SUPPORT TO THE AFRICA-LED MOVEMENT TO END FEMALE GENITAL MUTILATION (FGM)

Political Economy Analysis, Ethiopia

Short Version

Submitted by:

Options

On 31st March 2021

Contents

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List of Abbreviations

ALM	Africa-led Movement
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
FCDO	Foreign, Commonwealth and Development Office
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
IMF	International Monetary Fund
PEA	Political Economy Analysis
SDG	Sustainable Development Goal
TOC	Theory of Change

1. Introduction

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from Female Genital Mutilation/Cutting (FGM/C) by 2030, in line with the Sustainable Development Goals (SDGs). The importance of eliminating FGM/C is reflected in Target 5.3 of the SDGs. A programme has been established entitled 'Support to the Africa-led movement (ALM) to end FGM/C' to contribute to global efforts to achieve that vision.

Why do we need a Political Economy Analysis and how will we approach it?

Political Economy Analysis (PEA) draws out the political and intersectional dimensions of a context and actively uses this information to inform programming. PEA analysis is necessary at the start of a programme to ensure intervention design maximizes opportunities (e.g. government buy-in and civil society organisation (CSO) infrastructure) and to think through how to navigate challenges. This PEA maps the landscape in relation to ending FGM/C in Ethiopia. Questions around the level and extent of government commitment, the existence and effectiveness of legislation and policies, FGM/C prevalence rates and diversity (religion, ethnicity, age, type, socio economic factors and triggers), the capacity and resource strength of civil society as a vehicle to end FGM/C as well as the nature and number of interventions already in existence are all captured in this PEA. With these insights, the programme can make strategic and evidence-based decisions around where to work and which interventions should be resourced because they are most likely to work.

Impact of COVID-19 (from Theory of Change)

The emergence of the COVID-19 pandemic may hamper progress towards ending FGM/C by 2030, even in countries that have experienced a decline in the practice.[1] Measures to contain the spread of the pandemic such as restrictions on movement and social distancing affect implementation and scaling up of interventions to eliminate the practice, including community empowerment and sensitisation programmes. The UNFPA states that as a result of COVID-19; "it is anticipated that 2 million cases of FGM/C will occur between 2020 and 2030 that could have been averted, resulting in a 33 per cent reduction in the progress toward ending this harmful practice." [2] All stakeholders interviewed in Ethiopia agreed that COVID-19 had a massive and detrimental impact for ending both gender based violence (GBV) and FGM/C. They also pointed to a lack of in-depth data on the impact. One INGO stakeholder shared;

"I haven't seen comprehensive assessment in Ethiopia. But from what I have noticed, face to face dialogue has decreased and there was school closure. The school closure has many implications because there wouldn't be convenient time to discuss FGM matters."

[1] Orchid Project, *Policy Briefing: Impacts of COVID-19 on Female Genital Cutting* (Orchid Project 2020) available at <https://www.orchidproject.org/wp-content/uploads/2020/11/COVID_female_genital_cutting_FGC_policy_briefing_Orchid_Project_FINAL.pdf> 17 December 2020

[2] UNFPA, UNICEF (2020) (n. 13)

2.Country Characteristics

Population: According to the UN, the total population in Ethiopia in 2019 was estimated at 112.1 million (of which 56.1m were male and 56.0m were females)[3]. The population has grown rapidly in recent years from an estimated 73.9m in 2007[4].

Languages, ethnic backgrounds and religion: The Ethiopian population is composed of several diverse ethnic and linguistic groups. With over 100 languages spoken in the country, Amharic is the official federal language of Ethiopia, with Afaan Oromo, Tigrinya, Somali and Afar languages recognized as federal working languages in 2020[5]. Ethiopia's largest ethnic groups are Oromo and Amhara. The main religion in Ethiopia is Christianity representing 63% of the total population, of which the most dominant is Orthodox religion (69%), followed by Protestant religion (30%) and Catholicism (1%). The second-largest religion is Islam, representing 33,9% of the total population. Also, 2.6% reported following 'traditional' and 0.6% 'other' religious beliefs[6].

Political system: Ethiopia is a federal parliamentary republic, which is divided into **10 ethnically based states and 2 self-governing administrations**. Consequently, while the country is governed by the federal government, the federal regional states "Killil" have their constitutions and are governed by regional councils, which also elect the 'Kilil' president. The Ethiopian political system is essentially a multi-party democracy[7].The constitution of Ethiopia divides power between the executive, legislative and judiciary branches. The legislative power is assumed by the parliament, and the judiciary power is delegated to the Federal Supreme Court, and subordinate courts, such as federal, sharia and customary courts.

The **constitution** of Ethiopia does not directly prohibit the practice of FGM/C, but stipulates principles of equality (Art. 25), promotes rights of women (Art. 35) and children (Art. 36) and prohibits the practice of harmful traditional customs opposing women's rights (Art. 35(4)). The Criminal Code (No. 414/2004) is the **main law** criminalizing the practice and procurement of FGM/C. Bodily harm is also criminalized under the Civil Code (1960). While higher penalties are set for the most severe FGM/C forms (Type III – Infibulation), there have been calls for clearer definitions of all types of FGM within the criminal code[8]. Given the regional disparities and contextual diversity in Ethiopia, the Regional (killil) level constitutions need to be looked at in order to understand the gaps and extent of legal protection.

Gross Domestic Product: According to the International Monetary Fund (IMF), the Gross Domestic Product (GDP) of Ethiopia is $91.51 billion (nominal) and $277.96 billion (PPP)[9]. Ethiopia ranks **63 out of 195 countries** in the IMF GDP rank, 65th according to the World Bank

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[3] The World Bank Database, available at: https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ET [Last Accessed 9 March 2021]

[4] The previously planned census in 2017 has not taken place yet, due to a number of postponements. 2008, Summary and Statistical Report of the 2007 Population and Housing Census, UNFPA and Federal Republic of Ethiopia, available at https://www.ethiopianreview.com/pdf/001/Cen2007_firstdraft(1).pdf [Last Accessed 9 March 2021]

[5] Abdur Rahman Alfa Shaban, 4 March 2020, "One to five: Ethiopia gets four new federal working languages", Africa News, available at https://www.africanews.com/2020/03/04/one-to-five-ethiopia-gets-four-new-federal-working-languages// [Last Accessed 9 March 2021]

[6] Population and Housing Census, UNFPA and Federal Republic of Ethiopia, available at https://www.ethiopianreview.com/pdf/001/Cen2007_firstdraft(1).pdf [Last Accessed 9 March 2021]

[7] Habib and Yusuf, 2011. The Ethiopian Federal System. Friedrich-Ebert-Stiftung, available at https://library.fes.de/pdf-files/bueros/aethiopien/07945.pdf [Last Accessed 9 March 2021]

[8] 28 Too Many, July 2018. Ethiopia: The Law And FGM. Available at https://www.28toomany.org/static/media/uploads/Law%20Reports/ethiopia_law_report_(july_2018).pdf [Last Accessed 9 March 2021]

[9] World Economic Outlook Database, International Monetary Fund, available at https://www.imf.org/external/datamapper/profile/ETH [Last Accessed 9 March 2021]

and 66th according to the UN. The GDP grew by 7.7% in 2018, by 9% in 2019 and by 6.3% in 2020[10]. Ethiopia's GDP per capita was $917.88 (nominal) and $2,790 (PPP).

