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THE PREVALENCE OF FEMALE GENITAL MUTILATION (FGM): THE PROSPECTIVE FORM OF ANGACHA DISTRICT KEMBATA COMMUNITY; SNNPRS, ETHIOPIA

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ABSTRACT**:** *Female Genital Mutilation (FGM) is recognized internationally as a violation of human rights of girls and women constituting an extreme form of gender discrimination with documented health consequences. The study aimed to* assess the prevalence of FGM practice in the study area. *A community based cross-sectional study design was applied. Both quantitative and qualitative study methods are employed. A total of 278 women at reproductive age (15-49) are sampled for the study from six randomly selected kebeles of Angacha woreda. The survey data was analyzed by SPSS software version 20. Descriptive statistics such as mean, percentage, and frequency are used for analyzing data. Qualitative data is analyzed thematically and the result is presented in narration. From study participants, 92.4% are practiced FGM, and 77.7% of are undergone themselves. The practice is undergone by health professionals at night time. Traditions, reproductive and community roles, norms, and values regarding gender equality are the major push factors for the continuation of the FGM. Mothers are the primary supporters of the practice in the family. Based on the findings, it was concluded that, the prevalence of FGM is high in the study area. Attitudinal transformation is needed through a cooperative and collaborative campaign of all stakeholders in the entire community by arranging trainings, workshops, and media to minimize the prevalence of female genital mutilation.*

KEYWORDS*:* prevalence, Female Genital Mutilation, Kembata Community

INTRODUCTION

Female Genital Mutilation (FGM) is recognized internationally as a violation of the human rights of girls and women constituting an extreme form of gender discrimination with documented health consequences (WHO, 2010). Worldwide about 140 million girls and women are living with the consequences of FGM. While reasons for the practice vary across cultural groups, religious reasons rest on the belief that it is a religious requirement and socio-economic reasons include beliefs that FGM is a prerequisite for marriage or an economic necessity in cases where women are largely dependent on men (UNFPA, 2013).

A global review of FGM shows that the custom of FGM is known to be practiced in one form or on another in more than 28 countries in Africa including Ethiopia. The practice of FGM is most prevalent in African countries such as Ethiopia, Nigeria, Sudan, and Egypt (Allen et al, 2013 and WHO, 2011). Ethiopia has been also one of the countries with the highest rates of Female Genital Cutting in Africa, according to the UN Secretary General's report on violence against children

(UN, 2012).The term "prevalence" is used to describe the proportion of women and girls now living in a country who has undergone FGM at some stage in their lives. This is distinct from the incidence of FGM which describes the proportion of women and girls who have undergone the procedure within a particular period, which could be contemporary or historical (Roman, 2011). According to the Demographic Health Survey (DHS), the estimated prevalence of FGM in girls and women (15-49 years) in Ethiopia is 74.3% (DHS, 2005). In communities where it is practiced, FGM is not viewed as a dangerous act and a violation of rights, but as a necessary step to raise a girl 'properly', to protect her and, in many instances, to make her eligible for marriage (UNICEF, 2010).

Southern nation's nationalities and Peoples region (SNNPR) Ethiopia is the home of many nations, nationalities and peoples with different cultures and languages. Most of the peoples (over 85%) live in rural areas with low access to health, education and other social services. The result of the above reasons Female genital mutilation (FGM) and other harmful traditional practices performed in this diversified ethnic groups of southern Ethiopia (Sintayehu, 2017). Culture and traditional ideology had highly constrained women's empowerment; it highly affected their economic, social, and political participation and constrains their reproductive and sexual decision-making power. It can be argued that providing women access to resources is important to ensure their empowerment but it is not the only one to reach that end. In addition to providing access to resources, it is necessary to reverse discourse that gives marginal place to women and transforms the existing cultural ideology that resonates with proper woman-hood in terms of domesticity (Emebet, 1999, emphasis is ours).

In Ethiopia, FGM practices have attracted little attention from researchers. This has contributed to the paucity of literature on the issue. The few publications that these studies yielded have, nonetheless, contributed towards narrowing the noticeably wide gap in the research literature. Mihiret (2016) examines female genital mutilation and its impact on women in Bona Zuria Woreda (Sidama Zone). She studied FGM due to legal prospective and concluded that female genital mutilation is a criminal offense according to legislation. Federal Democratic Republic of Ethiopia Ministry Of Women, Children and Youth Affairs (MoWCYA) (2013) conducted a study on harmful traditional practices (HTPS) against women and children in Ethiopia. The study was based on secondary data and specifically focuses on the three most common forms of HTPs namely FGM, child marriage, and abdication. Based on qualitative research, Young lives (2013) underscored the contested understanding and practices of female early marriage and circumcision in Ethiopia. The studies mentioned earlier are significant in that they provide valuable insights into the issue of FGM. In the study area, many young girls are dropped out of the school, achieve low results because of absenteeism and they were exposed to health problems, against the human reproductive health rights of teenagers with many serious consequences in physical, mental, social, and psychological makeup in the community. But, studying the nature of FGM practices in a different spatial and cultural context is important as it helps us to get a complete picture of the phenomenon. Yet, paradoxically, it does not merit significant research. This study is important to make noticeable a glaring situation that has long been ignored. Hence this study has been designed to study FGM and its prevalence that affect the lives and livelihoods of women and girls within the cultural milieu of the Kembata community.

