

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

**FEMALE GENITAL MUTILATION AND ATTITUDE OF
THE COMMUNITY TOWARDS THE PRACTICE
IN GINDEBERET DISTRICT**



Solomon Masho

Aug. 2007

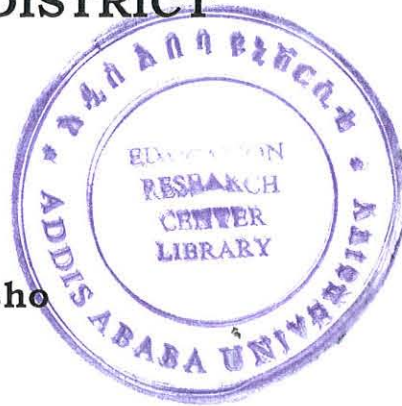
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**A Thesis Submitted to the School of Graduate
Studies of Addis Ababa University in Partial
Fulfillment of the Requirements for the Master of
Arts Degree in Social Psychology**

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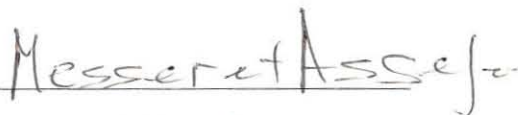
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Acronyms

EM	Early Marriage
EWLA	Ethiopian Women Lawyer's Association
FGM	Female Genital Mutilation
IAC	Inter African Committee on Traditional Practices Affecting the Health of Women and Children
MBA	Marriage by Abduction
NCTPE	National Committee on Traditional Practices of Ethiopia
UNICEF	United Nations Children's Fund
WAO	Women's Affairs Office
WHO	World Health Organization

Abstract

Female genital mutilation (FGM) is one of the harmful traditional practices (HTPs) women in many countries have been suffering from. The practicing communities give different justifications for FGM. These justifications perpetuated this age-old practice. In combating FGM, therefore, it is necessary to identify the reasons that a particular community gives regarding the practice. Accordingly, the purpose of this study was to assess the rationale for practicing FGM in Gindeberet district, the attitude of the community towards the practice and the attitudinal difference based on age, gender and educational level. Sample for the study included 148 residents of four kebeles of Gindeberet district, 208 grade 12 students of Gindeberet Senior Secondary School, Women Affairs Officer, community opinion leaders and religious leaders from three different religious groups. To elicit the necessary information from the participants, questionnaires, interviews and focus group discussions were used. The study has shown that tradition was the most commonly mentioned reason for FGM in the study area. It was also found that all of the married female participants with the average age of 35.5 years had undergone FGM whereas only 63.4% of female students those with the average age of 19.7 years were subjected to the practice. Thus, FGM was more prevalent among the older generation than the younger one. Regarding attitude towards FGM, age and educational level were found to be influencing factors. That is, majority of the young and educated participants favored the discontinuation of FGM and indicated that they would not do FGM on their daughters. These participants further indicated that they would publicly denounce the practice whereas the reverse was true for the older participants who were below secondary education. Majority of the male students showed preference for uncut girl as their future partner. As it was generally found out that literacy influences one's attitude towards FGM, it was suggested that awareness creation programs should be organized to sensitize the public about FGM. These programs should include both males and females as FGM is rooted in the custom of the community and cannot be eradicated by the exclusive effort of either party. To stop FGM, participatory strategy should be followed. That is, the community itself should be involved in the process of banning FGM rather than imposing the standard on the community

CHAPTER ONE

Introduction

In this first part of the paper those basic aspects that could give essential information on the general nature of the study are presented. To this end, the general background of the study, some highlights pertaining to what the problem is all about, its purpose, importance, boundaries, limitations and definition of key terms are covered.

1. 1. Background of the Study

In many cultures, there are certain traditional practices that the society adheres to. All societies have certain socially accepted norms of behavior based on culture, age, gender, class and so on, which are on the most part beneficial and positive (IAC, 1998). Of all these, some traditional practices relating to females such as Female Genital Mutilation (FGM) have adverse and irreversible effects on the health of women and children (Development Workers in Global Solidarity, 2003).

Ethiopia is known for its history of diversified cultural and traditional practices. Some of these practices are beneficial to the society as a whole while others have long been affecting the livelihood and well being of its population, particularly those of women and children (NCTPE, 1998). According to the Committee, today one of the widely practiced traditions that have devastating effects on the health of women and young girls is FGM. Similarly Regeringskansliet (2003) indicated that one of the traditions that are prejudicial to health of children is FGM. According to this author, the operation (FGM) often leads to serious physical injury, and also mental damage and poor health in this group is widespread and deaths occur. Because it affects not only the physical, mental, and social life of women and children, the vast majority (75%) of the total population, but also

affects the socio-economic development of the county, FGM is a national problem. FGM is a gender-specific violation of the rights of girls and women to physical integrity (ibid.).

Therefore, in order to bring this dehumanizing act to an end, it is important to know the attitude that the practicing communities hold towards FGM and why the practice continues today. This greatly contributes to the success of the intervention efforts made by different bodies at different levels. Accordingly, this paper tries to describe why FGM is practiced in Gindeberet district or factors that perpetuate FGM and the attitude that the community holds regarding the practice.

1.2. Problem Statement

World Health Organization estimates that between 100 million and 140 million girls and women alive today have experienced some form of FGM (UNICEF, 2005). It is further estimated that up to 3 million girls in sub Saharan Africa are at risk of genital mutilation annually. Study by UNICEF indicates that rural women have significantly higher level of FGM than their urban counterparts. Ethiopia has one of the highest levels of infant girls undergoing some form of FGM/C.

As regard to the prevalence of the practice in Ethiopia, Metasebia (n.d.) indicates that the Ethiopian Demographic and Health Survey of 2001 conducted by NCTPE reveals that 80% percent of ever-married women between the ages of 15 and 49 have undergone some form of FGM. Furthermore, the result of the 1998 Base Line Survey on Harmful Traditional practices in Ethiopia reveals that, Oromia is among the regions of Ethiopia with high prevalence of FGM and about 80% of women in the region undergone the practice.

As regard to the target site, WAO, NCTPE, EWLA and UNICEF (2004) state that since less number of people in rural settings (21%) support eradication of FGM than urban residents (51.3%) special attention needs to be given to the rural population.

WAO et al. (2004) assert that in developing strategies for combating HTPs of which FGM is one, it is essential to have some basic information about the target population including ethnicity and area of residence, level of education, awareness and attitude toward elimination of the practice. Population reference Bureau (2001) similarly indicates that FGC is a traditional practice. Therefore, efforts to end it require understanding and changing the beliefs and perceptions that have sustained the practice over centuries. Accordingly key to FGC abandonment is an understanding of the prevalence of FGC nationally and locally, signs of change in the practice of FGC, and attitudes towards the procedure.

1.3. Objective of the Study

The main objective of this study was to assess the attitude of Gindeberet people towards FGM and to examine the major factors underlying FGM in the study area. It also tried to identify attitudinal difference between people depending on different characteristics.

Specific objectives: - The study was more specifically aimed at:

1. Assessing the attitude of people living in four kebeles of Gindeberet District towards FGM
2. Examining attitudinal differences among the people depending on age, gender and educational level
3. Identifying the major factors that caused and perpetuated FGM in the study site
4. Assessing the difference between the younger generation and the older one in undergoing FGM

1.4. Significance of the Study

Women constitute half of the world's human resources and central to the economic as well as the social well being of societies. Therefore, development goals cannot be fully reached without their participation (Synder and Marry, 1995). Despite this fact, as some studies indicate (example: NCTPE, 1998), most of the HTPs including FGM are directed towards women and adversely affect their lives in all dimensions. Therefore, to over come this problem the issue is worth investigation.

As a social behavior, the practice of FGM derives its roots from a complex set of belief systems. Therefore, the analysis of attitudinal data is crucial in designing programmatic interventions that can help change the beliefs that perpetuate the practice. In many ways, bringing an end to FGM requires changing community norms and societal attitudes that discriminate against women and subjugate their rights to those of men (UNICEF, 2005). For some communities, FGM is related to rites of passage. In others, it is considered aesthetically pleasing. Some practice it for reasons related to morality and sexuality. Since tradition and false beliefs seem to be the strongest factors in maintaining the practice of FGM, it would be useful to understand what aspects of people's beliefs could be

corrected through adequate education (Population Reference Bureau, 2001). FGC is a cultural practice and efforts to end it require understanding and changing the beliefs and perceptions that have sustained the practice over the centuries.

Accordingly, research into why and how FGM is practiced among a given group or region is essential for the design of culturally appropriate, effective programmatic intervention.

This paper, therefore, tried to investigate the issue of FGM in Gindeberet district and contribute to the existing body of knowledge. Moreover, the study may serve as a resource for those who want to tackle (combat) the problem of FGM in the study area by providing information regarding the prevalence of the practice, reason(s) underlying it, and the attitude that the society holds regarding the issue. It is further assumed that better understanding of why people practice FGM can lead to the development of effective intervention strategies.

1.5. Scope of the Study

This study was conducted in Gindeberet district of West Shewa Zone Oromia Regional State, and more specifically in four rural kebeles of the district and Gindeberet Senior Secondary School. This was to make the size of the target group manageable within the given time and by other resources available.

1.6. Limitation of the Study

Different factors had put restriction on this study. The salient ones were the following.

Though some studies dealing with the general prevalence and nature of FGM in Ethiopia were available, those that are specifically aimed at assessing the attitude of different groups towards the practice have not been available, if there were

any. Therefore, the results of studies conducted in foreign cultures were used in this regard.

Because of the problem of transport facility in Gindeberet district, four kebeles that were relatively accessible were selected for the study. This might have an impact on the representativeness of the kebeles. Moreover, the kebeles were dispersely populated and it was difficult to contact each person at his/her home or work place. As a result, the samples from the four kebeles were selected from residents who were available at the meeting places of their respective kebeles. Due to this fact, participants unavailable at the meeting places were overlooked.

1.7. Definition of Terms

FGM: - all procedures, which involve 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 (Rahman and Toubia, 2000).

Intergenerational: - between participants with average age of 19.7 years and those whose average age is 35.5 years

Traditional Practices: - customary acts transmitted from past generations and likely to be passed to the next. (NCTPE, 2003)

CHAPTER TWO

Review of Related Literature

This section of the paper deals with the review of some of the previous studies regarding FGM and related issues. Issues included in this chapter are: the overview of traditional practices, violence against women, definition of FGM, FGM as a harmful traditional Practice, types and procedures of FGM, historical background of FGM, its reasons and effects, and difference in attitude between different groups of people towards the practice.

2.1. Traditional Practices

Traditional practices are customary acts transmitted from past generations and likely to be passed to the next. According to NCTPE (1998), as WHO/UNICEF/UNFP jointly stated, "norms of care and behavior based on age, life stage, gender and social class are often referred to as traditional practices". According to this author human beings are unique in the animal kingdom that they possess tools and other material artifacts, more or less complex techniques for obtaining food, some degree of arbitrary division of labor, a social-political organization, a system of religious beliefs and rituals, and the ability to communicate with their fellows by means of spoken language; anthropologists call these culture. Every society, therefore, has the capacity to understand and respond to its environment through its culture. Thus the culture of a given society reflects how that society reacts towards its environment. It largely shapes how that society feels, behaves, and perceives itself (ibid).

NCTPE further stated that despite the different meanings they give to culture, all anthropologists agree that culture consists of learned ways of behaving and adapting, as contrasted to inherited ones. While people inherit many physical and behavioral instincts biologically, culture is socially inherited (ibid). Therefore, the fact that culture is learned implies that it can also be unlearned

provided that the causes of or the reasons for the behavior (culture) are identified, appropriate procedures are followed and relevant actions are taken. Regarding this WHO (2001) states that, people will change their behavior when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture.

WAO et al. (2004) state that like most societies in pre-industrial stage of development, Ethiopia is endowed with a variety of traditional practices that are regarded as expressions of social cohesion and cultural identity serving as means of asserting one's position in the society. According to the same, however, for the independent spectator some traditional practices may have the effect of jeopardizing the health, and interfere with human rights of the individual who conforms to the practice. Extending this idea, NCTPE (1998) states that as it is common among societies in a pre-industrial stage of development, most ethnic cultures in Ethiopia are bound up with myths, superstitions and a false conception of humans including their psychic and sexual lives. There are traditional practices in almost all ethnic cultures, which adversely affect the health of people, goals of equality, political and social rights, and economic development.

Similarly, Development workers in Global solidarity (2003) stated that all societies have norms of behavior based on culture, age, gender, class and so on, which are on the most part beneficial and positive. However, some traditional practices relating to females often have a harmful effect on women and girls such as FGM.

Judgment on whether a particular traditional practice is harmful or beneficial is never easy, nor should it be taken lightly. However, knowledge about the physical and psychological nature of man has advanced greatly since the

ninetieth century. There is a more thorough understanding of the structure and function of the human body, as well as of human psychic and social life (NCTPE, 1998). There has been an improvement in the conditions for more objective assessment and judgment on whether a traditional practice is harmful to human beings and therefore incompatible with accepted scientific theory and practice (ibid).

NCTPE (1998) indicated that each new generation reshuffles and changes its socially inherited system of ideas, meanings, and rules, so that social traditions are in a state of flux and keep changing through time to reflect the existing reality in that specific time and society. According to the committee, even though every culture adapts to its environment and all cultures fully describe the way of life of the community, there are some parts of a culture that could be classified as "harmful", when we look at them from a different cultural perspective and at different time.

The committee quoted the legend of Afar people regarding how the tradition of FGM (infibulation) was started. According to the legend, infibulation began in Egypt during the Pharaonic period as a response to the king's actions. That is, the Pharaohs of Egypt used to have sex with six or seven virgins daily and the people had to provide the virgins. To protect their daughters from the Pharaoh, therefore, mothers started to infibulate them. Another legend is that infibulation started in the 16th century as a means of protection against rape by the conquering Turks. It can be inferred from the above legend that FGM (infibulation) has no medical or scientific base and is an assumed solution for a temporary man made problem.

From the Afar legend we understand that mothers considered infibulation as a solution at that time. However, if the practice has continued until the present

time and extends to several other areas, NCTPE (1998) states that it must satisfy some societal needs within the current context. But when seen from the current social, health, human rights, etc. perspective, infibulation (FGM) is perceived as harmful. According to the committee, the term "harmful" implies negative health, social, psychological and sexual impacts.

Ethiopia has a great number of ethnic groups, whose cultures are as varied as their composition. Her traditions have deep historical roots and respect for tradition has been considered one of the dominant traits of Ethiopians (NCTPE, 1998). The dominant cultures governing institutions go back many centuries and, since the underlying traditions are so long standing, they have great force in the minds of the people. "On the whole, people are proud of their traditional way of life, which they hold superior to those of other surrounding people" (ibid).

According to NCTPE (1998), Ethiopia is known for its history of diversified cultural and traditional practices. Some of these practices are beneficial to the society as a whole, while others have long been affecting the livelihood and well being of its population, particularly those of women and children. Today one of the widely practiced traditions that have devastating effects on the health of women and young girls in Ethiopia is FGM.

FGM is a national problem because not only does it affect the physical, mental and social life of women and children that is the vast majority (75%) of the total population, it also affects the socio-economic development of the country (NCTPE, 1998). As regard to the significance of women's contribution in the society Mao quoted in NCTPE (1998) said, "Women hold half the sky". Similarly Boutros Ghali stated, "Without progress in the situation of women, there can be no true social development. Human rights are not worthy of the name if they

exclude the female half of humanity. The struggle for women's equality is part of the struggle for a better world for all human beings and all societies" (ibid).

2.2. Violence against Women

One of the principal issues relating to women's rights, which have assumed much importance in recent times, is that relating to violence. It is a phenomenon, which is prevalent within the family as well as society, cutting across ethnic groups and denominations (IAC, 1998). Women constitute half of humanity and play a central, if often unrecognized, role in production and reproduction (NCTPE, 1998). Violent acts against women the world over attack their dignity as human beings and leave them vulnerable and fearful. Because women comprise more than half of the world's human resources and are central to the economic as well as to the social well being of societies, development goals cannot be fully reached without their participation (Synder and Marry, 1995). IAC (1998) also attested that such violence is a major obstacle to the achievement of peace and the other objective of the decade, and should be given special attention. According to IAC, gender violence is generally defined as 'any violent act that is perpetrated against a woman because she is a woman'. It includes acts that occur to women because they are female. Such inhuman acts include rape, female genital mutilation, infanticide, and other sex related crimes.

IAC (2003) also regards FGM as an unacceptable social practice. It is an extreme form of violence, which assaults the inner most self of the woman, by denying her life and dignity. According to IAC, if boys and men were to be subjected to such a horrendous and heinous practice, there would be outburst of intercontinental outrage and indignation.

2.3. FGM as a Harmful Traditional Practice

Female genital mutilation is the set of procedures used to remove or cause injury to part or all of the external female genitals. The female external genital organ normally consists of the vulva, which comprises two pairs of folds; the labia majora (the outer folds, or large lips) and the labia minora (the inner folds, or small lips) as well as the clitoris covered by its prepuce (hood) in front of the urinary meatus (opening) and the vaginal orifice (NCTPE, 1998). The constitution of the genital organ is generally to protect them against the entry of germs. They also facilitate childbirth, due to the elastic nature of tissues and the form of the vulva, which is richly supplied with nerves and blood vessels. When normal, there is absolutely no reason, medical, moral or aesthetic, to suppress all or part of the external genital organs (ibid).

NCTPE further indicated that whereas male circumcision dates at least from biblical times (God's injunction to Abraham both in the Jewish and Islamic traditions), and is done for religious, sexual (to enhance female and male sexual pleasure) or for health and hygienic reasons, FGM has no real scientific (medical) and religious base rather than superstition. Therefore, from a biological viewpoint, the genital mutilation performed on females is the equivalent of the amputation of part or the entire penis with very similar physical and sexual results (effects). Mutilation literally means, "To cut or damage an important part of the body". It also means, "to cut short", "to amputate" (Amare, 1996).

FGM is an ancient cultural practice that still affects many women around the world today. While the original aim was to ensure women adapted submissive position towards men in the society, society shifts, human rights awareness and changes in sexual roles make it unnecessary in modern society (Whitehorn, Ayonrinde and Maingay, 2002).

The conservation of culture and the right to take part in cultural life are recognized as human rights. Accordingly, women do have the right to 'say no' to the harmful traditional practices including FGM, which are attributable to culture among other things (NCTPE, 1998).

This implies that, culture must not be superimposed on someone and practiced at the expense of the well being of its members. Rather it should be harmonious with the physical physiological, psychological and the social well being of the members. Otherwise it will be a torture rather than being a culture.

2.3.1 The Origin of the Term FGM

The procedure of cutting or alteration of the female genitalia for social other than medical reasons is given different names by different people at different times and places. These are: female genital cutting (FGC), female circumcision (FC) and FGM (Population Reference Bureau, 2001). According to Population Reference Bureau, FC was widely used for many years to describe the practice; it has been largely abandoned as it implies an analogy with male circumcision and such a comparison is often misleading. Male circumcision involves cutting the foreskin of the tip of the penis without harming the organ itself, whereas female circumcision is far more drastic and damaging than male circumcision (Population Reference Bureau, 2001; NCTPE, 1998). The authors further attested that while male circumcision is seen as affirming manhood, female circumcision is often perceived as a way to curtail premarital sex and preserve virginity by removing a healthy and most sensitive organ.

Before directly starting discussing issues related to FGM it is worth mentioning how the term female circumcision (FC) was replaced by FGM. Regarding this, Hosken (1993) as cited in NCTPE (1998) indicated that at the 1990 conference in Addis Ababa by the Inter African Committee entitled " Harmful Traditional

Practices Affecting the Health of Women and Children", delegates from more than twenty African countries unanimously voted that "Genital Mutilation" was the term they and all others concerned with the issue, should use.

The difference in name with regard to the procedures performed on female genitalia is not a superficial one as it often implies the writer's convictions; the term FGM is most often used by authors fighting against the practice, while FC is used when the author supports the practice (NCTPE, 1998).

Advocates of women's rights and health who wish to emphasize the damage caused by the procedure most commonly use the term FGM. Circumcision is felt to equate the practice with male circumcision and to insufficiently reflect the severity of the operation. It is because of the severity and irreversibility of the damage inflicted on the girl's body that the procedure has been termed FGM (NCTPE, 1998; Novib, 2004; Population Reference Bureau, 2001; Rahman and Toubia, 2000).

Proponents of the term FC are sensitive to the fact that the term "female genital mutilation" can be offensive and even shocking to the circumcised women who do not think of themselves as mutilated or their families as mutilators. They also voice a concern that mutilation terminology is often used as a means to insult people and the cultures from which they come (NCTPE, 1998). Others reject the term FGM as misrepresenting the intentions of African families, criminalizing parents and relatives, and judging them through Euro-American cultural values (Kratz, 2005). According to Population Reference Bureau (2001), in the mid-1990s, many local practicing communities and activists decided to shift to the use of the more neutral term, female genital cutting, because they considered FGM to be judgmental, pejorative, and not conducive to discussion and collaboration on abandonment.

Within the international community, the term "female circumcision" (FC) was used for many years to describe the practice. However, the term "female genital mutilation" has been adopted by a wide range of women's health and human rights activists because it clearly indicates the harm caused by the practice (Rahman and Toubia, 2000). According to the authors, the world Health organization WHO also adopted and endorsed the use of the term female genital mutilation in 1998. This is so because, WHO affirms the need for the effective protection and promotion of the human rights of girls and women, including their rights to bodily integrity and to the highest attainable standard of physical, mental and social well-being. In Ethiopia most organizations, with NCTPE in the lead, use FGM or the equivalent in foreign language communication. But the descriptions based on the type of mutilation are not evident in all local languages (NCTPE, 1998).

Although the term FGM has been a very effective policy and advocacy tool, organizations working with communities that practice FGM have found that this term can be offensive or even shocking to women who have never considered the practice a mutilation. Out of respect and sensitivity, many organizations have opted to use local terminology or more neutral terms such as "female circumcision" or "female genital cutting" when working with this population (Population Reference Bureau, 2001).

As regard to the choice of the term for the practice that is carried out on women's genitals, in this paper, FGM was used except when quoting the works of others. When dealing with the target population of the study, other similar terms were used. This was because of the lack of a term in the local community that directly matches FGM. In addition, due to the sensitive nature of the term, more neutral and locally used term(s) will be used. But this was not to support the practice and to advocate the terms. Rather to smoothly communicate with the participants of

the study and generate the necessary information. My preference of the term FGM to others such as FC was mainly due to my conviction by the justifications given regarding the harmful effects of the practice. Moreover, I did not come across any realistic scientific justification or religious base of the practice either through reading or discussion with others.

