

Full Length Research Paper

Strategies for elimination of Female Genital Mutilation in Ethiopia; a meta synthesis of national and regional studies

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Abstract

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Female Genital Mutilation (FGM) is a harmful practice that consists of all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. This meta-synthesis identified and described strategies implemented for elimination of FGM practices in Ethiopia and was conducted using systematic searches in electronic databases (PubMed, PsycINFO and Google Scholar) and grey literature from 2012 to 2022. Some of the strategies identified to eliminate FGM practice included the enactment and enforcement of customary laws; empowering and engaging women and girls about their rights, and health risk education campaign on the negative health impacts of FGM. Other strategies identified were the engagement of key gatekeepers of FGM practices which included religious leaders, traditional birth attendants, clan leaders, health workers, men and unmarried boys. The study highlighted some of the strategies and interventions that worked and other that have great potential to eliminate FGM practice in Ethiopia. The study also showed that implementation of a combination of diverse interventions which complement each other and targeted at different actors involved in the practice is essential so that the root cause of the practice in terms of gender and social norms are targeted for meaningful change in the practice of FGM.

Key words; Female genital mutilation, strategies, interventions, elimination, meta synthesis.

1. INTRODUCTION

Female Genital Mutilation (FGM) is a harmful practice that consists of all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. Globally, more than 200 million girls and women have undergone female genital mutilation (UNICEF, 2016; WHO, 2020). FGM involves several surgical procedures; including the partial or complete removal of the clitoris and/or labia minora, the constriction of the vaginal opening through cutting and transposing the labia,

or other harmful procedures (WHO, 2020). All forms of FGM can cause immediate and long-term health risks including physical, psychological, emotional, and social health problems which increases with the extent of the cutting (UNICEF, 2016). Due to its hazardous effects on physical and mental health, FGM is internationally recognized as a human rights violation, and a form of violence against women and girls (UNICEF, 2020a; UNICEF 2020b).

It is estimated that the prevalence may increase to sixty-eight million by the year 2030 with a projection of nearly five million girls undergoing the procedure yearly if more actions are not taken towards eradicating the practice (UNFPA, 2018). The practice of FGM is concentrated mostly in Africa, Asia and the

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Middle East and it is characterised by the partial or total excision of the female external genitalia and associated with entrenched cultural practices in most communities in Sub-Saharan African countries (UNICEF, 2016; WHO, 2020).

In Ethiopia, 65 percent of women and girls aged 15-49 years are circumcised at national level with notable disparities across regions and settings. Three regions in the country have the highest prevalence, Somali 99 percent, Afar 91 percent and Harar 82 percent (CFA and ICF, 2016; UNICEF, 2020b). The aforementioned three regions are predominately Muslim with Somali and Afar also being pastoralists. Nearly half of cut women underwent FGM when they were younger than 5 years old, whereas nearly 3 in 10 were cut after age 10; age at cutting varies substantially by region and religion (UNICEF, 2020b).

Given the unacceptably high prevalence of FGM in the country, Ethiopia has been striving to address the issue through implementation of several strategic and programme measures. These included appropriate legal framework and policy provisions that promote the rights of women and girls and criminalize FGM as a violation of human rights. FGM has been prohibited in Ethiopia's criminal code since 2004 and the Ministry of Health banned medicalization of FGM in all public and private medical facilities in the country in 2017 (28 Too Many, 2018).

In addition, the government of Ethiopia developed the National Costed Roadmap to End Child Marriage and Female Genital Mutilation 2020-2024 that aims to bring about the complete abandonment of child marriage and FGM in Ethiopia by 2025 (FMOWCY, 2019).

The purpose of the meta-synthesis was for scoping review of evidence on strategies to eliminate FGM practices in Ethiopia to help improve programmes aimed to end FGM in regions with high prevalence with particular focus on pastoral communities.

2. METHODOLOGY

The strategies described as successful in this study were based on UNICEF et al (2021) commissioned study's definition of FGM intervention which is, "any form of action or process of intervening, or a deliberate process to interfere with, modify or change people's thoughts, feelings, knowledge or behaviour to reduce the prevalence of FGM, or abandonment of FGM.