Human Development Index: According to the 2020 Human Development Report, Ethiopia ranks **173 out of 198 countries** in the Human Development Index (HDI), belonging to the low human development category.[11] Between 2000 and 2019, Ethiopia's HDI value increased from 0.283 to 0.485, representing an increase of 71.1%. Between 1990 and 2019, Ethiopia's expectancy at birth increased by 19.5 years, expected years of schooling increased by 5.7 years. Equally, the mean years of schooling increased by 1.1 years between 2000 and 2019. Ethiopia's Gross National Income (GNI) per capita increased by 68% between 1990 and 2019. In summary, Ethiopia is a rapidly growing country in terms of population, with huge improvements in recent years in terms of life expectancy, GDP and GNI, building from a fairly low starting point in terms of human development indicators.

[10] The Federal Democratic Republic of Ethiopia : 2019 Article IV Consultation and Requests for Three-Year Arrangement under the Extended Credit Facility and an Arrangement under the Extended Fund Facility-Press Release and Staff Report. January 2020, IMF. Available at https://www.imf.org/en/Publications/CR/Issues/2020/01/28/The-Federal-Democratic-Republic-of-Ethiopia-2019-Article-IV-Consultation-and-Requests-for-48987 [Last Accessed 9 March 2021]

[11] UNDP, Human Development Report 2020, The Next Frontier: Human Development and the Anthropocene, available at http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/KEN.pdf [Last Accessed 9 March 2021]

3.FGM/C prevalence

National prevalence: Nationally representative data on FGM/C in Ethiopia is available from the Demographic and Health Surveys (DHS). Information on FGM/C was collected in Ethiopia for the first time in 2000,[12] and in subsequent surveys in 2005,[13] and 2016.[14] Data from the 2019 DHS show that the national prevalence of FGM/C among women aged 15-49 in the country is 65.2%. The prevalence of FGM/C in Ethiopia declined over the past two decades, from 79.9% in 2000 to 65.2% in 2016. Girls and women in rural areas are more likely to undergo FGM/C than those in urban areas.

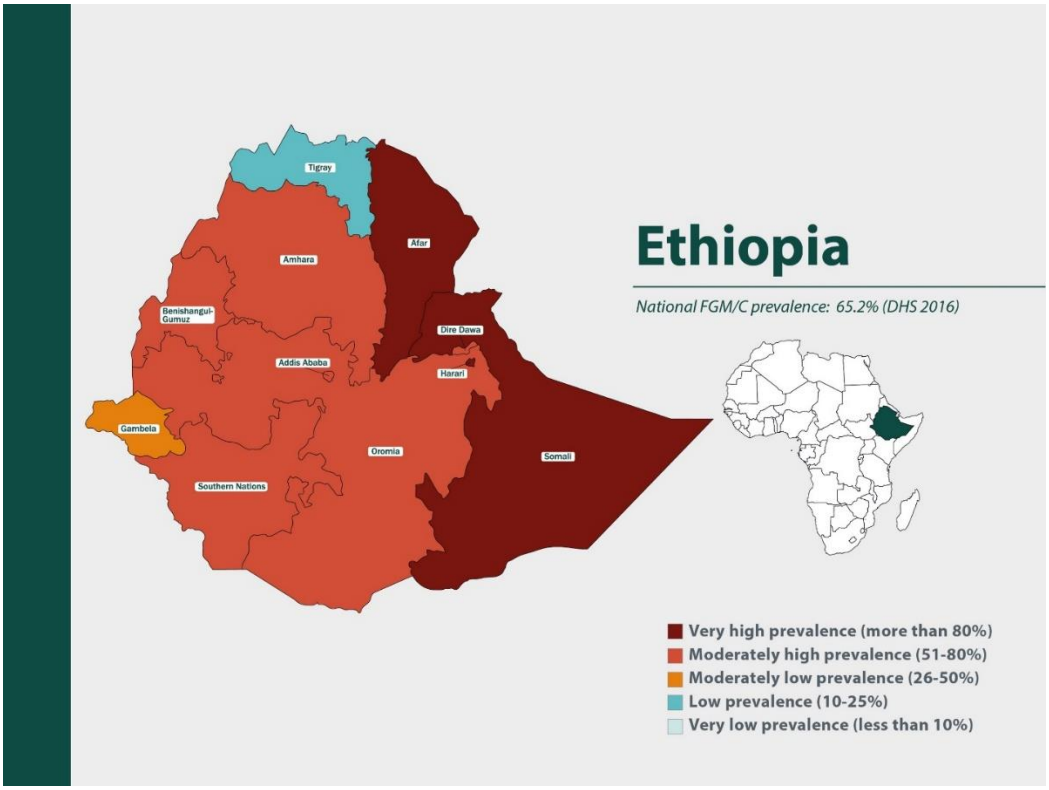
Regional variations: The prevalence of FGM/C in Ethiopia varies greatly among the 11 regions. In some regions, such as Afar, Somali and Harari, the prevalence is very high (more than 80%). In other regions, the prevalence is lower, for example in Tigray (24.2%) (Figure 1). This can be explained by the ethnic, religious, and socio-economic backgrounds of people living in these geographical areas, which may be associated with higher or lower propensity to practice FGM/C (see next sections).

[12] Central Statistical Authority [Ethiopia] and ORC Macro. 2001. Ethiopia Demographic and Health Survey 2000. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Authority and ORC Macro, available at https://dhsprogram.com/pubs/pdf/FR118/FR118.pdf [Last Accessed 10 March 2021].

[13] Central Statistical Agency [Ethiopia] and ORC Macro. 2006. Ethiopia Demographic and Health Survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro, available at https://dhsprogram.com/pubs/pdf/FR179/FR179[23June2011].pdf [Last Accessed 10 March 2021].