2.3.2 Definition of FGM

FGM constitutes all procedures, which involve 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 (Rahman and Toubia, 2000). Similarly, Population Reference Bureau (2001) stated that Female Genital mutilation is a traditional practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons.

2.3.3. Types of FGM

Population Reference Bureau (2001) indicated that in 1995 the World Health Organization classified FGM into four broad categories:

Type I, or clitoridectomy: excision (removal) of the clitoral hood with or without removal of the clitoris.

Type II or excision: Removal of the clitoris together with all or part of the labia minora.

Type III or infibulation: Removal of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching and or narrowing of the vaginal opening, leaving a small hole for urine and menstrual flow.

Type IV or unclassified: All other operations on the female genitalia including:

- Pricking, piercing, stretching, or incising of the clitoris and or labia;

- Cauterization by burning the clitoris and surrounding tissues;
- Incisions to the vaginal wall; scraping or cutting of the vagina and surrounding tissues; and introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow the vagina (p. 4).

Deinfibulation

In the case of infibulation, the scar tissue closes the vagina almost completely and when a girl gets married, it has to be opened again, perhaps with a razor blade or by forcing with a penis, which is very painful (NCTPE, 1998). In some groups, example, Somali, the circumciser cuts the infibulation immediately before marriage to ease consummation. In others example Afar, the bridegroom usually effects penetration, often after prolonged and painful experience especially for the woman (ibid).

Reinfibulation

This is usually done after delivery or on the departure of the husband for a prolonged period. In some countries where infibulation is practiced, women are re-infibulated after they have each child, after divorce or on the death of their husband (Family Law Council of Australia, 1994). During childbirth a tightly infibulated woman must be de-infibulated to allow the fetal head to crown. Among certain tribes the procedure can be performed on women after they die (ibid).

2.3.4. Historical Background and Prevalence FGM

Historically, FC/FGM is thought to have originated in southern Egypt or northern Sudan and was practiced by many cultures, including the Phoenicians, Hittites and the ancient Egyptians. Currently, FC/FGM is practiced in 28 African countries in sub-Saharan and Northeastern regions (Rahman and Toubia, 2000).

Similarly, Elchalal et al. (1997) cited in Whitehorn, Ayonrinde and Maingay (2002) stated that although the origin of FGM is uncertain, there is evidence from Egyptian mummies that female circumcision was routine practice 5000 years ago. According to the same author, in ancient Rome, slaves have metal rings passed through the labia minora to prevent procreation and women in medieval England wore chastity belts.

In line with Elchalal's idea, NCTPE (1998) stated that some evidence indicates that slave traders favored infibulated women or infibulated slaves because these women whose labor would be uninterrupted by child bearing could be sold for higher prices. When we think about slavery, what automatically comes to our mind is lack of equal right with others, lack of voice in personal as well as societal issues, great contribution but unrecognized etc. Therefore, as it is believed by some people that FGM was originally practiced on women slaves and currently on many women, it follows that women in the societies that practice FGM have been considered as and given the position of slaves of the ancient times. Therefore, there is no doubt that this is contrary to the current human rights movement.

Although the great majority of women affected by FGM live in 28 African countries, the practice is also known in parts of the Middle East and Asia. Today, women with FGM are increasingly found in Europe, Australia, New Zealand, Canada and the United States of America, largely as a result of migration from countries where FGM is a cultural tradition (WHO, 2001; Population Reference Bureau, 2001). According to the same, an estimated 100 to 140 million girls and women alive today have experienced some form of the practice. It is further estimated that up to 3 million girls in Sub-Saharan Africa, Egypt, and Sudan are subjected to genital mutilation in the name of tradition, thus impairing severely

their chances to live a normal mental and reproductive health and endangering their survival and that of their children yet to be born.

FGM is a cross cultural and cross regional ritual. Although it is commonly perceived in present day Western countries to be a foreign phenomenon, clitoridectomy (the surgical removal of the clitoris) was a recognized practice in the 19th century Britain in the management of epilepsy, sterility, and masturbation (Kindela, 1999 as cited in Whitehorn, Ayonrinde and Maingay, 2002). Similarly, Rahman and Toubia (2000) indicated that as recently as 1950s, Physicians in the United Kingdom and the United States performed FC/FGM to "treat" hysteria, lesbianism, masturbation and other so called "female deviations".

The fact that FGM was used to be practiced by westerners, who are the major advocates of the abolishment of the practice today, implies that it is also possible and promising to do the same in countries where it is currently prevalent.

Regarding the use of FGM as treatment for different problems, one can reasonably argue that the claim is unscientific as well as gender biased. For instance, the justification 'treatment' states that the practice was used to 'treat' 'female deviations'. In reality, what were mentioned as being deviations for females are either shared by males or there are equivalent behaviors for males. But there is no equivalent practice proposed to treat the same or similar problems in the case of males. Had it been the case there would have been alternative procedure for males to treat the same or similar problems.

Female Genital Mutilation in Ethiopia

NCTPE (1998) indicated that in Ethiopia, the practice of FGM has long existed, but information concerning exactly where and how it was started has been limited. It could be inferred to have preceded the conversion of the emperors to Christianity in the 4th century. NCTPE further stated that, infibulation in Afar according to a senior clan leader goes back to Turkish invasion of Red Sea Coast in the early 15th century. According to the clan leader, the purpose of the practice was to protect women from rape and impregnation by the invaders. Looking at the geographic distribution of the practice, this allegedly mythical story seems to hold some truth. Others say it was introduced by the Egyptians along with the "Mushroom style" haircuts and sandals that are typical of the Afar in Ethiopia (ibid).

According to the 1998 National Baseline Survey on Harmful Traditional Practices in Ethiopia conducted by NCTPE and the 2001 Report on FGM, all ethnic groups in Ethiopia practice FGM to a varying degree except Gambella tribes, Agew, Welayeta, Begas in Wellega, the Azezo, the Dorze, the Bonke, the Shama and some population groups in Godole, Konso and Gojam.

Ethiopia is a patriarchal society where male superiority is reflected in every way. Women are not treated as equal to men. They are insecure from childhood through adulthood; they are abused because of their gender. Therefore, the root cause of FGM is the unequal relationship between men and women (NCTPE, 1998). According to this author, in most cases, FGM is committed against the girl child while she is under the care of parents or caregivers. Therefore, the female children do not know what is happening to them, and even if they know they are weak and voiceless. According to the committee therefore FGM is an abuse/violence on the girl child/woman that violates the inherent right of the woman to the security of person, the right to life, an obstacle to equality,

development and peace. It is a violence/ an abuse that brings physical, sexual, psychological and social harm to women (victims).

2.4. When FGM?

The age of circumcision and the reasons for circumcision vary from one country to another, and from one ethnic group to another within the same country. The age ranges from two weeks of birth, to just before marriage and during motherhood (Aigbodion, Imhonde and Aluede, 2004). Similarly, WHO (2001) indicates that the ages at which girls undergo FGM varies enormously according to the ethnic group practicing it. The procedure may be carried out when the girl is a newborn, during childhood, adolescence, at the time of marriage, during pregnancy or after the first birth. According to the latest DHS findings, over half of the girls who undergo FGM/C (53%) are circumcised in early infancy, before reaching their first year. The median age at the time of circumcision is below one year (UNICEF, 2005).

According to Hirut (2000) in Arsi, girls are not circumcised until they get mature and become ready for marriage. It is usually done as a ritual celebration fifteen days or a month before marriage. Unless a girl is asked for marriage, the Arsi parents would not think of "operating" the girl. This is because it is believed that an uncut girl is unclean or polluting, and no one would touch her sexually and she is known as uninitiated. Hirut further indicated that if a man has been found guilty of sexual relation with an uncircumcised girl he will be punished according to their traditional law, which means he has to pay five heads of cattle and will be considered an outlaw, yakkaa. According to the same, contrary to what we find in other contexts, namely that circumcision protects the girl from being dishonored or protects her virginity, the Arsi society believes that the girl would remain virgin if she were not initiated. For them an uncut girl is male, so a male would not sleep with another man in Arsi tradition, and she is said to be polluting whoever has sexual relation with her. Therefore, the age at which FGM is performed is not uniform.

2.5. Who Performs FGM?

In Ethiopia, mostly old women, traditional birth attendants (TBAs) or other traditional practitioners whose tasks are to do the mutilation perform FGM (NCTPE, 1998). Similarly, Family law council of Australia (1994) indicates FGM is performed almost entirely by women, generally midwives or elder women. In the village environment, women who perform the operation are often paid for their services and have a position of respect and authority within the community. The money earned from FGM is an important source of income for them.

In some cases, medical personnel involve in the practice of FGM. For instance, in Ethiopia too, 92% of women report having their daughters cut by a traditional circumciser, another 5.5% have been circumcised by a traditional birth attendant whereas less than 1% of girls, or 0.8%, have undergone FGM/C by a health practitioner UNICEF (2005). The involvement of medical personnel in the performance of FGM/C is often referred to as "medicalization" of the practice. Although this trend might reduce the pain and /or the risk of infection, it will not prevent other complications. Moreover, UNICEF believes that medicalization obscures the problems related to FGM/C, and prevents the development of effective and long-term solution for the abandonment of the practice (ibid).

2.6. Informed Consent for FGM

Study conducted on 350 Egyptian women revealed that the majority of the children (77.4%) who were subjected to genital mutilations were never informed as to what they were being subjected to, let alone given the opportunity to give informed consent (Badawi 1989). The Egyptian women reported that they were deceived, assaulted, chased and violently immobilized to have their genitals mutilated. The remaining percentage of women (22.6%) reported that they were deceived, misinformed, and misled as to the imminent danger of physical

violence and genital mutilation. Their "consent" was not "informed" in any legal sense of the word (ibid).

2. 7. Why Is FGM Performed?

The rationale for female circumcision is based for the most part on myth, an ignorance of biological and medical facts, and religion (Lightfoot-Klein, 1991). It is important to realize that although FGM is harmful, the majority of those who practice it believe that it is an important aspect of their culture. The reasons for FGM are complex and the practice is sustained and dependent on the belief and value systems of the communities (Development Workers in Global Solidarity, 2003). According to the same author, the cultural significance varies because the cultures in which the practice occurs are diverse.

According to UNICEF (2005), a number of reasons are given for the persistence of traditional practices detrimental to the health and status of women particularly FGM. Support for the continuation of the practice is not universal and it tends to vary within and between countries. That is, the traditions surrounding FGM vary from one society to another. Accordingly, many explanations have been put forward to explain the practice of FGM, varying with individual culture and based for the most part on tradition, myth, ignorance of biological and medical facts, and religion (Whitehorn, Ayonrinde and Maingay, 2002).

According to Population Reference Bureau (2001) reasons cited for FGM are to improve hygiene, aesthetics, community belonging and to enhance fertility. These explanations are arguably partly driven from "sexist" views of women as subservient to men and second citizens of society. FGM is also believed to prevent women from breaking utensils (ibid).

Generally, the most frequently cited reasons for the practice of FGM are: tradition, religion, psychosexual reasons, hygiene and aesthetic reasons, myths and social pressure (sociological reasons).

2.7.1. Tradition

The most common reason given for FGM in many cultures is that it is a custom handed down from past generation and must be continued (Robinson, 1997). In many communities, circumcision is performed as a rite of passage from childhood to adulthood, during which time the girl is equipped with skills for handling marriage, husband and children (Rahman and Toubia, 2000). According to the authors, the process of “becoming” a woman thus contributes to the maintenance of custom and tradition by linking the girl to the lifestyle and roles played by other women. FGM/C represents an act of socialization into cultural values and a connection to family, community members and previous generations. FGM is a cultural ritual in many African countries (Encarta, 2007).

UNICEF (2005) similarly indicated that when asked what they believe to be the main reason justifying the continuation of FGM/C, the majority of women cite “custom and tradition” or that it is a “good tradition” as a reason for their support. This implies that those who mention tradition as a reason for FGM are blind adherents of the experiences of their ancestors. But the society should critically and contextually accept the practices of their forefathers rather than adopting them as they are. Atal (1986) as cited in NCTPE (1998) said, “Glorification of the past may conform with our cultural instinct for ancestorship but we will train our coming generation for obsolence if we do not look ahead”.

2.7. 2. Sociological Reasons

Rahman and Toubia (2000) stated that in a community where most women are circumcised, family, friends and neighbors create an environment in which the practice of circumcision becomes a component of social conformity. Fear of community judgment, such as men's refusal to marry uncircumcised women, contributes to this pressure. Belonging to part of a group is desirable for most humans; we depend on our association with others, such as our family and friends. It is difficult to break with tradition, as it often causes us to become outcasts from our chosen group (ibid). According to the same, breaking with the tradition of FGM in societies where the majority of women under go FGM is not a simple choice for women, so many continue to follow tradition even when the pain dictates otherwise. Hussein (1995) similarly indicated that pressures to under go FGM exist at different levels. In such societies, unless a girl is circumcised, she will be ostracized and ridiculed by peer group and is not eligible for marriage. In line with this, Hirut (2000) indicates that for Arsi Oromo girls, there is no marriage without going through the initiation ritual known as kittaanaa (Circumcision). Consequently, the family pressurizes the girl to undergo FGM to ensure her marriageability.

The result of the study conducted by Herieka and Dhar shows a result which is contrary to the above findings regarding the relationship between FGM and marriageability, the argument that circumcised females are more likely to get married when compared to their uncircumcised counterparts. That is, of 414 Khartoum University students studied (192 females and 222 males), 74.8% of the male university students would prefer a non-circumcised female for their future partnership and only 11.7% indicated a preference for circumcised females, while 13.5% didn't think circumcision would influence their decision (Herieka and Dhar, 2003). Females themselves do not believe that circumcision would increase their chances of marriage. Most of the females (78.1%) were unsure as to whether

this would affect their chances of marriage; 8.3% thought it would improve their chances, 9.4% thought it would reduce their chances, and 4.2% felt it would have no effect (ibid).

2.7.3. Psychosexual Reasons

Control of women's sexuality is a frequent reason advanced for FGM. It Reduces or eliminates the sensitive tissue of the outer genitalia, particularly the clitoris, and attenuates sexual desire in females. This is believed to maintain chastity and virginity before marriage and fidelity during marriage, and in order to increase male sexual pleasure (NCTPE, 1998). According to Rahman and Toubia (2000), in some communities, a family or clan's honor depends on a girl's virginity or sexual restraint. Therefore, in Egypt, Sudan and Somalia, where extramarital sex is completely unacceptable, FC/FGM is perceived as a way to curtail premarital sex and preserve virginity. The same authors further indicated that in other contexts, example, Kenya, Uganda and West African countries such as Sierra Leone, where sexual "purity" is not a concern (that is, a girl may have a child out of wedlock to prove her fertility, and then undergo genital mutilation and may be married afterwards), FC/FGM is performed to reduce the woman's sexual demands on her husband, thus allowing him to marry several wives.

In addition to other arguments, advocates of FGM point to the prevention of promiscuity as a separate and distinct reason to continue the practice of female circumcision. Because the clitoris is believed to provoke women to make uncontrollable sexual demands on their husbands – demands that will drive a woman to seek extra marital affairs if her husband does not meet them – removal of the clitoris is presumed to be beneficial for women and for society (Harvard Law Review Association, 1993). This justification is flawed in that it incorrectly assumes that the sexual control and subjugation of women is beneficial to them and necessary for harmonious society. It also implies that men have no

responsibility or control over their own sexual behavior (ibid). However, NCTPE (1998) indicates that promiscuity is a form of behavior that emanates from combinations of social circumstances, upon which the removal or retention of such sensitive organs of the female has no direct bearing. Therefore, the practice of circumcising women and young girls reinforces the mistaken notion that women should see their sexual impulses in terms of what suits men. In reality, female circumcision is a life threatening form of subjugation when performed on women and a form of child abuse when performed on an infant or child.

Generally, the psychosexual reasons given for the practice of FGM are gender biased. Because when men prefer chaste, virgin women, there are no such restrictions put on men. Preservation of virginity for man's sake is the violation of the woman's right over her body.

2.7.4. Religious Reasons

As regard to the link between FGM and religion, Rahman and Toubia (2000) indicates that FC/FGM is a cultural, not a religious practice. FGM predates the arrival of Christianity and Muslim in Africa and is not a requirement of either religion, it is practiced by Jews, Christians, Muslims, and indigenous religious groups in Africa (ibid). UNICEF (2005) indicates that while religion can help explain FGM/C distribution in many countries, the relationship is not consistent.

In Burkina Faso, CAR, Egypt, Eritrea, Mali, and Sudan, Muslim women are more likely to have undergone FGC than Christian women and women practicing other religions (e.g., animism). In Kenya a higher percentage of Christian than Muslim women engage in FGC. In Tanzania, women who practice traditional religions have the highest prevalence of FGC in the country (Population Reference Bureau, 2001). Therefore, looking at religion independently, it is not possible to establish a general association with FGM/C status. However, Hussein

(1995) indicates that it was acknowledged that some community members are ignorant or misinformed about the lack of religious sanction for this practice

According to Population Reference Bureau (2001), in Egypt, Many of those who practice FGM believe that it has religious roots, when in fact no religious text supports the ritual. IAC (2003) similarly stated that Religion has been used in a wrong way in an attempt to justify continuation of the practice. However and fortunately this assumption that has lasted long has been refuted and challenged by religious leaders and scholars. That is, neither Christianity nor Islam allows excising of part of a sound human organ. Rather, religious tenets have been altered and used by those moved by selfish interests and who continue to mutilate and enslave women (ibid).

2.7.5. Hygiene and Aesthetic Reasons

Some societies claim that the external female genitalia are considered dirty, unsightly, foul smelling and filthy and are therefore to be removed to promote hygiene and provide aesthetic appeal (Development Workers in Global Solidarity, 2003). In Sudan, it is believed that a woman is naturally "polluted" and can only be cleansed, and suited for marriage and childbirth, by being excised (Slack, 1988). Generally, supporters of female circumcision offer feminine hygiene and aesthetics as justifications for the practice. But circumcision simply does not make women and young girls cleaner. As stated by Harvard Law Review Association (1993), to the contrary, circumcision's post-operative health consequences such as urine retention and the accumulation of menstrual blood in the vagina lead to discomfort, infection and odors more offensive than those caused by normal hormonal secretions.

Those who oppose the practice of FGM further argue that the belief that the clitoris is unclean and that it produces offensive odors and discharge has served as a catalyst for a number of societies to circumcise women (Slack, 1988). However, there is no evidence that the clitoris itself produces a hormone or any other substance that emits an odor offensive enough to justify its elimination or the elimination of an entire area around it. The glands of the vagina do produce hormones that can be sensed, just as with sweat glands or glands of the penis (ibid). Slack further states that there are a number of glands in the human body that produce detectable odors, and these odors can be intensified and unpleasant if the body is not cleansed on a regular basis. However, there are no societies where people remove flesh from under their arms to attenuate the odor of sweat. In a like manner, it would not seem reasonable to remove the female sexual organs to lessen their potential odor when similar results could be achieved by bathing. The continuation of the practice based on the belief that women are naturally "Polluted," and that the removal of their genitals can correct this, is unjustifiable (ibid).

2.7.6. Myths

Justification for the practice of FGM often is based on the following myths: the clitoris represents the male sex organ and, if not cut, will grow to be the size of a penis; females are sterile until they have been excised, and the operation will actually increase fertility, as well as the number of live births as it is believed that if clitoris touches the infant's head during birth, the baby will die (Slack, 1988). The same author states that on the contrary, those who argue against the practice claim that women are not naturally sterile, and it is well known that clitoridectomy or infibulation can, and often does, produce health problems that result in the opposite effect-sterility; hence, female circumcision performed with the belief that women will become more fertile is unjustified.

FGM is also believed to avoid hard hymen tissue. For instance, WAO et.al (2004) indicate that in most parts of Ethiopia, people believe that the clitoris is a foreign body that covers the vaginal opening, hinders penetration and creates difficulties at birth. Therefore, excision is believed to facilitate smooth childbirth. Furthermore Lightfoot-Klein (1991) states that by the FGM practicing communities, the clitoris is perceived as dangerous to the life of the emerging newborn, and hazardous to the health and potency of the husband. To save the life of the newborn and protect the health and the potency of the husband, therefore, the female should undergo FGM. According to Slack (1988), those who oppose FGM argue that there is no evidence that the clitoris is dangerous to a fetus; neither the shape nor the location could be harmful, and there are no known substances secreted from the clitoris that might prove dangerous. When considering the frequency with which healthy babies are born to uncircumcised women, it is inconceivable that the clitoris is a threat to the fetus.

Generally, the myths seem to emanate from the lack of proper understanding about the anatomy and functions of reproductive organs. The fact is that the myth and the reality are not the same and women are yet victims of violent acts against women including FGM. In order to avoid such practices that have serious short as well as long-term consequences, the best strategy is making FGM practicing community understand the gap between the myths and the reality-creation of awareness through education.

2.8. Effects of FGM

Any form of surgical interference in the highly sensitive genital organs constitutes a serious threat to the child, and that the painful operation is a source of major physical as well as psychological trauma. The extent and nature of the immediate and long-term mental disturbances will depend on the child's inner defenses, the prevailing psychosocial environment, and a host of other factors (Taba, 1979 as cited in Family Law Council of Australia, 1994).

Generally, FGM has profound negative short and long term consequences on the well being of girls and women. It is a serious public health problem and violation of human rights including the rights of the girl child. FGM contributes to maternal deaths through prolonged obstructed labor (IAC, 2003). In the case of infibulation the scar tissue closes the vagina almost completely and when a girl gets married, it has to be opened again, perhaps with razor blade or by forcing with a penis, which is very painful. As the wound heals, the developed scar tissue most often creates a barrier to sexual intercourse and childbirth, resulting in repeated deinfibulation and trauma. It has also been linked to stillborn (WHO, 2001). The skin of the vulva and vaginal canal is normally soft and elastic to enable it expand easily during childbirth, to allow the baby come out without difficulty. FGM makes the area dense and hard because of scarring and very difficult for child to come out during childbirth. The consequence is stillborn. FGM affects normal sexuality and interferes in marital relationships and can lead to infertility or result in divorce (ibid).

According to Koso(1987), FGM has medical, social hazards as well as psychological effects on the victims. Medical problems resulting from FGM include pelvic inflammatory infection, which could lead to infertility and frozen pelvis. Keloid scar, caused by slow healing of the wound could produce excess connective tissues (i.e., scar) and abscess and cysts on the wound could produce a very painful condition that can prevent sexual intercourse taking place (ibid).

