

## Stakeholders' Meeting on FGM/C



**Minutes of Stakeholders' Consultative Meeting on FGM Organized by the Ethiopian Society of Sociologists, Social Workers and Social Anthropologists (ESSWA) in Collaboration with the Ministry of Women and Children's Affairs**

**AZZEMAN Hotel, Addis Ababa**

**April 27, 2018**

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## Minutes of Stakeholders' Consultative Meeting on FGM/C

### Prefatory

**Organizer:** ESSSWA in Collaboration with MoWCA

**Place:** Azzeman Hotel, Addis Ababa

**Date:** April 27, 2018

**Time:** 03:00 am-01:30 pm

**Participants:** The workshop brought together about 37 (12 female) experts from the governmental organizations, civil society organizations (CSOs), non-governmental organizations (NGOs), academia and research institutions, development partners, ESSSWA members and representatives of other relevant stakeholder institutions.

**(See list attached)**

### Agenda

1. Purpose of the Meeting
2. Presentations
3. Discussions and Inputs Obtained from the Discussions

## 2.1. Purpose of the Meeting

The meeting was commenced with the introduction given by Mr Zelalem Anteneh, Executive Director of the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA). Mr Zelalem noted that since its established in 1996 and obtaining legal registration in 1997 and 1999 from Ministry of Justice and from the Ethiopian Charities and Societies Agency, respectively, (ESSSWA) has been striving to develop members' professional competence and enhance their contribution to the country's socio-economic development. The society has also been assisting government, civil society organizations, the private sector and communities in translating the various social development policies and strategies into action. ESSSWA has also active engagement in research activities on social issues like early marriage, migration, child abuse and trafficking, social welfare and safety nets. Recently (Feb 2018), ESSSWA has conducted its annual conference and more than 18 research reports focusing on the theme: ***“Child Agency and Parenting: Building the future of Society”*** were shared and debated.

In 2018, with the financial support of Plan International Ethiopia, ESSSW had accomplished, produced and shared research findings on the Prevalence, Drivers and Protective Factors of Early Marriage in Amhara, Oromia and SNNP Regions. In all its endeavors, ESSSWA has developed and designed its intervention on three broad thematic areas, namely; (i) research, (ii) knowledge management and learning, (iii) training and experience sharing.

ESSSWA has learnt that the major programming approach for FGM/C abandonment over the past decade has focused on interventions that aimed at changing social norms that often shape the meaning and practices of FGM/C. However, social norms are deeply embedded with religious connotations. In Ethiopia several programmatic interventions to end FGM/C have been implemented by involving higher officials and religious leaders with some considered effective and some with relapsing trend. However, researchers in the field have not adequately assessed the exact nature of the intervention activities and processes that effectively lead to changes, and how and why some areas exhibit decreasing trends and some remaining unchanged and others showing

bouncing back to old practices in moderately different ways. There is also interest by government actors to see woredas that are “free from FGM”.

The Director explained that the project being initiated is hoped to address these gaps by collating and synthesizing evidence on the practice and drivers of FGM/C, as well as by documenting interventions that are catalyzing changes in norms and practices towards abandonment. Thus, it was indicated that the purpose of the meeting was to seek the advice and support of key actors and alliance members in order to identify existing good practices and scoping of such operations, get recommendations on existing research gaps in different socio-cultural contexts and determine hot-spot areas for the prevalence of FGM/C by type, and prioritize areas to serve as the actual research sites. These would inform the research team to design its project in an agreed and shared manner.

## **2.2. Presentations**

Two sets of slides were presented one after the other focusing on research works done so far on FGM. The first paper was titled: Existing Facts and Trends on FGM/C Ethiopia by Dr Getaneh Mehari. The second presentation was on Commitment, Progress and Challenges on Ending FGM/C in Ethiopia by an expert from Ministry of Women and Children's Affairs.

### **2.2.1. Existing Facts and Trends on FGM/C Ethiopia**

This presentation by Dr Getaneh highlighted facts about Ethiopia regarding FGM/C. The prevalence which was 80% in 2000 has now declined to 65% according to the DHS, 2016. Though the trend in FGM/C prevalence shows a decline, the practice is still of much concern as 2.3 million girls/women are victims of FGM/C. It was also indicated that the practice seeks attention as it is relapsing, alleged to be practiced underground and left unreported or underreported. Some also argue the accuracy of the data by DHS. The paper highlighted the interventions made in high prevalence areas like Afar, Somali, and Southern Nations by the Ethiopian government. There are some efforts by the Ethiopian government to abandon the practice. Including in the law provisions to criminalize those involved in the practice of FGM/C (Criminal Code, 2005), creating community awareness, establishing national anti-harmful traditional practices strategies and action plan, preparing national logo to mobilize mass declaration against FGM/C.

The paper also pointed out some good practices in the movement to abandon FGM/C. These are effective intervention in Afar, Somali by UNFPA-UNICEF Joint Program which started in 2000, by engaging religious leaders, community dialogue, consensus building conference (2006), declaration of ending FGM/C. Some good practices in the country are Kembati Menti Gezima (KMG) 1997. This project has campaigned against FGM in SNNP and Oromia. It collaborates with GOs, UNDP, local NGOs and mobilizes social forces.