2.1 Search strategy

A systematic search of published articles was conducted from main electronic databases (PubMed, PsycINFO and direct search from Google Scholar) with no language restrictions. Searches of the grey literature were also conducted which included theses, policy briefs, programme evaluation reports of organizations. In addition to the above, specific key words, such as "pastoralist communities", "strategies" or "intervention" to end FGM in Ethiopia", etc. were used to retrieve studies for the meta-synthesis.

2.2 Inclusion and exclusion criteria

Studies were included if focused on strategies and or interventions to end FGM practice; conducted in Ethiopia or reported on FGM practice in Ethiopia and used all study designs with clear methodologies for enabling an assessment of quality; studies conducted between 2012 and 2022 and published as research studies, evaluation or program reports and theses. Studies conducted before 2012 and outside the scope of the research were excluded.

2.3 Data Quality control

After the first selection of studies was completed, methodological quality control measures using a designed critical appraisal checklist to minimize inclusion of irrelevant documents into the synthesis were undertaken by two reviewers. Studies by authors without some institutional affiliation, questionable reputability of the journal/publisher, inadequacy of the methodology of the study, inappropriateness of the sampling method used, lack of objectivity in the analysis, and questionable ethicality were used as quality assurance techniques to eliminate the irrelevant studies.

2.4 Data abstraction, coding and synthesis

A qualitative analysis software (ATLAS.ti) was used to code the data based on themes and extract findings from the selected studies. Meta-syntheses were done through combining or summarizing the interpretation of the text particularly from the findings of included studies into one or more related thematic areas. Then grouping of codes into one or more descriptive themes. Finally, the coded qualitative data were synthesized according to the flow of themes.

3. FINDINGS OF THE META-SYNTHESIS

The strategies to end FGM are classified into themes as follows:

3.1 Enactment and enforcement of Customary Laws

A study by Rodrigues et al (2022) that assessed Social Ecological Model (SEM) variables associated with supporting the abandonment of female genital mutilation (FGM) found expectations of sanctions to be a significant factor in supporting FGM abandonment.

Customary laws on the elimination of FGM have been developed in some communities in Ethiopia to punish those who do not abide by community declarations against the practice. The role of customary laws for preventing FGM was found to be effective in a study by Ababeye and Disasa (2015) on the strategies for the prevention of female genital mutilation (FGM) among the targeted communities in 22 districts of Oromia, Southern Nations and Nationalities Peoples (SNNPR), Afar, Harari and Somali Regions. In the

study all reported cases of contravention of the enacted customary law against FGM practice in two districts of Afar and Somali regions and between 50 to 75 percent in Amhara, Oromia and SNNPR over a period of one year were punished (Ababeye and Disasa, 2015). The study also observed that the number of cases convicted by customary law was greater than the number convicted by statutory law and recommended strengthening of customary laws in prevention of FGM practices in the communities. Similarly, a recent study by UNICEF et al. (2021) revealed that “legislation accompanied by political will, sensitization and locally appropriate enforcement mechanisms can reduce FGM” but noted that “laws implemented as a single intervention can be counterproductive” since these tend to “alienate beneficiaries of health services, reduction in the age of cutting and secrecy in performing FGM.”

A study by Awet (2022) in Tigray Region in the Northeast Ethiopia reported on the role of the traditional justice institution called ‘Gereb’ in eliminating Harmful Traditional Practices (HTPs) including FGM in the communities (Awet, 2022). The ‘Gereb’ was established to prevent, manage, and resolve conflicts using traditional norms and methods passed down from generation to generation. It was reported to play a successful role in eliminating Harmful Traditional Practices (HTPs) including FGM in the communities (Awet, 2022). In consultation with the communities, the *Gereb* came out with codified rules, including rules that outlawed harmful traditional practices. The institution adopted two mechanisms to address HTP which were; as influential role models, they persuaded people to adopt new attitudes and perceptions towards HTPs and secondly, as a last resort, when rule violations occurred or reported, formal punishment followed. The study found that the communities complied more readily with the norms and rules of the *Gerebs* than with formal institutional setups. The study concluded that even though the traditional institutions are effective, eliminating HTPs should be implemented along with other measures in coordination between traditional and governmental institutions (Awet, 2022).