According to the same author, there are social problems connected with FGM and among them is painful sexual intercourse due to clitoral neuroma resulting from the damage to the clitoral nerve that latter becomes embedded in the clitoral tissue and becomes very painful. Painful intercourse leads to matrimonial disharmony. Regarding the sexual effects of FGM, it was further indicated that sexual dysfunction in both partners resulted when the husband finds it difficult

to consummate the marriage and the woman finds it difficult to relax due to pain of FGM. There are also social problems of vesico-vaginal/ recto-vaginal fistula, both of which expose women to social ostracization, divorce, etc. Psychological disturbances could occur as many women suffered depression, frigidity, and psychoses as a result of FGM (ibid). Many feel inadequate, as they could not satisfy their husbands sexually. Others become promiscuous; as they are not satisfied with the way their husbands have sexual relations with them (ibid). This is so because the women know that something is missing, as they have no orgasms. As a result they, tend to go from one man to another looking for orgasm without realizing that the organ responsible for orgasm-the clitoris- had been removed.

Similar to Koso, Assad as cited in IAC (1998) stated that the girl with whom circumcision is practiced always senses that her parents forced an unjustifiable force on her. She feels that what happened to her is only to please the man. This might affect her physical relationship with her husband. It may result in cold feelings and lack of desire to have marital relationship.

The author further asserted that the excision of the clitoris, which is the sensitive organ that God has wisdom in creating it, deprives the woman of the capacity of responding appropriately to her husband. While the vagina has minimal capacity for sexual response, the clitoris is a sensitive organ full of nerves that carry the aroused feelings to the mind, which in turn gives orders to the rest of the body to respond, and thus helps the woman in reaching her sexual satisfaction. It is an erectile tissue, sex stimulant and it stretches or expands during labor giving more room for the delivery of a baby (ibid). Consequently, FGM aims to remove the woman's sexual organ while leaving her reproductive function incomplete.

As regard to the impact of FGM on women sexuality, NCTPE (1998) indicates that the clitoris is an extremely sensitive organ and plays a central role in female sexual stimulation; its removal therefore impairs normal female sexual response. Consequently, FGM violates a girl's right to bodily integrity and freedom from violence. FGM especially as practiced to control a woman's sexuality or to initiate a woman into strictly defined gender roles, is a violent method of socializing women into a subordinate role in society (UNICEF, 2005).

Similarly, Etsegenet (2004) indicated that due to the removal of pleasure feeling parts of female genital organ given by God, the wife is not satisfied with having sex with her husband. Sometimes this brings about marriage termination. Therefore, FGM may have far reaching consequences in terms of sexuality, fertility, and child bearing. It is violence or an abuse that brings physical, sexual, and psychological harm on women.

According to the above statements, cutting or modifying the clitoris by any means is doing against the work of the creator-GOD. God created sexuality in human beings and created those organs in response to that sexuality; therefore, no one is to tamper with organs created by him.

Moreover, in many societies, FGM is part of initiation into womanhood. However, once girls have undergone FGM, sometimes they are no longer sent to school and remain at home and wait to be married (African Center for Women, 1997). In this situation, the practice of FGM is an obstacle to girls reaching their full intellectual and employment potential in addition to the physically and emotionally harmful effects.

FGM/C is a main manifestation of gender inequality and discrimination related to the historical suppression and subjugation of women denying girls and

women the full enjoyment of their rights and abilities. It is an irreparable, irreversible abuse and therefore violates girls' right to protection (Population Reference Bureau, 2001). From medical point of view, FGM offers no benefits, contrary to what many who uphold the practice believe.

Apart from the physical, obstetric and gynaecological side-effects of FGM, Basher, (1974 as cited in Aigbodion, Imhonde, and Aluede, 2004) identified several psychological consequences. These include: Anxiety state in young girls as a result of the fear of the operation and its sequel leading to sleeplessness, nightmare and panic; psychological trauma as a result of operating without anaesthetic; reactive depression as a result of delayed scarring; and neurasthenia and marital disharmony as a result of lack of sexual stimulation and difficult sexual intercourse (ibid.).

Although few studies have been done on the psychological effects of genital mutilation, it is well known that extensive and enduring pain can create deep psychological wounds. Emotional trauma can be severe, resulting from the memories of painful experiences. These painful memories may be triggered by the permanent scars left from the operation (Slack, 1988). According to the same, it would seem logical that such intense pain in an extremely delicate, complex, and vital physical area, when experienced by young girls in their formative years, could result in substantial psychological problems.

2.9. Who Supports FGM?

The attitude that people hold towards things in general and FGM in particular is affected by various factors such as gender, age, educational level and etc. Studies conducted at different times and places regarding the relationship between such factors and FGM show varied results. As regard to the level of education as a factor in influencing attitude towards the practice of FGM, research done in

Sierra Leone showed, generally, the illiterate population was the strongest supporter of the practice believing to be an important means of cultural preservation (African Center for Women, 1997). Similarly, study by Population Reference Bureau (2001) indicates that women with secondary education exhibit high levels of disapproval for FGC. For instance, in Eritrea, Kenya, Central African Republic (CAR), and Burkina Faso, 80 percent to 90 percent of women with secondary education oppose the practice.

Similarly, in Ethiopia, those who have secondary education and above are more aware of the harm caused by FGM (87.5%) and also 84.4% of this group supports the eradication of FGM. Whereas only 24.8% of the illiterate population is aware of the negative consequences of FGM and the minority (21.2%) support the eradication of the practice (NCTPE, 1998). This implies that the level of awareness of the harm caused by FGM and the corresponding attitude toward supporting eradication is dependent on the level of education.

There also seems difference in attitude among the younger and the older women towards FGM. Regarding this, Population Reference Bureau (2001) stated that in eight African countries and Yemen, women ages 20 to 24 express greater support for ending FGC. This situation is particularly marked in Eritrea, where women ages 20 to 24 are nearly twice as likely as women ages 45 to 49 to oppose FGC. In Sudan, where there is less opposition to FGC, younger women express greater opposition to the practice than their older counterparts (ibid). Population Reference Bureau further indicates that in contrast to the situation of these countries, in Mali, according to Demographic Health Survey (DHS) results; there is little difference among younger and older women in their views toward FGC.

Although the attitude that the younger and the older women hold towards FGM vary from country to country, generally the younger generations may have

greater access to anti-FGC information and are less influenced by tradition thus are less likely to support the continuation of FGM than their older counterparts. With regard to gender difference in the attitude towards FGM, in Guinea and Eritrea Demographic and Health Survey results indicate that men are less likely than women to support continuation of FGC (Population Reference Bureau, 2001). That is, in Guinea, 68 percent of women favor FGC, as compared with 52 percent of men. This is also the case in Eritrea where more women (57 percent) than men (46 percent) support continuation of the practice.

In contrast, the result of the survey conducted on Khartoum University students shows that 78.8% of the males and 88.1% of females thought this practice should be abolished. A small group of students (15.3% of the males and 4.6% of the females) wanted the practice to continue (Herieka and Dhar, 2003). This shows that in Khartoum University, the great proportion of female students included in the study support the discontinuation of FGM and very few of them support its continuation where as the reverse is true for male students. Similar study conducted on 1020 university students from Ain Shams University, Egypt, through interview shows that the majority of the students 734 (72%) supported the abolishment of FGM and only 286 (28%) objected its abolishment. Of those who were in favor of the abolishment of FGM, 61% were females and 39% were males. This shows that in the university, a higher percentage of females than males were against this custom.

On the other hand, a pilot study conducted on one hundred and eighty Nigerian University Students (80 males and 100 females) to assess their attitude towards FGM using questionnaire indicates that there is no gender difference in the attitude of students to this practice (Aigbodion, Henry, Imhonde and Aluede, 2004). Therefore, the results of the above studies show that the relationship between gender and attitude towards FGM is not conclusive (consistent).

The fact that women undergo FGM does not necessarily mean that they support the practice. For instance, in Burkina Faso, while 72 percent of women ages 15 to 49 have undergone FGC, only 18 percent approve of the practice (Population Reference Bureau, 2001). In Egypt, 97 percent of women have been cut and 82 percent approve of the practice. In Sudan, 89 percent of women have been cut and 79 percent support the practice. Similarly, in Eritrea, 95 percent of women have been cut, yet only 57 percent approve of the practice (ibid.).

2.10. Intergenerational Difference in Undergoing FGM

Regarding the difference between the older women and the younger ones in undergoing FGM, study conducted by Population Reference Bureau (2001) in CAR and Kenya, indicates that there appear to be larger differences in prevalence between younger women and women of their mothers' generation a 10-percentage point and a 16-percentage point difference, respectively (less prevalence being among the younger ones). This implies that though the extent of relationship between age and FGM prevalence is not uniform throughout the practicing countries, the younger generation is less likely to undergo FGM than their older counterparts.

2.11. FGM and Girl's Chance of Marriage

Regarding the relationship between FGM and marriageability, the traditional argument that circumcised females are more likely to get married when compared to their uncircumcised counterparts is clearly refuted by the study conducted by Herieka and Dhar. That is, of 414 Khartoum university students studied, (192 females and 222 males) 74.8% of the male university students would prefer a non-circumcised female and the females themselves do not believe that circumcision would increase their chances of marriage (only 8.3%

thought it would do so) (Herieka and Dhar, 2006). The result of the study further indicated that 9.4% of the circumcised females thought being circumcised would reduce their chances of marriage. 8.3% of females thought it would improve their chances and 4.2% felt it would have no effect.

CHAPTER THREE

Method

In this part of the paper, the target group of the study and participants involved in the study, the sample size and sampling procedures used to select the participants, instruments used to collect the necessary information, procedures of data collection and methods of data analysis are presented.

3.1. Study Site and Population

Background of Gindeberet District

Gindeberet district is located in West Shewa Zone Oromia Regional State. It is 195 km away from Addis Ababa. According to information from the district office, it has the total population of 98,071 (50,982 females and 47,089 males). The district has 32 kebeles of which 31 were rural kebeles and one (Kachise, the capital of the district) was regarded as urban.

In Gindeberet district different traditional practices were common. The most commonly mentioned were FGM, marriage by abduction and polygyny - simultaneous marriage to multiple wives. In the district, FGM is carried out most commonly during the period of childhood (from 2-12years of age). The practice is accompanied by celebration. When FGM is carried out, there is feast prepared for the occasion. During the procedure, the girl is blind folded by a woman chosen by the family.

Population: - The target populations of the study were residents of four rural kebeles of Gindeberet district and 12th grade students of Gindeberet Senior Secondary School. In Gindeberet district there was only one senior secondary school. From this school, all 12th grade students who were thought to have better

knowledge about their local custom and have more reasoning ability than their counterparts at lower grade levels were the target group of this study.

The rationale behind the selection of rural population as a target for the study was mainly the findings of previous studies. Study by UNICEF (2005) indicates that rural women have significantly higher level of FGM than their urban counterparts. Moreover, WAO et al. (2004) states that since less number of people in rural settings support eradication of FGM than urban residents special attention needs to be given to the rural population. Accordingly, rural kebeles of Gindeberet district were selected for this study.

3.2. Sample and Sampling Technique

3.2.1 Sample

The sample for the study included (a) 76 married female and 72 married male residents of four rural kebeles and (b) 41 girls and 167 boys from grade12 of Gindeberet Senior Secondary School. Community opinion leaders of the selected kebeles of Gindeberet district, women's representatives and religious leaders from each of the three religions in the kebeles (Orthodox, Protestant and Wakefana) were also participants of the study.

3.2.2. Sampling Technique

In Gindeberet district there were 31 rural kebeles. After discussion with the District officials especially Women's Affairs Officers about the nature of the kebeles and the difference between the kebeles in the prevalence of FGM, four kebeles were purposefully selected for the study based on their relative accessibility. Due to the dispersed nature of the population settlements of the kebeles, it was difficult to contact each participant at his/her home. Because of this, the married participants of the study were approached at meeting places of their respective kebeles. The attendances taken at the meeting places were used to select the participants from those available. The community opinion leaders or

participants of the focus group discussion were selected using purposive sampling technique by the help of the officials of the respective kebeles. This sampling technique was preferred to other sampling techniques because the informants were required to have better knowledge about the issue of interest and more communicative than the general population from which they were selected.

In Gindeberet district, there was one Senior Secondary School. As mentioned earlier, 12th grade students of Gindeberet Senior Secondary School were one target group of the study. The number of grade 12 students of the school was 478 (436 boys and 42 girls). Since the number of girl students was few, all girls at the specified grade level were included. In the case of boys, 167 students (about 40%) were randomly selected using their attendance list.

3.3. Instruments and Procedures for Data Collection

Instruments and Their Development

As the principal aim of this study was to investigate the attitude of Gindeberet people towards FGM, to achieve the objective, both quantitative and qualitative data were gathered. For quantitative data closed-ended questionnaires were used to elicit relevant information from the participants.

In the case of the qualitative data structured interviews were used to gather data from religious leaders and women's representatives. In this regard, focus group discussions (FGDs) were also used to obtain information from community opinion leaders.

There were 4 types of questionnaires prepared for four different groups: male students, female students, married males and married females. Although the questionnaires were administered independently, most of the items were common for the four groups except some that were specifically directed to each

group. The questionnaires were made up of items related to the demographic variables of the participants, items eliciting information on the experience, knowledge about, decision regarding and attitude of the respondents towards FGM. As the total number of the items and the number of items dealing with each of the major issues mentioned are not uniform, see Appendices for detail information regarding the questionnaires.

Content validation: - The instruments were content validated by three professors of Addis Ababa University. Based on the comments from the experts, necessary modifications were incorporated. The data collecting instruments were initially prepared in English and translated to Afan Oromo, the indigenous language and the working language of the study site. After translation, language experts commented on the equivalence of the two versions of the instruments.

Pilot test: - After content validation, translation to Afan Oromo and comment by language experts, the instruments were pilot tested. The pilot study was conducted for the purpose of determining the relevance and clarity of the instruments and thereby refining irrelevant, vague or ambiguous items and/or concepts. The pilot study was conducted on 35 grade 12 students of Ambo Senior Secondary School (19 boys and 16 girls) and 24 residents of Kiose Odo Liban kebele of Ambo district (11 females and 13 males).

Since the questionnaires for the final study were prepared in Afan Oromo, the respondents for the pilot study were also required to be familiar with the same language (be able to read and understand Afan Oromo). Therefore, student participants for the pilot study were selected from two sections of morning shift 12 grade of Ambo Senior Secondary School using purposive sampling technique. This was done after the discussion with a unit leader, Afan Oromo teacher and the homeroom teachers of the respective sections.

Test-retest reliability: - In order to assess the reliability of the instruments, using alternative forms or internal consistency estimators was not easy as they require having multiple items designed to measure the same construct (Gay and Airasian, 2000). To use other forms of estimating reliability (e.g. Cronbach's alpha), the instruments were not in Likert scale type. Therefore, test-retest method was preferred to other forms of reliability. To assess the reliability of the items, the questionnaires were administered twice to the same groups with the time gap of 12 days.

The correlation between participants' responses during the first time and the second time/ test and re-test was calculated for each of the items and average correlation for each group was computed. The results of test retest reliability were: $r=0.89$ for female students, $r= 0.84$ for male students, $r=0.90$ for married females and $r=0.94$ for married males. After the pilot study, necessary modifications were incorporated into the instruments before the final data collection.

Final data Collection: -

Before contacting the participants for data collection, permissions from the concerned bodies (the district bureau, the kebele offices, school principal and homeroom teachers) were secured. As regard to the consent of the participants, the objective of the study was briefly explained to them before distributing or reading the questionnaires for them, before interview and before the discussion. The participants were all informed that the information they give is used only for research purpose and the confidentiality is secured.

Data using questionnaire was collected in two ways. That is, in the case of students, the questionnaires were distributed to them in the classroom and collected the same day after they were filled out. In the case of the married participants, although questionnaires were used, since they all could not manage

to read the questions and properly understand them, the participants were required to listen to the researcher while the researcher reads the questions for them and tell him the choice(s)/option(s) which was/were relevant for them or inline with their own experiences. Since this approach required the face-to-face interaction of the researcher and the participants, it opened way for further questions and responses. Accordingly, the additional relevant ideas forwarded by the participants were included where necessary.

Focus Group Discussions: - Two focus group discussions: one consisting of married females and the other consisting of married males were also held. The participants for the focus group discussion were from two of the four kebeles studied- the female groups from one Damota kebele and the male group from Mudhi Ulabaro kebele. Included in the female group were 6 individuals whereas in the case of the male group, 8 individuals took part in the FGD. Fixing date and time for the discussions were made by the consensus of the discussants. The focus group discussions were held under trees at places that were on almost equal distances from the residences of all the discussants. This was also done by the agreement of all the members as the selection of date and time for the discussion.

The researcher moderated the FGDs and encouraged the participants to freely express their feelings, share their experiences and concerns about FGM. The participants were also told that there are no wrong ideas or answers rather, different opinions. During the discussions necessary notes were taken. The discussions took an hour in the case of female discussants and an hour and twenty minutes in the case of males.

Interview: - Interview was also used as one method to generate qualitative data for the present study. Accordingly, Women's Affairs Officer of the district, Women's Representatives of the kebeles, three Religious leaders from each of the four kebeles were interviewed.

3.4. Method of Data Analysis

The data obtained through questionnaires were processed using the Statistical Package for Social Science (SPSS) version 10.00 for windows. The data were analyzed and presented in terms of frequencies, and percentages. Chi-square test of independence was also calculated for some selected items. For the interpretation of the results in the case of Chi-square, a p value equal to or less than 0.05 ($p \leq 0.05$) was considered significant.

The data generated through qualitative methods (interview and focus group discussion) were organized and analyzed (discussed) qualitatively. In this regard, only comprehensive and salient responses (ideas) were considered.

CHAPTER FOUR

Data Analysis, Interpretation and Discussion

This part of the study deals with analysis, interpretation and discussion of the data gathered through questionnaire, interviews, and FGDs. The data collected using these instruments were analyzed and interpreted in view of the basic questions raised in chapter one.

As indicated in chapter three, although the questionnaires were prepared for married females, married males, female students and male students and administered separately, many of the items were common for all the groups; some are common for only some groups while few are unique to a group. Consequently, responses of different groups to the questionnaires are organized in tables followed by relevant analysis and discussion in combination or separately depending on their nature. Moreover, as some of the questions (issues) are interrelated, to avoid redundancy and reduce the number of tables, they are presented together according to their relationship. Due to this some of the tables might seem bulky.

The qualitative data collected through interviews and FGDs are analyzed parallel with the analysis and discussion of quantitative data, where necessary. This is made depending on the similarity of the issues to make the data complement one another.

The demographic characteristics of the participants, issues related to prevalence and procedures of FGM in the study area, feelings and thoughts of the participants about FGM, and participants' attitude towards FGM are presented in this chapter.

4.1. Demographic Characteristics of the Participants

The demographic characteristics of the respondents, is shown below in Table1 in terms of age, sex, educational level and religion.

Table 1: Demographic Characteristics of the Participants

		Married females	Married males	Female students	Male students	
Age	15-19	Count	0(0%)	0(0%)	33(80.5%)	81(48.5%)
	20-24	Count	0(0%)	0(0%)	8(19.5%)	68(40.7%)
	25-29	Count	0(0%)	0(0%)	0(0%)	18(10.8%)
	30-34	Count	35(46.05%)	35(48.6%)	0(0%)	0(0%)
	35-39	Count	31(40.79%)	23(31.9%)	0(0%)	0(0%)
	40-44	Count	10(13.16%)	11(15.3%)	0(0%)	0(0%)
	45-49	Count	0(0%)	3(4.2%)	0(0%)	0(0%)
Religion	Orthodox Christian	Count	23(30.3%)	24(33.3%)	16(39%)	29(17.4%)
	Protestant Christian	Count	51(67.1%)	42(58.4%)	22(53.7%)	118(70.7%)
	Muslim	Count	0(0%)	0(0%)	0(0%)	0(0%)
	Catholic	Count	0(0%)	0(0%)	2(4.9%)	3(1.7%)
	Wakefata	Count	2(2.6%)	6(8.3%)	1(2.4%)	17(10.2%)
	Others	Count	0(0%)	0(0%)	0(0%)	0(0%)
Education Level	Illiterate	Count	25(32.9%)	13(18.1%)	0(0%)	0(0%)
	Basic Education	Count	39(59.3%)	31(43%)	0(0%)	0(0%)
	Primary Education	Count	12(15.8%)	28(38.9%)	0(0%)	0(0%)
	Secondary Education	Count	0(0%)	0(0%)	41(100%)	167(100%)
	Others	Count	0(0%)	0(0%)	0(0%)	0(0%)

Age of the Respondents: - From the total of 76 married female participants took part in the study, 35(46.05%) were between 30-34 years, 31(40.79%) were between 35-39 years and those between 40-45 years of age were 10 in number and constitute the rest 13.16% of participants in this group. In the case of married males, 35 individuals (48.6%) were within the age range of 30-34 years, 23 individuals or 31.9% were within the age range of 35-39 years and the remaining

11 individuals or 15.3% and 3 individuals (4.2%) were within the age range of 40-44 and 45-49 years respectively.

As regard to the age of female students and male students, the great majority of respondents were within the age range of 15-19 years, that is, 80.5% and 48.5% respectively. The age of the remaining 19.5% from female students and 40.7% of their male counterparts range from 20-24 years of age. In case of male students the age of the remaining 10.8% of the participants was between 25-29 years.

The average age of the two groups of participants (the group consisting of students and that in which there were non-student participants) were 19.7 years and 35.5 years respectively. In the following sections, for ease, student participants with the mean age of 19.7 years may be referred to as *the young participants* while the non-student married participants may be referred to as *the older group* as needed.

Religion of the Respondents: - As shown in Table –1, the large proportion of the participants 65.45% were Protestant Christians, whereas 25.85%, 7.30% and 1.40% were respectively Orthodox Christians, followers of Oromo indigenous religion (Wakefana) and followers of Catholic religion.

Educational Level of the Respondents: - As shown in Table 1, out of 76 married females participated in the study, 32.9% were illiterate (cannot read and write), 51.3% have attended basic education (can read and write their names or other short sentences with difficulty). The remaining 15.8% of the total were with primary level education which most of them further indicated to range from grade 1-3. In the case of married males from the total of 72 participants 18.1% were illiterate – cannot read and write and 43% have attended basic education while the rest 38.9% graduated from primary level that ranges from grade 2-6. As indicated in chapter three, all participants referred to as ‘students’ were from the

same grade level, 12th grade. In the subsequent sections, for the sake of convenience, when we discuss about the participants in terms of their educational level, terms 'those with secondary education' for student participants and 'those without secondary education' for non student participants (the married ones) may be used.

4.2. Prevalence of FGM in the Study Site

As regard to the general prevalence of FGM in the study area, all of the respondents, without any exception indicated that it is a customary practice in their locality. To get further clarification about the issue, during interview respondents were asked whether FGM is publicly practiced or done in secret. Regarding this, one of the interviewees, for instance, indicated that:

"... Previously there was no hesitation in circumcising girls. But these days, because the government is announcing the harmfulness of the practice through media and face to face by different agencies, it is not practiced publicly as it was used to be. However, people may perform the tradition in their homes; in secrete, for fear of not to be convicted. Otherwise how are we going to ban the custom that we inherited from our forefathers? ..."