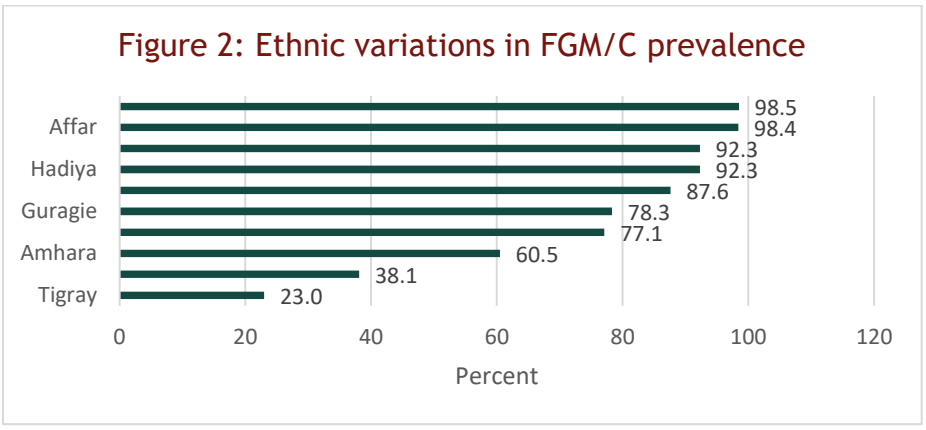
[14] Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF, available at https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf [Last Accessed 10 March 2021].

Figure 1: FGM/C prevalence by region



Ethnic variations: The proportion of women aged 15-49 who have undergone FGM/C varies by ethnic group, with the majority of women of Somali (98.5%), Afar (98.4%), Welaita (92.3%) and Hadiya (92.3%) ethnic backgrounds having undergone the practice (Figure 2). In contrast, less than 25% of women from the Tigray ethnic group have undergone FGM/C.

Figure 2: Ethnic variations in FGM/C prevalence



Religious affiliation: The proportion of women aged 15-49 who have undergone FGM/C varies by religious affiliation. It is highest among Muslim women (82%) and lowest among Orthodox Christians although among the latter group, still more than half of the women (54%) have undergone FGM/C.

Socio-economic indicators: FGM/C prevalence among women aged 15-49 declines with higher levels of education: 72.9% among women with no education compared to 50.1% of women with secondary or higher levels of education have undergone FGM/C. However, household wealth

makes only a modest difference: 65.2% of women in the poorest households have undergone FGM/C compared to 56.7% from the richest households.

Age of cutting: Distribution of women by age of cutting shows that almost half (48.6%) of Ethiopian women underwent FGM/C before the age of 5, 21.74% at age 5-9, 18% at age 10-14, and 5.9% at age 15 or older. A comparison of the proportions of the oldest women (45-49 years) and the youngest women (15-19 years) who were cut before age 5 shows no major difference (59.2% and 51.6%, respectively). These estimates indicate that there is no evidence suggesting a trend over time of girls undergoing FGM/C at a younger age in Ethiopia.

Type of FGM/C and practitioners: The majority of women who have undergone FGM/C in Ethiopia (73%) had a cut with flesh removed, while 6.5% reported that their genital area had been sewn closed (also known as infibulation), and 2.6% were cut with no flesh removed. Of girls aged 0-14, 9.3% had their genital area sewn closed. FGM/C in Ethiopia continues to be carried out mainly by traditional practitioners, both on women aged 45-49 years (89.2%) as well as on girls aged 0-14 years (97.6%). There's no recorded trend towards medicalization of the practice in Ethiopia however anecdotal evidence suggests some health professionals may be increasingly conducting FGM/C.

Attitudes towards FGM/C: Data from the DHS 2016 shows that knowledge about FGM/C in Ethiopia is high: 92.7% of women and 93.7% of men across all ethnic groups have heard about the practice. Among both women and men, knowledge of FGM/C generally increases with increasing levels of education and household wealth status. Only a relatively small proportion of women and men who have heard of FGM/C believe that it is **required by religion** (23.6% and 16.8%, respectively). A mismatch between attitudes and behaviour can be seen in the proportion of women and men who believe that **FGM/C should continue** which is low (17.5% and 11.1%, respectively) and which has declined from 2005 levels, where 31.4% of women believed that the practice should continue. In 2016, the vast majority of women (79.3%) and men (86.7%) believed that FGM/C should end.

Estimates of the number of girls at risk: The estimates show that over 3 million girls alive today in Ethiopia are at risk of FGM/C before they reach the age of 18 years. The number of girls at risk reached over one million in Oromiya and Southern Nations, Nationalities, and People's Region (SNNPR), close to a million in Somali, and more than 100,000 in Amhara region. These are also some of the regions with the highest FGM/C prevalence in the country. Although FGM/C prevalence is also high in Afar (92%), Harari (82%), Dire Dawa (75%), and Benshangul Gumz (63%), the number of girls at risk of FGM/C in these regions is lower because of low population sizes (Central Statistical Agency, 2013).

Ratifications human rights treaties: The Government of the Federal Democratic Republic of Ethiopia has ratified all treaties that are relevant to the elimination of FGM/C, including the Convention on the Elimination of All of Discrimination against Women (CEDAW) Convention, the Convention on the Rights of Children (CRC) and the Maputo Protocol (Table 1). However, the Ethiopian government made important reservations and declarations in relation to the Maputo Protocol and CEDAW this means that the Ethiopian government is not legally bound by these provisions.

Table 1:International Commitments

Treaty	Abbreviation	UN / AU	Ratified	Date
International Covenant on Civil and Political Rights	ICCPR	UN	Yes	11 Jun 1993
International Covenant on Economic, Social and Cultural Rights	ICESCR	UN	Yes	11 Jun 1993
Convention on the Elimination of All Forms of Discrimination Against Women	CEDAW	UN	Yes	10 Sep 1981
Convention on the Rights of the Child	CRC	UN	Yes	14 May 1991
African Charter on Human and Peoples' Rights	ACHPR	AU	Yes	15 Jun 1998

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa	Maputo Protocol	AU	Yes	30 Mar 2018
African Charter on the Rights and Welfare of the Child	ACRWC	AU	Yes	2 Oct 2002
African Youth Charter	AYC	AU	Yes	13 Feb 2014