Objective: The study aimed to assess the prevalence of FGM practice in the Kembata community of southern Ethiopia

METHODOLOGY

The study was conducted in the Kembata Tembaro zone Angacha district from September 1, 2019, to May 30, 2020. It is one of the 14 rural zones of the southern nation's nationalities and people regional state located in the South of Ethiopia. The study areas Angacha is located at 255 kms South West of Addis Ababa (The capital of Ethiopia) and 130 kms Northwest from Hawassa (the capital of the region). The vast majority of these populations 92.3% live in rural areas (BOFED, 2017). Thirty-five percent of the area was Dega and the remaining 65% of it covers Woynedega. Crop production, mixed farming, animal husbandry, and handcrafting were the main economic activities from which the people gain their livelihood. A community based cross-sectional study design was applied. Both quantitative and qualitative approaches were employed. Probability (simple random) and non-probability (purposive) sampling strategies were used. From Angacha woreda six kebeles are selected randomly out of 18. All women at the age of 15-49 found in six randomly selected kebeles namely, Gubena, Donkorcho, Bucha, Kerekicho, Kelema, and Bondena have participated in both quantitative and qualitative data. Key informants and FGDs from Religious leaders, health professionals and Kebele leaders are selected purposively for qualitative data to triangulate the findingsobtained by quantitative results.
The sample size was calculated from the source population of the study area. The sample size was determined by using a single population proportion formula (Cochran, 1977) as cited in Bartlet and Higgins (2001) $\frac{(Z_{\frac{\alpha}{2}})^2 p(1-p)}{d^2}$ $\frac{(1.96)2*0.763\ (1-0.763)}{(0.05)2}$ $n = \frac{0.6947}{0.0025} = 278$ Where,

n = sample size, Z = standard statistical value under normal distribution curve with significance level at 95% (Z a/2 = 1.96), level of confidence, P = proportion of FGM of the study area (p=0.763); 1 − p = 0.237, d = standard error at 5%; i.e., d= 0.05. A total of 278 women at reproductive age (15-49) were sampled for the study from six randomly selected kebeles of Angacha woreda. Both primary and secondary data sources are used. The quantitative data were analyzed after checking its completeness then organized and entered into computer software program Statistical Package for Social Science (SPSS) Version.20. Descriptive statistics was used to calculate the mean, frequency and percentage mean of categorical variables .The qualitative data were analyzed thematically.

RESULTS AND DISCUSSION

Socio-demographic characteristics of the study participants

From a total respondents 210 (75.5%) are at 15-25, 39(14%) are 26-36 and 29 (10.5%) are 37-49 age groups. The mean age of the study participants was 22.08 years with minimum and maximum values of 15 and 49 years, respectively. The majority of the respondents, 229 (82.4%) were protestant, 39(14%) are Orthodox while 10(3.6%) are Muslims. Educational status shows that 136(48.9%) are completed grades 7-12, 90(32.4%) are cannot read and write, 23(8.3%) are grades

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1-6 elementary school education and 29(10.4%) are diploma and above. The majority of participants 113(40%) were students and 54(19/4%) were house wives (see **Table** 1).

Table 1: Socio-democratic Characteristics of Respondents

Variable		Frequency	Percentage
age	15-25	210	75.5
	26-36	39	14
	37-49	29	10.5
Religion	Protestant	229	75.4
	Orthodox	39	14
	Muslim	5	1.3
	Others	5	1.3
Marital status	Single	167	60.1
	Married		38.1
	Divorced	106 5	1.8
Education level	Cannot read and write	90	32.4
	Grades 1-6	23	8.3
	Grades 7-12	136	48.9
	Diploma and above	29	10.4
Occupation	Farmer	31	11.2
	House wife	54	19.4
	Civil servant	28	10.1
	Daily laborer	15	5.4
	Merchant	37	13.3
	Student	113	40.6
	Total	**287**	**100**

Source: researchers field data, 2019

The prevalence of FGM

Currently the FGM is widely practicing in both literate and illiterate groups of the community. From the total participants of the study 92.4% are responded that FGM was currently practicing and the rest 7.6% confirmed that it was not practiced in the community. From all participants of the study, 77.7% are circumcised themselves at different age levels. The main practitioner for the practice is health professionals (46.8%). Most of the respondents (81.7%) said that Scissor is major instruments used for FGM practice.