In relation to the current status of FGM in Gindeberet District, Women's Affairs Officer's statement is inline with the above assertion. She indicated that:

The office [Women's Affairs Office of Gindeberet District] has tried its best to teach the community that FGM is harmful traditional practice and should be stopped.... Despite this effort, we cannot be sure that the society has totally ended the practice. Because we suspect that people practice FGM covertly, especially on those girls who were not educated [who did not go to school].... Because there are girls' clubs in schools that teach the harmfulness of FGM among other things, we hope that educated girls are more resistant to the practice than their uneducated counterparts....

To get further information regarding the prevalence of FGM in the target community, all the participants were asked about their mothers' FGM status and the female participants about their own.

Table 2: FGM Status of Respondents' Mothers and that of the Female Respondents and Informed Consent for the Practice

		N	%		
Was your mother circumcised?	Yes	321	90.2		
	No	0	0		
	I do not know	35	9.8		
	Total	356	100		
Are you circumcised?		Married females		Female students	
		N	%		
	Yes	76	100	25	63.4
	No	0	0	15	36.6
Were you asked for consent when you were circumcised?	Yes	0	0	1	3.85
	No	60	78.9	20	76.92
	I do not remember	16	21.1	5	19.23

With regard to the FGM status of their mothers, 90.2% of the respondents indicated that their mothers have undergone FGM and 9.8% stated that they do not know the FGM status of their mothers. But from the total of 356 participants, no one stated that her/his mother was not subjected to FGM.

As illustrated in Table 2, from the total of 117 female participants, 87.18% were mutilated and the remaining 12.82% were not. Regarding the difference between the younger female participants and the older ones in undergoing the procedure, all of the older females/ the married ones indicated that they have undergone FGM. In the case of younger females/ female students, however, out of 41 female students who took part in the study, 63.4% have undergone FGM. The remaining 36.6% of the female students indicated that they were not subjected to the practice. From this data it is evident that FGM is less prevalent among the younger females participated in the study than the older ones.

The responses of the participants regarding the FGM status of their mothers and the responses of the female participants to the item dealing with their own FGM

status reveal that there is some intergenerational difference in undergoing FGM in the study area. That is, the practice was done on the older ones without any exception whereas in the case of the younger ones, relatively significant number of participants was without FGM. Moreover, as those participants without FGM asserted that they do not want to undergo the practice, it seems that the practice of FGM is declining at least among the educated females of the study area.

All participants who were spared of FGM and stated not to undergo the practice in the future were all with secondary education. Therefore, had the study been conducted on illiterate girls of the same age, the result would have been different. That is, a decline in the prevalence of FGM among the educated participants in this study may not be a true reflection of the practice across the district. However, it is hoped that increased awareness of the complications caused by FGM and increased literacy may bring about change in the practice of FGM. In this regard this study showed a promising result as the majority of the participants especially students would want to see the practice abolished.

Age at mutilation: - Regarding the time when FGM is carried out on girls, the majority of the participants indicated that in the study site the most common stage in life during which FGM is carried out is the period of childhood (from 2-12 years of age).

Informed Consent for FGM: - The female participants who have undergone FGM were further asked whether they were asked their consent prior to the procedure. Accordingly, the great proportion of this group 80 out of 102 or 78.43% indicated that they were mutilated without their consent. The remaining 20.59% do not remember whether they were asked for consent or not because they were mutilated at early age. Surprisingly enough, only 1 individual or .98% of the total indicated that she undergone FGM by her consent.

Generally, this shows that girls in the study area have been subjected to this harmful traditional practice without being informed about what will happen to them as a result of the procedure. Even in the case of medical operation (surgery), which is carried out to cure a patient from a certain diseases, the patient gives her/his consent before the procedure as long as he/she is conscious enough to do so. Whereas girls in the study were subjected to FGM, a practice with both negative short term and long-term effects on the life of the victims, without having voice in the process. This shows that they were denied of their rights to decide about their personal matters.

In the study area, rather than being given opportunity to give informed consent, girls were deceived or misinformed about what is going to be done on them, FGM. Regarding this, one of my interviewees said:

"No girl is informed when she is going to be circumcised; I was not informed when I was circumcised and in the same way, I did not inform my daughters when they undergone the procedure. If the girl knew before hand that she is going to be circumcised, she becomes fearful and anxious. Therefore, it should be kept secrete from her".

The participants of FGDs also indicated that parents use different mechanisms to conceal the matter (the fact that she is going to be mutilated) from their daughters to be mutilated. The following excerpt is from the female FGD discussant that justifies the above statement:

"...since there is feast prepared for the occasion, the girl is told that it is just to invite relatives or it is for those people who will come to assist the family to work in the farm. In addition, on the eve of the day of FGM, the girl is bathed and early in the morning she is told to stay in bed, till the exciser comes".

Generally, the data from different sources indicate that in the study area FGM is practiced without the knowledge of the girl who undergoes the practice. Therefore, had the victims given the opportunity to give their informed consent

they would have refused to undergo the practice at least for its immediate physical consequences.

4.3. Thoughts and Feelings about FGM

Naturally, people have an idea about or react emotionally to a certain object, event or situation in a certain way. Accordingly, to know their thoughts and feelings about their being subjected to FGM all the female participants who have undergone FGM were asked what they feel about their undergoing FGM. In this regard they were asked four interrelated questions and the responses are presented in Table 3. Similarly, to know their reaction to their FGM status those female students who did not undergo FGM were asked what they feel about being not mutilated and their future plan to undergo FGM. Table 4 illustrates the responses of this group to these items.

Table 3: Female Participants' Thoughts and Feelings about Their Undergoing FGM

Questions for female participants who have undergone FGM								
What do you think about your being circumcised?	I am happy about it		I regret very much/I regret		Neutral		Total	
	n	%	n	%	n	%	n	%
	0	0	69	67.65	33	32.35	102	100
Have you experienced negative feelings (anxiety, worry, fear) prior to, during and/ or after the process?	Yes		No		I do not remember		Total	
	n	%	n	%	n	%	n	%
	65	63.73	13	12.75	24	23.52	102	100
If you have experienced negative feelings due to FGM, does the memory of the feelings come to you during the day when issues related to FGM are discussed?	Yes		No		Cannot say		Total	
	n	%	n	%	n	%	n	%
	41	63.1	15	23.1	9	13.8	65	100
If you have experienced negative feelings due to FGM, how often does this disturb your normal functioning?	Usually		Sometimes		Never		Total	
	n	%	n	%	n	%	n	%
	11	16.92	35	53.85	19	29.23		100

Regarding their reflection on their undergoing FGM, out of 102 female participants who have undergone FGM, 69 (67.65%) indicated that they regret very much/regret while the remaining 33 respondents from this group (32.35%) indicated that they are neutral about it (neither regret nor happy with it).

It is worth mentioning that though all of the married females and 63.4% of the female students have undergone FGM, no mutilated female respondent indicated that she is happy with the procedure. This implies that girls might have been subjected to FGM without being interested in the procedure or personally believing in its necessity. Rather some external agents (the community in which they live or the tradition of that community) might have

forced them to comply with the existing norm of mutilation, which is indeed harmful. This was also reflected in the information gathered through interview and FGD. The following two excerpts from interview and FGDs could be indicative of this:

"[Dhagna hinqabatin hafuu dhiisii durbi utuu dhagna hinqabatin nama ga'aa ta'uun iyyuu ykn heeruma ga'uun qaaniidha] let alone not to be circumcised through out life, being a matured woman or being ready for marriage without undergoing the procedure is shameful...."

"... whether to undergo FGM or not is not optional. Once a girl reaches the age of circumcision, parents make no compromise to circumcise their daughters. As it is uncommon and shame for a girl not to be circumcised ..."

In this study, the findings regarding the feeling of FGM victims about the practice support the statement of Population Reference Bureau (2001) that describes the situation in Burkina Faso. The report indicates that in Burkina Faso, 72% percent of women from 15-49 years of age have undergone FGM. But only 18% of them approve the practice. According to the same, in Egypt and Sudan too, though the gap is not as wide as that in Burkina Faso, not all women who have undergone FGM approve the practice. That is, there are women who have undergone FGM but are against the practice. This present study also revealed similar finding in this regard. Therefore the fact that women undergo FGM does not necessarily mean that they support the practice or happy with it. This might be because they either did not consent to undergo the practice or because of the problems they encountered as a result of the practice.

As shown in Table 3, the participants were asked whether they have experienced negative feelings like fear, anxiety or worry prior to, during and/or after FGM. Of 102 female participants undergone FGM, 63.73% pointed out that they have experienced negative feelings in relation to FGM. Whereas only 13 individuals or

12.75% of the group did not mention that they have experienced negative feelings associated with FGM. The remaining 24 participants 23.52% did not remember the feelings they experienced as a result of their being subjected to FGM.

Based on the responses of the participants to the second question in Table 3, it is apparent that the majority of the participants who were subjected to FGM have experienced negative feelings in relation to FGM.

Another question forwarded to the participants in relation to their feeling associated with FGM and indicated in Table 3 was whether the negative feelings due to FGM come to their mind when issues related to FGM are discussed. Accordingly, 63.1% mentioned that the negative feelings they experienced due to FGM recur (relapse) when they hear discussion about FGM. The remaining 23.1% and 13.8% responded 'No' and 'Cannot say' respectively to the same question. This indicates that the impact of FGM on the victims is not restricted to the brief time within which the operation is performed. Rather it has a far-reaching emotional impact on the victims.

Finally, the participants were asked how often FGM related negative feelings disturb their life. In view of that, 70.77% of this group indicated the negative feelings due to FGM either usually or sometimes disturb their normal functioning. Those who mentioned that such feelings had no impact on their life are 19 and constitute 29.23% of this group.

Therefore, based on the responses of the participants to the last question in Table 3, it can be said that FGM related negative feelings disturb the normal functioning of the majority of the female participants who were subjected to the practice.

The responses of female participants without FGM

As indicated earlier in Table 2, from the total of 41 female students in the study, 15(36.6%) have not undergone FGM. Accordingly, this group was asked two exclusive questions. The questions were related to the participants' feeling regarding their not undergoing FGM and their plan whether to undergo the procedure or not.

Table 4: Participants' Feeling about Their Not Undergoing FGM and Their Future Plan to Undergo the Practice

<i>Questions for female students who did not undergo FGM</i>										
Items	I am happy about it		I am ashamed of it		I worry that I may not be eligible for marriage		I feel nothing about it		Total	
	n	%	n	%	n	%	n	%	n	%
What do you feel about your not undergoing FGM?	12	80	3	20	0	0	0	0	15	100
	Yes		No		Total					
Would you undergo FGM in the future?	n	%	n	%	n	%				
	0	0	15	100	15	100				

As regard to their feeling about their not undergoing FGM, 80% of female students without FGM indicated that they are happy with their being not mutilated. The remaining 20% were neutral or feel nothing about it. Interestingly, no girl in this category indicated that she is ashamed of her being not mutilated or worry that this affects her chance of marriage.

For the question concerning the participants' future plan to undergo FGM, still no participant indicated that she has a plan to undergo the procedure. That is, all of the female students who have not undergone FGM mentioned that they would

not undergo the practice. Therefore, this implies that the female students who did not undergo FGM are personally happy about their being not genitally mutilated.

4.4. Participants' Daughters' FGM Status and Participants' Future Plan to Do FGM on Their Daughters

As indicated in chapter three, as regard to their marital status, there were two categories of participants involved in the study - the married and the unmarried. The married participants were asked whether they have daughters. Those who have daughters were further asked about the FGM status of their daughters, i.e., whether their daughters have undergone FGM or not. Moreover all participants (the married participants of both sexes and students of both sexes who were all unmarried) were asked their future plan to do FGM on their daughters. Hence, in this sub section, the responses of participants having daughters regarding their daughters' FGM status and the responses of all participants concerning whether they would circumcise their daughters are presented in tabular form followed by discussion.

Table 5: Participants' Daughters' FGM Status and Their Future Plan to Do FGM on Their Daughter(s)

		Married females		Married males		Total	
		N	%	N	%	N	%
If you have daughters, how many of them were circumcised?	All of them	18	27.3	27	47.3	45	36.59
	Some of them	35	53	23	40.4	58	47.15
	None of them	13	19.7	7	12.3	20	16.26
If some or all of your daughters were not circumcised/if female children are born to you would you like to do FGM on them?		Married females	Married males	Female students	Male students	Total	
						N	%
	Yes	11(14.4%)	15(20.8%)	0(0%)	12(7.2%)	38	10.7
	No	29(38.2%)	31(43.1%)	37(90.2%)	137(82%)	234	65.7
	I have not decided yet	36(47.4%)	26(36.1%)	4(9.8%)	18(10.8%)	84	23.6

Relationship between age and intention to do FGM on one's daughter

$$X^2_{\text{obt}} = 71.67, \quad df=2, \quad \alpha= 0.05, \quad p= 0.000$$

Relationship between educational level and intention to do FGM on one's daughter

$$X^2_{\text{obt}} = 71.67, \quad df=2, \quad \alpha= 0.05, \quad p= 0.000$$

Relationship between gender and intention to do FGM on one's daughter

$$X^2_{\text{obt}} = 10.85, \quad df=2, \quad \alpha= 0.05, \quad p= 0.004$$

As depicted in Table 5, from the total of 123 participants who have daughters, 36.6% indicated that all of their daughters have undergone FGM. 47.2% responded that some of their daughters have not undergone FGM and none of daughters of the remaining 16.2% of this group were mutilated. This shows that daughters of the majority of the participants (83.74%) have undergone FGM. Therefore, it can logically be inferred that despite the efforts made to eradicate FGM, significant number of females in the study area were the victim of this age-old practice.

All participants were also asked whether they would like to do FGM on their daughter(s). In the case of married participants, based on their answers to the preceding question regarding their daughters' FGM status, they were asked whether they would like to do FGM on their daughters if there are some who were not mutilated or if a female child is born to them. In the case of student respondents, since they were all bachelors, they were asked whether they would like to do FGM on their daughter if they give birth to female child. The responses were that out of the total of 76 married females took part in the study, 14.4% indicated that they would circumcise their daughters. The remaining 38.2% and 47.4% of this group chose the options "No" and "I have not decided yet" respectively. In the case of married males, 20.8%, 43.1% and 36.1% indicated that they will do FGM on their daughters, they will not do FGM on their daughters and they have not decided yet respectively.

For the above question, 90.2% of female students indicated that they will not do FGM on their daughters and the rest 9.8% of the group responded that they have not decided yet about the issue. From 167 male students participated in the study, the responses of 7.2% of the group to the same question were "Yes" whereas "No" and "I have not decided yet" responses were given by 82% and 10.8% of this group respectively.

As it is apparent from the data in Table 5, the total number of respondents who indicated that they would circumcise their daughters is not negligible. That is, out of 356 participants in the four groups included in the study, 10.7% indicated that they do have the intention to do FGM on their daughters. Whereas 65.7% of the total sample indicated that they will not do FGM on their daughters and the responses of the remaining 23.6% were that they have not decided yet. As regard to those who have not decided whether to do FGM on their daughters or not, there is equal probability either to do FGM on their daughters or not to do so.

Therefore, depending on the figures above and the irreversibility of the impacts of FGM on the life of women, it is reasonable to say that there is significant number of girls who are at risk of FGM in the study area.

Regarding the difference among the different groups in their intention to do FGM on their daughters, the data in Table 5 further shows that the great proportion of 'younger generation' 83.7% disproves the practice than the 'older generation' which was 40.5 %. When we see the gender difference on the same issue, though the difference in figure is not much significant, more male than female participants showed preference to circumcise their daughters, 11.3% and 9.4% respectively. When we take educational level as a factor, the data obtained from the participants and presented in Table 5 illustrates that the percent of participants in primary level or below who indicated that they would circumcise their daughters is greater than that of their counterparts with secondary education.

Relationship of age, gender and educational level with intention to do FGM on one's daughter

To assess the difference in age, gender, and educational level in planning to do FGM on one's daughter, Chi-square was calculated. The results of calculated Chi-square regarding the relationship of the three variables with intention to do FGM on one's own daughter were $p < 0.05$ in all of the cases (see Table 5 on page 59). Therefore, there is significant relationship between age, sex, and level of education and decision to do FGM on one's own daughter.

4.5. Instruments Used to Do FGM

The participants were asked about the type of instrument commonly used to do FGM in their locality. Other related questions such as whether the same instrument is used to do FGM on different individuals and if the instrument is

sterilized were also presented. Table 6 below depicts participants' responses to these questions.

Table 6: Type of Instrument Used to do FGM, Sharing of the Instrument and Sterilization of the Instrument

Question	Response							
	In your community, what type of instrument is used to do FGM?	Razor blade		Knife		I do not know		Total
n		%	n	%	n	%	n	%
328		92.1	23	6.5	5	1.4	356	100
Is the same instrument used for different individuals or one for each?	One is used to do FGM on many girls		One is used to do FGM on only one girl		I do not know		Total	
	n	%	n	%	n	%	n	%
	105	29.5	232	65.2	19	5.3	356	100
If one instrument is used to do FGM on different individuals, is the instrument sterilized or not?	Sterilized		Not Sterilized		I do not know		Total	
	n	%	n	%	n	%	n	%
	26	24.8	79	75.2	0	0	105	100

Regarding the most commonly used instrument to do FGM in the study area, 92.1% of the participants indicated that razor blade is used to do FGM. Moreover, they were asked whether the same instrument is used to do FGM on different girls or one instrument is used only for one girl. Regarding this question, 29.5% of the respondents stated that single instrument is used on multiple individuals and 65.2% indicated that one instrument is used to do FGM only on one girl. The remaining participants responded 'I do not know' to this question.

The proportion of participants who indicated that one instrument is used to do FGM on more than one individual might seem insignificant in relation to the total number of participants. But in view of the irreversibility of the harm it

causes and because the harm is directly targeted to the indispensable human life, the percent is not negligible.

Depending on the preceding two questions, another related question was forwarded to 105 participants for whom it was applicable (those who indicated that the same material is used to do FGM on multiple individuals). The third item deals with the sterilization of the material in cases where single material is used to do FGM on multiple individuals. Accordingly, 24.8% of the participants in this category indicated that the material is sterilized whereas 75.2% indicated it is not sterilized.

The interview and focus group discussion revealed that 'sterilization' of the materials used to do FGM is washing of the instrument in boiled water and/or using ash or some plants as a detergent to clean the material. Obviously, the degree to which the water is to be boiled and the procedures followed, and the substances used to clean the materials are not scientifically controlled. Using not properly sterilized instruments leads to infections of various kinds and large number of girls are at risk. Besides, sharing sharp instruments is one of the ways by which HIV is transmitted; therefore it is reasonable to assume that there is high chance for HIV transmission in the cases where one instrument is used to do FGM on different girls.

4.6. Who Makes Decision about FGM?

Every action is the result of decision or decision precedes every activity. In the process of decision-making, the decision maker is central and can influence the course of the decision and its implementation. As an act, FGM also needs decision before it takes place and persons who decide about FGM are influential either to make the act continue or to make it discontinue. Accordingly to know

the influential figures in the process of making decision regarding FGM, the respondents were asked the question 'who decides about FGM in your locality?'

Table 7: Decision about FGM

Who usually decides about circumcision of girls?									
Mother		Both mother and father		Grand mother		Relatives		Total	
n	%	n	%	%	%	n	%	n	%
146	41	210	59	0	0	0	0	356	100

As shown in Table 7 above, 210 respondents 59% of the total indicated that FGM is practiced on girls based on the decision of their parents. According to the remaining 41% of the total participants, FGM is carried out by the decision of mothers.

The majority of the respondents indicated that, FGM is done by the joint decision of mothers and fathers. Whereas mothers' exclusive role is relatively less frequent than the joint decision of both parents in making decision about FGM. Even though the above statements are two different categories of responses, one fact is evident in both cases. That is, either in the cases where both parents make decision about FGM or in cases where decision about FGM is made by mothers alone, females involve in deciding whether to practice FGM on their daughters or not. The fact that all married female participants of the study themselves have undergone FGM but still play part in all of the decision making processes about performing the operation on their own daughters makes the issue mysterious. This might be attributed to the visible and invisible influence of the tradition in their community.

Although FGM is rooted in the tradition of the society practicing it, the above facts reveal that women take part in the process of FGM, the practice that has both short term and long-term effects on their own life. From the data gathered through interview one related issue is that a female practitioner, usually an old woman, performs FGM. These all together make FGM the harm planned and inflicted by females on their fellow females.

On the other hand, data in Table 7 further indicates that though married females (mothers) in the study area involve in making decision regarding FGM, almost no girl herself takes part in the process of decision making to undergo FGM. This clearly shows that in almost all of the cases, the victims are voiceless in the process of making decision about the detrimental practice for which they are the targets.

4.7. Why FGM?

As every activity has its own underlying reason, different justifications are given for the practice of FGM. To know the most commonly given justification by the target community, the participants were asked the most commonly cited reasons regarding FGM. Accordingly, two most common reasons for FGM in the locality were identified. These are tradition and controlling female sexuality. The result is presented in Table 8.

Table 8: Reasons for Practicing FGM

In your locality, for what reasons do you think is FGM practiced?					
Tradition/culture		To control female sexuality		Total	
n	%	n	%	n	%
313	87.92	43	12.08	356	100

As shown in table 8, from the total of 356 participants, the majority 87.92% identified tradition as the underlying factor for FGM in their locality. The remaining 12.08% mentioned that FGM is performed to control female sexuality. Based on the data in Table 8 and the information gathered through FGD, it can be said that tradition is the major underlying factor that caused and perpetuated FGM in the study area. The statement of one participant of the FGD could be illustrative of this. The account is as follow as:

“... it [FGM] is the custom that we inherited from our forefathers. [... muka abbaa keenyaati]. In our community, circumcising a girl is a tradition passed down from one generation to the next. No one used to question why it is done and objected the practice. Every member of the community accepts it as a norm. However these days, the educated group is claiming that it is harmful/ not necessary. The government is also teaching that the community should abandon FGM. Since the educated group is more knowledgeable than us [the elderly and uneducated] and is also the influential group in every aspect, we have to hear them. It is their [the educated and young group’s] era...”

