and traditional money saving settings. Also they work by advising others who are prepared to circumcise their children. A participant from women's affair has indicated it is their expectation that participants in CC sessions would disseminate the knowledge they got at discussions to other

population from which they were taken but as replied, the information was not fully addressed to all communities. But, study participants did not indicate any planned way of diffusing the new knowledge gained at discussions to those not participated in the CC program. The excerpts

…we are teaching at meetings the problems it creates" (FGD with Male at community (6))

"We are teaching people it is harmful. We tell them who circumcised their girls will be punished"(FGD with Women at community (5))

"…We inform others that we have learned. Many times education was given at meeting. In iddirs we disseminate information. About its harm. Also we tell them there is punishment"(FGD with Women at community (4))

"…for example, we believe that CC participant from a church would teach its members about HTPs. But, the information is not fully reached to community" (Interview with participant from the District Women's Affair)

Collective decision to abandon the FGM

As explained in the literature review female genital mutilation is a cultural practice. In practicing communities the large majority accept it as a right thing to do. This shows it needs the support of large majority and reaching at a communal decision to abandon the practice. In other words, the community has to support or reward girls who are not circumcised and their parents and it should have also a social punishment that prohibits its members from practicing FGM. Some of the study participants replied community decision was made to end the FGM. An encouraging effort was made by CC participants. They replied CC participants discuss on the harmful effects of FGM and HTPs as a whole .Then, they have established major decisions that prohibits all members of Kebele from practicing the FGM. And the decision was provided to

Kebele council and the council approves it. Those that practice FGM were punished accordingly. Most of the study participants replied there is no support to girls who are not circumcised, even their circumcised peers stigmatize and ridicule them and parents were pressurized to circumcise their children by looking their neighbors because all people did not reach into consensus to stop FGM. The quotations below

"One day the circumcised girl ridiculed the uncircumcised girl in the cattle herding field .At night the uncircumcised girl was circumcised. There is no problem if all people stop it"**(**Interview with the Church leader)

"…In Bibiso Olola a decision was passed by CC to exclude a person who has participated in Female circumcision from Iddir. But, the Kebele council has not yet approved it."(Interview with participant from the District Women's Affair)

"We have established punishment for those who circumcise children… to punish circumciser and parents' 300 birr .We brought it Kebele .It was approved"(Quote from FGD with male (3))

Previous year on April in WarberaSuke, WarberaGolo, BibisoOlola and OlolaKebeles someone disseminate wrong information as if the government will make special symbols "Beleca" on uncircumcised girls ear. Many children circumcised then (Interview with KMG coordinator at district level)

"One week people heard as if "Beleca"- special symbol will be put on uncircumcised girl's ear. One girl (3 year) circumcised at night…" (FGD at School (3))

Reduction or Abandonment of the FGM practice

Community conversation has also resulted in reduction of FGM in the community. Most of the study participants replied the practice of the FGM has decreased after they started community conversation. But they replied people circumcises by changing community by fear of punishment that follows the practice. This fear of punishment has influenced parents not to take their injured children to formal health institutions .And some participants responded CC has helped the community to abandon FGM and there is a sign of abandonment, no report of FGM case and people did not circumcise children even in the summer season which is known in the study area in the high occurrence of FGM. The quotations below:-

"CC has not abandoned FGM. But we have done. There is change. They fear law .Circumcises by taking children to other Kebele."(Interview with KMG coordinator at district level)

"Female circumcision was not abandoned. But, decreased after CC started .Community fears for laws. Some members circumcise their girls in secret."(Interview with participant from the District Women's Affair)

"In 2006(E.C) on June, there was report in different Kebeles …Now, there is no threat and no report .many reports are seen on child abuses, beating children" (interview with police officer).

"Since 2006 people do not circumcise girls even in summer"(FGD with Women at community (7))

Theme 3: Opportunities and challenges to be considered in any future intervention

The last theme identified from the data is opportunities and challenges for future intervention and it is divided into two categories: Opportunities and challenges.