Table 2: The practice of FGM towards women

Variable	Frequency (n=278)	Percent
Do FGM practice in your community		
Yes	257	92.4
No	21	7.6
Had you yourself undergone FGM?		
Yes	216	77.7
No	62	22.3
At what age you exposed to FGM		
1-5	9	3.2
6-10	22	7.9
11-15	145	52.2
16-20	45	16.2
Who performs FGM		
Traditional birth attendant	91	32.7
Village women	57	20.5
Health professional	130	46.8
Type of instruments used to perform FGM		
Razor	51	18.3
Scissor	227	81.7

Source: Researchers field data**,** 2019

The FGD discussants explained that there is currently the prevalence of FGM with an increasingly alarming rate in the community. They reported that the circumcision is performed by health professionals at night time in rural villages; the villagers wait for the professionals by gathering 5 up to 10 girls at one specific home. The majority of the FGD discussant agreed that the maximum cost for a single girl circumcision for the professional was ranging from 300 to 500 birr for service payment.

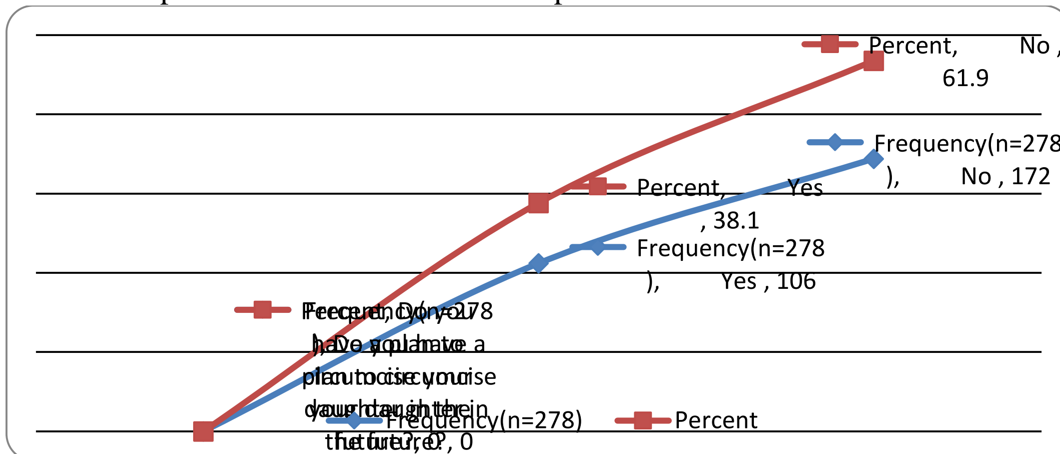
Key informants interviewer from study area Women's Affairs Office said that declaration has brought some changes but still not more applicable due to this the practice is still ongoing .She also confirmed that some health practitioners are pursuing alternative sources of income by FGM.

"In the past, village women were circumcising our daughter by the unhygienic procedure in our home and this increases the risk of infection and other severe diseases but knows they carried out with civilized tools, skilled professionals to carry out FGM" (KKI-40 years old married woman).

Future Plan towards FGM practice

The response of respondents shows that (61.9%) have a plan to circumcise their daughter and (38.1%) do not have the plan to practice it (See, **chart 1**).