Similarly, a study by Muthumbi et al. (2015) showed that legal measures to combat FGM/C in Ethiopia has been a somewhat complicated strategy partly because criminalizing FGM/C does not in actuality tackle the root of the practice. The study suggested that government policy aimed at changing societal perceptions towards FGM/C need to address underlying social norms that are at the root of the practice (Muthumbi et al. (2015). In addition, Ostebo and Ostebo (2014) reported that for anti-FGM/C laws to be successful, enforcement of the law must be complemented by capacity-building efforts among enforcement authorities, with robust monitoring at the local level.

In an exploratory qualitative study by Sibamo and Workie (2022) in Hadiya and Wolaita Zones of Southern Ethiopia on barriers to elimination of female genital mutilation/cutting, the participants were of the opinion that mere enforcement of laws may not be adequate to ensure the efforts of stopping the practice. They argued that the idea of taking only legal actions on perpetrators of FGM/C might conflict with existing tradition

and the laws may also be poorly understood by the community and suggested the need of integrating legal actions with awareness raising activities as a suitable strategy to stop FGM/C.

Presler-Marshall et al. (2022b) in their study suggested that the value of fines as penalty for violating the laws should be considered on a community-by-community basis, to ensure that they are not forcing practices underground and the amounts and enforcement mechanisms should be transparently agreed by the community for the community. In a qualitative study on enhancing laws and policies through comprehensive sexuality education in Ensaro woreda in Amhara Region, Ethiopia, participants reported that those existing laws were strict enough to prevent child marriage and FGM/C, but they were not implemented because the practices were hidden (van der Kwaak, 2022). Some of the parents in the study agreed that the law did not solve problems related to child marriage and FGM/C, as there was limited implementation at the community level. The study suggested that these laws should be part of the school curriculum so that young people can learn about them as part of their general education and strengthen comprehensive sexuality education to enforce laws and policies (van der Kwaak, 2022).

3.2 Empowering and engaging women and girls

There is evidence that the practice of FGM in Ethiopia is driven by social norms and empowering women and girls on their right has been identified as useful strategy in the elimination of FGM (UNICEF, 2013). A study in Ethiopia that assessed Social Ecological Model (SEM) variables associated with supporting the abandonment of female genital mutilation (FGM) found that respondents with social networks discussing topics involving the risks, laws, or norms related to FGM were more likely to support FGM abandonment (Rodrigues et al., 2022). Empowerment of women and girls based on their rights using community dialogue was found to be a successful strategy to address gender inequality which is the major underlying factor driving the practice and enabled women and girls to have firm stand against FGM (UNICEF, 2012).

Community focused empowerment program on social norms, gender and right targeted at women and girls have been found to be an effective strategy used by several NGOs working in Ethiopia to tackle the social convention of FGM/C (Østebø and Østebø, 2014).

FGM is upheld by social norms when individuals choose to conform not based on their own knowledge, attitudes, and beliefs, but because they believe others in their social group will cut their daughters and that their social group may sanction individuals who do not cut their daughters (UNICEF, 2013). On the other hand, if individuals believe others do not practice FGM on their daughter then the social norm can change leading to FGM abandonment (UNICEF, 2013).

Increasing access to education and appropriate knowledge and information to women and girls on gender-based violence issues, including FGM in various community dialogue fora have been found to contribute to preventing the practice of

FGM. A study by Kassegne et al. (2020) in Amhara region reported that testimonials by parents of uncircumcised girls and women who did not undergo FGM during women discussion fora contributed to changing the myth that uncircumcised women cannot give birth or have sex. Studies indicated that participation in girls' clubs contributed to gaining knowledge on the harmful effects of FGM and led towards gradual resistance to the practice (Abathun et al, 2016; Andarge, 2014).

A study on the contribution of self-help groups (SHG) to a range of outcomes reported that SHG group women were empowered to speak out against the tradition of FGM and brought agents of violence against them to court. In addition, SHG members who though themselves were circumcised reported not to let their daughters be circumcised (Graafland and Rijnveld, 2016).