4.National Legal Framework

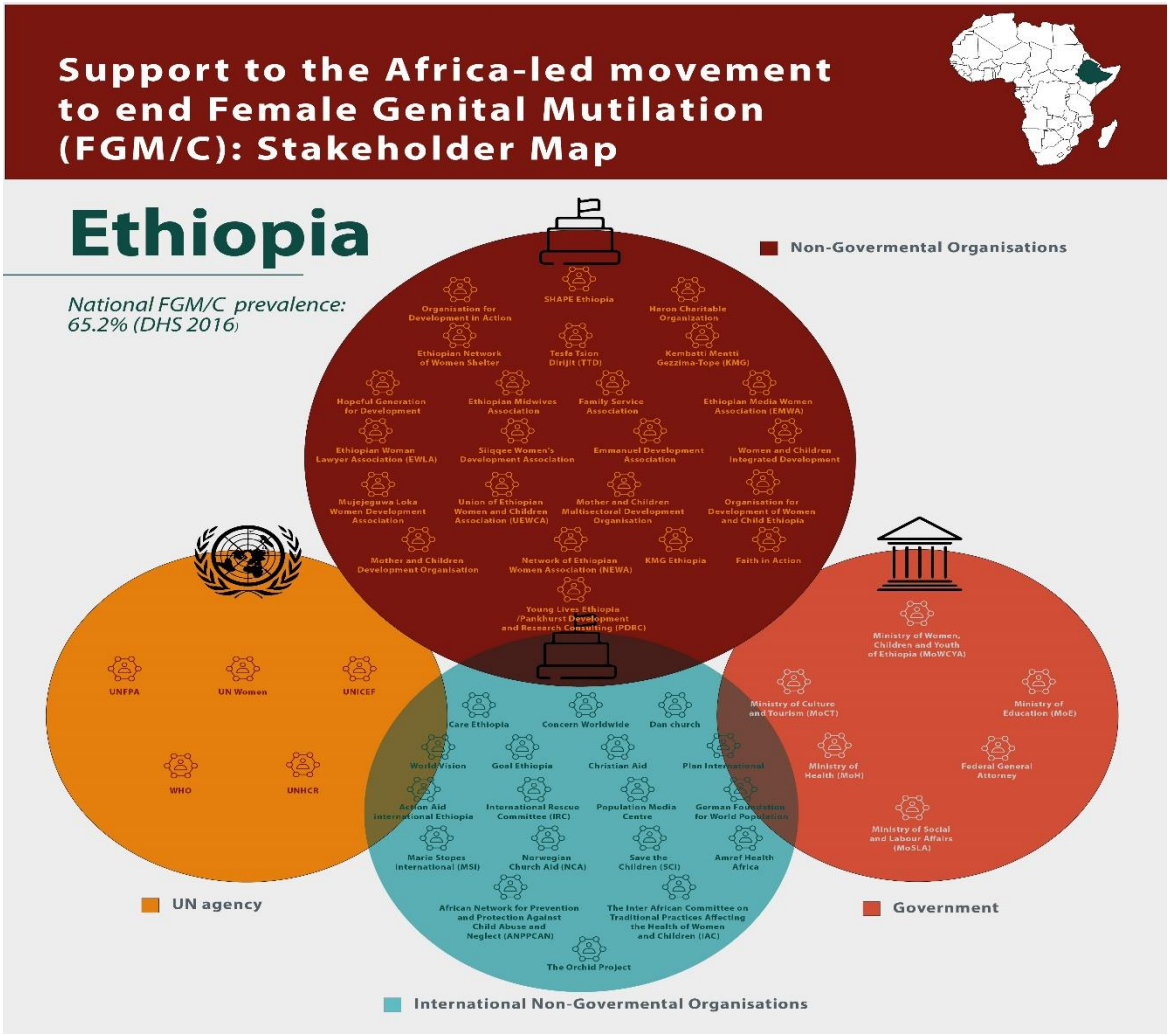
National Law: In 2004, the Ethiopian government criminalized all forms of FGM/C with **Pro clamation No. 414/2004**, also referred to as 'The Criminal Code of the Federal Democratic Republic of Ethiopia 2004'. This federal act repeals the 1957 Penal Code and covers FGM/C specifically in Chapter III. **Article 565** of the Criminal Code prohibits 'female circumcision' of both girls and adult women and **Article 566** specifically prohibits 'infibulation' on women. Cross-border FGM/C is covered in the Criminal Code as well. While quite some arrests have been made and a few **cases brought to court in Ethiopia** over recent years, generally, the implementation of the law and its enforcement is weak.

National Policies: Various policies and Action Plans have been set up to address FGM/C, the most important one being the **National Strategy and Action Plan on Harmful Traditional Practices against Women and Children (2013).** The Ethiopian government mandated the Ministry of Women, Children and Youth Affairs (MoWCYA) to be the coordinating body for the implementation of the National Strategy. At the first Global Girls' Summit, held in London in 2014, the Ethiopian Government committed to eliminate child marriage and FGM/C by 2025, a National Girls Summit was organized in 2015 and a roadmap (2020-2024)[15] was prepared for implementation. In addition, the National Alliance to End FGM/C and child marriage ('National Alliance') has been established.

Stakeholders interviewed shared that the political instability and conflict has had a negative impact on the enforcement of the law: *"The overall political instability is not supportive, but the policy is supportive. Regarding policy it has improved but we don't know what is going to happen tomorrow and we can't be sure about the practicality."* (National NGO stakeholder) **Lack of knowledge of the law and lack of a sense of responsibility to enforce it was also describe as a hindrance;** *"I feel like we have enough legal backing to end FGM and sexual violence, but the problem is at implementation. The circumcisers don't know that it is not right, and law legislatives don't know that it is their duty."* (CSO stakeholder) **Clearly there is a gap between policy and Implementation:** *"Having policy doesn't mean that there is good implementation."* (Government Stakeholder)

[15] For more information, see https://www.unicef.org/ethiopia/stories/ethiopia-launches-five-year-us-94-million-plan-end-child-marriage-and-fgm.

5.Stakeholder mapping



Findings from Key Informant Interviews:

Government Commitment to see change: Some of the participants were vocal in stating that there is an inconsistency in how laws and policy are implemented. Laws and policies generated at national level are not always enforced and observed at regional government levels. *"The Government has set rules. And set measures and declared it (FGM/C) as a crime. But when we go to regional level, since regions have their own administrative rights and since they have problem of slow implementation, there is no enough capacity to intervene on the problem. We can't force regions until they understand and take measures on the practice. That prevents us from saying there is political support. There is national political support but not regionally."* However, some of the participants felt that the government's stance on promoting women's empowerment had a huge and positive impact. Additionally, the government's position on FGM/C appears to be working according to most of the participants; *"The political situation opened us to big doors for advocacy activities and for girls to ask for their rights. The environment is conducive now." (KMG Ethiopia).*

Root causes: Marriageability was seen as a strong influence. The stigma and social alienation that comes with not being cut was expressed by a stakeholder from an INGO: *"For instance, many*

girls are circumcised mainly because of fear of not getting married. Those who are not circumcised would not be chosen as a wife except if it is in a town. They would be abused by the community as dirt. They call them chincha or suna in Afar. The culture is deep rooted in the society." Another national stakeholder indicated*; An uncircumcised girl or woman is seen as sexually over-active and not loyal to her husband. This also indicates men dominancy and finding reasons not to be loyal to his wife. It needs a great work to be done to improve these situations"* This points to the critical need to engage men and boys in end FGM/C interventions as one stakeholder put it "*broadly engaging males and changing their views. It needs a lot of work. The first is to change the girl who is taken for granted. The other is to increase the influence she has and boys to understand her place and to change their point of reference. (UN stakeholder)*