In spite of these, the practice has not significantly decreased or it is taking a different shape. The presenter discussed the challenges encountered in an attempt to end the practice. Some of the challenges are: resistance to abandoning the practice, relapse of the practice, shift from Pharaonic

to Sunna version of FGM/C, legal enforcement: unintended implications, underground practices and lowering age of the practice.

To curb the problem, the presenter indicated the need for new efforts to raise the limited understanding of existing situation and to generate evidence on interventions. Finally, the presenter pointed out the works done so far by the research team. These are desk review of the studies on FGM/C and documenting the interventions, engaging stakeholders to draw lesson from policy makers, program designers, practitioners, identifying hot-spot areas and research gaps.

### **2.2.2. Commitment, Progress and Challenges on Ending FGM/C in Ethiopia**

The second paper focused on Commitments and progress on the move to bring to an end the practice of FGM in Ethiopia. It noted that the practice is the most systematic and prevalent Human right abuse that is widely practiced in the country. All types of FGM/C are practiced with the most severe form of infibulations which is particularly common in Somali, Afar, and in some parts of Harari and Oromia regions. The presenter highlighted on the reasons for the practice. These include socio-cultural, hygienic and aesthetic, spiritual and religious, and psycho-sexual reasons. The practice has been challenging to eliminate as it is linked to deep rooted social norms.

The practice is said to inflict sever pain, infection, complication during delivery, psychological problem, sexual problem, HIV/AIDS, death. Thus, there are measures taken against the practice which encompass legal, policy and strategic actions. In the GTP II clear targets has been set, for instance, reducing early marriage to 0.5%; reducing abduction, commitment to stop forced marriage and child marriage to 0.5%; and FGM to 0.5% by 2020. There have been consensus building workshops with religious leaders though still there are gaps to reach consensus. Other measures include community sensitization and awareness, anti HTP community established at all level, introduction of national logo to support community mobilization efforts by all regions to achieve the national goal.

The presentation highlighted the challenges encountered in the efforts made to fight FGM. Among these weak law enforcement, the hidden and changing patterns of the practice, resource limitation

and data tracking system, deep rooted customary social norms and practices, community attitudes, weak functional coordination and synergy, absence of common consensus among religious leaders on FGM/C.

To pursue with the struggle towards eliminating FGM, the presenter emphasized on focus areas that need further action. Some of these are strengthening for effective law enforcement and enhance accountability mechanism, improving evidence based–research, improving mechanisms to track changes, allocating and mobilizing adequate resources, strengthening coordination and multi-sectoral engagement and strengthening community structure and religious institutions.

## **2.3. Discussions and Inputs**

Following the two presentations, heated discussions were made and important points related to the practice of FGM/C were raised. The participants remarked that the way the project is started is encouraging and the study should go deep into the issue rather than focusing on the face value. They highlighted on the importance of employing the qualitative data as numbers cannot give clear picture of customarily deep-rooted practices. They also commented that the practice should be seen from different angles, particularly the issues of social norm which is more to do with the practice than religion. The issue of rite of passage, considering the clitoris as a worm in some parts of the country, the responsibility of law enforcers, the issue of the practice between females and males and the females themselves, the medicalization of the practice in some parts of the country, and its relation to reproductive health should be investigated in detail. In the campaign against the practice, the language used also matters. Who tells the community to stop the practice and the language used to tell were commented to be very critical to bring significant change.

There have been changes in the method and time of cutting, relapse of the practice which are evidences for the deep-rooted nature of the practice. The relapse could be an indicator that we are not dealing with the root causes of the practice. So, people should get more awareness and the approach should be in a holistic manner. The methodology should also be taken into account critically as what people say and what they practice are mostly at odds. Regarding the plausibility of the DHS data, it was commented that the data does not reflect what is on the ground. In some

districts which were reported as FGM/C free, there are still the practices being observed. DHS data should not be generalized, but rather contextualized. It was also indicated that the DHS data on FGM and early child marriage are on further analysis.

The other issue which seeks attention is that the victims do not disclose right after its occurrence when intervention is required; they rather disclose it after 20 or 30 years. In some areas females themselves seem to favor the practice and state they take the responsibility. This is a social norm issue through which they become a real human. These are other challenge to deal with the issue and these should be taken into account in the study.

The communities which practice FGM tells the positive sides of it. This is what should be dealt with in detail. Much still remains to convince the community where the prevalence is still high. The participants suggested rather than directly forcing them to stop the practice, a sort of symbolic circumcision could be tried at least in a pilot form.

Finally, the following points were raised by the participants to be considered by the research team:  
The need to mixing the qualitative and quantitative research methods,

- Reasons for shifting of age and time of FGM/C
- Reviewing other neighboring African countries for their practice of FGM as the issue is cross boundary
- The Practice should be seen from gender, health and education perspective
- The practice of medicalization of the practice
- The relevance of the practice to religion (status and prevalence)
- Follow areas of relapse of FGM for good research site selection
- The issue of culture and its definition in the context of those who practice
- Considering the practice of FGM in culture and district specific
- The practice of FGM in the context of pastoralists (for instance, South Omo of Ethiopia)





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