Opportunities for future intervention

Participants have replied the education and community conversation if performed by increasing the number of participants in the programs, the existence of and involvement of various organizations as religious organizations, Iddirs, and schools and their involvement in prevention of the FGM and the presence of uncircumcised girls club and provision of initiation to them, the presence of a grassroots committee to abandon the HTPs, the increased commitment of students and the CC participants to involve in prevention of the FGM activity as opportunities that should be exploited in the future for better prevention and control of the FGM in the community.

"It is better if done with religious fathers. People accept them. At Kebele CC participants were 50. … It can be successful if it involves many people"(Interview with KMG coordinator at district level)

"In women's iddir, other iddirs in our village, in schools we teach Female circumcision as harmful" (Interview with the Iddir leader)

There is uncircumcised girls clubs in some schools… the uncircumcised educates other children... It is better if we get opportunity to teach community when we return home. Also, better if we teach other students by organizing uncircumcised girls clubs (FGD at School (3))

"We have organized a committee to abandon HTPs" (Interview with participant from the District Women's Affair)

Challenges to be considered in any future intervention to end the practice

Study participants expressed lack of budget, the culturally held attitude towards FGM, that is, accepting FGM has been practiced from generation to generation and as if it has no negative effects, lack of witness which suspends the court's decision making, lack of continual support and initiation to grassroots level facilitators and committee who are coordinating FGM prevention activity as the challenges hindering the success of prevention and control of FGM in the community. Some research participants have also shown there is delay in providing decision and the punishment given for those participated in the FGM process does not much the negative effects of the FGM. The excerpts:

…we cannot do it .We have no budget…Punishments do not match the harm it follows. HTPs are problems of peoples' attitude. It is difficult to change people's attitude. Sometimes, people do not report to us .They are interrelated in kin relations. When we report cases to justice bodies we lack witness (Interview with participant from the District Women's Affair)

The concern by government is low…when we report they seek witness and quick decision was not given .There were facilitators in each Kebele. In every three months they used to share experience of other Kebele in prevention of the HTPs. Now CC isdone by a committee. The committee shares experience twice a year .No payment and initiation for committee. (Interview with KMG coordinator at District level)

…They say "what problems were seen in those who were circumcised?" as if previously circumcised girls were not affected.**(**Interview with the Church leader)

CHAPTER FIVE: DISCUSSION OF FINDINGS

Interventions undertaken to combat and end the practice of the FGM

The study findings showed encouraging effort was taken by various actors in prevention and control of the FGM in the research area. The activities that have been taken were inclusive of community awareness enhancement, protection of the practice through enforcement of laws prohibiting FGM and provision of services to those affected by the practice. There was awareness creation activity which was conducted through Community Conversation program, grassroots meetings disseminating information to the public, and teachings through community organizations and networks. However, the study finding also showed the community awareness enhancement activity is not continual and varies from one community to another. For instance, in one Kebele, the Community Conversation activity was stopped before a year while the practice of the FGM was still being taken in the community. Another study finding indicated there is enforcement of laws prohibiting the practice. Those who have participated in the FGM practice such as Parents of girls who were victims of the practice and Circumcisers were punished. Community police members have contributed by examining the FGM cases, arresting violators and reporting cases to courts. Also the Community Police teach community members that the FGM is crime and a harmful traditional practice and they advise community members not to practice the FGM, and they follows up the FGM cases and initiate community members to report before the practice happens..And the finding of this study showed there is lack of emphasis among Community Police in enhancement of awareness through teaching the community. However, the finding showed there is delay in enforcement of laws or quick decision was not given by the justice bodies and the punishment does not much with the negative effects of the practice of the FGM on children and women. The study finding showed the delay in decision