The phrase in the above account that says ‘no one used to question why FGM is practiced’ reminded me a legend in my community. According to the legend, once upon a time there was a lady with a small pot to boil pumpkin in. Because the pot is small and cannot accommodate the whole pumpkin, she divides the pumpkin into small parts, boil the amount that the pot can hold and used to throw away the remaining. The daughter of this lady also learned the same thing, dividing the pumpkin into small parts, boiling some parts and throwing

away the rest. This tradition continued for generations despite their pots' capacity to accommodate the whole pumpkin. At certain point in time the procedure was questioned and a young lady went to her mother and asked her why. The response was "I do not know the reason but my mother used to do so and I have learned it from her". The inquiry continued until the originator was contacted. When the lady who started to boil only some part of pumpkin and throw away others was asked her response was short, precise and contextual or only applies to her case. That is, she did so because her pot was not large enough to accommodate the whole pumpkin. All the generations after her used to waste the pumpkin, which was useful, and what they did was not economical. Had it been not questioned at certain point, the procedure of wasting portion of a pumpkin would have continued forever. But thanks to that inquisitive generation (individual or group) the uneconomic use of resource was terminated.

In the same way as the above legend, the majority of the participants mentioned that they learned the practice of FGM from their forefathers. But from the participants no single individual indicated that she/he knows why it is done and explained the actual advantage of the practice. Even though a certain community started FGM at certain point when there was little or no advancement in knowledge, it should have been banned at present time when there is great progress in every aspect of human life. Despite this, women have been subjected to this dreadful practice in the name of tradition. Where in fact tradition is a commonly shared attribute and all members of that community should equally benefit from or enjoy it. But in the case of FGM half of humanity, females, are the victims and in reality males even benefit nothing from the procedure, except fulfilling the belief held in their minds.

4.8. Respondents' Awareness Whether FGM is a Religious Obligation

IAC (2003) stated that religion has been used in a wrong way in an attempt to justify continuation of FGM. However and fortunately this assumption that has lasted long has been refuted and challenged by religious leaders and scholars. That is, neither Christianity nor Islam allows excising of part of a sound human organ. Rather, religious tenets have been altered and used by those moved by selfish interests and who continue to mutilate and enslave women (ibid). Hussein (1995) similarly indicates that some community members are ignorant or misinformed about the lack of religious sanction for this practice.

Accordingly, to assess whether members of the target community have unambiguous and valid information that FGM has no religious basis, a related question was asked and the result is depicted in Table 9 below.

Table 9: Does your Religion Recommend FGM?

Religion of the respondent	Does your religion recommend FGM							
	Yes		No		I do not know		Total	
	n	%	n	%	n	%	n	%
Orthodox Christian	3	3.2	48	52.2	41	44.5	92	100
Protestant Christian	9	3.9	181	77.7	43	18.4	233	100
Catholic	1	20	2	40	2	40	5	100
Wakefata	1	3.8	15	57.7	10	38.5	26	100
Total	14	3.9	246	69.1	96	27	356	100

As shown in Table 9, the participants of the study were from four different religious groups (Orthodox Christianity, Protestant Christianity, Catholic and Wakefata). From the total of 92 Orthodox Christians took part in the study, only 3.3% indicated that their religion recommends FGM. The remaining 52.2% and

44.5% of the group respectively indicated that their religion does not recommend FGM and they do not know whether their religions recommend FGM or not.

In the case of Protestant Christians, from the total of 233 individuals in this religious group 3.9% mentioned that FGM is recommended by their religion. The responses of the remaining 77.7% and 18.4% respectively were 'No' and 'I do not know' to the same question. From the total of 5 followers of Catholic religion, only 1 individual indicated that the religion recommends FGM and the remaining 4 individuals with equal proportion indicated that their religion does not recommend FGM or they do not know whether it does or not. Finally, of 26 followers of Oromo indigenous religion (Wakefana), only one individual (3.8%) mentioned that the religion recommends FGM. Whereas 57.7% stated that FGM is not recommended by their religion and the remaining 38.5% of participants in this religious group were unsure whether their religion recommends FGM or not.

Generally, from the total of 356 respondents, 3.9% indicated that their religion recommends FGM. On the other hand those who mentioned that their religion does not recommend FGM were 69.1% and constitute the majority of the participants. Those who were uncertain regarding their religions' position on FGM constitute the remaining 27% of the total.

Interview with Religious Leaders

To know the clear position of different religions in the selected kebeles on the practice of FGM, religious leaders of three religious groups in the kebeles were interviewed. The religious leaders were from Orthodox Christianity, Protestant Christianity and Wakefana. What is impressive is that no leader from the three religious groups attested that FGM has a religious basis. Rather they all indicated that they have been participating in awareness raising programs arranged by

their district or by their respective kebeles. Moreover the religious leaders indicated that they would do their best to teach the members of their religions as well as their community that FGM is a harmful traditional practice and has no religious basis. They further mentioned that they are ready to collaborate with any agency that works against the practice.

Generally, the religious leaders indicated that FGM is not a religious obligation rather it is part of the culture. Therefore, those participants who indicated that FGM is recommended by their religion said so without having legitimate information about the laws of their respective religions, as witnessed by the religious leaders. On the other hand participants who indicated that they do not know whether their religion recommends FGM or not lack information about the position of their religions regarding the issue. Therefore, participants in the two response categories need the assistance of their respective religious leaders to clear their uncertainty and realize that FGM is not a religious obligation.

4.9. Awareness about Impact of FGM

According to IAC (2003), FGM has profound negative short and long term consequences on the well being of girls and women. It is a serious public health problem and violation of human rights including the right of the girl child. Therefore, to know whether the participants were conscious of this fact questions related to the participants' awareness about the effects of FGM were asked. Besides assessing the awareness level of the participants, their responses were also used to compare the awareness level of different groups regarding the issue of concern.

Table 10: Participants' Awareness about the Impact of FGM on the Health and Human Rights of Women

Item/question	Response	Group								Total	
		Married females		Married Males		Female Students		Male Students		n	%
		n	%	n	%	n	%	n	%		
Do you think that FGM affects the health of women?	Yes	63	82.9	38	52.8	36	87.8	137	82	274	77
	No	7	9.2	7	9.7	2	4.9	13	7.8	29	8.1
	I do not know	6	7.9	27	37.5	3	7.3	17	10.2	53	
	Total	76	100	72	100	41	100	167	100	356	100
Do you think that FGM is the violation of the human rights of women?	Yes	28	36.8	36	50	34	82.9	143	85.6	241	
	No	16	21.1	17	23.6	3	7.3	9	5.4	45	
	I do not know	32	42.1	19	26.4	4	9.8	15	9	70	
	Total	76	100	72	100	41	100	167	100	356	100

Relationship between gender and awareness about the impact of FGM on women and girls' health
 $X^2=12.55, df=2, \alpha=0.05, p=0.024$

Relationship of age and educational level and awareness about the impact of FGM on women and girls' health $X^2=12.38, df=2, \alpha=0.05, p=0.002$

Relationship between educational level and awareness that FGM is the violation of the human rights of women and girls $X^2=69.26, df=2, \alpha=0.05, p=0.000$

Table 10 shows that the majority of the participants were generally aware that FGM affects the health of women and it is the violation of the human rights of women 76.96% and 65.74% respectively. When we look at the issues of concern in terms of the participants' characteristics sex, age and educational level, the results are as follow as.

From the total of 117 female participants, 84.62% were conscious that FGM affects the health of women. In the case of male respondents, the figure was that 73.22% were aware that FGM affects the health of women. That is, the proportion of female participants who indicated that they were aware of the health impacts of FGM on women is greater than that of their male counterparts. The result of

Chi-square computed to verify the relationship between gender and awareness about the health impact of FGM on girls and women shows that there is significant relationship between the two variables, $p < 0.05$.

In terms of the educational level and age of the participants there is 14.93 percent difference in awareness about the impact of FGM on women's health. That is, out of 208 young participants with secondary education, 83.17% think that FGM has negative impact on the health of women. Whereas from the total of 148 older participants without secondary education, 68.24% indicated that FGM affects the health of women. Therefore, it can be concluded that younger participants with secondary education thought that FGM affects the health of women than the older participants without secondary education. This may be because the knowledge of those participants without secondary education is restricted to (based only on their practical experiences), thus limited knowledge about the health impacts of FGM relative to their counter parts with secondary education. Whereas due to their relative access to sources of information regarding the issue of interest, the educated group has more information about the matter in addition to their practical experiences. This leads to the assumption that awareness about the health impact of FGM depends on one's level of education.

Accordingly, to investigate the association of age and educational level with understanding the effects of FGM on women's health, Chi-square test of

independence was calculated. The calculated Chi-square results were $p < 0.05$ in both cases. This indicates that knowledge about the impact of FGM on the health of females is significantly related to age and educational level.

Regarding whether FGM is the violation of the human rights of women, of 208 participants with secondary education who were also the younger group of the study participants, 85.1% indicated that it is so. In the case of the older group of the participants without secondary education, out of 148 participants in this group only 43.24% thought that FGM violates the human rights of women. Whereas the large proportion of this group 56.76% either indicated that FGM is not the violation of the human rights of women or they do not know about the issue. This shows that there is 41.86% difference between the younger participants with secondary education and their older counterparts without secondary education in considering FGM as a violation of the human rights of women. Which means the younger participants with secondary education regarded FGM as the violation of the human rights of women than the older group without secondary education.

The result of Chi-square computed to assess the relationship between education and awareness that FGM is a violation of human rights of women was $p < 0.05$. Hence, there is significant relationship between educational level and awareness that FGM is the violation of the human rights of women.

4.10. Consequences of Refusing FGM and Its impact on Girls'

Chances of Marriage

FGM is an age-old practice that has been carried out for a long time in the study area. It is an established norm in the community. Therefore, breaking with this norm might not be without impact on girls. In view of that, the participants were

asked the result of refusing FGM on girls in their locality and their opinion about the relationship between FGM and girls' chances of marriage.

Table 11: The Impact of FGM on Marriageability

What effect do you think that FGM has on your/female's chances of marriage?										
	Married females		Married Males		Female Students		Male Students		Total	
	n	%	n	%	n	%	n	%	n	%
Increases	54	71.1	49	68.1	8	19.5	14	8.4	125	35.11
Decreases	0	0	0	0	16	39	60	35.9	76	21.35
Has no effect	22	28.9	23	31.9	10	24.4	64	38.3	119	33.43
I do not know	0	0	0	0	7	17.1	29	17.4	36	10.11

All the participants were asked what would happen to a girl if she refuses to undergo FGM in their locality. Accordingly, 44.1% of the participants indicated that she would be forced to undergo FGM and the number of participants who indicated that she would not be considered for marriage was 127 and constitutes 35.67% of the total. Those who stated that a girl who refuses to undergo FGM would be marginalized from social relationships and those who indicated that they do not know the consequence of refusing to undergo FGM constitute the remaining 14.61% and 5.62% respectively. All of what the participants mentioned as the consequences of refusing to undergo FGM were the sanctions imposed by the community on an innocent victim.

A question related to the aforementioned one was also asked to assess the opinion of the participants regarding the impact of FGM on marriageability of girls. As illustrated in Table 11, generally, 125 individuals out of a total of 356 participants indicated that FGM has a positive impact on the females' chances of marriage, i.e., it increases marriageability. Those participants who indicated that FGM decreases girls' chances of marriage were 76 or 21.35% of the total. The

remaining 33.45% of the participants thought that FGM has no effect on marriageability while the remaining 10.11% responded 'I do not know' to this question.

When we assess the difference in opinion between the different groups of participants took part in the study, from 125 individuals who thought that FGM increases the chances of marriage for girls, the majority (82.4%) were from older groups who were without secondary education. Whereas the younger group with secondary education constitute only 17.6% of those participants with such opinion. On the other hand, no member of the older group without secondary education indicated that FGM decreases females' chances of marriage. Rather, all of those participants who thought it does so were from the younger group with secondary education. Another interesting outcome is that, of 41 female students who were all unmarried, 39% had the opinion that FGM has a negative impact on their chances of marriage.

The above finding implies that age and education have an impact on the individuals' understanding about the relationship between FGM and girls' chances of marriage. Since age and education seem to influence perception about the association between undergoing FGM and girls' chances of marriage, appropriate actions should be taken. In doing so, though it is impossible to change one's age it is possible to raise the awareness of those without secondary education by arranging awareness raising programs. In this regard, Women's Affairs Office, NGOs, religious institutions and even the educated group in the community can do a lot to make the public aware of the issue formally as well as informally.

Based on data in Table 11 it can be concluded that the older participants without secondary education believe that there is positive relationship between FGM and

marriageability of girls than their younger counterparts with secondary education. Even though the independent impact of each was not investigated, generally, it can be deduced that age and educational level affect the opinion of individuals in relating FGM to females' chances of marriage. In almost all societies, since any matured individual, in most cases is supposed to get married, considering FGM as a prerequisite for marriage puts great pressure particularly on girls to undergo the practice so as to secure matrimony.

4.11. Views and Reasons Regarding the Continuation of FGM

Any traditional practice is invented in one way or another by a community and governs the behavior of the same. But what is interesting is that it is the community itself who can modify or change the custom. This can only be successful if and only if the members of the community believe in the importance of change or modification of the practice and become ready to or committed to take action. In this regard FGM is not exception. That is, FGM continues to be practiced in a certain community until the community becomes aware of its impacts and respond positively to end the practice. Therefore, to investigate the opinion of the participants whether FGM has to continue or it has to be discontinued and also their reasons in either case, the participants were asked three interrelated questions. The response of the participants to these questions might have an implication for any effort to be made to discourage the practice of FGM. Table 12 illustrates the questions and the responses of the participants in terms of frequencies and percentages. The results of Chi-square computed to assess the relation of age and educational level to opinion about the continuation of FGM were also presented in the same table.

Table 12: Opinion about and Reasons for Continuation of FGM

Do you think that female circumcision has to continue?			
	Yes	No	I do not know
Married female	25(32.9%)	34(44.7%)	17(22.4%)
Married males	18(25%)	34(47.2%)	20(27.8%)
Female students	0(0%)	41(100%)	0(0%)
Male students	7(4.2%)	160(95.8%)	0(0%)
If Yes, why?	Because it is tradition/customary practice	To make females docile, submissive and disciplined	
	41(82%)	9(18%)	
If No, why not?			
It affects the health of women	It violates the human rights of women	It has no scientific ground and medical value	It affects the sexual life of women
211(78.4%)	31(11.5%)	13(4.8%)	14(5.3%)

The association between age and opinion regarding the continuation of FGM

$$X^2= 122.032, \alpha= 0.05, df=2, p =0.000$$

The association between educational level and opinion regarding the continuation of

$$FGM \quad X^2= 122.032, \alpha= 0.05, df=2, p =0.000$$

As depicted in Table-12 above, from the total of 356 participants in four different categories, 14.05% expressed that FGM has to continue. This group further indicated tradition and making females docile, submissive and disciplined as the reasons for the continuation of the practice.

Regarding the reason for the continuation of FGM, the interviewees commonly indicated that:

“[Dubarri yoo dhagna qabachuu baatte qodaa cabsiti qalbi hin-qabnee taati, ija hin-fuunee taati, wanti isheen qabatte hin barakatu...] Unless a girl undergoes FGM, she breaks utensils, becomes forgetful, barefaced or shameless, wasteful...”

On the other hand 75.56% of the participants stated that FGM should be discouraged and the remaining 10.39% of the participants were uncertain about it. Those who asserted that FGM should be discontinued mentioned different reasons for their position. These were: FGM affects the health of women, it violates the human rights of women and it has no scientific ground and medical value. This being the general responses of the whole participants, some difference in frequency of response was observed between participants in different groups.

To assess the difference between the participants based on age and educational level in confirming the discontinuation of FGM, the participants were divided into two groups. One group consists of married females and married males who were all without secondary education and at the same time considered as the older group for the sake of this study. The other group is a group consisting of female students and male students who were all from the same grade level, grade 12. This group is considered as the younger group relative to the former one.

Of the total of 148 participants in the older group without secondary education, 29.05% maintained that FGM has to continue, 45.95% indicated that it has to be discontinued and 25% responded 'I do not know' to this question. In the case of the younger group with secondary education, however, only 3.37% of the group thought that FGM has to continue and the majority 96.63% declared that FGM has to be discontinued.

Therefore, from the foregoing data it is evident that great number of younger participants with secondary education supports the discontinuation of FGM than their older counterparts without secondary education. Moreover, unlike the older group without secondary education 25% of whom was unsure whether

FGM has to continue or not, no participant in the educated younger group was uncertain about the future likelihood of FGM. Hence, it seems that age and educational level influence one's view regarding the continuation of FGM. In this section, the impact of age and educational level on participants' opinion regarding the maintenance of the practice of FGM refers to the joint impact of the two. That is, because of the shortage of resources, it was not possible to include different groups (e.g.: - the young without secondary education, the young with secondary education, and the older without secondary education, the older with secondary education etc.) to investigate the independent influence of the two variables - age and educational level- on participants' views regarding the continuation of FGM.

Bearing this in mind, Chi-square test of independence was calculated to investigate the association between age and educational level with opinion of the participants regarding the continuation of FGM. In this regard the results were $P < 0.05$ in both cases. Because the p values were less than 0.05 both of them were significant at 95 percent. Therefore, opinion about the continuation of FGM is significantly related to age and educational level.

Table 13: Participants' Intention to Publicly Denounce FGM

Would you publicly advocate the eradication of FGM?								
	Yes		No		Not yet decided		Total	
	n	%	n	%	n	%	n	%
Married Females	19	25	30	39.5	27	35.5	76	100
Married Males	10	13.9	32	44.4	30	41.7	72	100
Female Students	34	82.9	0	0	7	17.1	41	100
Male Students	147	88	11	6.6	9	5.4	167	100
Total	210	58.98	73	20.51	73	20.51	356	100
<i>Relationship between decision to publicly advocate the eradication of FGM and educational level.</i>								
	$X^2= 122.032$		$df=2$		$\alpha= 0.05$		$p =0.000$	

All the participants were asked their decision to openly condemn FGM. Accordingly, as depicted in Table 13, out of the total of 356 participants 58.98% indicated that they would publicly advocate the discontinuation of FGM while the remaining 41.02% stated that they would not do so or they are not sure about it. This being the general response of the participants to this question, from the data in the same table, it is self evident that there is difference between the student participants and the non-students in responding to this question. That is, from the total of 208 twelve-grade students involved in the study, 87.02% responded that they would overtly denounce FGM.

In the case of participants without secondary education, only 29 out of 148 or 19.6% indicated that they would publicly advocate the eradication of FGM. On the contrary, the great proportion of participants without secondary education indicated that they would not publicly advocate the eradication of FGM than their counterparts with secondary education. The percent is 41.9% and 5.29% for participants without secondary education and for those with secondary education respectively. What is striking is that even from this small percent of students who indicated that they would not publicly advocate the eradication of FGM there was no female student. This might be because of the direct impact of FGM on the life of girls than that of boys.

From the data in Table 13 we can logically infer that participants with secondary education are strong supporters of the eradication of FGM than those participants without secondary education. This further implies that education affects the decision either to continue with FGM or to ban the practice.

The Chi-square calculated to see the association between decision to publicly denounce FGM and participants' level of education was significant, the value

being $P < 0.05$. Therefore, the decision to publicly advocate the eradication of FGM is significantly related to educational level.

4.12. FGM Status of Girls and Males' Choice of Marriage Partner

Study conducted in FGM practicing communities (e.g.: - Rahman and Toubia, 2000; Hussein, 1995; and Hirut, 2000) indicates that the communities in which they conducted study regarding FGM consider the procedure as a prerequisite for marriage. That is, unless a girl undergoes FGM she is not eligible for marriage. On the contrary the study conducted by Herieka and Dhar (2003) pointed out that the majority of male participants of the study preferred non-circumcised females for their future partnership.

Therefore, to assess the preference of the unmarried male participants of this study, an item dealing with their preference of either a girl who has undergone FGM or the one who did not undergo the practice as a future partner was presented to them. Their responses are presented in Table 14.

Table 14: FGM and Males' Choice of Marriage Partner

Do you prefer a girl who has undergone FGM or the one who did not undergo the practice as your future partner?							
Circumcised		Uncircumcised		No preference		Total	
n	%	n	%	n	%	n	%
28	16.8	127	76	12	7.2	167	100

As shown in Table 14, from the total of 167 unmarried male students studied, the majority (76%) indicated that they would prefer a girl who did not undergo FGM as their future marriage partner. Those who mentioned that they would prefer a girl who was subjected to FGM were 28 in number and constitute 16.8% of the total population of this group. While the remaining 7.2% did not think that FGM would influence their decision (preference).

The result of this study deviates from that of Rahman and Toubia, 2000; Hussein, 1995; and Hirut, 2000 which stated that there is no marriage without undergoing FGM. But it is inline with the finding of Herieka and Dhar (2003) regarding the same issue. That is, this study shows that significant number of unmarried male participants of the study did not consider FGM as prerequisite to marry a girl. Rather the great proportion of this group clearly indicated that they prefer a girl who was not exposed to FGM as their future mate. This greatly reduces the worry of girls who did not undergo FGM about their future chances of marriage and it may be an opportunity in the efforts made to discourage the practice.

CHAPTER FIVE

Summary, Conclusion and Recommendations

In this last section of the study, the major findings are summarized, inferences are made based on the findings and finally relevant suggestions are forwarded.

5.1. Summary

Studies (e.g.: - NCTPE, 2003; Development Workers in Global Solidarity, 2003) attest that females, from infancy to adulthood, and children of both sexes suffer from the effects of different types of harmful traditional practices. They clearly indicate that FGM is one of the harmful traditional practices that affect the well being of women. Obviously, this dreadful practice should be brought to an end. Therefore, to discontinue the practice using appropriate strategies, it is better to identify the justifications that the community gives about the practice and the attitude of that community towards the practice.

In view of the above, the purpose of this study was to assess the attitude of Gindeberet people towards FGM, examining attitudinal differences among the people depending on age, gender and educational level and the rationale(s) for practicing FGM in the study area. In order to achieve the aforementioned objectives, data were collected from different sources using questionnaires, interviews and FGDs. The data collected were analyzed using different methods and the following are the main findings.

In relation to the general prevalence of FGM in the study site, the majority of the female participants had undergone the practice while only 15 students out of the total of 117 female participants (the minority) were not. Almost all the participants stated that they did not consent when they were subjected to the practice. In relation to their mothers' FGM statuses the large proportion of

respondents stated that their mothers had undergone the practice but only few were unsure about the issue. But there was no participant in the study who clearly indicated his/her mother did not undergo FGM. The data from different sources imply that FGM is still prevalent in the community except that it is not as publicly practiced as previous times.

The study revealed that although 81.18% of the female participants have undergone FGM they were all unhappy about the practice. The majority of those who have undergone the practice (67.65%) indicated that they regret about it. Moreover, the majority experienced negative feelings because of the practice and such feelings disturb their normal daily life. On the other hand 80% of the student participants who did not undergo FGM stated that they were happy about not undergoing FGM and do not want to undergo the practice. It is also found out that all of the participants with the average age of 35.3 years have undergone FGM whereas from those with the average age of 19.7 years 36.6% were without FGM.