The challenges of achieving abandonment: Stakeholders reported a number of challenges that hinder FGM/C abandonment in Ethiopia. *"Females naturally have to face a lot of problems including us educated ones. It needs strength and culture is a big influence. The place of females in cultural setup is another big challenge. There is a famous saying in the community which talks about females and males. Females are needed for raising children and for chores and males are needed for position and outside works. The implications of this cultural thinking on females is very great. They believe that educating females isn't worthwhile but instead educating males is beneficial. They tend to see females as lower."* (female activist)

Resourcing of institutions that work on the abandonment of the FGM/C practice remains a challenge that has resulted in a scattering of interventions and a lack of coordination amongst organisations working to end FGM/C *"What I am trying to say is that gender equality is promoted at national level and there are many activities going on like the Prime Minister brought many women in high positions. But what we need to do is to continue promoting gender equality at lower levels as well." (National organisation stakeholder)*

The imposition of laws that are regarded as western was also highlighted as a barrier for change. At the community level traditional laws dominate. This reality is summed up by one of the stakeholders; "*I think the pastoralist way of living makes the difference. The community's view towards gender is the basic problem. The community rule is the main problem. Someone may live under the community law even though he is, or she is educated. We had a meeting last time with the ministry of women and children, and we had conversations about the basic social norms. Unless the norms change, it is difficult to bring other change"* (stakeholder from a national NGO)

Effectiveness of Civil Society: Civils society space in Ethiopia is newly emerging with the existence of a more liberal government. As such the engagement of CSOs in ending FGM/C, according to interviewed stakeholders, is not common. According to a number of the stakeholders, civil society is not very active on the issue of FGM/C. As one female activist shared; "*No one talks about it at all. It seems to be a neighbour's problem not yourself."* There is a sense that things are changing, and civil society is growing and becoming more engaged in FGM/C; "*The civil society was not allowed to work on rights and advocacy. But now a new policy has been designed and the civil society is able to work. Its movement was weak before but now it is getting better. The current political situation is enhancing our activities because we couldn't participate in these kinds of activities in the past."* (National level stakeholder)

Need for better coordination: Most of the stakeholders were optimistic about change and the commitment of the government towards promoting gender equality. However, more needs to be done to integrate actions started at government level into all levels of programming and activists. One activist shared; *As far as I am concerned, I did not observe that much of an integrated and concerned environment as I expected. This is all I can say. When you see the state ambition currently and liberal structure of the government you might think changes will happen. But for sure I don't know. I haven't seen changes at the grassroots level.* "

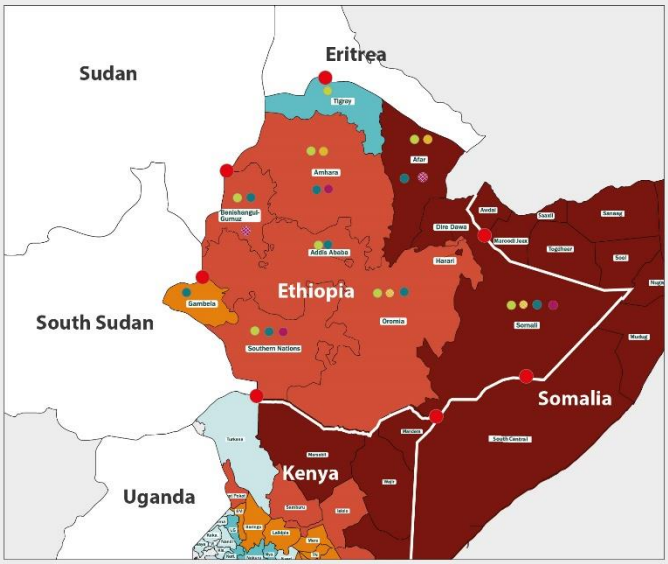
Existence and visibility of a movement: There was disagreement between stakeholders on the existence and visibility of a movement. Some believed regional movements existed. "*There is big*

movement in different regions. Like in the south region and Beneshangul. They started it and brought big change. There is movement at the national level. The government works on media and promotes big events. There are good results. If COVID-19 would not have come, it would be more effective to meet our 5-year goal. So, the religious leaders yes, there are visible movements seen in this country. Like by religious leaders and the like." (National NGO stakeholder)

The regional aspect of the movement came through in another interview with an INGO stakeholder; *"I am not sure about the effectiveness of the movement because it depends on the area. At national level, programs and strategies should cascade to grass root level. The government and the religious sectors are serious about this. There is no strong linkage. The problem is linkage."* Interestingly another stakeholder shared; *"I haven't seen a visible movement for FGM only but under GBV issues. FGM is an active element within other GBV issues."* (National NGO stakeholder).

Mainstreaming FGM/C in HIV and GBV programming: In Ethiopia, FGM/C interventions are integrated as part of organisational GBV programming. *"Our activity falls in GBV activities and it is also one operational activity country wide. We give training as part of GBV. We work on FGM but I don't think it is effective. It is not as detailed as other activities. We include FGM in our budget and activities, but it is integrated along the way (*in other interventions*) instead of having specific interventions."* (INGO stakeholder) **"***We don't have specific activity on FGM alone, but we have combined activities on GBV. We work on harmful traditional practices. We try to work more on awareness creation through public health education. We give legal backing to girls and we also provide health education. We consider FGM as human right violation because it hurts girls physically and psychologically."* (National level NGO) The views from stakeholders over the effectiveness of this more integrated approach to ending FGM/C alongside GBV is mixed. Some felt that by incorporating FGM/C as a form of GBV meant a reduction in resourcing and attention being placed on FGM/C specifically. "*While we try to work on women's protection, we also address FGM along the way, but we don't have a specific program for FGM which is a problem when it comes to ending the practice. FGM is one part of GBV and so we try to tackle it as well."* (Female activist)

6.Partner Presence



Ethiopia

National FGM/C prevalence 65.2% (DHS 2016)

Partner Presence

Action Aid	Amref
Yes	Yes

Partners intend to work under ALM

Action Aid

Yes	If budget allows

Amref

Yes	If budget allows

Borderlines for high-risk cross-border FGM/C occurence

7.The root causes of FGM/C in Ethiopia

In Ethiopia FGM/C is deeply embedded within tradition, culture, and beliefs and in community values related to gender, a woman's femininity and sexuality. There is great variability in the prevalence of the practice across communities due to regional variations and differences in the interlinkages between FGM/C, cultural and religious beliefs (Mehari, 2020). This includes individual and community knowledge and attitudes towards the practice, education levels, the region within the country and to an extent, religion (Abebe et al, 2020). Marriageability is a key reason for practicing FGM/C in the Somali region of Ethiopia (Abathun et al., 2016) - a girl who is uncut may be viewed as ineligible for marriage. Strong social pressures to conform to this cultural norm and in turn the practice persist. Mothers fear the stigma from the community and the severe social sanctions that may be placed on their households if their daughters are uncut (Mehari et al., 2020). This is seen as bringing shame to a family and an act that can damage the social standing of any future husband (Elamin and Mason-Jones., 2020; Mehari et al., 2020). Uncut girls may struggle to find a husband in the Somali cultural setting (Mehari et al, 2020). In the same vein, fear of being ostracized by their peers leads girls to organize their own circumcision thus taking on the responsibility to protect their families from any sanctions, both legal and social (Boyden et al., 2013).