Chart 1: A plan of Women towards FGM practice

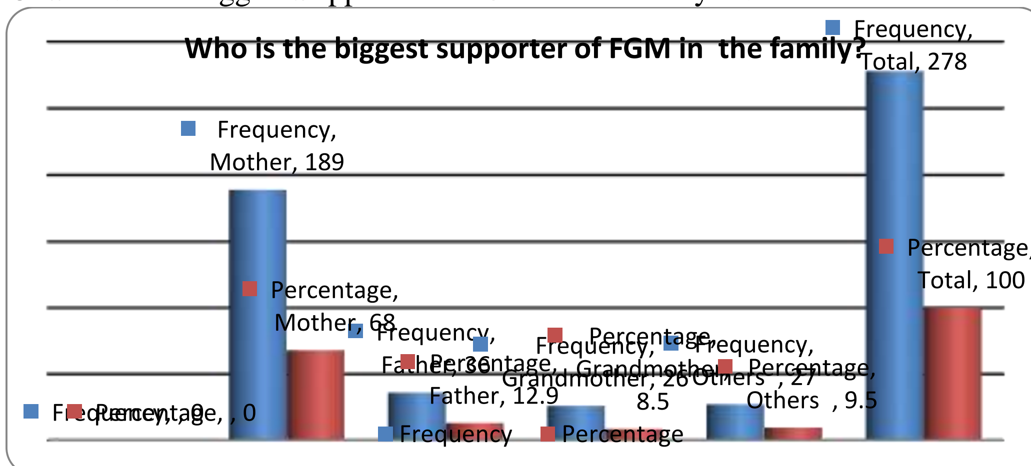


Source: Researcher's field data**,** 2019

The highest Supporter of FGM in family

The result of the study shows that mothers are the primary supporters of FGM's next fathers, mothers, others (brothers, sisters, relatives) and grandmothers 68%, 12.9, 9.5, and 8.5 respectively. According to the survey result conducted in the Iraqi Kurdistan Region, 75% of mothers support FGM in the family (UNICEF, 20014). A similar study done in Amhara Region showed that 77.4% of mothers support FGM in the family (Nurilign *et al*, 2014). These results are consistent with the current study result.

Chart 2: The Biggest Supporter of FGM at the Family level



Source: Researcher's field data**,** 2019

"I finished seventh grade and forced to FGM by my family and left school because of marriage during the time I haven't any thought to married, but my mother forced me to do it. She told me that education is not necessary for girls and the only thing that women do is child bearing and

caring. At the time I didn't know who wants to marry me and to become my husband .Everything is decided by my mother. She told me that I have to agree to get married .I had no choice."(30 years old women of FGD participant).

The push factors for FGM practice in the community

The qualitative data result from FGDs showed that the most influential and determinant push reason for FGM practice in the study community was marriage. Men are allowed to visit the family of the girls who have undergone mutilation in the hopes of while those who are not mutilated are not accepted to marriage in society. Until now young girls chose to be mutilated to avoid social pressure from their peers, negative response from the community, discrimination and name-calling. The discussants said "Hygiene" as a traditional reason that supports to carry out of FGM and the practice is considered as "cutting off the dirt".

According to quantitative data assessed result shows that the main push factors are norms and Traditions of society Tradition (34.5%), increase the chance of marriage (19.4%), it is the indicator to admit in to womanhood (13.7%), to minimize her speech and speed in-home and outside of the home (10.8%) (See **Table 3**). Similarly, 50% of Egyptian women believed that FGM would prevent adultery and that it is proof of a girl's virginity and perceived that it improves marriage prospects for unmarried girls in Nigeria. This shows that tradition and the opportunity of marriage for practicing FGM are also widely accepted by females in societies in different regions. It is quite evident that the perception and acceptance of FGM are widespread across all regions (Turillazzi *et al*., 2007; Wondimu and Nega, 20012).

Table 3: The push factors for FGM practice

Variable	Frequency	Percentage
What are the determinant factors for the FGM practice in your community?		
To k respect the norms and Traditions of society	96	34.5
To increase the chance of marriage	54	19.4
To reserve virginity	11	4.0
To reserve sanitation	5	1.8
To keep the dignity of the family	30	10.8
To indicator for womanhood	38	13.7
To minimize her talk and speed	30	10.8
To make child birth easier and prevent infant death	14	5.0
Total	278	100.0

Source: Researcher's field data**,** 2019

CONCLUSION

Female Genital Mutilation (FGM) is a serious issue in this community that restricts gender equality, socio-economic rights, and freedoms of girls and women. The prevalence of female

genital mutilation in the study area is high. The practice is increasing at an alarming rate in both literate and illiterate groups of the community in the study area. The main practitioners are health professionals. Traditions, reproductive, productive and community roles, norms, and values regarding gender equality are the major push factors for the continuation of the FGM. Mothers are the main actors to support FGM practice in the family level. The government of Ethiopia should play an important role in the intervention of FGM by awareness creation and applying strong practical laws and policies regarding gender equality.

RECOMMENDATIONS

The following recommendations are drawn from the finding of the study

- Anti- FGM interventions should be directed by governmental and nongovernmental organizations towards the alleviation of stigma and encouraging uncircumcised girls at the community level
- The government should strengthen the legal measurement taken on FGM practice involvers in the study area
- Federal and Regional women affairs offices look for away to provide FGM practice information and education for women equality incorporated with their designed strategy to minimize the prevalence of the practice.
- Further research is recommended to dig out possible factors for the practice of FGM in the community and appropriate intervention strategies to stop the practice.

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