Regarding the difference between the younger participants and the older ones in their plan to do FGM on their daughters, the large proportion of younger group disapproves the practice than their older counterparts. Educational level is also another factor found to influence the decision to do FGM on one's own daughters. That is, more participants without secondary education want their daughters to undergo FGM than those with secondary education. In general, large number of younger participants with secondary education supported the discontinuation of FGM than their older counterparts without secondary education. Although majority of the participants clearly indicated that they would not do FGM on their daughters, the number of those who stated they would do FGM on their daughters and those who responded 'Not decided yet' was not negligible.

In relation to awareness about the health impacts of FGM, majority of female participants (84.62%) stated that they are aware of it compared to their male counterparts (73.22%). Further, there is 14.93 percent difference in awareness about the health impacts of FGM between participants with secondary education and those without secondary education. The result of Chi-square to assess the relationship between gender and awareness about the negative health consequences of FGM on females shows that there is significant relationship between the two variables.

Regarding the fact that FGM is the violation of the human rights of women, majority of student participants or those with secondary education (85.1%) were conscious of the issue. Whereas only 43.24% of participants without secondary education stated that they are aware that FGM is the violation of the human rights of girls and women. The result of the Chi-square calculated in this regard shows that awareness that FGM as the violation of the human rights is dependent on educational level.

Concerning the position of the participants about the continuation of FGM, majority of the younger and educated group (96.63%) mentioned that the practice has to be discontinued. In this regard, the number is greater than that of the older participants without secondary education (45.95%). Similarly, higher proportion of the younger and educated group indicated that they would publicly advocate the discontinuation of FGM compared to their older counterparts without secondary education.

Out of 41 female students who were all unmarried, 39% had the opinion that FGM has negative impact on their chances of marriage. With regard to the influence of FGM status of girls on males' choice of marriage partner, majority of

the male students stated that they prefer non-mutilated girl as their future partner.

It was found that tradition was the most commonly given reason for practicing FGM in the study site. On the other hand, religious leaders in the study site indicated that FGM has no religious foundation. However, 30.9% of the respondents have either invalid information or uncertain about the position of their religion regarding FGM.

5.2. Conclusion

Based on the findings of the study the following conclusions are made.

Despite the efforts made to discourage FGM, the practice is still prevalent in the study area. In the study site, the same instrument is used in most cases to do FGM on different girls. Since some of the participants indicated that the shared materials are not sterilized, girls in the study area are at risk of HIV transmission and other infections.

Girls in the study area are subjected to FGM without their consent. That is, decision about FGM is made most commonly by the joint decision of mother and father and sometimes by the sole decision of the mother. Based on the responses of the participants it can be concluded that the life of the majority of female participants who have undergone FGM is affected by the negative feelings they experienced as a result of FGM. Because of this, many of those who were subjected to the practice regret/are not happy with the procedure. On the contrary, those female participants who were not subjected to the practice are happy with their not undergoing FGM.

Tradition was the most commonly cited reason for practicing FGM and no participant clearly indicated the tangible advantage of the practice.

Participants' decision whether to do FGM on one's daughters depends on one's age and educational level. That is, the older group without secondary education wants to do FGM on their daughters than the younger and the educated group.

Youngsters with secondary education are more aware of the health impacts of FGM and it's being the violation of the human rights of women than the elderly without secondary education. Hence, awareness about the health impacts of FGM on females' health and its being the violation of the human rights of women is related to age and educational level.

Decision regarding the discontinuation of FGM and denouncing the practice is significantly related to age and educational level with the young and educated group favoring the termination of FGM and deciding to advocate the discontinuation of the practice more than the older group without secondary education.

The majority of the unmarried male participants preferred un mutilated girl as their future marriage partner. This implies that they are in favor of the discontinuation of FGM. As the majority of male students expressed a preference for an uncircumcised female, the traditional belief of female circumcision increasing women's marital chances was not supported by the present study, at least in the case of educated group.

5.3. Recommendation

Based on the findings of the study the following ideas are suggested. The result of the study shows that the older members of the community without secondary education show preference for the continuation of FGM and are relatively reluctant to advocate the discontinuation of the practice. Therefore, special attention should be given to this group in raising awareness of the public about the negative impacts of FGM. But this does not mean that the younger and educated group should be overlooked. Moreover, the students' awareness of the negative impacts of FGM should be utilized to fight the continuation of this detrimental practice.

Awareness creation programs should include both males and females. This is because, as indicated in chapter 4, in most of FGM cases fathers take part in the decision making process whether their daughters have to undergo FGM. In the case of unmarried (young) males, since they are the potential marriage partners of the girls, they should be made aware of the negative impacts of FGM and be convinced to consider an unmutilated girl as a marriage partner. This will solve the worry of the girls that they will not be considered for marriage unless undergone FGM.

As tradition was the most commonly cited reason for FGM in the study area, individuals or agencies working against the practice should carefully explain to the public that not all traditions are useful or constructive. It is better to appreciate the 'good' components of traditions of the community and systematically explain to them the harmfulness of FGM among other HTPs. To ensure the discontinuation of FGM, concerned government bodies, non-governmental organizations, educationalists, and religious leaders can do a lot to explain to the public the harmfulness of FGM and its lack of scientific basis, medical value, anatomical and physiological necessity and religious foundation.

All actions taken to stop FGM should involve the community rather than being a top down approach that imposes a standard on the community.

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APPENDICES

**Addis Ababa University School of Graduate Studies
Department of Psychology
Social Psychology Stream**

This questionnaire is prepared to collect data for a study entitled "Female Genital Mutilation in Gindeberet District and attitude of the Community Towards the Practice".

Objective of the Study:

This study is designed to assess why female genital mutilation is practiced, the attitude that people hold towards the practice and the attitudinal difference that people show towards the practice based on gender, age, and educational level. As female genital mutilation is one of the harmful traditional practices that women have been suffering from, the result of the study is hoped to contribute to the efforts made to eradicate the practice by pointing out areas where emphasis needs to be given.

Since your responses greatly contribute to the success of the study, I request you to give genuine responses for each of the questions. Do not write your name, as the information you give is confidential. The responses you give will be used only for research purpose.

Thank you in advance for your cooperation!

Appendix A

Questionnaire to be filled by Married Females

Instruction

For each of the items, please give your answer(s) by putting a tick mark (✓) in front of the option(s) you think is/are inline with your personal opinion and/or experience or by writing on the space provided.

1. Age of the respondent-----
2. Marital status of the respondents
 - a) Married
 - b) Unmarried
 - c) Divorced
 - d) Separated
 - e) Widowed
3. Level of education of the respondent
 - (a) Cannot read and write
 - (b) Basic education
 - (c) Primary level
 - (d) Secondary level
 - (e) College or higher education
 - (f) Others, specify _____
4. Religion of the respondent
 - a) Orthodox Christian
 - b) Protestant Christian
 - c) Catholic
 - d) Muslim
 - (e) Wakefata
 - f) Others _____
5. Is female circumcision practiced in your community?
 - (a) Yes
 - (b) No
 - (c) I do not know
6. If yes, at what age do girls undergo circumcision?
 - (a) During infancy (Birth to Two years)
 - (b) During childhood (Two to Twelve years)
 - (c) During Adolescence (Twelve to Twenty years)
 - (d) Immediately before marriage
 - (e) Immediately after Marriage
 - (f) Immediately before delivery
 - (g) After delivery

7. Are you circumcised?
 - (a) Yes
 - (b) No
8. If yes, did you experience negative feelings (anxiety, worry, fear) prior to, during or after the circumcision?
 - (a) Yes
 - (b) No
 - (c) I do not remember
9. If yes, does the memory of the negative feelings come to you during the day when issues related to female genital mutilation/ female circumcision are discussed?
 - (a) Yes
 - (b) No
 - (c) Cannot say
10. If your answer for question number 7 is yes, does the memory of the negative feelings come to you during the night?
 - (a) Yes
 - (b) No
 - (c) Cannot say
11. If your answers for questions from 6 to 9 are yes, how often does this disturb you or affect your normal functioning?
 - (a) Usually
 - (b) Sometimes
 - (c) Never
12. What do you think about your being circumcised?
 - (a) I regret very much
 - (b) I regret
 - (c) Neutral
 - (d) I am very happy
 - (e) I am happy
13. Was your mother circumcised?
 - (a) Yes
 - (b) No
 - (c) I do not know
14. Do you have daughters?
 - (a) Yes
 - (b) No
15. If yes, how many of them are circumcised?
 - (a) All of them
 - (b) Some of them
 - (c) None of them

16. If all or some of them were not circumcised/ if you give birth to a female child, would you like to do female genital mutilation on your daughter(s)?
- (a) Yes
 - (b) No
 - (c) I have not decided yet
17. What type of instrument is used to do female circumcision in your community? **You can give more than one answer.**
- (a) Sharp stone
 - (b) Razor blade
 - (c) Scissors
 - (d) Broken glass
 - (e) Knife
 - (f) I do not know
 - (g) Others, specify _____
18. Is the same material used for different individuals during circumcision or one for each?
- (a) One instrument may be used to circumcise different individuals
 - (b) One instrument is used only for one person
 - (c) I do not know
19. If one instrument is used for different individuals, is the material sterilized or not?
- (a) Sterilized
 - (b) Not sterilized
 - (c) I do not know
20. In your community, for what reasons(s) do you think is female circumcision practiced? **You can give more than one answer.**
- (a) Tradition/ culture
 - (b) Religious purpose
 - (c) Hygiene
 - (d) To enhance fertility of woman
 - (e) To control female sexuality
 - (f) Preservation of virginity
 - (g) I do not know
 - (h) Others, specify _____
21. Who usually decides about circumcision of females? **You can give more than one answer.**
- (a) Mother
 - (b) Father
 - (b) Both father and mother (parents)
 - (c) Grand Parents
 - (e) The girl herself
 - (d) Relatives
 - (e) Others, specify _____
 - (f) I do not know

22. Do you think that female circumcision has to continue?

- (a) Yes
- (b) No
- (c) I do not know

23. If Yes, why? **You can give more than one answer.**

- (a) It is tradition/ customary practice
- (b) It is a religious obligation
- (c) It is essential for fertility
- (d) It has hygienic value
- (e) It increases marriageability
- (f) It makes females docile, submissive and disciplined
- (g) It reduces female sexuality
- (h) To preserve virginity
- (i) I do not exactly know why it is practiced

24. If No, why? **You can give more than one answer.**

- (a) It has no religious basis
- (b) It affects the health of women
- (c) It violates the human rights of women
- (d) It has no scientific ground and medical value
- (e) It affects the sexual life of partners (husband and wife)
- (f) Others, specify _____

25. In your community, is the consent of the girl asked for circumcision?

- (a) Yes
- (b) No
- (c) I do not know

26. Were you asked for consent before you were circumcised?

- (a) Yes
- (b) No
- (c) I do not remember

27. If you have circumcised your daughter(s), did you ask her/their consent?

- (a) Yes
- (b) No

28. If you will circumcise your daughter(s), would you ask her/their consent before

- circumcision? (a) Yes
- (b) No
 - (c) I haven't decided yet

29. Do you think that female genital mutilation/ female circumcision affects the health of women?

- (a) Yes
- (b) No
- (c) I do not know

30. Do you think that female genital mutilation/ female circumcision is the violation of the human rights of girls/women?
- (a) Yes
 - (b) No
 - (c) I do not know
31. Does your religion recommend female circumcision?
- (a) Yes
 - (b) No
 - (c) I do not know
32. Would you publicly advocate the eradication of female genital mutilation/ female circumcision?
- (a) Yes
 - (b) No
 - (c) Not decided
33. In your locality, if a girl refuses to undergo female genital mutilation/ female circumcision, what would happen to her? **You can give more than one answer.**
- (a) She would be forced to be circumcised
 - (b) She would be marginalized in social relationships
 - (c) She would not be considered for marriage
 - (d) She is usually honored
 - (e) I do not know
 - (f) Others, specify _____
34. What effect do you think female circumcision would have on females' chances of marriage?
- (a) Increases
 - (b) Decreases
 - (c) Has no effect
 - (d) I do not know
35. Do you think that all societies practice female genital mutilation/ female circumcision like your own community?
- (a) Yes
 - (b) No
 - (c) I do not know

Appendix B

Questionnaire to be filled by Married Males Instruction

For each of the items, please give your answer(s) by putting a tick mark (✓) in front of the option(s) you think is/are inline with your personal opinion and/or experience or by writing on the space provided.

1. Age of the respondent-----
2. Marital status of the respondents
 - a) Married
 - b) Unmarried
 - c) Divorced
 - d) Separated
 - e) Widowed
3. Level of education of the respondent
 - a) Cannot read and write
 - b) Basic education
 - c) Primary level
 - d) Secondary level
 - e) College or higher education
 - f) Others, specify _____
4. Religion of the respondent
 - a) Orthodox Christian
 - b) Protestant Christian
 - c) Catholic
 - d) Muslim
 - e) Wakefata
 - f) Others _____
5. Is female circumcision practiced in your community?
 - (a) Yes
 - (b) No
 - (c) I do not know
6. If `yes, at what age do girls undergo circumcision?
 - (a) During infancy (Birth to Two years)
 - (b) During childhood (Two to Twelve years)
 - (c) During Adolescence (Twelve to Twenty years)
 - (d) Immediately before marriage
 - (e) Immediately after Marriage
 - (f) Immediately before delivery
 - (g) After delivery

7. What type of instrument is used to do female circumcision in your community? **You can give more than one answer.**
- a) Sharp stone
 - b) Razor blade
 - c) Scissors
 - d) Broken glass
 - e) Knife
 - f) I do not know
 - g) Others, specify _____
8. Is the same material used for different individuals during circumcision or one for each?
- a) One instrument may be used to circumcise different individuals
 - b) One instrument is used only for one person
 - c) I do not know
9. If one instrument is used for different individuals, is the material sterilized or not?
- (a) Sterilized
 - (b) Not sterilized
 - (c) I do not know
10. Was your mother circumcised?
- (a) Yes
 - (b) No
 - (c) I do not know
11. Do you have daughters?
- a) Yes
 - b) No
12. If you have daughters, how many of them were circumcised?
- (a) All of them
 - (b) Some of them
 - (c) None of them
13. If all or some of them are not circumcised /if a female child is born to you, would you like to do female genital mutilation on your daughter(s)?
- (a) Yes
 - (b) No
 - (c) I have not decided yet

14. Who usually decides about circumcision of females? **You can give more than one answer.**

- a) Mother
- (b) Father
- (c) Both father and mother (parents)
- (d) Grand Parents
- (e) The girl herself
- (f) Relatives
- (g) Others, specify _____
- (h) I do not know

15. For what reasons(s) do you think is female circumcision practiced? **You can give more than one answer.**

- a) Tradition/ culture
- b) Religious purpose
- c) Hygiene
- d) To enhance fertility of woman
- e) To control female sexuality
- f) Preservation of virginity
- g) I do not know
- h) Others, specify _____

16. Do you think that female circumcision has to continue?

- (a) Yes
- (b) No
- (c) I do not know

17. If Yes, why? **You can give more than one answer.**

- (a) It is tradition/ customary practice
- (b) It is a religious obligation
- (c) It is essential for fertility
- (d) It has hygienic value
- (e) It increases marriageability
- (f) It makes females docile, submissive and disciplined
- (g) It reduces female sexuality
- (h) To preserve virginity
- (i) I do not exactly know why it is practiced

18. If No, why? **You can give more than one answer.**

- a) It has no religious basis
- b) It affects the health of women
- c) It violates the human rights of women
- d) It has no scientific ground and medical value
- e) It affects the sexual life of partners (husband and wife)
- f) Others, specify _____

19. In your community, is the consent of the girl asked for circumcision?
a) Yes
b) No
c) I do not know
20. If you have circumcised your daughter(s), did you ask her/their consent?
a) Yes
b) No
21. If you will circumcise your daughter(s), would you ask her/their consent before circumcision?
(a) Yes
(b) No
(c) Not yet decided
22. Do you think that female genital mutilation/ female circumcision affects the health of women?
(a) Yes
(b) No
(c) I do not know
23. Do you think that female genital mutilation/ female circumcision is the violation of the human rights of girls/women?
(a) Yes
(b) No
(c) I do not know
24. Does your religion recommend female circumcision?
(a) Yes
(b) No
(c) I do not know
25. Would you publicly advocate the eradication of female genital mutilation/ female circumcision?
(a) Yes
(b) No
(c) Not decided
26. In your locality, if a girl refuses to undergo female genital mutilation/ female circumcision, what will happen to her? **You can give more than one answer.**
a) She will be forced to be circumcised
b) She will be marginalized in social relationships
c) She will not be considered for marriage
d) She is usually honored
e) I do not know
f) Others, specify _____

27. What effect do you think female circumcision would have on females' chances of marriage?
- (a) Increases
 - (b) Decreases
 - (c) Has no effect
 - (d) I do not know
28. Do you think that all societies practice female genital mutilation/ female circumcision like your own community?
- (a) Yes
 - (b) No
 - (c) I do not know

Appendix C

Questionnaire to be filled by Female Students

Instruction

For each of the items/questions, please give your answer(s) by putting a tick mark (✓) in front of the option(s) you think is/are inline with your personal opinion and/ or experience or by writing on the space provided.

1. Age of the respondent -----
2. Marital status of the respondents
 - a) Married
 - b) Unmarried
 - c) Divorced
 - d) Separated
 - e) Widowed
3. Religion of the respondent
 - (a) Orthodox Christian
 - (b) Protestant Christian
 - (c) Catholic
 - (d) Muslim
 - (e) Wakefata
 - (f) Others _____
4. Is female circumcision practiced in your community?
 - (a) Yes
 - (b) No
 - (c) I do not know
5. If yes, at what age do girls undergo circumcision?
 - (a) During infancy (Birth to Two years)
 - (b) During childhood (Two to Twelve years)
 - (c) During Adolescence (Twelve to Twenty years)
 - (d) Immediately before marriage
 - e) Immediately after Marriage
 - f) Immediately before delivery
 - g) After delivery
6. Are you circumcised?
 - (a) Yes
 - (b) No
7. If yes, did you experience negative feelings (anxiety, worry, fear) prior to, during or after the circumcision?
 - (a) Yes
 - (b) No
 - (c) I do not remember

8. If yes, does the memory of the negative feelings come to you during the day when issues related to female genital mutilation/ female circumcision are discussed?
- (a) Yes (b) No
(c) Cannot say
9. If your answer for question number 6 is yes, does the memory of the negative feelings come to you during the night?
- (a) Yes
(b) No
(c) Cannot say
10. If yes, how often does this disturb you or affect your normal functioning?
- (a) Usually
(b) Sometimes
(c) Never
11. If you were not circumcised, would you under go female circumcision in the future?
- a) Yes
b) No
c) I have not decided yet
12. If you were not circumcised, what do you feel about your being not circumcised?
- (a) I am happy about it
(b) I am ashamed of it
(c) I worry that I may not be eligible for marriage
(d) I feel nothing about it
(e) Others, specify _____
13. Was your mother circumcised?
- (a) Yes
(b) No
(c) I do not know
14. In the future, would you like to do female genital mutilation on your daughter(s)?
- (a) Yes
(b) No
(c) I have not decided yet
15. What type of instrument is used to do female circumcision in your community? **You can give more than one answer.**
- a) Sharp stone
b) Razor blade
c) Scissors
d) Broken glass
e) Knife
f) I do not know
g) Others, specify _____

16. During circumcision, is the same material used for different individuals or one for each?
- One instrument may be used to circumcise different individuals
 - One instrument is used only for one person
 - I do not know
17. If one instrument is used for different individuals, is the material sterilized or not?
- Sterilized
 - Not sterilized
 - I do not know
18. Who usually decides about circumcision of females? **You can give more than one answer.**
- Mother
 - Father
 - Both mother and father (parents)
 - Grand Parents
 - The girl herself
 - Relatives
 - Others, specify _____
 - I do not know
19. What do you think about your being circumcised?
- I regret very much
 - I regret
 - Neutral
 - I am very happy
 - I am happy
20. In your locality, for what reasons(s) do you think is female circumcision practiced? **You can give more than one answer.**
- Tradition/ culture
 - Religious purpose
 - Hygiene
 - To enhance fertility of woman
 - To control female sexuality
 - Preservation of virginity
 - I do not know
 - Others, specify _____
21. Do you think that female circumcision has to continue?
- Yes
 - No
 - I do not know

22. If Yes, why? **You can give more than one answer.**
- (a) It is tradition/ customary practice
 - (b) It is a religious obligation
 - (c) It is essential for fertility
 - (d) It has hygienic value
 - (e) It increases marriageability
 - (f) It makes females docile, submissive and disciplined
 - (g) It reduces female sexuality
 - (h) To preserve virginity
 - (i) I do not exactly know why it is practiced
 - (j) Others, specify _____
23. If No, why? **You can give more than one answer.**
- a) It has no religious basis
 - b) It affects the health of women
 - c) It violates the human rights of women
 - d) It has no scientific ground and medical value
 - e) It affects the sexual life of partners (husband and wife)
 - f) Others, specify _____
24. In your community, is the consent of the girl asked for circumcision ?
- a) Yes
 - b) No
 - c) I do not know
25. Were you asked for consent before you were circumcised?
- (a) Yes
 - (b) No
 - (c) I do not remember
26. If you would circumcise your daughter(s), would you ask her/their consent before circumcision?
- (a) Yes
 - (b) No
 - (c) I have not decided yet
27. Do you think that female genital mutilation/ female circumcision affects the health of women?
- (a) Yes
 - (b) No
 - (c) I do not know
28. Do you think that female genital mutilation/ female circumcision is the violation of the human rights of girls/women?
- (a) Yes
 - (b) No
 - (c) I do not know

29. Would you publicly advocate the eradication of female genital mutilation/ female circumcision?
- (a) Yes
 - (b) No
 - (c) Not decided
30. What effect do you think that female circumcision would have on your chance of marriage?
- (a) Increases
 - (b) Decreases
 - (c) Has no effect
 - (d) I do not know
31. In your locality, if a girl refuses to undergo female genital mutilation/ female circumcision, what would happen to her? **You can give more than one answer.**
- a) She would be forced to be circumcised
 - b) She would be marginalized in social relationships
 - c) She would not be considered for marriage
 - d) She is usually honored
 - e) Others, specify _____
 - f) I do not know
32. Does your religion recommend female circumcision?
- (a) Yes
 - (b) No
 - (c) I do not know
33. Do you think that all societies practice female genital mutilation/ female circumcision like your own community?
- (a) Yes
 - (b) No
 - (c) I do not know

Appendix D

Questionnaire to be filled by Male Students

Instruction

For each of the items/questions, please give your answer(s) by putting a tick mark (✓) in front of the option(s) you think is/are inline with your personal opinion and/ or experience or by writing on the space provided.