3.3 Health risk education campaign

Since interventions against FGM/C first started more than 40 years ago, providing information about the health risks associated with FGM/C has historically been the most prevalent approach (Rogjella, 2020; UNICEF, 2021). The global campaigns and other efforts to eliminate FGM initially focused on the adverse health consequences of the practice. It builds on the idea that if people are informed about the negative health effects of FGM/C, they resolve to abandon the practice. Health risk interventions have been targeted at various population groups both as a stand-alone activity and as part of other interventions (Rogjella, 2020; UNICEF, 2021). However, there are still uncertainties among stakeholders towards the effectiveness of a standalone health approach for anti-FGM campaigns (UNICEF, 2021). It is believed that an increased knowledge of the negative health effects can stimulate reflection and critical thinking, leading to reduce the approval of, and eventually to the abandonment of FGM (Rogjella, 2020). Messaging around the negative health impacts of FGM have been successful at reducing the severity of the practice, but not at eliminating this practice completely in some settings. The most common descriptions of the negative consequences associated with FGM were that it causes "fistula" and "problems at birth." People have adapted to this messaging by replacing more severe forms of FGM with type 1 FGM, also known as 'Sunnah' (consisting of the partial or total removal of clitoris), which has less perceived negative health consequences associated with it. Health messaging has therefore introduced a nuanced perception of FGM which distinguishes between "good" or "safe" FGM and "bad" or "dangerous" FGM which is harmful to the elimination agenda and overlooks the impact of any form of the practice on human rights and bodily integrity. Since the health argument also tends to be overpowered by the pervasive social norm, UNICEF (2021) suggested the need for the messages not only focus on the health consequences of FGM but also stress that it is a rights violation. Similarly, Rogjella (2020) reported that health information leads to deviations rather than abandonment and most commonly an increase in the extent to which health providers are performing FGM/C, a trend associated with a probability of institutionalization and

continuance of FGM/C rather than its desertion. A study by Presler-Marshall et al. (2022b) suggested that messaging about FGM/C should be balanced and not enough to teach that FGM/C entails risks such as infection and difficulty during childbirth but also important to address misunderstandings/misconception about the perceived benefits such as improving girls' behaviour or facilitating sexual intercourse with their husband. The study suggested that the messages should be contextualized with attention to broader gender norms, including on female sexuality (Presler-Marshall et al., 2022b).

3.4. Engagement of Religious leaders.

The engagement of religious institutions was found to be an effective strategy because of their strong influence among their followers in terms of influencing attitudes and practice towards FGM through declarations against the practice. There was evidence that leaders of the Orthodox, Muslim and Protestant religions with large numbers of youth followers have played vital roles in the abandonment of FGM practice by minimizing the misinterpretation of FGM as one component of religious obligation and making declarations against FGM practice (Ababeye and Disasa, 2015; Andarge, 2014; Mehari et al., 2020; UNICEF, 2012). However, from the various studies, their role in stopping the practice has been mixed (Araya, 2012; Mehari, 2016; Mehari et al., 2020; Boyden et al. 2013; Iftu, 2017; Stern and Anderson, 2015). In Afar and Somali Regions, some religious leaders still promoted 'Sunnah' cutting (Type 1/cutting of clitoris) as religious obligation and secretly advised the believers not to abandon the practice regarding it as the true meaning of Islam even though there were also some religious leaders who objected to the practice (Araya, 2012; Mehari, 2016). Among the Christian communities, FGM was reported to have been denounced as a religious obligation and the declaration made against it by the religious leaders from Evangelical Churches Fellowship of Ethiopia (ECFE), the Ethiopian Orthodox Tewahedo Church (EOTC), and the Ethiopian Catholic Church (Mehari et al., 2020; Boyden et al., 2013; Iftu, 2017). However, study by Stern and Anderson (2015) in Kembata and Sidama zones in The Southern Nations, Nationalities, and Peoples' Region (SNNPR) indicated that the power of religious leaders among the youth was in the decline. Some studies also pointed out that the influence of religious leaders was weakening due to globalization (Andarge, 2014; Stern and Anderson, 2015).

3.5. Engagement of Clan leaders

Clan leaders were reported to be influential in all aspects of social, cultural, economic and political issues and have the power to make district level rules (Andarge, 2014; UN Women, 2020). They have been actively and effectively engaged in the campaigns to end FGM through community consensus or pledges and declarations as well as in monitoring of violations and following through social sanctions in their communities (UNICEF, 2012; UNFPA, 2017; UNICEF, 2020b). Though these studies found engagement of clan leaders to be an

effective tool to fight FGM (UNICEF, 2012; UNFPA, 2017; UNICEF, 2020b), a study by UN Women (2020) indicated that the authority of clan leaders has been eroded in Afar region and possibly in other regions and replaced by the regional government. Clan leaders believe that their influence and acceptance in the community, especially among the youth is declining (UN Women, 2020). Studies also confirmed that the relevance of traditional and customary laws which are the basis of their legitimacy were reported as declining in recent times (Andarge, 2014; Stern and Anderson, 2015).