making is because of lack of witness. The Study findings also showed most children and women affected by the FGM had access to quality formal health services at health centers and hospitals. . Some study finding showed in some cases there was problem of access to health facilities in their locality and children and women were treated in the neighboring Kebeles and those who are highly injured were treated through referral systems even to other administrative Zones. And the finding also showed in some cases, children who are negatively affected by the practice of the FGM were not taken to formal health services and treated by traditional medicine and there is delay in rehabilitation. This is because the practice was undertaken in secret and by changing communities that they fear the legal punishment that follows if their hidden practice was exposed when they take their children to formal health institutions. The finding showed the health service provided to Children and Women negatively affected by the FGM leaned to medical service such as blood transfer, physical treatment to the injured physical body and surgery. And, there were cases of shock due to the painful practice of the FGM. However, participants did not showed any kind of psycho social support given to children and women affected by the practice, and any kind of support to the family as a unit of care. Hence, the interventions taken in the research area was inclusive of Community Awareness creation, protection against the FGM and provision of services to those affected by the practice. The finding of this research is consistent with the good practices of the successful intervention in Maasai Community in Kenya. A TasaruNtomonok Initiative (TNI) implemented a program inclusive of community awareness creation, protection and provision of services to those affected by the practice. The initiative organized education program in which awareness creation was made to various members of community, and girls who flee from FGM got moral, social and educational services at protection center, and the program became successful in prevention and control of the FGM.(http://www.equalitynow.org)

The Impacts of the Community Conversation Sessions to end the FGM practice

Community conversation has been taken among 50 members who are selected from influential population groups such as religious leaders, and leaders of community based organizations including Iddirs and women's and youth organizations. The Study finding showed their participation in the CC sessions generated increased awareness on the harmful effects of the FGM, in diffusion of the new knowledge gained at discussions to their family members, neighbors and other communities through their teachings at Iddirs and schools. The major means of Community Awareness rising is through community conversation. However, the findings of the study indicated the dissemination of relevant information was not an organized activity. The responsible government department (Women's Affair) explained it is their expectation that those who participated in the CC Sessions will disseminate the information they obtained to the majority of population from which they were selected. There is no strategy or planned way of disseminating the new knowledge to all communities. The finding does not agree with the finding from evaluation of long term impact of Tostan program on the abandonment of the FGM and early marriage in Senegal. The finding indicated the program became successful in abandoning the FGM in Senegal because with other activities it has included a mechanism or strategy to prevent and control the FGM in the community. After community empowerment through the program, some villages organized community monitors who follow the FGM cases, teach and advice others (Population Council, 2008). But, in this study participants did not indicated any planned way of diffusing the new knowledge gained at discussions to those not participated in the CC program Also there is a finding that encouraging effort was taken by the CC participants in establishing major community decision such as excluding those participated in the FGM practice from Iddir and punishment by money and the practice of FGM was declined

after the involvement of the CC program in the community. However, the study finding indicated the CC program did not generated new collective decision or consensus among community members providing support for girls who are not undergone genital mutilation and in public affirmation of community commitment to stop FGM. Girls who did not experience genital mutilation were still vulnerable to ridicule and the practice is being taken in secret although there is major decline the practice of the FGM. This finding is consistent with the UNICEF's study finding from the assessment of the impact of Community Dialogue Program in Wolayta Zone. The study finding showed the dialogue sessions resulted in open discussion for individuals, the community challenge of existing social conventions, increased determination to abandon FGM and in decline of the prevalence of the practice. But, it did not resulted changes in existing social expectation forcing girls and parents to undertake genital mutilation, the uncut girls were subject to ridicule and shame (UNICEF, 2010).

Opportunities and Challenges to be considered in any future intervention

The study finding showed the existence of various awareness creation activities in the community, the presence of and involvement of different community based and religious organizations in prevention of FGM in the community, the existence of grassroots HTP committee to abandon FGM, the increased commitment and involvement of community specially CC participants in prevention of the practice, and the establishment of uncircumcised girls clubs in some schools and increased commitment among students to involve in prevention of FGM through teaching at school and community as the major opportunities that should be used for better prevention and control of FGM in the future. And the finding showed lack of budget, the culturally held belief towards FGM, lack of witness when FGM cases were reported to courts, and lack of continual support and initiation to grassroots facilitators and HTP

committee as the major challenges that have been hindering the success of interventions in the research area. The finding from study conducted by the population and statistics bureau of the SNNPR region showed somewhat different challenges and suggested future interventions than the findings in this study. The study finding showed the necessity of the attention of community leaders on HTP problem, establishing HTP committee at grassroots level, establishing anti-HTP clubs at schools, conducting research on HTPs and formulation of HTP policies, laws, rules and regulations as the suggested future intervention in the region and lack of research and training in sustainable manner, follow up of cases of HTP victims and not taking legal measures against them, non-existence of policy on HTPs, non-existence of a responsible body at grassroots for the eradication of HTPs as the challenges in the fight against FGM. (BoSP, 2005, pp.126) The slight difference in the suggested future interventions and the major challenges might be because of the commitments and interventions taken by government, NGOs and community organizations', and the social changes made since the study was conducted.