8.Programme Mapping

The findings here are from the analyses of end FGM/C-related programmes repository for Ethiopia implemented between 2000 and August 2016. Additional analyses to the FGM/C-related programmes of the period 2016 to date have been updated for the purposes of this PEA. For Ethiopia, the compendium captured a total of 49 programmes, and additional 3 interventions from 2016 to date. The final analyses covered 52 programmes, with 12 being disregarded as they were research studies which could not meet the criteria.

Table 2: FGM/C-related interventions categorized as per thematic area implemented in Ethiopia

S/N	FGM/C-related thematic interventions	Frequency (n=52)	Percent (%)
1	Awareness creation	50	96.2
2	Capacity building	44	84.6
3	Community engagement & dialogues	30	57.7
4	Advocacy	24	46.2
5	Human rights approach to FGM/C	20	38.5
6	Women/girls empowerment	14	26.9
7	Integrating FGM/C into other development programmes	13	25.0
8	Behavioural/attitude change	12	23.1
9	Basic needs & education support for survivors	12	23.1
10	Establishing community FGM/C & child protection committees	12	23.1
11	Health approach	11	21.2
12	Engaging & alternative income for circumcisers	10	19.2
13	Anti-FGM/C clubs	9	17.3
14	Legal approach to FGM/C	9	17.3
15	Public declaration	8	15.4
16	Evidenced based programming	7	13.5
17	Use of media (TV/Radio) for FGM/C awareness	6	11.5
18	Peer to peer training	6	11.5
19	Alternative rites of passage	4	7.7
20	Use of digital media for FGM/C awareness	3	5.8
21	Provision of FGM/C-related small grants to grass root organization	3	5.8
22	Use of creative art to create FGM/C awareness	3	5.8
23	Production of appropriate IEC materials	3	5.8
24	Engaging grass root organizations	2	3.8
25	Legislative approach	2	3.8
26	Advocating shift from severe to sunna cut	1	1.9
27	Religious declaration	1	1.9

The analyses show that FGM/C-related programmes implemented since 2000 to date targeted different stakeholders totaling 25. Most of the programmes targeted the women (100%), men (94.2%), girls (92.3%), religious leaders (88.5%), boys (82.7%), community leaders (82.7%), policy makers (75%), and health workers (50%), respectively. The stakeholders' least targeted

through the anti FGM/C-related interventions included: political leaders (7.7%), grass root organizations (7.7%), activists (1.9%), artists (1.9%) and grandparents (1.9%), respectively.

FGM/C-related interventions implemented in various geographic regions in Ethiopia

The analyses show that anti-FGM/C related programmes implemented since 2000 to date in Ethiopia were at regional, national and/or province (11) level. Most of the programmes were implemented in Amhara (21.9%), Afar (17.2%), Oromia (17.2%), and SNNP (17.2%) regions of Ethiopia. However, there were no programmes implemented in Dire Dawa and Gambella provinces of Ethiopia, respectively. The provinces have shown differential decline in FGM/C prevalence between 2000 to 2016 regardless of whether there were anti-FGM/C programme or not. Most of the programmes implemented in the 11 provinces have been funded by Norwegian Agency for Development (NORAD) while bilateral and multilateral donors funded national and regional interventions.

9.Evidence synthesis

Legislative interventions: Four studies assessed the impact of legislation on FGM/C in Ethiopia; Enactment and enforcement of laws sometimes led to adjustments in FGM/C practice, including reduction in the age of cutting and secrecy in performing FGM/C (Boyden 2012, P; OBS; →, Mehari et al, 2020, P; OBS; ↑). Additionally, legislation enacted without consideration of the local context may be counterproductive, and even harmful for intended beneficiaries (Boyden 2012; P: OBS ↑ Boyden et al; 2013; P; OBS; →). In Ethiopia, child protection laws (enacted and enforced without due regard to context and local nuances) have resulted in the transformation, rather than the elimination of the practice, or even to increased risk for girls (Boyden 2012, P; OBS; →, Mehari et al, 2020, P; OBS; ↑). In summary, evidence suggests that legislation works more effectively where there is political will (Nabaneh and Muula, P; OBS; →), in combination with other interventions that are acceptable to the target community, and where there are sufficient resources for implementation (Mehari et al, 2020, P; OBS; ↑).

Training health care providers/capacity building of the healthcare system: Two studies assessed the effectiveness of training providers/enhancing the health system with the aim of ending FGM/C in Ethiopia. Most of the interventions focused on imparting knowledge and skills to health care providers either to act as agents of change in the prevention of FGM/C or to offer better services to clients seeking healthcare services after undergoing FGM/C. Systematic reviews of various interventions, including training of health personnel in several countries (Ethiopia included), showed that training health personnel produced no effects in provider knowledge or beliefs/ attitudes about FGM/C (Berg, 2013; S; SR; ↑, Denison et al., 2009; S; SR;↑).

Health education: One study of high quality and rated at Gray level IIIa assessed the effects of health education on various aspects of FGM/C including awareness, beliefs, and practices (Table 3). The review concluded that while the impact of health education on creating awareness and changing beliefs and practices was impressive, literature and findings from multifaceted interventions suggest that health education can be more effective in an environment where context is considered and where health education is complemented by other interventions (Waigwa et al, 2018; S, SR; ↑).

Table 3: Studies that have assessed effectiveness of health education interventions in Ethiopia

Study	Objective	Key finding	Quality	Strength
Waigwa et al (2018). Effectiveness of health education as an intervention designed to prevent female genital mutilation/cutting (FGM/C): a systematic review.	Systematic review of health education interventions to prevent FGM	Effectiveness depends on sociodemographic factors; traditions and beliefs; intervention strategy, structure, and delivery	↑	IIIa

(Source: Waigwa et al., 2018)

Formal education: Evidence shows that formal education is effective in reducing FGM/C prevalence and plays a significant role in empowering women and girls to demand for their rights, and challenge existing gender and social inequalities such as FGM/C (Berg and Denison 2013; S, SR; ↑).