3.6 Engagement of Traditional birth attendants (TBAs)

TBAs are key players or gatekeepers of FGM practice as many of them are also circumcisers. TBAs are not recognized as part of the health system in the country, yet they are responsible for conducting most deliveries in most rural areas and pastoralist communities. This is because of the trust and confidence the community have in them due to cultural beliefs and tradition, in addition to the difficulty in accessing health facilities in most of these areas (Andarge, 2014; Dessalegn et al., 2020). Training TBAs on the health risks of FGM was a strategy employed by some NGOs to convince them to stop the practice and studies have reported decline in performance of FGM among trained TBAs (Andarge, 2014; Abebe et al., 2020). However, Andarge (2014) identified the emergence of more TBAs who continued to perform FGM as a major challenge to the efforts made towards ending the practice. Presler-Marshall (2020a) reported that providing alternative livelihoods for TBA as motivation for abandonment of FGM was an effective strategy in reducing the practice of FGM in some communities. However, a study by Rogjella (2020) reported that singling out financial provision for traditional birth attendants in such precarious settings can contribute to internal conflicts and can advance the role of the circumcisers in the community or contribute to the enlistment of new circumcisers.

3.7 Engagement of Health workers.

Health extension workers (HEWs) and other health professionals are trusted source of information by the community members and have been engaged to provide information about the impacts of FGM which have led to tangible change in the community. In Somali region, the participation of HEWs was reported to have succeeded in persuading community members to abandon infibulations following the health risk education provided which however only reduced this type of FGM but replaced it with 'Sunnah'cutting, which is sustaining the practice (Ababeye, B and Disasa, 2015; Mehari et al., 2020).

Another strategy adopted in Amharato prevent FGM practice was the monitoring of newborn girls by HEWs through follow up home visits coupled with awareness and sensitization among mothers and reporting of defaulters for appropriate legal sanction (Kassegne et al., 2020; UNFPA 2017). This is however effective only in communities where FGM is performed during infancy, such as in the Afar region.

However, some health professionals due to their cultural and religion sentiments and belief and possibly financial gains are engaging in medicalization of FGM (Ababeye and Disasa, 2015; Boyden et al., 2013; Oladeji et al., 2021). This unethical practice by health workers was reported to send wrong message to the communities that FGM practice is acceptable if done by a health professional and in the health hospital (Iftu, 2017).

3.8 Engagement of men and boys

Men as fathers, husbands, and community leaders, as well as being in power positions in terms of religious, traditional and policymaking institutions, can play a significant role in shifting the social and political structures that sustain the practice of FGM (Stern and Anderson, 2015). A study in Somali Region and Harari city administration where men and boys, especially unmarried boys were engaged in awareness and community sensitization and dialogues sessions reported most of them supported the abandonment of FGM and prefer to marry uncut girls an example of changing the social norms that drive the practice (Abathun, et al., 2016).

3.9 Engagement of Teachers

Engaging teachers in creating awareness in ending FGM was reported as an effective strategy. In Amhara region, a study reported teachers are the main actors in the elimination of FGM and their efforts were found to be successful in convincing men to marry uncut girls. However, the scope and reach of teachers is limited to females and males attending school (Kassegne et al., 2020)

Limitation of the study:

All the studies reviewed are descriptive and cross-sectional studies and the implementation period of the strategies were of short duration and the sustainability of their impact not reported. Rigorous case-controlled studies that compare the most promising interventions over longer periods to assess sustainable impact, taking into account regional, ethnic and sociodemographic variation in the practice of FGM are suggested for further research.

CONCLUSION:

The study highlighted some of the strategies and interventions that worked and other that have great potential to eliminate FGM practice in Ethiopia. It showed that the root cause of the practice in terms of gender and social norms must be targeted for meaningful change by implementing a combination of diverse interventions which complement each-other and target different actors involved in the practice of FGM.

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Competing interests

The authors declare that no competing interests exist.

Authors Contributions

O.O conceived the manuscript documentation, drafted and finalized the manuscript. All the authors read, reviewed, and approved the final draft of the manuscript.

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Disclaimer

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