

United Nations Children's Fund
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Harmful Traditional Practices Feature

GRASSROOTS ADVOCACY AGAINST FEMALE GENITAL MUTILATION

It is a big day for eight-year-old Selamawit Samel, and her best friend helps her get ready. Today is the day her parents have decided that she will be circumcised.

“We know about the health risks, but this is our tradition,” said Selamawit’s mother, Kutishe. “Without it, she won’t be married. We believe it is a kind of cleaning.”



Neither Kutishe nor her husband, Samel, will be with their youngest child as she is subjected to female genital mutilation (FGM).

“The mother doesn’t want to hear her crying. She will be far, far away,” said Tabeyin Gedlu, Assistant Project Officer for Harmful Traditional Practices (HTPs) at UNICEF. “These young children don’t know about health questions. Everything is imposed by their parents. They accept it.”

No one has explained to Selamawit exactly what will happen to her today. She watches silently as the women prepare the spot where the cutting will take place, but begins to cry when the traditional practitioner arrives. Her parents have purchased a new five-cent razor blade that will be used to cut their daughter’s genitals.

Selamawit tries to hold her legs closed. It takes six women to hold down the panicked eight-year-old girl. The women cover her head with a scarf. Over and over again she cries hysterically, “Mommy, mommy, please come. What are they doing to me?”

The women force open Selamawit’s legs despite her screams, and the practitioner coats her genitals with ash to steady her grip before slicing off her clitoris. The bloody offering is placed on a palm leaf and taken to her parents at their home in the village of Offa Gendeba in the Southern Nations, Nationalities and Peoples Region (SNNPR).

Kerosene is used to sterilize the open wound. The women drag Selamawit to her feet, as she whimpers, foaming at the mouth.

“She almost lost consciousness, because of the pain. She was just limp, held up by the women,” Tabeyin agonizes. “From a complete body, they made her incomplete.”

The practitioner, Amarech Lindado, was paid 10 birr, or a little more than a dollar, to perform FGM on Selamawit, the second circumcision she has performed that morning.



“I am treated with great prestige, with great respect,” the practitioner said. “In the busy time, I can do 20 per day to supplement my income. But if I get another income, I will leave this job.”

FGM is practiced in varying degrees throughout Ethiopia. The most severe type of FGM, infibulation, is practiced in Somalia, Afar, Harari and some parts of Oromia regions. The age at which girls are made to undergo FGM varies from region to region. In Amhara and in some parts of Afar, it is done during the first ten days of life. In Somalia, Afar and Oromia, girls are subjected to FGM between the age of seven to nine, or just before marriage between the ages of 15 to 17.

Approximately, 54 percent of girls in SNNPR are subjected to FGM, according to government figures. The rate is even higher in other regions: 92 percent in Amhara, 96 percent in Afar, 99 percent Oromia and 100 percent in Somali.

Nine-year-old Yenenish Zenebe, who lives in the same village as Selamawit, underwent FGM last year. “It was very painful during the circumcision. When my friends were dancing and playing it was good, but the cutting was very painful, very painful,” she said. “I was absent (from school) for quite some time, for about a month. I was sad to miss school.”

Manyhlishal Madebo, head of the Wolaita Sodo Zone Women’s Affairs Office and a lawyer by training, confirms that the girls are in great pain since no anesthetic or antibiotics are used during the procedure. The type of FGM practiced in SNNPR, called excision, can result in infections and hemorrhaging. When the girls grow up, the resultant scarring can tear, causing complications during labor. In addition, many girls, like Yenenish, miss school during the recovery period.



“As a result of circumcision, they can not go to school,” Manyhlishal said. “It happens in August and September. When they fail to register, they can’t go to school. If they are not circumcised, their friends insult them so they want to be circumcised. We organize families that it is harmful and tell the children. ... People say it’s our culture, our tradition. Society accepts it. Society must accept it’s harmful to them. It harms their health.”

Manyhlishal, herself, was subjected to FGM as a child despite the fact that her father was a health care professional. She is determined that her own six-year-old daughter, Hanni, will not be circumcised despite the pressure of her peers.

“When her friends ask her, she says, ‘It’s not for me,’” Manyhlishal said. “I’ve helped her change her mind. Not only the children need to be changed, but the attitude of the society. Education must begin at the elementary level.”

UNICEF is working with Government partners to bring about change at the grassroots level. “The Government, religious leaders, professionals, the whole society must be committed,” Tabeyin said. “Only with constant teaching and society’s support, can we stop it.”

Training of teachers and sensitization workshops has resulted in dramatic reversals in attitude among participants, particularly where videos on FGM have been screened. In one community, a Muslim religious leader broke with tradition after taking part in a workshop and allowed his daughter to get married uncircumcised. Similarly, several extension workers from regional agricultural bureaus have gotten married without having their wives undergo FGM.

“We need to interfere in this sector to bring about behavioral change,” said Asmake Major, a training officer for the Regional Women’s Affairs Office in Awassa. “We must train people from the grassroots (level) that these harmful traditional practices can be stopped. These harmful traditional practices impact women and children. Women are very much discriminated. Together we are striving to protect women’s and children’s rights.”

With support from UNICEF, the Regional Women’s Affairs Office has trained more than 10,000 people to work in the community educating their peers about the physical, psychological and emotional impact of FGM in an effort to stop the practice.

Almaz Mulugeta is chairwoman of the Women’s Association in Wolaita Sodo. Whenever there is a social gathering, she takes the opportunity to teach women about the dangers of FGM after undergoing the training.

“When there is a wedding ceremony, and the women are chopping the onions for the feast, I tell them. When there are funerals, I talk to them,” she said. “Unless women are organized, we will never eradicate this problem.”

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