1. Age of the respondent-----
2. Marital status of the respondents
 - a) Married
 - b) Unmarried
 - c) Divorced
 - d) Separated
 - e) Widowed
3. Religion of the respondent
 - a) Orthodox Christian
 - b) Protestant Christian
 - c) Catholic
 - d) Muslim
 - e) Wakefata
 - f) Others _____
4. Is female circumcision practiced in your community?
 - a) Yes
 - b) No
 - c) I do not know
5. If yes, at what age do girls undergo circumcision?
 - (a) During infancy (Birth to Two years)
 - (b) During childhood (Two to Twelve years)
 - (c) During Adolescence (Twelve to Twenty years)
 - (d) Immediately before marriage
 - e) Immediately after Marriage
 - f) Immediately before delivery
 - g) After delivery
6. What type of instrument is used to do female circumcision in your community?
You can give more than one answer.
 - a) Sharp stone
 - b) Razor blade
 - c) Scissors
 - d) Broken glass
 - e) Knife
 - f) I do not know
 - g) Others, specify _____

7. During circumcision is the same material used for different individuals or one for each?
- One instrument may be used to circumcise different individuals
 - One instrument is used only for one person
 - I do not know
8. If one instrument is used for different individuals, is the material sterilized or not?
- Sterilized
 - Not sterilized
 - I do not know
9. In your locality, who usually decides about circumcision of females?
- Mother
 - Father
 - Both mother and father (parents)
 - Grand Parents
 - The girl herself
 - Relatives
 - Others, specify _____
 - I do not know
10. Was your mother circumcised?
- Yes
 - No
 - I do not know
11. In the future, would you like to do female genital mutilation on your daughter(s)?
- Yes
 - No
 - I have not decided yet
12. In your community, for what reasons(s) do you think is female circumcision practiced? **You can give more than one answer.**
- Tradition/ culture
 - Religious purpose
 - Hygiene
 - To enhance fertility of woman
 - To control female sexuality
 - Preservation of virginity
 - I do not know
 - Others, specify _____
13. Do you think that female circumcision has to continue?
- Yes
 - No
 - I do not know

14. If Yes, why? **You can give more than one answer.**
- (a) It is tradition/ customary practice
 - (b) It is a religious obligation
 - (c) It is essential for fertility
 - (d) It has hygienic value
 - (e) It increases marriageability
 - (f) It increases male sexual satisfaction
 - (g) It makes females docile, submissive and disciplined
 - (h) It reduces female sexuality
 - (i) To preserve virginity
 - (j) I do not exactly know why it is practiced
15. If No, why? **You can give more than one answer.**
- a) It has no religious basis
 - b) It affects the health of women
 - c) It violates the human rights of women
 - d) It has no scientific ground and medical value
 - e) It affects the sexual life of partners (husband and wife)
 - f) Others, specify _____
16. In your community, is the consent of the girl asked for circumcision?
- a) Yes
 - b) No
 - c) I do not know
17. If you would circumcise your daughter(s), would you ask her/their consent before circumcision?
- (a) Yes
 - (b) No
 - (c) Not decided
18. Do you think that female genital mutilation/ female circumcision affects the health of women?
- (a) Yes
 - (b) No
 - (c) I do not know
19. Do you think that female genital mutilation/ female circumcision is the violation of the human rights of girls/women?
- (a) Yes
 - (b) No
 - (c) I do not know
20. Would you publicly advocate the eradication of female genital mutilation?
- (a) Yes
 - (b) No
 - (c) Not decided

21. What effect do you think that female genital mutilation would have on females' chances of marriage?
- (a) Increases
 - (b) Decreases
 - (c) Has no effect
 - (d) I do not know
22. In your locality, if a girl refuses to undergo female genital mutilation/ female circumcision, what would happen to her? **You can give more than one answer.**
- a) She would be forced to be circumcised
 - b) She would be marginalized in social relationships
 - c) She would not be considered for marriage
 - d) She is usually honored
 - e) I do not know
 - f) Others specify _____
23. Does your religion recommend female circumcision?
- (a) Yes
 - (b) No
 - (c) I do not know
24. Do you prefer circumcised or uncircumcised girl for marriage?
- (a) Circumcised
 - (b) Uncircumcised
 - (c) No preference
25. Do you think that all other communities practice female genital mutilation/ female circumcision like your own community?
- (a) Yes
 - (b) No
 - (c) I do not know

Appendix E

Interview Guide for Religious Leaders

1. Does your religion say anything about female genital mutilation (FGM)? If yes, what does it say?
2. Do you think that FGM is Harmful Traditional Practice? Why?
- 3 Will you sensitize/teach the members of your religion that FGM has no religious base?
4. What do you think is/are the reason(s) for practicing FGM?
5. Did you make any effort either individually or as a religious institution to end FGM? If yes, what was that?

Appendix F

Guides for Focus Group Discussion

1. What is/are the reason(s) for practicing FGM?
2. What are the effects of FGM?
3. How can FGM be eradicated?
4. Has FGM to continue?

Appendix G

Interview Guide for Women's Representatives

1. Is FGM a common practice in your community?
2. If yes, what is its current status?
3. Is there any difference between the kebeles in the prevalence?
4. What measures did you take to overcome this problem?

Yunivarsiitii Finfinnee

Sagantaa Digirii Lammaffaa

Damee Barnoota Saayikoloojii

Gaaf-deebiin kun kan qophaa'e qua'nnoo mata dureen isaa "Kittaana Shamarranii Aanaa Gindabarat keessattiifi Ilaalcha Namoonni Gocha kana irratti Qaban" jedhuuf odeeffannoo sassaabuuf.

Kaayyoo Qu'annoo:

Qu'annoon kun sababa dhagna qabaan dubartii raawwatamuuf baruuf, ilaalcha namootni dhagna qabaa duabartii ilaalchisee qaban beekuufi garaagarummaa ilaalchaa umurii, saalaafi sadarkaa barnootaatiin namoota gidduutti mul'atan hubachuuf geggeeffama.

Dhagna qabaan dubartii barmaatilee miidhaa geessisan keessaa tokko waan ta'eef bu'aan qu'annoo kanaa barsiifata kana hambisuuf sochii godhamu keessatti bakka xiyyeeffannoon itti kennamuu qabu argisiisuudhaan gumaacha kennuu danda'a amantii jedhun qaba.

Kannaf iyyuu odeeffannoo haqa ta'e naaf kennun keessa fiixaan ba'insa qorannichaa fi gummaacha ol'aanaa waan qabuuf odeeffannoo haqa ta'e akka naaf kennitan kabajaan isin gaafadha. Odeeffannoon isin naaf kennitan icciitiidhaan kan qabamu waan ta'eef maqaa keessan barreessuun hin barbaachisu. Odeeffannoon argamu hundumtu dhimma qu'annoo qofaaf malee kaayyoo biraaf hin oolu.

Yeroo keessan aarsaa gootanii gaaffii kana naaf deebisuu keessaniif duraan durseen isin galateeffadha!

Appendix H

Gaaf-deebii Dubartoota Heerumaniin Deebi'u

Ajaja

Gaaffilee filannoon kennameef deebii sirriidha jettee yaaddu fuula duratti mallattoo(✓) kana kaa'uudhaan deebisi. Gaaffiilee yaada dabalataa gaafataniif immoo yaada kee bakka duwwaa kennamanitti barreessuudhaan deebii kenni.

1. Umurii nama deebii kennuu-----
2. Haala gaa'ela nama deebii kennuu
 - a) Kan heerumte
 - b) Kan hinheerumin
 - c) Kan hiikte
 - d) Kan adda baate
 - e) Kan abbaan manaa irraa du'e
3. Amantii nama deebii kennuu
 - (a) Kiristaana Ortodoksii
 - (b) Kiristaana Pirotistaantii
 - (c) Katoolikii
 - (d) Musliima/ Islaama
 - (e) Waaqeffattuu
 - (f) Kan biroo _____
4. Sadarkaa barnootaa nama deebii kennuu
 - a) Kan hinbaranne(barreessuufi dubbisuu hindanda'u)
 - b) Barnoota bu'uuraa
 - c) Sadarkaa tokkoffaa
 - d) Sadarkaa lammaffaa
 - e) Barnoota kolleejjii
 - f) Kan biroo, ibsi _____
5. Hawaasa isin keessa jiraattan keessatti dhagna qabaan dubartii beekamaadha?
 - (a) Eeyyee
 - (b) Lakkii
 - (c) Ani hinbeeku

6. Yoo beekamaadha jette ta'e shamarran/dubartootni dhalatanii waggaa meeqatti dhagna qabatu/kittaanamu?
- Yeroo daa'imummaa (dhalootaa hanga waggaa lamaa)
 - Yeroojoolummaa (waggaa lamaa hanga kudha lamaa)
 - Yeroo dargaggummaa (waggaa kudha lamaa hanga digdamaa)
 - Erga kaadhimatamtee booda
 - Akkuma heerumaniin
 - Da'umsa dura akka da'uumsaaf ga'aniin
 - Da'umsa booda
7. Isin kittaanamtaniittu/ dhagna qabattaniittu?
- Eeyyee
 - Lakkii
8. Yoo kittaanamtaniittu ta'e miirri hamaan kan akka sodaa, dhiphinaafi yaaddoo yeroo kittaanamuuf jettan dura, yeroo kittaanamtaniifi erga kittaanamtaniin booda isin mudatee beeka?
- Eeyyee
 - Lakkii
 - Hinyaadadhu
9. Deebiin keessan yoo eeyyee ta'e, miirri kun guyyaa, yeroo wa'een waan dhagna qabaa dubartiin walqabatu dubbatamu sammuu keessanitti ni dhufa?
- Eeyyee
 - Lakkii
 - Hin yaadadhu
10. Gaaffii 7^{ffaa} f deebiin keessan yoo eeyyee ta'e, miirri akkanaa halkan yeroo raftan sammuu keessanitti ni dhufa?
- Eeyyee
 - Lakkii
 - Hin yaadadhu
11. Gaaffii 6-9 tti kan jiruuf deebiin keessan eeyyee yoo ta'e miirri kun yeroo kam isin jeeqa?
- Yeroo hunda
 - Yeroo tokko tokko
 - Gonkuma
 - Kan biroo, ibsi _____
12. Waa'ee dhagna qabachuu keessanii maal yaaddu?
- Baay'een gaabba
 - Nan gaabba
 - Homtuu natti natti hin dhaga'amu
 - Baay'een gammada
 - Nan gammada

13. Harmeenkeessan kittaanamaniiruu?
 (a) Eeyyee
 (b) Lakkii
 (c) Ani hin beeku
14. Ijoollee dubaraa qabdu?
 a) Qaba
 b) Hin qabu
15. Yoo qabaattan meeqansaaniitu kittaname?
 a) Hundasaanii
 b) Muraasasaanii
 c) Tokkoonsaaniyyuu hin kittaanamne
16. Ijoollota dubaraa keessan keessaa kan hinkittanamin jiru yoo ta'e/ gara fuula duraatti ijoollee dubaraa yoo godhattan ni kittaantu?
 (a) Eeyyee
 (b) Lakkii
 (c) Hinmurteessine
17. Hawaasni isin keessa jiraattan shamarran kittaanuuf meeshaalee attamii fayyadama?
 a) Dhagaa qara-qabeessa
 b) Millaaccii (qaraba)
 c) Maqasii
 d) Cabaa burcuqqoo
 e) Haaduu
 f) Hin beeku
 g) Kan biroo, ibsi _____
18. Naannoo keessanitti kittaanaaf meeshaan tokko nama hedduuf fayyadamoo meeshaan tokko namuma tokkoof ta'a?
 a) Meeshaan tokkichi namoota adda addaa kittaanuuf fayyaduu danda'a
 b) Meeshaan tokko namuma tokko qofaaf fayyada
 c) Hin beeku
19. Yoo meeshaan tokkichi nama baay'eedhaaf fayyada ta'e meeshichi akka dhibee namaa namatti hindabarsineef ni hadoochifamaa (sterilized)?
 (a) Ni hadoochifama (Sterilized)
 (b) Hin hadoochifamu (Not sterilized)

20. Hawaasa isin keessa jiraattan keessatti dhagna qabaan dubartii sababa maaliitiif raawwatama jettanii yaaddu? **Deebii tokkoo ol kennuun ni danda'ama**
- a) Barsiifata / aadaa
 - b) Dhimma amantiif
 - c) Qulqullinaaf
 - d) Dubartootni akka dhala godhatan gochuuf (maseenummaa hmbisuuf)
 - e) Fedhii saalaa dubartii to'achuuf/ hir'isuuf
 - f) Durbummaa eeguuf
 - g) Hin beeku
 - h) Kan biroo, ibsi _____
21. Hawaasa isin keessa jiraattan keessatti yeroo baay'ee waa'ee kittaannaa shamarranii kan murteessu eenyu? **Deebii tokkoo ol kennuun ni danda'ama**
- a) Haadha
 - b) Abbaa
 - c) Haadhaafi abbaa
 - d) Akkoofi akaakaa
 - e) Shamarree kittaannamu
 - f) Firoota
 - g) Kan biroo, ibsi _____
 - h) Ani hin beeku
22. Dhagna qabaan dubartii itti fufuu qaba jettanii yaaddu?
- (a) Eeyyee itti fufuu qaba
 - (b) Lakkii itti fufuu hinqabu
 - (c) Ani hin beeku
23. Yoo itti fufuu qaba jettan maaliif? **Deebii tokkoo ol kennuun ni danda'ama**
- (a) Gocha barsiifatame waan ta'eef
 - (b) Dirqama amantiif waan ta'eef
 - (c) Dhala godhachuuf barbaachisaa waan ta'eef
 - (d) Qulqullinaaf waan gargaaruuf
 - (e) Carraa heerumaa waan dabaluuuf
 - (f) Dubartoota garraamii, ofkennoofi naamusa-qaboota waan taasisuuf
 - (g) Fedhii saalaa dubartii (female sexuality) waan hir'isuuf
 - (h) Durbummaa waan eeguuf
 - (i) Maaliif akka inni raawwatamu sirriitti hinbeeku
 - (j) Kan biroo, ibsi _____

24. Yoo itti fufuu hinqabu ta'e maaliif? Deebii tokkoo ol kennuun ni danda'ama

- a) Amantiidhaan waan walitti hinqabanneef (amantiin waan hinajanneef)
- b) Fayyaa dubartootaa waan miidhuuf
- c) Mirga dhala namummaa dubartootaa waan dhiibuuf
- d) Bu'uura saayinsaawaafi bu'aa meedikaalawaa waan hinqabneef
- e) Fedhii saalaa dubartii waan miidhuuf
- f) Da'umsarratti waan rakkisuuf
- (g) Kan biroo, ibsi

25. Hawaasa isin keessa jiraattan keessatti kittaanni shamarranii fedhii/hayyama nama kittaamuutiin raawwatama?

- (a) Eeyyee
- (b) Lakkii
- (c) Hin beeku

26. Yoo kittaanamtaniittu ta'e utuu hinkittaamin dura fedhii/hayyama keessan gaafatamtaniittu?

- (a) Eeyyee
- (b) Lakkii
- (c) Hin yaadadhu

27. Gara fuula duraatti yoo ijoollota dubaraa keessan kittaantaniittu ta'e utuu hinkittaamin dura fedhii/hayyama isaanii gaafataniittuu?

- a) Gaafadheera
- (b) Hingaafatne

28. Gara fuula duraatti yoo ijoollota dubaraa keessan ni kittaantu ta'e utuu hinkittaamin dura fedhii/hayyama isaanii ni gaafattu?

- (a) Nangaafadha
- (b) Hingaafadhu
- (c) Hin murteessine

29. Dhagna qabaan dubartii fayyaa dubartootaa ni miidha jettanii yaadduu?

- (a) Eeyyee
- (b) Lakkii
- (c) Hinbeeku

30. Dhagna qabaan dubartii mirga dhala namummaa shamarranii/dubartootaa dhiibuu dha jettanii yaaddu?

- (a) Beeka
- (b) Hinbeeku

31. Amantiin isin hordoftan dhagna qabaa dubartii ni ajaja?

- (a) Ni ajaja
- (b) Hin ajaju
- (c) Ani hin beeku

32. Dhagna qabaan dubartii akka hafuuf ifatti ni dubbattu/ ni barsiiftu?

- (a) Eeyyee
- (b) Lakkii
- (c) Hinmurteessine

33. Naannoo isin jiraattanitti shamarreen tokko yoo dhagna qabachuu didde maaltu isheerraga'a? **Deebii tokkoo ol kennuun ni danda'ama**

- (a) Dhagna qabachuuf ni dirqisiifamti
- (b) Itti kolfama
- (c) Heerumaaf hin gaafatamtu
- (d) Yeroo baay'ee ni kabajamti
- (e) Hin beeku
- (f) Kan biroo, ibsi _____

34. Dhagna qabaan carraa heerumuu shamarranii irratti dhiibbaa maalii qaba jettanii yaaddu?

- (a) Carraa heerumuu ni dabala
- (b) Carraa heerumuu ni hir'isa
- (c) Dhiibbaa hin qabu
- (d) Kan biroo, ibsi _____
- (e) Ani hin beeku

35. Hawaasni hundumtuu akkuma hawaasa isin keessa jiraattanii waan kittaana dubartii raawwatu isinitti fakkaata?

- (a) Eeyyee
- (b) Lakkii

Appendix I

Gaaf-deebii Dhiirota Fuudhaniin Deebi'u

Ajaja

Gaaffilee filannoon kennameef deebii sirriidha jettee yaaddu fuula duratti mallattoo(√) kana kaa'uudhaan deebisi. Gaaffiilee yaada dabalataa gaafataniif immoo yaada kee bakka duwwaa kennamanitti barreessuudhaan deebii kenni.

1. Umurii nama deebii kennuu-----

2. Haala gaa'ela nama deebii kennuu

- a) Kan Fuudhe
- b) Kan hinfuudhin
- c) Kan hiike
- d) Kan adda ba'e
- e) Kan haadhi manaa jalaa duute

3. Amantii nama deebii kennuu

- a) Kiristaana Ortodoksii
- b) Kiristaana Pirotistaantii
- c) Katoolikii
- d) Musliima/ Islaama
- e) Waaqeffattuu
- f) Kan biroo _____

4. Sadarkaa barnootaa nama deebii kennuu

- a) Kan hinbaranne(barreessuufi dubbisuu hindanda'u)
- b) Barnoota bu'uuraa
- c) Sadarkaa tokkoffaa
- d) Sadarkaa lammaffaa
- e) Barnoota kolleejjii
- f) Kan biroo, ibsi _____

5. Hawaasa isin keessa jiraattan keessatti dhagna qabaan dubartii beekamaadha?

- (a) Eeyyee
- (b) Lakkii
- (c) Ani hinbeeku

6. Yoo beekamaadha jette ta'e shamarran/dubartootni dhalatanii waggaa meeqatti dhagna qabatu/kittaanamu?
- Yeroo daa'imummaa (dhalootaa hanga waggaa lamaa)
 - Yeroojoolummaa (waggaa lamaa hanga kudha lamaa)
 - Yeroo dargaggummaa (waggaa kudha lamaa hanga digdamaa)
 - Erga kaadhimatamtee booda
 - Akkuma heerumaniin
 - Da'umsa dura akka da'uumsaaf ga'aniin
 - Da'umsa booda
7. Hawaasi isin keessa jiraattan shamarran kittaanuuf meeshaalee attamii fayyadama?
- Dhagaa qara-qabeessa
 - Millaaccii(qaraba)
 - Maqasii
 - Cabaa burcuqqoo
 - Haaduu
 - Hin beekuu
 - Kan biroo, ibsi _____
8. KittaanAAF meeshaan tokko nama hedduuf fayyadamoo meeshaan tokko namuma tokkoof ta'a?
- Meeshaan tokkichi namoota adda addaa kittaanuuf fayyaduu danda'a
 - Meeshaan tokko namuma tokko qofaaf fayyada
 - Hin beeku
9. Yoo meeshaan tokkichi nama baay'eedhaaf fayyada ta'e meeshichi akka dhibee namaa namatti hindabarsineef ni hadoochifamaa (sterilized)?
- Ni hadoochifama (Sterilized)
 - Hin hadoochifamu (Not sterilized)
10. Harmeenkeessan kittaanamaniiruu?
- Eeyyee
 - Lakkii
 - Ani hin beeku
11. Ijolllee dubaraa qabdu?
- Qaba
 - Hin qabu
12. Yoo qabaattan meeqansaaniitu kittaaname?
- Hunda isaanii
 - Muraasa isaanii
 - Tokkoon isaaniyyuu hin kittaanamne

13. Ijoollota dubaraa keessan keessaa kan hinkittaanamin jiru yoo ta'e/ gara fuula duraatti ijoollee dubaraa yoo godhattan ni kittaantu?
 (a) Eeyyee
 (b) Lakkii
 (c) Hinmurteessine
14. Hawaasa isin keessa jiraattan keessatti yeroo baay'ee waa'ee shamarran kittaannu kan murteessu eenyu? **Deebii tokkoo ol kennuun ni danda'ama**
 a) Haadha
 b) Abbaa
 c) Haadhaafi abbaa
 d) Akkoofi akaakaa
 e) Shamarree kittaannamu
 f) Firoota
 g) Kan biroo, ibsi _____
 h) Ani hin beeku
15. Hawaasa isin keessa jiraattan keessatti dhagna qabaan dubartii sababa maaliif raawwatama jettanii yaaddu? **Deebii tokkoo ol kennuun ni danda'ama**
 a) Barsiifata / aadaa
 b) Dhimma amantiif
 c) Qulqullinaaf
 d) Dubartootni akka dhala godhatan gochuuf (maseenummaa hambisuuf)
 e) Fedhii saalaa dubartii to'achuuf/ hir'isuuf
 f) Durbummaa eeguuf
 g) Hin beeku
 h) Kan biroo, ibsi _____
16. Dhagna qabaan dubartii itti fufuu qaba jettanii yaadddu?
 (a) Eeyyee itti fufuu qaba
 (b) Lakkii itti fufuu hinqabu
 (c) Ani hin beeku
17. Yoo itti fufuu qaba jettan maaliif? **Deebii tokkoo ol kennuun ni danda'ama**
 a) Gocha barsiifatame waan ta'eef
 b) Dirqama amantiif waan ta'eef
 c) Dhala godhachuuf barbaachisaa waan ta'eef
 d) Qulqullinaaf waan gargaaruuf
 e) Carraa heerumaa waan dabaluuf
 f) Dubartoota garraamii, ofkennoofi naamusa-qaboota waan taasisuuf
 g) Fedhii saalaa dubartii (female sexuality) waan hir'isuuf
 h) Durbummaa waan eeguuf
 i) Maaliif akka inni raawwatamu sirriitti hinbeeku
 j) Kan biroo, ibsi _____