CHAPTER SIX: CONCLUSION, LIMITATION OF THE STUDY AND IMPLICATION TO SOCIAL WORK

Conclusion

To achieve the research objective, a qualitative research method was used and data was analyzed manually by using thematic analysis procedure. This thematic analysis of data indicated three major themes and several categories. The study finding showed a remarkable effort was taken to prevent and control FGM in the research area through enhancement of community awareness and in enforcement of laws prohibiting the practice of FGM and most of women and children affected by FGM got formal health services. However, in some cases parents do not take their children for formal health institutions because of fear of prosecution if their secret practice was exposed. The study finding also indicated the CC program resulted in increased awareness of community, major community decisions to abandon FGM and in reduction of the extent of FGM in the research area. Finally, the study finding indicated there are various opportunities in the community that should be used for better intervention in the future and some challenges hindering the success of interventions in the research area. Study participants' replied the existence of various community organizations and grassroots HTP committee and their involvement in prevention of FGM, and the inclusion of HTP prevention activity with other government programs such as health extension program as the major opportunities. And, the lack of budget, the culturally held attitude towards FGM and lack of witness for enforcement of laws prohibiting the practice were identified as the major challenge for future intervention. Hence, the interventions taken in the research area were inclusive of community awareness raising, protection or enforcement of laws and rehabilitation of children and women affected by the practice. CC program was one of the community awareness raising program and its involvement

in the community reduced the practice of the FGM. But, it did not generated new collective decision showing public affirmation of community commitment to abandon FGM and in proving support to girls who did no undergone genital mutilation. Additionally, community police has also participated in prevention and enforcement of laws prohibiting the practice. Finally, many of children and women who are negatively affected by the FGM had access to quality formal health services and some treated by traditional medicine. But, the services were focused on the physical treatment of the injured Children and Women rather than assessing the Bio-psycho-social aspects of the Children's and Women's situation and in provision of services accordingly. Finally, the finding of this study identified the Community has many Opportunities and some Challenges that need to be considered in any future intervention to end the practice of the FGM.

Limitation of the study

The study participants were purposively selected from school girls, CC participants only from one Kebele, some representatives of faith based and community based organizations and from governmental and nongovernmental organizations. This limits the generalizability of the findings of this study for the whole community of Damot Fulassa District. However, the researcher has tried to involve the study participants from various population groups. For instance, the school girls selected from grades 9 and 10, and representatives of religious organizations and Iddirs were taken from different communities in the district. Additionally, the researcher has proposed to review the recorded cases of FGM at government organizations, but due to the absence of government officials who are responsible, the researcher did not reviewed the recorded cases of FGM at government offices and only interviewed prevailing officers who have been working in protection of FGM.

Implication to Social Work

Social work profession promotes social change, problem solving in human relationship and the empowerment and liberation of people to enhance well-being. Human rights and human dignity and social justice are one of the major principles of the profession .And social workers should uphold and defend each person's physical, psychological, emotional and spiritual integrity and wellbeing (IFSW, 2011. pp.2).

Implication to Social Work Practice

In this study a thematic analysis of data indicated interventions were taken by various bodies in community awareness creation to prevent the practice of FGM before it happens, in enforcement of laws prohibiting the practice of FGM and good effort was taken in provision of medical services to those injured by FGM. These interventions show the community has taken efforts to protect the rights of children and women. However, the FGM is being practiced in the research area secretly and the awareness creation activity on the harmful effects of the practice and on human rights of women and children was not comprehensive and regular, and community conversation as a major means of awareness raising activity involves only 50 individuals per Kebele. Hence, the education, discussion, public meetings and other activities expected to enhance community awareness, changing community attitude towards the FGM and aimed at promoting social change should involve all communities, majority population and it should be continual. Additionally, the diffusion of information to all communities is not taken as an organized activity. Parts of population who have involved in the CC sessions, public meeting and other trainings did not disseminate information to communities in a planned manner. Thus, responsible grassroots government departments, nongovernmental organizations and community