Marketing campaigns / communication: Three high quality studies found that the use of media led to improvement in awareness, especially related to the negative impacts of infibulations (Mehari et al., 2020, P; OBS; ↑). Awareness campaigns have also resulted in schoolgirls and boys recognizing the harmful effects of FGM/C, consequently resulting in a high number of uncut girls

(Abathun et al, 2018; P; OBS; ↑). According to a systematic review by Berg and Denison (2013), the driving force for changing FGM related behaviour resided in the dissemination of information. There was evidence of a shift in perspective regarding FGM/C through the provision of knowledge which spread through social networks (Berg and Denison, 2013; S; SR; ↑). In summary, the use of media platforms is effective in changing social norms and attitudes toward abandoning FGM/C, and, in some cases, reducing FGM/C prevalence.

Community engagement: Systematic review concluded that provision of information about FGM/C through community engagement increased knowledge and improved attitudes towards FGM/C (Berg and Denison, 2013; S, SR; ↑).Public declarations encouraging communities to make a declaration of abandonment may be a first step towards changing attitudes and practices among community members in FGM/C prevalent settings (UNICEF, 2012; P, OBS; ↑).

Religious/cultural leaders: Evidence shows that engaging religious leaders may have some effect on behaviour and practices in communities that hold religious leaders in high regard. On the other hand, reluctance by religious leaders can hinder progress in the elimination of FGM/C (Mehari et al, 2020, P; OBS; ↑). Religious and cultural leaders can be effectively used to convey messages to the community, particularly communities that are ready for change (UNICEF, 2012; P, OBS; ↑). Such leaders can be at the forefront of questioning the religious underpinnings of the practice and of publicly declaring opposition to the practice.

10.Media Analysis

Ethiopia until recently has a heavily controlled media.[16] The most important sources of information are radio (59%), mobile phones (72%), word of mouth (54%), church or mosque (12%), television (36%). Print media in general are placed as the seventh important sources of information for most Ethiopians (4%). Newspaper subscription is not a common way of reading newspapers in Ethiopia. Today, Ethiopians can choose between two types of newspapers i.e. government-owned and private newspapers.

How FGM/C is covered in the Ethiopian media: The coverage of FGM/C over the past twelve months across different media platforms in Ethiopia is very shallow. Most of the main newspapers have at least written news articles about FGM/C or it is mentioned in a story covering a related broader topic, such as gender-based violence. The Reporter, one of the main newspapers in Ethiopia, has published two articles on 16 February 2020[17] and 7 March 2020[18] in its English version. It has also published three articles (one in the Amharic version) on global justice, sexual reproductive health, and early marriage, where FGM/C is mentioned as a recurring issue. Similarly, The Ethiopian Herald, in English, has mentioned FGM/C in three different articles[19] about a related issue. Capital newspaper, in English, has published two articles[20] of which one is about FGM/C and the other is about sexual reproductive health. FGM/C is also mentioned once in an article published in Addis Fortune newspaper. These articles are written in news articles, opinion, and interview formats.

Most of the **social media** activity regarding FGM/C is found on Facebook and Twitter. Contents shared on these platforms are mostly intended to create awareness and call people to action. Hashtags used includes #EndFGM, #Act2EndFGM, #unjpFGM, #StopFGC, #FGM

Almost all the coverage of FGM/C on the aforementioned media appears to be published around either the International Day of Zero Tolerance for Female Genital Mutilation (in February) or International Women's Day (in March).

Voices: These are the voices that have been heard most in the mainstream media in the last twelve months:

- **Samuel Norgah, Director of Plan International Africa Liaison Office[21]**
- **Dr. Seblewongel Daniel, Dean of Studies, EGST[22]**
- **Eden Sahle, Founder and CEO of YADA Technologies[23]**
- **Zinaye Taddes, Director, Women and Children Affairs, EHRC[24]**

Most voices in social media come from campaigns, movements and people who are broadly working on women affairs and gender-based violence. Setaweet movement (@Setaweet1) and Jegnit (@jegnit) are known feminist groups to make FGM/C issues viral on social media,

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[16] https://journals.sagepub.com/doi/abs/10.1177/0163443719895197
[17] https://www.thereporterethiopia.com/article/taking-stance-against-fgm
[18] https://www.thereporterethiopia.com/article/fighting-just-society-something-ought-be-championed-us-all
[19] https://www.press.et/english/?p=27329#
https://www.press.et/english/?p=19933#
https://www.press.et/english/?p=24478#
[20] https://www.capitalethiopia.com/ispot/unfpa-unicef-call-for-renewed-commitment-to-end-female-genital-mutilation-in-ethiopia/
https://www.capitalethiopia.com/ispot/a-new-partnership-to-enhance-the-sexual-reproductive-health-of-women-and-adolescents/
[21] https://www.thereporterethiopia.com/article/fighting-just-society-something-ought-be-championed-us-all
[22] https://www.press.et/english/?p=24478#
[23] https://addisfortune.news/covid-19-pandemic-threatens-to-roll-back-womens-hard-won-gains/
[24] https://www.dw.com/am/%E1%8C%8E%E1%8C%82-%E1%88%8D%E1%88%9B%E1%8B%B3%E1%8B%8A-%E1%8B%B5%E1%88%AD%E1%8C%8A%E1%89%B6%E1%89%BD%E1%8A%93-%E1%8B%A8%E1%8A%AE%E1%88%AE%E1%8A%93-%E1%8B%88%E1%88%A8%E1%88%AD%E1%88%BD%E1%8A%9D/a-56515296

especially when something specific to girls happens, such as rape. Some of the people such as @SehinSehina and @Tsedenia10 also appear on mainstream media as activists and an expert source of such issues. Many advocate against FGM/C on social media, such as @Marthinoly @DrSenait @Selam_Mussie, but mostly only when the issues are trending. For example, Kate Holt on her Instagram https://instagram.com/kateholtphoto?igshid=ux9k0z69x0yz has written five stories of Ethiopian girls who are victims of FGM/C or early marriage in commemorating the month of February for the International Day of Zero Tolerance of FGM/C. Consistent voices about FGM/C are seen from development partners and CSO such as UN agencies e.g. UNFPA, UNICEF, UN Women Ethiopia; Save The Children, CPAR Global Affairs, Amref Canada, Plan International and @TGC_Africa. Many levels of government are found on social media including the council of ministers (e.g. the Prime minister, the deputy and foreign affairs ministers, Filsan Abdullahi, the minister for Women, Children and youth), parliament members and all regional government presidents.