18. Yoo itti fufuu hinqabu ta'e maaliif? **Deebii tokkoo ol kennuun ni danda'ama**
- Amantiidhaan waan walitti hinqabanneef (amantiin waan hinajajneef)
 - Fayyaa dubartootaa waan miidhuuf
 - Mirga dhala namummaa dubartootaa waan dhiibuuf
 - Bu'uura saayinsaawaafi bu'aa meedikaalawaa waan hinqabneef
 - Fedhii saalaa dubartii waan miidhuuf
 - Da'umsarratti waan rakkisuuf
 - Kan biroo, ibsi
-
19. Hawaasa isin keessa jiraattan keessatti kittaanni shamarranii fedhii/hayyama nama kittaanamutiin raawwatama?
- Eeyyee
 - Lakkii
 - Hin beeku
20. Yoo ijoolota dubaraa keessan kittaantaniittu ta'e utuu hinkittaanin dura fedhii/hayyama isaanii gaafattaniittu?
- Eeyyee
 - Lakkii
21. Gara fuula duraatti ijoolota dubaraa keessan ni kittaantu yoo ta'e utuu hinkittaanamin dura fedhii/hayyama isaanii ni gaafattu?
- Nangaafadha
 - Hingaafadhu
 - Hin murteessine
22. Dhagna qabaan dubartii fayyaa dubartootaa ni miidha jettanii yaaddu?
- Eeyyee
 - Lakkii
 - Hin beeku
23. Dhagna qabaan dubartii mirga dhala namummaa shamarranii/dubartootaa dhiibuu dha jettanii yaaddu?
- Eeyyee
 - Lakkii
24. Amantiin isin hordoftan dhagna qabaa dubartii ni ajaja?
- Ni ajaja
 - Hin ajaju
 - Ani hin beeku
25. Dhagna qabaan dubartii akka hafuuf ifatti ni dubbattu/ ni barsiiftu?
- Eeyyee
 - Lakkii
 - Hin murteessine

26. Naannoo isin jiraattanitti shamarreen tokko yoo dhagna qabachuu didde maaltu isheerra ga'a? **Deebii tokkoo ol kennuun ni danda'ama**
- Dhagna qabachuuf ni dirqisiifamti
 - Jireenya hawwaasummaa keessatti namootni ofirraa ishee fageessu
 - Heerumaaf hin gaafatamtu
 - Yeroo baay'ee ni kabajamti
 - Kan biroo, ibsi _____
 - Hin beeku
27. Dhagna qabaan carraa heerumuu shamaranii irratti dhibba maalii qaba jettanii yaaddu?
- Carraa heerumuu ni dabala
 - Carraa heerumuu ni hir'isa
 - Dhiibbaa hin qabu
 - Kan biroo, ibsi _____
 - Ani hin beeku
28. Hawaasni hundumtuu akkuma hawaasa isin keessa jiraattanii waan kittaana dubartii raawwatu isinitti fakkaata?
- Eeyyee
 - Lakkii
 - Ani hin beeku

APPENDIX J

Gaaf-deebii Barattoota Shamarraniin Deebi'u

Ajaja

Gaaffilee filannoon kennameef deebii sirriidha jettee yaaddu fuula duratti mallattoo (√) kana kaa'uudhaan deebisi. Gaaffiilee yaada dabalataa gaafataniif immoo yaada kee bakka duwwaa kennamanitti barreessuuhdaan deebii kenni.

1. Umurii nama deebii kennuu-----
2. Haala gaa'ela nama deebii kennuu
 - a) Kan heerumte
 - b) Kan hinheerumin
 - c) Kan hiikte
 - d) Kan adda baate
 - e) Kan abbaan manaa irraa du'e
3. Amantii nama deebii kennuu
 - (a) Kiristaana Ortodoksii
 - (b) Kiristaana Protestaantii
 - (c) Katoolikii
 - (d) Musliima/Islaama
 - (e) Waaqeffattuu
 - (f) Kan biroo _____
4. Hawaasa ati keessa jiraattu keessatti dhagna qabaan dubartii beekamaadha?
 - (a) Eeyyee
 - (b) Lakkii
 - (c) Ani hinbeeku
5. Yoo beekamaadha ta'e shamarran/dubartootni dhalatani waggaa meeqatti dhagna qabatu/kittaanamu?
 - (a) Yeroo daa'imummaa (dhalootaa hanga waggaa lamaa)
 - (b) Yeroo ijoolummaa (waggaa lamaa hanga kudha lamaa)
 - (c) Yeroo dargaggummaa (waggaa kudha lamaa hanga digdamaa)
 - (d) Erga kaadhimatamtee booda
 - (e) Akkuma heerumaniin
 - (f) Da'umsa dura akka da'uumsaaf ga'aniin
 - (g) Da'umsa booda
6. Ati kittaanamteetta/ dhagna qabatteetta?
 - (a) Eeyyee
 - (b) Lakkii

7. Yoo kittaanamteetta ta'e miirri hamaan Kan akka sodaa, dhiphinaafi yaaddoo yeroo kittaamuuf jettu dura, yeroo kittaanamteefi erga kittaanamteen booda simudate jira?
- Eeyyee
 - Lakkii
 - Hinyaadadhu
8. Deebiin kee yoo eeyyee ta'e, miirri kun guyyaa, yeroo wa'een waan dhagna qabaa dubartiin walqabatuu dubbatamu sammuu keetti ni dhufa?
- Eeyyee
 - Lakkii
 - Hin yaadadhu
9. Gaaffii 6^{ffaa} f deebiin kee yoo eeyyee ta'e, miirri akkanaa halkan yeroo raftu sammuu keetti ni dhufa?
- Eeyyee
 - Lakkii
 - Hin yaadadhu
10. Gaaffii 6-8 tti kan jiruuf deebiin kee eeyyee yoo ta'e miirri kun hangam si jeeqa?
- Yeroo hunda
 - Yeroo tokko tokko
 - Gonkuma
11. Dhagna hin qabatne yoo taate gara fuula duraatti dhagna qabachuu ni yaaddaa?
- Eeyyee
 - Lakkii
 - Hin murteessine
12. Yoo dhagna hin qabatne taate waa'ee dhagna qabachuu dhiisuu keettii maal yaadda/maaltu sitti dhagaama?
- Baay'een gammada
 - Ittin qana'a
 - Heerumuu dhiisuun danda'a jedheen yaadda'a
 - Homtuu natti hin dhaga'amu
 - Kan biroo, ibsi
-
13. Harmeenkees kittaanamaniiru?
- Eeyyee
 - Lakkii
 - Ani hin beeku
14. Gara fuula duraatti ijoollee dubaraa yoo godhatte ni kittaantaa?
- Eeyyee
 - Lakkii
 - Hanga ammaatti hin murteessine

15. Hawwaasni ati keessa jiraattu shamarran kittaanuuf meeshaalee attamii fayyadama? **Deebii tokkoo ol kennuun ni danda'ama**
- Dhagaa qara-qabeessa
 - Millaaccii(qarabaa)
 - Maqasii
 - Cabaa burcuqqoo
 - Haaduu
 - Hin beekuu
 - Kan biroo, ibis _____
16. Kittaanaaf meeshaan tokko nama hedduuf fayyadamoo meeshaan tokko namuma tokkoof ta'a?
- Meeshaan tokkichi namoota adda addaa kittaanuuf fayyada
 - Meeshaan tokko namuma tokko qofaaf fayyada
 - Ani hin beeku
17. Yoo meeshaan tokkichi nama baay'eef fayyada ta'e meeshichi akka dhibee namaa namatti hindabarsineef ni hadoochifamaa (sterilized)?
- Ni hadoochifama (Sterilized)
 - Hin hadoochifamu (Not sterilized)
 - Ani hinbeeku
18. Hawwaasa ati keessa jiraattu keessatti yeroo baay'ee waa'ee kittaana shamarranii kan murteessu eenyu? **Deebii tokkoo ol kennuun ni danda'ama**
- Haadha
 - Abbaa
 - Haadhaafi abbaa
 - Akkoofi akakaakayyuu
 - Shamarree kittaanamtu
 - Firoota
 - Kan biroo, ibsi _____
 - Ani hin beeku
19. Waa'ee dhagna qabachuu keetii maal yaadda?
- Baay'een gaabba
 - Nan gaabba
 - Homtuu natti hin dhaga'amu
 - Baay'een gammada
 - Nan gammada
 - Kan biroo, ibsi _____

20. Hawwaasa ati keessa jirtu keessatti dhagna qabaan dubartii sababa maaliitiif raawwatama jettee yaadda? **Deebii tokkoo ol kennuun ni danda'ama**
- Barsiifata / aadaa
 - Dhimma amantiif
 - Qulqullinaaf
 - Dubartootni akka dhala godhatan gochuuf (maseenummaa hambisuuf)
 - Fedhii saalaa dubartii to'achuuf/ hir'isuuf
 - Durbummaa eeguuf
 - Hin beeku
 - Kan biroo, ibsi _____
21. Dhagna qabaan dubartii itti fufuu qaba jettee yaaddaa?
- Eeyyee itti fufuu qaba
 - Lakkii itti fufuu hinqabu
 - Ani hin beeku
22. Yoo itti fufuu qaba jette maaliif? **Deebii tokkoo ol kennuun ni danda'ama**
- Gocha barsiifatame waan ta'eef
 - Dirqama amanti waan ta'eef
 - Dhala godhachuuf barbaachisaa waan ta'eef
 - Qulqullinaaf waan gargaaruuf
 - Carraa heerumaa waan dabaluuf
 - Dubartoota garraamii, ofkennoofi naamusa-qaboota waan taasisuuf
 - Fedhii saalaa dubartii (female sexuality) waan hir'isuuf
 - Durbummaa waan eeguuf
 - Maaliif akka inni raawwatamu sirriitti hinbeeku
 - Kan biroo, ibsi _____
23. Yoo itti fufuu hinqabu ta'e maaliif? **Deebii tokkoo ol kennuun ni danda'ama**
- Amantiidhaan waan walitti hinqabanneef (amantiin waan hin ajajneef)
 - Fayyaa dubartootaa waan miidhuuf
 - Mirga dhala namummaa dubartootaa waan dhiibuuf
 - Bu'uura saayinsaawaafi bu'aa meedikaalawaa waan hinqabneef
 - Fedhii saalaa dubartii waan miidhuuf
 - Da'umsarratti waan rakkisuuf
 - Kan biroo, ibsi
24. Naannoo ati jiraattutti kittaanni shamarranii fedhii/hayyama shamarree kittaamuutiin raawwatama?
- Eeyyee
 - Lakkii
 - Ani hin beeku

25. Yoo kittaanamteetta ta'e utuu hinkittaanamin dura fedhii/hayyama kee gaafatamteetta?
 (a) Eeyyee
 (b) Lakkii
 (c) Hin yaadadhu
26. Yoo ijoolloota dubaraa kee ni kittaanta ta'e utuu hinkittaanamin dura fedhii/hayyama isaanii ni gaafatta?
 (a) Nangaafadha
 (b) Hingaafadhu
 (c) Hin murteessine
27. Dhagna qabaan dubartii fayyaa dubartootaa ni miidha jettee yaaddaa/ akka miidhuu danda'uu sirra ga'ee argiteetta?
 (a) Eeyyee
 (b) Lakkii
 (c) Ani hin beeku
28. Dhagna qabaan dubartii mirga dhala namummaa shamarranii/ dubartootaa dhiibuudha jettee yaadda?
 (a) Eeyyee
 (b) Lakkii
 (c) Ani hin beeku
29. Dhagna qabaan dubartii akka hafuuf mul'inatti ni dubbatta?
 (a) Eeyyee
 (b) Lakkii
 (c) Hinmurteessine
30. Dhagna qabaan carraa heerumuu keetii irratti dhibba maalii qaba jettee yaadda?
 (a) Carraa heerumuu ni dabala
 (b) Carraa heerumuu ni hir'isa
 (c) Dhiibbaa hin qabu
 (d) Ani hin beeku
31. Naannoo ati jiraattutti shamarreen tokko yoo dhagna qabachuu didde maaltu ishee irra ga'a? **Deebii tokkoo ol kennuun ni danda'ama**
 a) Dhagna qabachuuf ni dirqisiifamti
 b) Jireenya hawwaasummaa keessatti namootni ofirraa ishee fageessu
 c) Heerumaaf hin gaafatamtu
 d) Yeroo baay'ee ni kabajamti
 e) Kan biroo, ibsi _____
 f) Hin beeku

32. Amantiin ati hordoftu dhagna qabaa dubartii ni ajaja?

- (a) Ni ajaja
- (b) Hin ajaju
- (c) Ani hin beeku

33. Hawwaasni hundumtuu akkuma hawaasa ati keessa jiraattuu waan kittaana dubartii raawwatu sitti fakkaata?

- (a) Eeyyee
- (b) Lakkii
- (c) I do not know

Appendix K

Gaaf-deebii Barattoota dhiiraatiin Deebi'u Ajaja

Gaaffilee filannoon kennameef deebii sirriidha jettee yaaddu fuula duratti (✓)
mallattoo kana kaa'uudhaan deebisi. Gaaffilee yaada dabalataa barbaadaniif
immoo yaada kee bakka duwwaa kennamanitti barreessuudhaan deebisi.

1. Umurii nama deebii kennuu-----
2. Haala gaa'ela nama deebii kennuu
 - a) Kan fuudhe
 - b) Kan hinfuudhin
 - c) Kan hiike
 - d) Kan adda ba'e
 - e) Kan haadhi manaa jalaa duute
3. Amantii nama deebii kennuu
 - (a) Kiristaana Ortodoksii
 - (b) Kiristaana Protestaantii
 - (c) Katoolikii
 - (d) Musliima/Islaama
 - (e) Waaqeffataa
 - (f) Kan biroo _____
4. Hawaasa ati keessa jiraattu keessatti dhagna qabaan dubartii beekamaadha?
 - (a) Eeyyee
 - (b) Lakkii
 - (c) Ani hinbeeku
5. Yoo beekamaadha ta'e shamarran/dubartootni dhalatanii waggaa meeqatti dhagna qabatu/kittaanamu?
 - (a) Yeroo daa'imummaa (dhalootaa hanga waggaa lamaa)
 - (b) Yeroo ijoolummaa (waggaa lamaa hanga kudha lamaa)
 - (c) Yeroo dargaggummaa (waggaa kudha lamaa hanga digdamaa)
 - (d) Erga kaadhimatamtee booda
 - (e) Akkuma heerumaniin
 - (f) Da'umsa dura akka da'uumsaaf ga'aniin
 - (g) Da'umsa booda

6. Hawaasi ati keessa jiraattu shamarran kittaanuuf meeshaalee attamii fayyadama?

- a) Dhagaa qara-qabeessa
- b) Millaaccii(qarabaa)
- c) Maqasii
- d) Cabaa burcuqqoo
- e) Haaduu
- e) Hin beekuu
- f) Kan biroo, ibsi _____

7. Kittaanaaf meeshaan tokko nama hedduuf fayyadamoo meeshaan tokko namuma tokkoof ta'a?

- a) Meeshaan tokkichi namoota adda addaa kittaanuuf fayyada
- b) Meeshaan tokko namuma tokko qofaaf fayyada
- c) Hin beeku

8. Yoo meeshaan tokkichi nama baay'eedhaaf fayyada ta'e meeshichi akka dhibee namaa namatti hindabarsineef ni hadoochifamaa (sterilized)?

- (a) Ni hadoochifama (Sterilized)
- (b) Hin hadoochifamu (Not sterilized)
- (c) Ani hin beeku

9. Hawaasa ati keessa jiraattu keessatti yeroo baay'ee waa'ee kittaannaa shamarranii kan murteessu eenyu? **Deebii tokkoo ol kennuun ni danda'ama**

- a) Haadha
- b) Abbaa
- c) Haadhaafi abbaa
- d) Akkoofi akakaakayyuu
- e) Shamarree kittaanamtu
- f) Firoota
- g) Kan biroo, ibsi _____
- h) Ani hin beeku

10. Harmeenkees kittaanamaniiru/ dhagna qabataniiru?

- (a) Eeyyee
- (b) Lakkii
- (c) Ani hin beeku

11. Ijoollee dubaraa kee ni kittaanta?

- a) Eeyyee
- b) Lakkii
- c) Hanga ammaatti hin murteessine

12. Hawaasa ati keessa jiraattu keessatti dhagna qabaan dubartii sababa maaliitiif raawwatama jettee yaadda? **Deebii tokkoo ol kennuun ni danda'ama**
- Barsiifata / aadaa
 - Dhimma amantiif
 - Qulqullinaaf
 - Dubartootni akka dhala godhatan gochuuf (maseenummaa hambisuuf)
 - Fedhii saalaa dubartii to'achuuf/ hir'isuuf
 - Durbummaa eeguuf
 - Hin beeku
 - Kan biroo, ibsi _____
13. Dhagna qabaan dubartii itti fufuu qaba jettee yaadda?
- Eeyyee itti fufuu qaba
 - Lakkii itti fufuu hinqabu
 - Ani hin beeku
14. Yoo itti fufuu qaba jette maaliif? **Deebii tokkoo ol kennuun ni dandeessa**
- Gocha barsiifatame waan ta'eef
 - Dirqama amantiif waan ta'eef
 - Dhala godhachuuf barbaachisaa waan ta'eef
 - Qulqullinaaf waan gargaaruuf
 - Carraa heerumaa waan dabaluuuf
 - Dubartoota garraamii, ofkennoofi naamusa-qaboota waan taasisuuf
 - Fedhii saalaa dubartii (female sexuality) waan hir'isuuf
 - Durbummaa waan eeguuf
 - Maaliif akka inni raawwatamu sirriitti hinbeeku
 - Kan biroo, ibsi _____
15. Yoo itti fufuu hinqabu ta'e maaliif? **Deebii tokkoo ol kennuun ni dandeessa**
- Amantiidhaan waan walitti hinqabanneef (amantiin waan hinajanneef)
 - Fayyaa dubartootaa waan miidhuuf
 - Mirga dhala namummaa dubartootaa waan dhiibuuf
 - Bu'uura saayinsaawaafi bu'aa meedikaalawaa waan hinqabanneef
 - Fedhii saalaa dubartii waan miidhuuf
 - Da'umsarratti waan rakkisuuf
 - Kan biroo, ibsi _____
16. Naannoo ati jiraattutti kittaanni shamarranii fedhii/hayyama nama kittaamuutiin raawwatama?
- Eeyyee
 - Lakkii
 - Ani hinbeeku

17. Yoo ijoollota dubaraa kee ni kittaanta ta'e utuu hinkittaanamin dura fedhii/hayyama isaanii ni gaafatta?
 (a) Nangaafadha
 (b) Hingaafadhu
 (c) Hin murteessine
18. Dhagna qabaan dubartii fayyaa dubartootaa ni miidha jettee yaadda?
 (a) Eeyyee (b) Lakkii (c) Ani hin beeku
19. Dhagna qabaan dubartii mirga dhala namummaa shamarranii/dubartootaa dhiibuu dha jettee yaadda?
 (a) Beeka (b) Hinbeeku
20. Dhagna qabaan dubartii akka hafuuf ifatti ni dubbatta?
 (a) Eeyyee
 (b) Lakkii
 (c) Hinmurteessine
21. Dhagna qabaan carraa heerumuu shamarranii irratti dhibba maalii qaba jettee yaadda?
 (a) Carraa heerumuu ni dabala
 (b) Carraa heerumuu ni hir'isa
 (c) Dhiibbaa hin qabu
 (d) Kan biroo, ibsi _____
 (e) Ani hin beeku
22. Naannoo ati jiraattutti shamarreen tokko yoo dhagna qabachuu didde maaltu ishee irra ga'a? **Deebii tokkoo ol kennuu ni dandeessa**
 a) Dhagna qabachuuf ni dirqisiifamti
 b) Jireenya hawaasummaa keessatti namootni ofirraa ishee fageessu
 c) Heerumaaf hin gaafatamtu
 d) Yeroo baay'ee ni kabajamti
 e) Hin beeku
 f) Kan biroo, ibsi _____
23. Amantiin ati hordoofu dhagna qabaa dubartii ni ajaja?
 (a) Ni ajaja
 (b) Hin ajaju
 (c) Ani hin beeku
24. Fuudhaaf, shamarree kittaanamte moo kan hinkittaanamin filatta?
 (a) Kan kittaanamte
 (b) Kan hinkittaanamin
 (c) Garaagarummaa hinqabu
25. Hawaasni hundumtuu akkuma hawaasa ati keessa jiraattuu waan kittaana dubartii raawwatu sitti fakkaata?
 (a) Eeyyee
 (b) Lakkii
 (c) Ani hin beeku

APPENDIX L

Gaaffiifi Deebii Aabboota Amantiitiif Kan Qophaa'e

1. Amantiin keessan waa'ee dhagna qabaa dubartii waan jedhu qaba? Yoo waan jedhu qaba ta'e maal jedha?
2. Dhagna qabaan dubartii barsiifata miidhaa geessisuudha jettanii yaaddu? Maaliif?
3. Dhagna qabaan dubartii bu'uura amantii hin qabu jettanii amantoota keessan ni barsiiftu?
4. Sababni dhagna qabaa dubartii maal jettanii yaaddu/ dhagna qabaan dubartii maliif raawwatama?
5. Dhagna qabaa dubartii hambisuuf yaaliin gootan jira? Yoo jiraate mal?

APPENDIX M

Marii Gareetiif kan qophaa'e

1. Sababni dhagna qabaa dubartii maal/ dhagna qabaan dubartii maliif raawwatama?
2. Dhiibbaawwan dhagna qabaa dubartii maal?
3. Dhagna qabaan dubartii akkamitti dhaabachuu/ baduu danda'a?
4. Dhagna qabaan dubartii itti fufuu qaba?

APPENDIX N**Gaaffiifi Deebii Bakka Bu'oota Dubartootaatiif Dhiyaate**

1. Dhagna qabaan dubartii aanaa keessan keessatti beekamaadha?
2. Yoo beekamaadha ta'e yeroo ammaa haala maalii irratti argama?
3. Gocha kana ilaalchisee gandoolee aanaa keessan keessatti argaman gidduu garaagarummaan ni mul'ata?
4. Gocha kana hambisuuf tarkaanfiin fudhattan jira? Yoo jiraate maal?

Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any of other universities and all source materials used for the study have been duly acknowledged.

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Date: 09/07/07

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The thesis has been submitted for examination with my approval as a university advisor.

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Signature: 

Date of submission: 7/7/07

Place: - Addis Ababa University, Addis Ababa, Ethiopia