organizations should incorporate an organized diffusion of information to all communities as one of the major strategies to prevent and control FGM and the large majority should reach into communal decision to abandon the FGM and the community as a whole should publicly declare its commitment to stop the practice. Study finding showed there were many community networks and organizations such as Iddirs, Schools, Grassroots Committee, and Churches that have been working to end the FGM and the HTP prevention activity was included with other government programs as health extension program and HIV/AIDS prevention activities. These networks and grassroots committee should be used for better prevention and control of FGM in the research area. In some primary schools, there is registration, initiation and organization of uncircumcised girls. They participate in teaching other students. Thus, the organization of uncircumcised girls club in school at all levels can enhance the success of prevention activity. Girls who have not undergone genital mutilation can share information or teach other students and can involve in other prevention activities at community. Measures should be taken in allocation of enough budgets necessary to carry out various awareness enhancement activities at community level. Measures should also be taken to create a coordination of activities among various organizations and responsible actors to generate social change at community level and to protect the rights of women and children. The findings of the study also show that the support was not based on the holistic assessment of women's and children's situation and the service leaned to medical aspects. Hence, Social Workers should involve in assessment of client situation and in provision of services accordingly. Finally, the researcher has understood from the study finding that the community has strengths and potential resources that could be used for further intervention to prevent and control the FGM and hence to promote the wellbeing of women and children in the community. The determination of Community Members specially Community Based

Organizations, Local Government Departments and Local NGO to prevent and control FGM and the existence of and involvement of local institutions and networks such as schools, Iddirs, grassroots committee to prevent the practice of the FGM, and religious organizations and their involvement in the prevention of the FGM were identified as strengths and resources available in the community. Hence, social workers, other professionals and responsible bodies can base on these resources for future intervention in the research area.

Implication to Social Policy, Advocacy and Change

Policy makers should involve in formulating policy strategies for checking whether all communities had the access to awareness enhancement program and policy designers should develop measures that could be used for the empowerment of Women to enhance their ability to decide on matters affecting them and their children. Additionally, policy and program designers should take into consideration the measures to be taken in provision of holistic physical, psychological and social services to Children and Women who are negatively affected by the FGM. In some instances, there is lack of access to quality health facilities including health institutions that Children negatively affected by the practice were treated in the neighboring Kebeles. Thus, social workers should advocate for the provision of quality health service at community level. Additionally, social workers should take a leading role in coordination of social change activity at community, and in advocacy of the rights of women and children in the study area.

Implication to Social Work Research

Conducting a study on the issue of the FGM to protect the rights of Women and Children and hence to ensure their general wellbeing is an essential for Social Work profession as one of the Profession's principle is protection of human rights. This study explored the measures undertaken so far in prevention of the Practice of the FGM through enhancing community awareness, the efforts taken in enforcement of laws and in provision of health and/or psychosocial services to Children and Women negatively affected by the FGM practice. Hence, the findings of this study can be a base for further research in the study area because the findings of this study helped to understand the efforts taken in the research area in prevention and control of the FGM practice and the study findings helped to identify important questions that can be further studied. Thus, the researcher recommended further research to be conducted on the issue of creating new community consensus among practicing communities ensuring support to Children and Women who are not undergone genital mutilation, the implementation of the inclusion of the FGM prevention activity with formal education program, and other issues which are specific to the Practice of FGM.