11.Cross Border FGM/C

As a large land-locked country Ethiopia shares its borders with 6 countries: Eritrea, Djibouti, Somalia, Kenya, Sudan and South Sudan. All these countries, with the exception of South Sudan, have high prevalence of FGM/C and particularly in the border regions. This geographic reality brings an urgency to acting to end cross-border FGM/C in Ethiopia. However, understanding of the drivers and even the prevalence of FGM/C in these areas is almost completely absent. Evidence suggests that communities in countries where FGM/C is legally prohibited are taking their girls across national borders in order to have them undergo FGM/C (Building Bridges to End FGM, 2019; Kimani et al., 2018). Cross-border practice is one of the strategies by communities that practise FGM/C to ensure that girls or women are cut in secret or without risks of prosecution (UNFPA, 2019; Walela, 2020; UNFPA-UNICEF, 2019; 28 Too Many, 2018).

Tackling cross-border FGM/C: There are various regional and sub-regional frameworks that generally call African States for a concerted approach towards the elimination of FGM/C. These include the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol 2003) ratified by Kenya, Tanzania and Uganda but signed by only Ethiopia and Somalia; African Union Agenda 2063 "The Africa we want" (aspiration 6-priority 51; "African Union Initiative on Eliminating Female Genital Mutilation or Saleema" (January 2019), and its related declaration on "Galvanizing Political Commitment towards the Elimination of Female Genital Mutilation" (UNFPA 2019).

Challenges in tackling cross-border FGM/C: Several factors make it difficult to address cross border FGM/C. For instance movements of mobile cross-border communities such as pastoralists in search of pastures and water for their animals facilitates cross-border FGM/C; dual citizenship which allows people to visit each other makes it difficult to detect if there is a motive for FGM/C; and the porous borders with limited surveillance facilitates the practice. Other challenges include: insufficient prosecutions of cross-border FGM/C cases which are less reported, lack of harmonization of national legislations, insufficient resources, and lack of a regional monitoring and data mechanism on the cross-border practice which limits the comprehension of the situation and evidence-based programming (UNFPA, 2019).

12. Conclusions

This conclusion summarises the enabling environment within Ethiopia; the need for the programme; and the design challenges and opportunities to accelerate ending FGM.

Enabling environment:

- A **National Costed Roadmap to end child Marriage and FGM/C** in Ethiopia (2020 – 2024) was launched in 2019. This evidence-based, costed plan includes key strategies, interventions and expected results, and provides a clear entry point for the programme to support national efforts.
- **Empowering adolescent girls** and their families is the first strategic pillar of this roadmap, providing strong strategic alignment with the programme.
- **Strong government commitment** to ending FGM/C, and to mainstreaming action across all relevant sectors (education, health, justice and other sectors). Women, children and youth structures exist across Ethiopia at all levels of government.
- Recent changes in legislation regarding non-government organisations, which allows more scope for their activities, and their ability to receive funding from abroad.
- A **growing civil society and activist network** against FGM/C, child marriage and related issues.
- The Inter-religious Council of Ethiopia has endorsed the fight against harmful traditional practices. The Church, including the Ethiopian Orthodox Church, has been active in advocating against FGM/C.

Urgent need:

- Large numbers of girls at risk (>3 million girls today are at risk of FGM/C before the age of 18 years)
- Limited coordination between end FGM/C actors and inconsistency in funding
- Gender norms that seek to control female sexuality, and social norms that stigmatise pre-marital sexual activity (and in particular, pregnancy) are significant drivers of FGM/C; gender transformative approaches are highly relevant in this context
- Political instability and lack of resources has hampered the implementation of laws against FGM/C

Opportunities (whether through the consortium or grantees):

- Facilitating learning and collaboration for government and civil society actors
- Capacity building for grassroots women-led, girl-led and youth-led organisations
- Strategic and funding support through small grants for sustained community-level action which reflects the context-specific drivers of FGM and builds local solutions
- Building on/leveraging existing successful initiatives to strengthen women and girls' agency such as girls' clubs and women's development groups
- Building on, and learning from, existing sustained community-level conversations on child marriage and FGM/C, many of which are locally led models of change. Leveraging existing socio-cultural mechanisms in the context of community dialogue (e.g. the Dagu system of Afar and the Sinke system of Oromia). Community-based wisdoms and assets have significantly contributed to the reduction of child marriage and FGM/C.
- Scaling up community level interventions/education that addresses the fact that a significant proportion of people in families who continue to practice FGM want it to end, suggesting a need to focus on shifting social norms.

- Exploring interventions that engage men and boys in dialogue on gender norms, the role of women and positive masculinity
- Within some regions the majority of people believe FGM/C is required by religion (e.g. 61.7% and 57% in Afar and Somali regions respectively). There is an opportunity to tackle this misconception. Particular consideration is required as to how to tackle religious misconceptions through gender transformative approaches that empower and centre girls, as some religious institutions/leaders may be prepared to speak out against FGM, but not to in the context of gender equality and rights for women and girls).
- Advocating for greater clarity in defining FGM/C within the criminal code, with specific language prohibiting medicalisation
- Targeting law enforcers for capacity strengthening on the legal framework and its implementation
- Research and policy action on cross-border FGM/C through harmonising of regional laws and the development of a regional advocacy approach as stipulated in the EA Inter-ministerial Declaration. Advocating for the Ethiopia government to support implementation of the plan of action, to ensure cross border FGM/C is curtailed and when it happens, is punished.
- Exploring opportunities to incorporate education related to FGM/C into school (and out-of-school) structures for girls (e.g. girls' clubs)
- The recent liberalisation of media presents the programme with an opportunity to influence change on a large scale, whether through radio (a crucial medium particularly for rural communities), TV (e.g. the girl-centred Yegna drama series which tackles social issues) or social media platforms (increasingly used by young people).
- Expanding the scope and impact – and learning from – the mainstreaming of FGM/C within GBV and other programmes, which is well underway in Ethiopia.

Design challenges

- Insecurity in Tigray, with ripple effects in other parts of the country.
- Challenges presented by the Covid-19 pandemic, which will likely reduce opportunities to engage with line Ministries and other government structures being, as they will be under considerable additional pressure. Potential restrictions to travel/outreach work.

Recommendations for ways of working:

- The National Roadmap is a comprehensive and well-researched technical document which is highly aligned with the Programme's Theory of Change, principles and desired outcomes. The team designing interventions in Ethiopia should read and understand this document in detail, and use it as a guiding document for all strategic planning.
- Foster collaborative working relationships with the relevant line Ministries, in particular the Ministry of Women, Children and Youth and the National Alliance responsible for the implementation of the National Costed Roadmap to End Child Marriage and FGM/C. Articulate how the programme will contribute to the Roadmap's outcomes, which are highly aligned to the Programme's TOC (e.g. empowering adolescent girls and families, increased social action, and increased evidence base). If possible, co-create and agree Programme design with this Ministry.

Further research/consultation/data needed:

- More detailed geographic mapping of coverage of existing FGM/C interventions and active NGOs to make informed decision about targeting of programme support (including grants)
- Cross border FGM/C needs further research

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