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Appendix One

Consent form

My name is Eyob Tamene .I am a graduate student in Addis Ababa University in social work. This interview is needed to conduct a research for fulfillment of my academic requirement. The study is aimed to assess the efforts that have been taken in raising awareness, in protection and provision of services for the abandonment of female genital mutilation (FGM). Any data collected will be used for academic purpose and any information gathered will be kept confidential. Beyond knowledge gain and academic requirement, the findings of this study would support community members, various governmental and non-governmental bodies in providing an insight on the effectiveness of various activities taken to abandon FGM. Hence, I kindly request you to give genuine information on the bases of questions asked and your participation is voluntary, you can stop at any time if you feel so. Are you willing to continue? Yes----------No ---------

If yes, your signature---------- Date ----------

Thank you for your cooperation in advance

Appendix Two

Guideline questions for data collection

Questions for socioeconomic characteristics of respondents

Please tell me about your personal information

1 Age ----------

2 Sex: 1) Male 2) Female

3 Marital status : 1) Married 2) single 3)separated 4)widowed 5) others

4 Religion : 1)protestant 2)orthodox Christian

3) Catholic 4) Muslim 5) others

5 Educational status : 1)Illiterate 2)primary first cycle (1-4) 3) Primary second cycle (5-8) 4) Secondary level (9-12) 5) university degree 6) others

6 Occupation : 1) farmer 2) house wife 3) government employee

4) Nongovernmental employee 5) Craftsmen 6) daily laborer 7) unemployed 8) others

Questions for in-depth interview

1 Would you please tell me the major pillars or focuses of intervention included in the strategic and action plans in your organization?

2 What are the specific activities that have been taken in your organization to abandon FGM

3 Have you ever been participated in coordination of CC program or facilitation of CC sessions undertaken in the community? How long it lasts (for days, weeks, a year, etc.)

4 What are the intended outcomes of CC in the community?

5 What are the indicators of change in community attitude and in abandonment of FGM (Does the CC resulted in collective diffusion of information to those not participated in the CC sessions? community declaration to abandon the practice? How does the community treat girls nor circumcised? Does the CC result in increased participation of community members in prevention and control of FGM in the community? Is there major decisions passed by community organizations to abandon the practice?)

6 Do you think the involvement of CC helped the community to abandon or reduce the practice of FGM?

7 How do you see the effects of the involvement of community police in protection of FGM?

8 Is there any experience of case/cases where community police members protect girls from genital mutilation?

9 Have you observed or heard of girls encountered immediate and long term health risks due to FGM? What kinds of services were provided? Who are the service providers? How do you describe the quality of services they obtain from different bodies?

10 What are the unexploited opportunities or resources available in your community to fasten the fight against FGM?

11 What are the hindering factors that have been challenging the success in fight against FGM?

Question for focus groups at community level

1. What kinds of activities have been done in your community to abandon FGM? What are its focuses?
2. What are the focuses or contents of discussion in CC sessions? How long it lasts (for days, weeks, a year, etc.)
3. Have you ever been participated in sharing information you get from CC to family members, friend, relatives and other villages?
4. Have you ever been participated or heard of community declaration not to practice FGM?
5. How do the community members treat girls not circumcised?
6. How do you describe the effectiveness of CC in acquiring awareness, community consensus not to practice FGM and in reduction or abandonment of FGM?
7. What changes have been observed after the involvement of community police in protection of FGM?
8. What are the unexploited opportunities or resources available in your community to speed the fight against FGM?
9. What are the hindering factors that have been challenging the success in the fight against FGM?

Questions for focus group in school

1 .What kinds of activities have been done in your school and community to abandon FGM? What are its focuses?

2 Do you have any experience of community conversation/dialogue in school or community to abandon FGM?

3 Have you ever participated or heard of community declaration not to practice FGM?

4 How do girls and other community members treat girls who are not circumcised?

5 Can you tell me the extent of FGM practice in your community? Do you think its extent reduced or abandoned due to the involvement of CC?

6 Do community police members participate in protection of FGM? What are the changes observed in protection of FGM due to the involvement of community police?

7 What treatments or services were provided to girls encountered immediate health risks (heavy bleeding, shock, etc.)

8 What are the unexploited opportunities or resources available in your school and community to speed the fight against FGM?

9 What are challenges in preventing t FGM?

Declaration

I, the under signed, declare that the thesis is my original work and all the sources of material used for the thesis have been duly acknowledged.

Declared by

Name: EyobTamene

Signature:----------

Date: February, 2017

This thesis was submitted for examination with my approval as a university advisor

Name: Dr. MeseretKassahun

Signature:----------

Date: January, 2017